

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

| | | | | |
|---|--|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization PIKES PEAK COMMUNITY FOUNDATION | | | D Employer identification number 84-1339670 |
| | Doing Business As | | | E Telephone number (719) 389-1251 |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 102 SOUTH TEJON STREET STE 530 | | City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80903 | |
| | F Name and address of principal officer: GARY BUTTERWORTH 102 SOUTH TEJON ST, STE 530, COLORADO SPRINGS, CO 80 | | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | G Gross receipts \$ 34,013,212. | | |
| J Website: ▶ WWW.PPCF.ORG | | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 1994 | M State of legal domicile: CO |

Part I Summary

| | | |
|---|--|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: COMMUNITY TRUST TO PROMOTE PHILANTHROPY IN THE PIKES PEAK REGION | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 15. |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 15. |
| | 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 9. |
| | 6 Total number of volunteers (estimate if necessary) | 6 11. |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a 67,640. |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 7b -24,662. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 3,808,268. Current Year 5,462,519. |
| | 9 Program service revenue (Part VIII, line 2g) | 115,135. 51,697. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,414,297. 2,505,140. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 409,557. 78,690. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 6,747,257. 8,098,046. |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0. 0. |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 755,926. 714,299. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0. 0. |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 20,092. | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 979,783. 680,132. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 5,892,127. 5,132,393. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 855,130. 2,965,653. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 63,684,465. End of Year 59,970,166. |
| | 21 Total liabilities (Part X, line 26) | 5,575,762. 5,103,320. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20. | 58,108,703. 54,866,846. |

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.

| | | | | | |
|-------------------------------|--|----------------------|--------------------|---|-------------------|
| Sign Here | Signature of officer GARY BUTTERWORTH | | Date 11/15/2019 | | |
| | Type or print name and title CEO | | | | |
| Paid Preparer Use Only | Print/Type preparer's name DOREEN B MERZ | Preparer's signature | Date 11/15/2019 | Check <input type="checkbox"/> if self-employed | PTIN P00841439 |
| | Firm's name ▶ STOCKMAN KAST RYAN & CO, LLP | | | Firm's EIN ▶ 84-1509584 | |
| | Firm's address ▶ 102 N. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS, CO 80903 | | | Phone no. 719-630-1186 | |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

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 \$ 4,705,479. including grants of \$ 3,737,962.) (Revenue \$ 51,697.)

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 4,705,479.

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 |
| 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 | |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS schedule requirements.

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 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | Yes | No |
|------------|--|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 9 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | X | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | X | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | X |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | X |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders 11a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b | | |
| c | Enter the amount of reserves on hand 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | X |

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 (15), 1b (15), 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 (1024 or 1024-A 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

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 | | | | 167,473. | 0. | 29,024. |
| (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) GREG GANDY TREASURER | 2.00 0. | X | | X | | | | 0. | 0. | 0. |
| (5) JANET SUTHERS SECRETARY | 2.00 0. | X | | X | | | | 0. | 0. | 0. |
| (6) WARD BERLIN TRUSTEE | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (7) ANDIE DOYLE TRUSTEE | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (8) JOAN GURVIS TRUSTEE | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (9) MARK HILLE TRUSTEE | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (10) CHRIS JENKINS TRUSTEE | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (11) REBECCA KILIBARDA TRUSTEE | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (12) LORNE KRAMER TRUSTEE | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (13) BONNIE MARTINEZ TRUSTEE | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (14) TONY ROSENDO TRUSTEE | 2.00 0. | X | | | | | | 0. | 0. | 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 | 5,462,519. | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 2,607,692. | | | | | |
| | h Total. Add lines 1a-1f | | | 5,462,519. | | | | |
| Program Service Revenue | | | | Business Code | | | | |
| | 2a PROGRAM SERVICE REVENUE | | 624200 | 51,697. | 51,697. | | | |
| | b _____ | | | | | | | |
| | c _____ | | | | | | | |
| | d _____ | | | | | | | |
| | e _____ | | | | | | | |
| | f All other program service revenue | | | | | | | |
| | g Total. Add lines 2a-2f | | | 51,697. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts). | | | 1,269,592. | | | 1,269,592. | |
| | 4 Income from investment of tax-exempt bond proceeds . | | | 0. | | | | |
| | 5 Royalties | | | 0. | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6a Gross rents | | 9,065. | | | | | |
| | b Less: rental expenses | | | | | | | |
| | c Rental income or (loss) | | 9,065. | | | | | |
| | d Net rental income or (loss) | | | | 9,065. | | 9,065. | |
| | 7a Gross amount from sales of assets other than inventory | | (i) Securities | (ii) Other | | | | |
| | | | 27,094,440. | 56,274. | | | | |
| | b Less: cost or other basis and sales expenses | | 25,895,436. | 19,730. | | | | |
| | c Gain or (loss) | | 1,199,004. | 36,544. | | | | |
| | d Net gain or (loss) | | | | 1,235,548. | | 1,235,548. | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | 0. | | | |
| | b Less: direct expenses | b | | | 0. | | | |
| | c Net income or (loss) from fundraising events | | | | 0. | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | a | | | 0. | | | |
| | b Less: direct expenses | b | | | 0. | | | |
| c Net income or (loss) from gaming activities | | | | 0. | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | 0. | | | | |
| b Less: cost of goods sold | b | | | 0. | | | | |
| c Net income or (loss) from sales of inventory | | | | 0. | | | | |
| Miscellaneous Revenue | | | | Business Code | | | | |
| 11a MANAGEMENT FEES | | 561000 | | 67,640. | | 67,640. | | |
| b MISCELLANEOUS INCOME | | 900099 | | 1,985. | | | 1,985. | |
| c _____ | | | | | | | | |
| d All other revenue | | | | | | | | |
| e Total. Add lines 11a-11d | | | | 69,625. | | | | |
| 12 Total revenue. See instructions. | | | | 8,098,046. | 51,697. | 67,640. | 2,516,190. | |

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 | 3,737,962. | 3,737,962. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 0. | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0. | | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 162,373. | 99,048. | 60,078. | 3,247. |
| 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 | 407,935. | 248,840. | 150,936. | 8,159. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 26,954. | 16,442. | 9,973. | 539. |
| 9 Other employee benefits | 75,464. | 46,033. | 27,922. | 1,509. |
| 10 Payroll taxes | 41,573. | 25,360. | 15,382. | 831. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 19,394. | 11,830. | 7,176. | 388. |
| b Legal | 14,643. | 14,643. | | |
| c Accounting | 19,602. | 11,957. | 7,253. | 392. |
| d Lobbying | 0. | | | |
| e Professional fundraising services. See Part IV, line 17. | 0. | | | |
| f Investment management fees | 263,856. | 236,771. | 27,085. | |
| 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 | 26,687. | 16,279. | 9,874. | 534. |
| 13 Office expenses | 23,948. | 14,608. | 8,861. | 479. |
| 14 Information technology | 38,928. | 23,746. | 14,403. | 779. |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 88,722. | 54,121. | 32,827. | 1,774. |
| 17 Travel | 9,094. | 1,086. | 8,008. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 1,689. | 1,030. | 625. | 34. |
| 20 Interest | 0. | | | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 33,976. | 33,976. | | |
| 23 Insurance | 32,178. | 19,628. | 11,906. | 644. |
| 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 | 67,489. | 67,489. | | |
| b REPAIRS & MAINTENANCE | 704. | 704. | | |
| c MISCELLANEOUS | 39,222. | 23,926. | 14,513. | 783. |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 5,132,393. | 4,705,479. | 406,822. | 20,092. |
| 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 | 2,086,608. | 1 | 511,222. |
| | 2 Savings and temporary cash investments | 0. | 2 | 0. |
| | 3 Pledges and grants receivable, net | 0. | 3 | 0. |
| | 4 Accounts receivable, net | 42,910. | 4 | 257,056. |
| | 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 | 35,211. | 9 | 36,055. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 8,682,737. | | |
| | b Less: accumulated depreciation | 10b 180,164. | 8,763,464. | 10c 8,502,573. |
| | 11 Investments - publicly traded securities | 44,675,139. | 11 | 44,706,260. |
| | 12 Investments - other securities. See Part IV, line 11 | 0. | 12 | 0. |
| | 13 Investments - program-related. See Part IV, line 11 | 0. | 13 | 0. |
| | 14 Intangible assets | 0. | 14 | 0. |
| | 15 Other assets. See Part IV, line 11 | 8,081,133. | 15 | 5,957,000. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 63,684,465. | 16 | 59,970,166. | |
| Liabilities | 17 Accounts payable and accrued expenses | 31,993. | 17 | 27,658. |
| | 18 Grants payable | 131,666. | 18 | 116,666. |
| | 19 Deferred revenue | 55,000. | 19 | 0. |
| | 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 | 5,357,103. | 25 | 4,958,996. |
| | 26 Total liabilities. Add lines 17 through 25 | 5,575,762. | 26 | 5,103,320. |
| 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 | 57,973,116. | 27 | 54,750,577. |
| | 28 Temporarily restricted net assets | 135,587. | 28 | 116,269. |
| | 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 | 58,108,703. | 33 | 54,866,846. |
| 34 Total liabilities and net assets/fund balances | 63,684,465. | 34 | 59,970,166. | |

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 | 8,098,046. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,132,393. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,965,653. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 58,108,703. |
| 5 | Net unrealized gains (losses) on investments | 5 | -4,055,602. |
| 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 | -2,151,908. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 54,866,846. |

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** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

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) 2018

JSA
8E1210 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

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|------------|------------|-------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 5,680,433. | 5,578,632. | 12,998,164. | 3,808,268. | 5,462,519. | 33,528,016. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 Total. Add lines 1 through 3. | 5,680,433. | 5,578,632. | 12,998,164. | 3,808,268. | 5,462,519. | 33,528,016. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | 819,784. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 32,708,232. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|------------|------------|-------------|------------|------------|-------------|
| 7 Amounts from line 4. | 5,680,433. | 5,578,632. | 12,998,164. | 3,808,268. | 5,462,519. | 33,528,016. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 982,717. | 1,062,190. | 1,036,649. | 1,320,170. | 1,278,657. | 5,680,383. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1 | 36,045. | 17,370. | 19,975. | 74,915. | 1,985. | 150,290. |
| 11 Total support. Add lines 7 through 10 | | | | | | 39,358,689. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 2,660,827. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--------|
| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). | 14 | 83.10% |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | 83.41% |
| 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)), | 17 | % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2018. 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 - 2017. 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 (as 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 2018 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-2018 | (iii) Distributable Amount for 2018 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013 | | | |
| b From 2014 | | | |
| c From 2015 | | | |
| d From 2016 | | | |
| e From 2017 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2018 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2014 | | | |
| b Excess from 2015 | | | |
| c Excess from 2016 | | | |
| d Excess from 2017 | | | |
| e Excess from 2018 | | | |

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 | 2014 | 2015 | 2016 | 2017 | 2018 | TOTAL |
|--------------------------|------|------|------|----------------|---------------|----------------|
| GROSS FUNDRAISING INCOME | | | | 6,005. | | 6,005. |
| MISCELLANEOUS | | | | 48,035. | 1,985. | 50,020. |
| TOTALS | | | | <u>54,040.</u> | <u>1,985.</u> | <u>56,025.</u> |

Schedule of Contributors

2018

▶ 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 (entering "N/A" in column (b) instead of the contributor name and address), 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

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 | | \$ 150,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 1,585,958. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 1,013,995. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | | \$ 500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | | \$ 427,713. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization **PIKES PEAK COMMUNITY FOUNDATION**

Employer identification number

84-1339670

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------|---|---|-------------------|
| 2 | SECURITIES | \$ 1,585,958. | 12/31/2018 |
| 3 | SECURITIES | \$ 1,013,995. | 12/31/2018 |
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ |

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions regarding donor funds.

Part II Conservation Easements.

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

Form for Part II Conservation Easements, including checkboxes for purposes of easements, a table for held at end of tax year, and various questions about monitoring and expenses.

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, including questions about reporting and amounts for art collections.

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

Schedule D (Form 990) 2018

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 | 9,380,252. | 8,192,944. | | | |
| b Contributions | 518,213. | 954,715. | | | |
| c Net investment earnings, gains, and losses | -418,953. | 1,172,943. | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 420,820. | 940,350. | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 9,058,692. | 9,380,252. | | | |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 100.0000 %
 - 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) | X |
| (ii) related organizations | 3a(ii) | X |
| 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. | 3,545,000. | | 7,868,000. |
| b Buildings | | 732,370. | 141,946. | 590,424. |
| c Leasehold improvements | | | | |
| d Equipment | | 18,054. | 9,027. | 9,027. |
| e Other | | 64,313. | 29,191. | 35,122. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 8,502,573. |

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 | 5,957,000. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 5,957,000. |

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 | 1,249,539. | |
| (3) HELD FOR OTHERS | 3,709,457. | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 4,958,996. | |

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

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

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

| | | | | | |
|---|--|-----------|-------------|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 5,645,384. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | -4,055,602. | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 1,866,795. | | |
| e | Add lines 2a through 2d | | | 2e | -2,188,807. |
| 3 | Subtract line 2e from line 1 | | | 3 | 7,834,191. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 263,855. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | 263,855. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | | 5 | 8,098,046. |

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

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

| | | | | | |
|---|---|-----------|----------|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 5,017,503. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 148,965. | | |
| e | Add lines 2a through 2d | | | 2e | 148,965. |
| 3 | Subtract line 2e from line 1 | | | 3 | 4,868,538. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 263,855. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | 263,855. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | | 5 | 5,132,393. |

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D PART 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, 2018 AND 2017, THE VALUE OF DONOR ADVISED FUNDS WAS \$8,179,733 AND \$8,490,632 RESPECTIVELY.

THE FOUNDATION LEASES OFFICE SPACE FROM AN ENTITY OWNED BY A BOARD MEMBER. RENT EXPENSE UNDER THE LEASE WAS \$82,488 AND \$79,011 DURING THE YEARS ENDED DECEMBER 31, 2018 AND 2017, 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.

SCH D PART XI LINE 2D

REVENUE AND ADJUSTMENTS REPORTED ON RELATED ENTITY FORM 990

SCH D PART XII LINE 2D

EXPENSES AND OTHER ADJUSTMENTS REPORTED ON RELATED ENTITY FORM 990

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**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

- 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) COLORADO CONSTORSIUM FOR EARTH AND SPACE SC 10215 LEXINGTON DR. STE 110 COS, CO 90820 | 84-1497653 | 501C3 | 5,029. | | | | SEE PART IV |
| (2) TDL EVENT, INC. 9188 MORNINGTON WAY LONE TREE, CO 80124 | 81-5094443 | 501C3 | 5,041. | | | | SEE PART IV |
| (3) STANDING STONE MINISTRIES 270 BAKER ST. STE 100 COSTA MESA, CA 92626 | 45-5319818 | 501C3 | 5,238. | | | | SEE PART IV |
| (4) WORLD VISION P.O. BOX 9716 FEDERAL WAY, WA 98063 | 95-1922279 | 501C3 | 5,238. | | | | SEE PART IV |
| (5) BIG BROTHERS BIG SISTERS 111 SOUTH TEJON, STE. 302 CO SPGS, CO 80903 | 23-7161796 | 501C3 | 5,500. | | | | SEE PART IV |
| (6) BOYS AND GIRLS CLUB PIKES PEAK REGION 102 E. PIKES PEAK AVE CO SPGS, CO 80903 | 84-0416503 | 501C3 | 5,500. | | | | SEE PART IV |
| (7) KCME 1921 N. WEBER ST. CO SPGS, CO 80907 | 83-0234545 | 501C3 | 5,650. | | | | SEE PART IV |
| (8) LOVE A CHILD, INC. 12411 COMMERCE LK DR. FORT MEYERS, FL 33906 | 59-2672303 | 501C3 | 5,838. | | | | SEE PART IV |
| (9) NATURE CONSERVANCY 2424 SPRUCE ST. BOULDER, CO 80302 | 53-0242652 | 501C3 | 5,894. | | | | SEE PART IV |
| (10) COLORADO SPRINGS PUBLIC MARKET PROJECT 315 E. COSTILLA CO SPGS, CO 80903 | 46-3347544 | GOV'T | 5,945. | | | | SEE PART IV |
| (11) CHILDREN'S LITERACY CENTER 2928 STRAUS LANE CO SPGS, CO 80907 | 84-1209272 | 501C3 | 6,000. | | | | SEE PART IV |
| (12) DISCOVER GOODWILL FOUNDATION OF SOUTHERN & 1460 GDN OF THE GODS RD CO SPGS, CO 80907 | 84-1488592 | 501C3 | 6,000. | | | | 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) (2018)

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(Form 990)**

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Employer identification number

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Part I General Information on Grants and Assistance

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|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) GIVE! 235 S. NEVADA AVE. CO SPGS, CO 80903 | 81-2029897 | 501C3 | 6,000. | | | | SEE PART IV |
| (2) SUDAN RELIEF FUND 3220 N STREET NW WASHINGTON, DC 20007 | 52-2148976 | 501C3 | 6,000. | | | | SEE PART IV |
| (3) MONUMENT COMMUNITY PRESBYTERIAN CHURCH 238 3RD ST. MONUMENT, CO 80132 | 23-6393377 | CHURCH | 6,000. | | | | SEE PART IV |
| (4) USAFA ENDOWMENT 3116 ACADEMY DR. STE. 200 USAFA, CO 80840 | 26-0537053 | SCHOOL | 6,487. | | | | SEE PART IV |
| (5) GIVE! 235 S. NEVADA AVE. CO SPGS, CO 80903 | 81-2029897 | 501C3 | 6,500. | | | | SEE PART IV |
| (6) WOODMEN VALLEY CHAPEL 290 E. WOODMEN ROAD CO SPGS, CO 80919 | 84-0996424 | CHURCH | 6,534. | | | | SEE PART IV |
| (7) COLORADO NONPROFIT ASSOCIATION OF THE PIKES 723 N. WEBER ST CO SPGS, CO 80903 | 20-2659477 | 501C3 | 7,000. | | | | SEE PART IV |
| (8) FOSTERING HOPE FOUNDATION 111 S. TEJON ST. CO SPGS, CO 80903 | 26-1991807 | 501C3 | 7,000. | | | | SEE PART IV |
| (9) WOODMEN VALLEY SERTOMA CLUB 7340 WYNWOOD TERRACE CO SPGS, CO 80919 | 23-7455213 | 501C3 | 7,000. | | | | SEE PART IV |
| (10) COLORADO STATE UNIVERSITY FOUNDATION P.O. BOX 1870 FT. COLLINS, CO 80522 | 23-7098397 | SCHOOL | 7,000. | | | | SEE PART IV |
| (11) NATIONAL JEWISH HEALTH 1400 JACKSON ST. DENVER, CO 80206 | 74-2044647 | 501C3 | 7,037. | | | | SEE PART IV |
| (12) OTERO JUNIOR COLLEGE 1802 COLORADO AVE. LA JUNTA, CO 81050 | 84-0644739 | SCHOOL | 7,037. | | | | 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) (2018)

**SCHEDULE I
(Form 990)**

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

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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

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) ECUMENICAL SOCIAL MINISTRIES 201 N. WEBER ST. CO SPGS, CO 80903 | 84-0890978 | 501C3 | 7,185. | | | | SEE PART IV |
| (2) CHRIST PRESBYTERIAN CHURCH 6565 E. BROADWAY BLVD. TUSCON, AZ 85710 | 86-6052069 | CHURCH | 7,500. | | | | SEE PART IV |
| (3) CITY OF COLORADO SPRINGS P.O. BOX 1575, MC# 250 CO SPGS, CO 80905 | 84-6000573 | GOV'T | 7,500. | | | | SEE PART IV |
| (4) COLORADO SPRINGS CONSERVATORY 415 S. SAHWATCH CO SPGS, CO 80903 | 84-1502211 | 501C3 | 7,700. | | | | SEE PART IV |
| (5) CHURCH OF ETERNAL HILLS P.O. BOX 300 TABERNASH, CO 80478 | 51-0211480 | CHURCH | 7,784. | | | | SEE PART IV |
| (6) DESERT CABALLEROS WESTERN MUSEUM 21 N. FRONTIER ST. WICKENBURG, AZ 85390 | 86-0204201 | 501C3 | 8,000. | | | | SEE PART IV |
| (7) GIVE! 235 S. NEVADA AVE. CO SPGS, CO 80903 | 81-2029897 | 501C3 | 8,000. | | | | SEE PART IV |
| (8) GIVE! 235 S. NEVADA AVE. CO SPGS, CO 80903 | 81-2029897 | 501C3 | 8,206. | | | | SEE PART IV |
| (9) JOSEPH PRINCE MINISTRIES P.O. BOX 2115 FORT MILL, SC 29716 | 20-8090240 | 501C3 | 8,380. | | | | SEE PART IV |
| (10) PIKES PEAK HOSPICE & PALLIATIVE CARE 2550 TENDERFOOT HILL ST. CO SPGS, CO 80906 | 84-0816047 | 501C3 | 8,832. | | | | SEE PART IV |
| (11) ST. THOMAS AQUINAS SOCIETY 1409 IMPERIAL RD. CO SPGS, CO 80918 | 84-1293008 | 501C3 | 9,000. | | | | SEE PART IV |
| (12) EARLY CONNECTIONS LEARNING CENTERS 104 E. RIO GRANDE CO SPGS, CO 80903 | 84-0632406 | SCHOOL | 9,150. | | | | SEE PART IV |

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Employer identification number

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) INTERNATIONAL JUSTICE MISSION P.O. BOX 96961 WASHINGTON, DC 20090 | 54-1722887 | 501C3 | 9,428. | | | | SEE PART IV |
| (2) IRIS GLOBAL P.O. BOX 493995 REDDING, CA 96049 | 33-0648658 | 501C3 | 9,428. | | | | SEE PART IV |
| (3) WYCLIFFE BIBLE TRANSLATORS P.O. BOX 628200 ORLANDO, FL 32862 | 95-1831097 | 501C3 | 9,428. | | | | SEE PART IV |
| (4) FIRST CONGREGATIONAL CHURCH 20 E. ST. VRAIN ST. CO SPGS, CO 80903 | 84-0405572 | CHURCH | 9,848. | | | | SEE PART IV |
| (5) CHEYENNE MOUNTAIN ZOO 4250 CHEYENNE MTN ZOO RD. CO SPGS, CO 80906 | 84-0407039 | 501C3 | 10,000. | | | | SEE PART IV |
| (6) COLORADO SPRINGS HISTORY ENTERPRISE 3755 HERMITAGE DRIVE CO SPGS, CO 80906 | 82-4281728 | 501C3 | 10,000. | | | | SEE PART IV |
| (7) CONCRETE COUCH 214 E. VERMIJO AVE. CO SPGS, CO 80903 | 20-2325992 | 501C3 | 10,000. | | | | SEE PART IV |
| (8) COUNCIL OF NEIGHBORHOODS AND ORGANIZATIONS 1506 N HANCOCK AVENUE CO SPGS, CO 80903 | 27-3365618 | 501C3 | 10,000. | | | | SEE PART IV |
| (9) DREAM CENTERS OF COLORADO SPRINGS 11025 VOYAGER PARKWAY CO SPGS, CO 80921 | 27-4876080 | 501C3 | 10,000. | | | | SEE PART IV |
| (10) FOSTERING HOPE FOUNDATION 111 S. TEJON ST CO SPGS, CO 80903 | 26-1991807 | 501C3 | 10,000. | | | | SEE PART IV |
| (11) LEADERSHIP PROGRAM OF THE ROCKIES 1777 S. HARRISON ST. DENVER, CO 80210 | 84-1623324 | 501C3 | 10,000. | | | | SEE PART IV |
| (12) MAYO CLINIC 200 1ST ST. SW ROCHESTER, MN 55905 | 41-6011702 | 501C3 | 10,000. | | | | SEE PART IV |

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) SILVER KEY SENIOR SERVICES 1625 SOUTH MURRAY BLVD. CO SPGS, CO 80916 | 23-7109922 | 501C3 | 10,000. | | | | SEE PART IV |
| (2) UNITED STATES OLYMPIC MUSEUM P.O. BOX 681 COLORADO SPRINGS, CO 80901 | 46-3189741 | 501C3 | 10,000. | | | | SEE PART IV |
| (3) HARRISON HIGH SCHOOL 1060 HARRISON RD. CO SPGS, CO 80905 | 74-2558196 | SCHOOL | 10,000. | | | | SEE PART IV |
| (4) PIKES PEAK COMMUNITY COLLEGE FOUNDATION 5675 S. ACADEMY BLVD CO SPGS, CO 80906 | 74-2182257 | SCHOOL | 10,000. | | | | SEE PART IV |
| (5) UNIVERSITY OF ALABAMA COLLEGE OF ARTS AND S PO BOX 870268 TUSCALOOSA, AL 35487 | 63-6001138 | SCHOOL | 10,000. | | | | SEE PART IV |
| (6) FIRST LUTHERAN CHURCH 1515 N. CASCADE AVE. CO SPGS, CO 80907 | 84-0535815 | CHURCH | 10,075. | | | | SEE PART IV |
| (7) MANITOU ART CENTER 513 MANITOU AVE. MANITOU SPRINGS, CO 80829 | 74-2445135 | 501C3 | 10,250. | | | | SEE PART IV |
| (8) PARENTS CHALLENGE 2 NORTH CASCADE AVE CO SPGS, CO 80903 | 84-1591310 | 501C3 | 10,250. | | | | SEE PART IV |
| (9) THE HOME FRONT CARES, INC. 1120 N. CIRCLE DRIVE #230 CO SPGS, CO 80909 | 20-0564493 | 501C3 | 10,293. | | | | SEE PART IV |
| (10) BETHEL CHURCH OF REDDING 933 COLLEGE VIEW DR. REDDING, CA 96003 | 94-1514037 | CHURCH | 10,360. | | | | SEE PART IV |
| (11) ALZHEIMER'S ASSOCIATION-COLORADO CHAPTER 455 SHERMAN ST. #500 DENVER, CO 80203 | 84-0908354 | 501C3 | 10,500. | | | | SEE PART IV |
| (12) CONCRETE COUCH 214 E. VERMIJO AVE. CO SPGS, CO 80903 | 20-2325992 | 501C3 | 10,654. | | | | SEE PART IV |

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) FIRST UNITED METHODIST CHURCH 420 N. NEVADA AVE. CO SPGS, CO 80903 | 84-0408405 | CHURCH | 10,700. | | | | SEE PART IV |
| (2) EVERYTHINGFORSIGHT.ORG 2770 N. UNION BLVD. #240 CO SPGS, CO 80909 | 26-3542050 | 501C3 | 11,350. | | | | SEE PART IV |
| (3) JUNIOR ACHIEVEMENT OF SOUTHERN COLORADO 2320 W. COLORADO AVE. CO SPGS, CO 80904 | 84-6009223 | 501C3 | 11,600. | | | | SEE PART IV |
| (4) MISSION MEDICAL CLINIC 2125 E. LA SALLE CO SPGS, CO 80909 | 68-0506812 | 501C3 | 12,100. | | | | SEE PART IV |
| (5) HOMEWARD PIKES PEAK 2010 E. BIJOU STREET CO SPGS, CO 80909 | 13-4242773 | 501C3 | 12,250. | | | | SEE PART IV |
| (6) WESTSIDE CARES 2808 W. COLORADO AVENUE CO SPGS, CO 80904 | 74-2354492 | 501C3 | 12,500. | | | | SEE PART IV |
| (7) LAKEWOOD CHURCH P.O. BOX 23297 HOUSTON, TX 77228 | 74-6066273 | CHURCH | 12,580. | | | | SEE PART IV |
| (8) COLORADO SPRINGS PIONEERS MUSEUM 215 S. TEJON ST. CO SPGS, CO 80903 | 27-4151466 | GOV'T | 13,229. | | | | SEE PART IV |
| (9) CENTER FOR NONPROFIT EXCELLENCE 723 N. WEBER ST CO SPGS, CO 80903 | 20-2659477 | 501C3 | 13,300. | | | | SEE PART IV |
| (10) HUMANE SOCIETY OF THE PIKES PEAK REGION 610 ABBOTT LANE CO SPGS, CO 80905 | 84-0410111 | 501C3 | 13,308. | | | | SEE PART IV |
| (11) DESERT CABALLEROS WESTERN MUSEUM 21 N. FRONTIER ST. WICKENBURG, AZ 85390 | 86-0204201 | 501C3 | 15,000. | | | | SEE PART IV |
| (12) CITY OF COLORADO SPRINGS - PARKS, RECREATIO 1401 RECREATION WAY CO SPGS, CO 80905 | 84-6000573 | GOV'T | 15,000. | | | | SEE PART IV |

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) FROM THE HEART PRODUCTIONS 1455 MANDALAY BEACH ROAD OXNARD, CA 83035 | 95-4445418 | 501C3 | 15,792. | | | | SEE PART IV |
| (2) CITY OF COLORADO SPRINGS P.O. BOX 1575, MC# 250 CO SPGS, CO 80905 | 84-6000573 | GOV'T | 16,000. | | | | SEE PART IV |
| (3) ATLAS PREPARATORY SCHOOL 1602 S. MURRAY BLVD. CO SPGS, CO 80916 | 26-2055229 | SCHOOL | 16,500. | | | | SEE PART IV |
| (4) MUSTARD SEED RANCH P.O. BOX 956 SAN JUAN CAPISTRANO, CA 92693 | 91-2145872 | 501C3 | 16,760. | | | | SEE PART IV |
| (5) TOWN OF SOUTH FORK PO BOX 369 SOUTH FORK, CO 81154 | 84-1207723 | GOV'T | 16,928. | | | | SEE PART IV |
| (6) DEL E. WEBB CENTER FOR THE PERFORMING ARTS 2001 WEST WICKENBURG WAY | 86-0873249 | 501C3 | 17,250. | | | | SEE PART IV |
| (7) CULTURAL OFFICE OF THE PIKES PEAK REGION PO BOX 190 CO SPGS, CO 80901 | 20-5794244 | 501C3 | 18,000. | | | | SEE PART IV |
| (8) UNIVERSITY OF COLORADO COLORADO SPRINGS--GI 1420 AUSTIN BLUFFS PKWY CO SPGS, CO 80918 | 84-6049811 | SCHOOL | 19,601. | | | | SEE PART IV |
| (9) NEW LIFE CHURCH 11025 VOYAGER PKWY CO SPGS, CO 80921 | 74-2364530 | CHURCH | 20,000. | | | | SEE PART IV |
| (10) COLORADO COLLEGE FOR QUAD INNOVATION PARTNE 14 E CASHE LA POUDE ST CO SPGS, CO 80903 | 84-0402510 | SCHOOL | 20,000. | | | | SEE PART IV |
| (11) FIRST PRESBYTERIAN CHURCH 219 E. BIJOU CO SPGS, CO 80903 | 84-0416230 | CHURCH | 20,925. | | | | SEE PART IV |
| (12) TESSA 435 GOLD PASS HEIGHTS CO SPGS, CO 80906 | 84-0746803 | 501C3 | 22,292. | | | | 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) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**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) CHEYENNE VILLAGE 6275 LEHMAN DR., BLDG C CO SPGS, CO 80918 | 84-6051921 | 501C3 | 22,500. | | | | SEE PART IV |
| (2) COLORADO SPRINGS PHILHARMONIC P O BOX 1266 CO SPGS, CO 80901 | 74-3091110 | 501C3 | 22,530. | | | | SEE PART IV |
| (3) PIKES PEAK UNITED WAY 518 NORTH NEVADA AVE. CO SPGS, CO 80903 | 84-0511799 | 501C3 | 24,444. | | | | SEE PART IV |
| (4) CATAMOUNT INSTITUTE 740 WEST CARAMILLO ST. CO SPGS, CO 80907 | 86-1151502 | 501C3 | 24,663. | | | | SEE PART IV |
| (5) FRIENDS OF CHEYENNE CANON P.O. BOX 60275 CO SPGS, CO 80960 | 84-1324887 | 501C3 | 25,000. | | | | SEE PART IV |
| (6) CITY OF COLORADO SPRINGS - PARKS, RECREATIO 1401 RECREATION WAY CO SPGS, CO 80905 | 84-6000573 | GOV'T | 25,000. | | | | SEE PART IV |
| (7) COMMUNITY PREP SCHOOL 332 E. WILLAMETTE AVE. CO SPGS, CO 80903 | 84-1527961 | SCHOOL | 25,000. | | | | SEE PART IV |
| (8) DREAM CENTERS OF COLORADO SPRINGS 11025 VOYAGER PARKWAY CO SPGS, CO 80921 | 27-4876080 | 501C3 | 25,500. | | | | SEE PART IV |
| (9) UCCS-REACH YOUR PEAK PO BOX 7150 CO SPGS, CO 80933 | 84-6000555 | SCHOOL | 26,000. | | | | SEE PART IV |
| (10) ROBERT SCOTT HALL FIELD OF DREAMS 15 SOUTH WAHSATCH AVENUE CO SPGS, CO 80903 | 46-1306234 | 501C3 | 27,000. | | | | SEE PART IV |
| (11) GAZETTE CHARITABLE PROGRAMS- EMPTY STOCKING P.O. BOX 910942 DENVER, CO 80291 | 84-1526179 | 501C3 | 28,250. | | | | SEE PART IV |
| (12) STABLESTRIDES 13620 HALLELUIAH TRAIL CO SPGS, CO 80106 | 74-2232440 | 501C3 | 30,250. | | | | 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) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**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) CARE AND SHARE FOOD BANK OF SOUTHERN COLORA 2605 PREAMBLE POINT CO SPGS, CO 80915 | 84-0731930 | 501C3 | 31,261. | | | | SEE PART IV |
| (2) URBAN PEAK 423 E. CUCHARRAS CO SPGS, CO 80903 | 84-1549702 | 501C3 | 31,450. | | | | SEE PART IV |
| (3) REGIS UNIVERSITY 3333 REGIS BLVD DENVER, CO 80221 | 84-0402707 | SCHOOL | 31,824. | | | | SEE PART IV |
| (4) HOLY TRINITY ANGLICAN CHURCH 13990 GLENEAGLE DR. CO SPGS, CO 80921 | 20-0953833 | CHURCH | 36,000. | | | | SEE PART IV |
| (5) PIKES PEAK HOSPICE FOUNDATION 2550 TENDERFOOT HILL ST CO SPGS, CO 80906 | 84-1453050 | 501C3 | 44,308. | | | | SEE PART IV |
| (6) AMERICAN RED CROSS - PIKES PEAK CHAPTER 1040 S. 8TH STREET CO SPGS, CO 80905 | 53-0196605 | 501C3 | 50,000. | | | | SEE PART IV |
| (7) WILLIAM B. AND HELEN S. LEONARD FOUNDATION 4045 NONCHALANT CIRCLE S. CO SPGS, CO 80917 | 20-1958972 | 501C3 | 50,000. | | | | SEE PART IV |
| (8) OUTREACH FOUNDATION OF THE PRESBYTERIAN CHU 381 RIVERSIDE DR. FRANKLIN, TN 37064 | 58-1375506 | CHURCH | 50,000. | | | | SEE PART IV |
| (9) UCCS DEVELOPMENT CORP 1755 TELSTAR DR SUITE 211 CO SPGS, CO 80920 | 80-0844761 | SCHOOL | 50,000. | | | | SEE PART IV |
| (10) MILLIBO ART THEATRE 1626 S. TEJON ST. CO SPGS, CO 80905 | 74-3261678 | 501C3 | 53,000. | | | | SEE PART IV |
| (11) ROCKY MOUNTAIN WOMEN'S FILM INSTITUTE 421 S. TEJON ST., STE 333 CO SPGS, CO 80903 | 84-1097818 | 501C3 | 60,232. | | | | SEE PART IV |
| (12) YMCA OF THE PIKES PEAK REGION 316 NORTH TEJON ST. CO SPGS, CO 80903 | 84-0404266 | 501C3 | 60,396. | | | | 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) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**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

- 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) FOSTERING HOPE FOUNDATION 111 S. TEJON STREET CO SPGS, CO 80903 | 26-1991807 | 501C3 | 70,000. | | | | SEE PART IV |
| (2) UNIVERSITY OF COLORADO FOUNDATION 1420 AUSTIN BLUFFS PKWY CO SPGS, CO 80918 | 84-6049811 | SCHOOL | 80,000. | | | | SEE PART IV |
| (3) DEL E. WEBB CENTER FOR THE PERFORMING ARTS 2001 W WICKENBURG WAY WICKENBURG, AZ 85390 | 86-0873249 | 501C3 | 100,000. | | | | SEE PART IV |
| (4) REGIS UNIVERSITY 3333 REGIS BLVD DENVER, CO 80221 | 84-0402707 | SCHOOL | 129,704. | | | | SEE PART IV |
| (5) COLORADO SPRINGS CONVENTION AND VISITORS BU 515 S. CASCADE AVE. CO SPGS, CO 80903 | 84-0809343 | GOV'T | 150,000. | | | | SEE PART IV |
| (6) EVANGELICAL CHRISTIAN ACADEMY 4050 NONCHALANT CIRCLE S. CO SPGS, CO 80917 | 94-1003780 | SCHOOL | 187,000. | | | | SEE PART IV |
| (7) COMPASSION INTERNATIONAL PO BOX 65000 CO SPGS, CO 80962 | 36-2423707 | 501C3 | 200,000. | | | | SEE PART IV |
| (8) SPRINGS RESCUE MISSION 5 W. LAS VEGAS CO SPGS, CO 80903 | 84-1340824 | 501C3 | 448,249. | | | | SEE PART IV |
| (9) | | | | | | | |
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 105.

3 Enter total number of other organizations listed in the line 1 table ▶ 45.

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

Schedule I (Form 990) (2018)

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

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.

THE 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:

COLORADO CONSTORSIUM FOR EARTH AND SPACE SCIENCE EDUCATION - BENEFIT THE

CHALLENGER LEARNING CENTER

TDL EVENT, INC. - GENERAL SUPPORT

STANDING STONE MINISTRIES - GENERAL SUPPORT

WORLD VISION - GENERAL SUPPORT

BIG BROTHERS BIG SISTERS - GENERAL SUPPORT

BOYS AND GIRLS CLUB PIKES PEAK REGION - GENERAL SUPPORT

KCME - GENERAL 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.

LOVE A CHILD, INC. - GENERAL SUPPORT

NATURE CONSERVANCY - GENERAL SUPPORT

COLORADO SPRINGS PUBLIC MARKET PROJECT - GENERAL SUPPORT

CHILDREN'S LITERACY CENTER - GENERAL SUPPORT

DISCOVER GOODWILL FOUNDATION OF SOUTHERN & WESTERN COLORADO - GENERAL SUPPORT

GIVE! - TO BENEFIT CATAMOUNT INSTITUTE

MONUMENT COMMUNITY PRESBYTERIAN CHURCH - GENERAL SUPPORT

SUDAN RELIEF FUND - TO ASSIST THE SUDAN RELIEF FUND IN THE PURCHASE OF A MEDICAL ULTRASOUND MACHINE FOR GIDEL HOSPITAL, NUBA MOUNTAINS, REPUBLIC

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.

OF SUDAN.

USAFA ENDOWMENT - DESIGNATED FOR THE BENEFIT OF THE ASTRONAUTICS

DEPARTMENT

GIVE! - BUILDING COMMUNITY

WOODMEN VALLEY CHAPEL - GENERAL SUPPORT

COLORADO NONPROFIT ASSOCIATION OF THE PIKES PEAK REGION - TO FUND

SOUTHERN COLORADO PROGRAMMING

COLORADO STATE UNIVERSITY FOUNDATION - SUPPORT THE HORSE JUDGING TEAM

FOSTERING HOPE FOUNDATION - COMPLEMENT THE GIVING TOGETHER CO-FUNDING

GRANT

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.

WOODMEN VALLEY SERTOMA CLUB - GRANTMAKING ASSISTANCE

NATIONAL JEWISH HEALTH - GENERAL SUPPORT

OTERO JUNIOR COLLEGE - GENERAL SUPPORT

ECUMENICAL SOCIAL MINISTRIES - GENERAL SUPPORT

CHRIST PRESBYTERIAN CHURCH - GENERAL SUPPORT

CITY OF COLORADO SPRINGS - EVERYBODY WELCOME SCULPTURE

COLORADO SPRINGS CONSERVATORY - SCHOLARSHIPS

CHURCH OF ETERNAL HILLS - GENERAL SUPPORT

DESERT CABALLEROS WESTERN MUSEUM - GENERAL SUPPORT

GIVE! - TRAILS AND OPEN SPACE COALITION

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! - GENERAL SUPPORT

JOSEPH PRINCE MINISTRIES - GENERAL SUPPORT

PIKES PEAK HOSPICE & PALLIATIVE CARE - GENERAL SUPPORT

ST. THOMAS AQUINAS SOCIETY - GENERAL SUPPORT

EARLY CONNECTIONS LEARNING CENTERS - GENERAL SUPPORT

INTERNATIONAL JUSTICE MISSION - GENERAL SUPPORT

IRIS GLOBAL - GENERAL SUPPORT

WYCLIFFE BIBLE TRANSLATORS - GENERAL SUPPORT

FIRST CONGREGATIONAL CHURCH - GENERAL SUPPORT

CHEYENNE MOUNTAIN ZOO - HAIL DAMAGE RECOVERY

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 HISTORY ENTERPRISE - PLANNING GRANT TO ASSIST START UP

ACTIVITIES OF THE ORG

CONCRETE COUCH - TO SUPPORT THE CAPITAL CAMPAIGN

COUNCIL OF NEIGHBORHOODS AND ORGANIZATIONS - GENERAL SUPPORT

DREAM CENTERS OF COLORADO SPRINGS - SUPPORT THE AFFORDABLE CHILDCARE

CENTER

FOSTERING HOPE FOUNDATION - GENERAL SUPPORT

HARRISON HIGH SCHOOL - AVID PROGRAM

LEADERSHIP PROGRAM OF THE ROCKIES - GENERAL SUPPORT

MAYO CLINIC - GENERAL 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.

PIKES PEAK COMMUNITY COLLEGE FOUNDATION - DESIGNATED FOR THE TOM ANDERSON

EDUCATIONAL SCHOLARSHIP

SILVER KEY SENIOR SERVICES - FOR START UP CAPITAL AND SOCIAL ENTERPRISE

DEVELOPMENT PROGRAM

UNITED STATES OLYMPIC MUSEUM - TO SUPPORT CAPITOL BUILDING AND ENDOWMENT

UNIVERSITY OF ALABAMA COLLEGE OF ARTS AND SCIENCES - DESIGNATED FOR THE

THEATRE DEPARTMENT

FIRST LUTHERAN CHURCH - GENERAL SUPPORT

MANITOU ART CENTER - GENERAL SUPPORT

PARENTS CHALLENGE - GENERAL 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.

THE HOME FRONT CARES, INC. - GENERAL SUPPORT

BETHEL CHURCH OF REDDING - GENERAL SUPPORT

ALZHEIMER'S ASSOCIATION-COLORADO CHAPTER - GENERAL SUPPORT

CONCRETE COUCH - GENERAL SUPPORT

FIRST UNITED METHODIST CHURCH - GENERAL SUPPORT

EVERYTHINGFORNSIGHT.ORG - VISION SURGERIES FOR LOW-INCOME RESIDENTS IN PP
REGION

JUNIOR ACHIEVEMENT OF SOUTHERN COLORADO - GENERAL SUPPORT

MISSION MEDICAL CLINIC - PURCHASE VISION EQUIPMENT AND STAFF SALARY

HOMeward PIKES PEAK - GENERAL 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.

WESTSIDE CARES - GENERAL SUPPORT

LAKWOOD CHURCH - GENERAL SUPPORT

COLORADO SPRINGS PIONEERS MUSEUM - GENERAL SUPPORT

CENTER FOR NONPROFIT EXCELLENCE - 2018 NONPROFIT ENDOWMENT WORKSHOPS

HUMANE SOCIETY OF THE PIKES PEAK REGION - GENERAL SUPPORT

CITY OF COLORADO SPRINGS - PARKS, RECREATION AND CULTURAL SERVICES -
MATCHING GRANT FOR PROGRAM PLANNING

DESERT CABALLEROS WESTERN MUSEUM - TO SUPPORT THE COWGIRL UP FUNDRAISER

FROM THE HEART PRODUCTIONS - TO BENEFIT VOICES OF GRIEF

CITY OF COLORADO SPRINGS - GENERAL 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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

ATLAS PREPARATORY SCHOOL - SCHOLARSHIPS

MUSTARD SEED RANCH - GENERAL SUPPORT

TOWN OF SOUTH FORK - GENERAL SUPPORT

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

CULTURAL OFFICE OF THE PIKES PEAK REGION - COLLABORATIVE GRANT FOR THE

PEAK ARTS PRIZE PROGRAM

UNIVERSITY OF COLORADO COLORADO SPRINGS--GIFTS - DESIGNATED FOR THE KAREN

POSSEHL WOMEN'S ENDOWMENT

COLORADO COLLEGE FOR QUAD INNOVATION PARTNERSHIP - PROVIDE SOCIAL

ENTERPRISE DEVEL. PROG FOR NONPROFITS

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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| 6 | | | | | |
| 7 | | | | | |

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

NEW LIFE CHURCH - SAKE OF THE CITY FUND

FIRST PRESBYTERIAN CHURCH - GENERAL SUPPORT

TESSA - GENERAL SUPPORT

CHEYENNE VILLAGE - GENERAL SUPPORT

COLORADO SPRINGS PHILHARMONIC - GENERAL SUPPORT

PIKES PEAK UNITED WAY - GENERAL SUPPORT

CATAMOUNT INSTITUTE - GENERAL SUPPORT

CITY OF COLORADO SPRINGS - PARKS, RECREATION AND CULTURAL SERVICES -

REPAIR NIGHT LIGHTS AND EQUIPMENT

COMMUNITY PREP SCHOOL - GENERAL 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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

FRIENDS OF CHEYENNE CANON - BUILDING OF AN ADA TRAIL AROUND THE STARSMORE VISITOR AND NATURE CENTER AND A INTERPRETIVE PLAN AND IMPLEMENTATION

DREAM CENTERS OF COLORADO SPRINGS - TO SUPPORT MARY'S HOME

UCCS-REACH YOUR PEAK - GENERAL SUPPORT

ROBERT SCOTT HALL FIELD OF DREAMS - GENERAL SUPPORT

GAZETTE CHARITABLE PROGRAMS- EMPTY STOCKING FUND- GENERAL SUPPORT

STABLESTRIDES - GENERAL SUPPORT

CARE AND SHARE FOOD BANK OF SOUTHERN COLORADO - GENERAL SUPPORT

URBAN PEAK - GENERAL SUPPORT

REGIS UNIVERSITY - FOR THE TARABINO SCHOLARSHIP FUND AT REGIS UNIVERSITY

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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| 7 | | | | | |

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

HOLY TRINITY ANGLICAN CHURCH - GENERAL SUPPORT

PIKES PEAK HOSPICE FOUNDATION - GENERAL SUPPORT

AMERICAN RED CROSS - PIKES PEAK CHAPTER - DISASTER RELIEF

OUTREACH FOUNDATION OF THE PRESBYTERIAN CHURCH, INC. - GENERAL SUPPORT

UCCS DEVELOPMENT CORP - TO SUPPORT A JOINT VENTURE WITH CENTURA HEALTH

RELATED TO UCCS DEVELOPED TECHNOLOGIES

WILLIAM B. AND HELEN S. LEONARD FOUNDATION FOR ECA - AS A MATCHING GRANT

TOWARDS THE ACADEMY FOUNDATION

MILLIBO ART THEATRE - GENERAL SUPPORT

ROCKY MOUNTAIN WOMEN'S FILM INSTITUTE - TO SUPPORT FISCAL SPONSORSHIP FOR

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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| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

YOUTH DOCUMENTARY ACADEMY

YMCA OF THE PIKES PEAK REGION - GENERAL SUPPORT

FOSTERING HOPE FOUNDATION - FOSTERING ADULTHOOD TRANSITIONAL HOUSING

INITIATIVE

UNIVERSITY OF COLORADO FOUNDATION - CHARLOTTE HOWARD NURSING SCHOLARSHIP

DEL E. WEBB CENTER FOR THE PERFORMING ARTS - TO SUPPORT VISION 2020

REGIS UNIVERSITY - SUPPORT STUDENTS FROM RURAL SOUTHERN COLORADO

(PREFERABLY TRINIDAD, CO) OR NORTHERN NEW MEXICO

COLORADO SPRINGS CONVENTION AND VISITORS BUREAU - FOR LART FUNDING TOWARD

AIRPORT MARKETING

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

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

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

EVANGELICAL CHRISTIAN ACADEMY - TO SUPPORT THE ACADEMY'S ENDOWMENT

COMPASSION INTERNATIONAL - GENERAL SUPPORT

SPRINGS RESCUE MISSION - GENERAL SUPPORT

**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

2018

**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 checked="" 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 |
|-----------|-----|----|
| | | |
| 1b | | |
| 2 | | |
| | | |
| 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) 2018

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) | 162,373. | 1,500. | 3,600. | 8,624. | 20,400. | 196,497. | |
| | (ii) | 0. | 0. | 0. | | | | |
| 2 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 3 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 4 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (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 J PART I LINE 7

SMALL HOLIDAY BONUS

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2018

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) | | | | | |

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 | 253,166. | 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

2018

**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 instructions and 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. | 2,599,953. | 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 | | 7,739. | 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) 2018

JSA

8E1298 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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

84-1339670

FORM 990 PART III LINE 1

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

FORM 990 PART VI SECTION A LINE 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 |
|---|--|

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: \$(19,318)

NET ASSET RECLASSIFICATION BETWEEN

CONSOLIDATED GROUP \$(2,132,590)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**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 | | 0. | PPCF |
| (2) VENETUCCI RANCH LLC 730 N. NEVADA AVE COLORADO SPRINGS, CO 80903 | EDUCATION AND | CO | | 9,800,000. | PPCF |
| (3) VENETUCCI VILLAGE LLC 730 N. NEVADA AVE COLORADO SPRINGS, CO 80903 | REAL ESTATE | CO | | 2,250,475. | PPCF |
| (4) 730 N NEVADA LLC 730 N NEVADA AVE COLORADO SPRINGS, CO 80903 | RE HOLDING | CO | | 511,799. | 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) 2018

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) | | | | |
| (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 2018 or other tax year beginning 01/01, 2018, and ending 12/31, 2018.

2018

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

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity code; F Group exemption number; G Check organization type.

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here ADMINISTRATIVE SUPPORT.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

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

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

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.)

Table with 2 columns: Line number, Amount. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest; 19 Taxes and licenses; 20 Charitable contributions; 21 Depreciation; 22 Less depreciation claimed; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses; 27 Excess readership costs; 28 Other deductions; 29 Total deductions; 30 Unrelated business taxable income before net operating loss deduction; 31 Deduction for net operating loss; 32 Unrelated business taxable income.

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Rows include 33 (Total of unrelated business taxable income), 34 (Amounts paid for disallowed fringes), 35 (Deduction for net operating loss), 36 (Total before specific deduction), 37 (Specific deduction), and 38 (Unrelated business taxable income).

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Rows include 39 (Organizations Taxable as Corporations), 40 (Trusts Taxable at Trust Rates), 41 (Proxy tax), 42 (Alternative minimum tax), 43 (Tax on Noncompliant Facility Income), and 44 (Total).

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Rows include 45a-d (Credits), 46 (Subtract line 45e), 47 (Other taxes), 48 (Total tax), 49 (2018 net 965 tax liability), 50a-f (Payments), 51 (Total payments), 52 (Estimated tax penalty), 53 (Tax due), 54 (Overpayment), and 55 (Amount of line 54).

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

Table with 3 columns: Line number, Description, and Yes/No. Rows include 56 (Foreign interest), 57 (Foreign trust), and 58 (Tax-exempt interest).

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 Use Only section. Includes fields for Sign Here (GARY BUTTERWORTH), Preparer's name (DOREEN B MERZ), Firm's name (STOCKMAN KAST RYAN & CO, LLP), and Firm's address (102 N. CASCADE AVENUE, SUITE 400, COLORADO SPRINGS, CO 80903).

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 | | 8 Do the rules of section 263A (with respect to | | Yes No |
| b Other costs (attach schedule) | 4b | | property produced or acquired for resale) apply | | |
| 5 Total. Add lines 1 through 4b | 5 | | 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 | | |
| (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) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (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. ▶ | | | | | | |
| Totals, Part II (lines 1-5) ▶ | | 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. |

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

36,801.

PART I - LINE 12 - OTHER INCOME

36,801.

ATTACHMENT 2

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

| | |
|----------------------|--------|
| LEGAL AND ACCOUNTING | 3,424. |
| OFFICE EXPENSE | 2,042. |
| INSURANCE | 3,218. |
| RENT | 9,314. |

| | |
|--------------------------------------|----------------|
| PART II - LINE 28 - OTHER DEDUCTIONS | <u>17,998.</u> |
|--------------------------------------|----------------|