Form **990**

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Α	For t	he 2020	calendar year, or tax year beginning , 2020,	and ending		, 20
	4441000000		C Name of organization		D Employer identi	
В	Check if	applicable:	PIKES PEAK REAL ESTATE FOUNDATION		20-34553	353
Г		iress nge	Doing business as			
		ne change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	per
	Initi	al return	102 S TEJON STREET STE 530		(719) 389-	-1251
		al return/	City or town, state or province, country, and ZIP or foreign postal code		177	
\vdash		ninated ended	COLORADO SPRINGS, CO 80903		G Gross receipts \$	5,235,295.
\vdash	retu	irn lication	F Name and address of principal officer: GARY BUTTERWORTH		H(a) Is this a group i	
	pen	ding	102 S TEJON STREET STE 530, COLORADO SPRING	s co 809	subordinates? H(b) Are all subordinates	an recommend
-	*					th a list. See instructions
<u>-</u>		xempt sta		or 527	-4,05	
<u>J</u>			WWW.PPCF.ORG		H(c) Group exemptio	
_		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	ization: X Corporation Trust Association Other	L Year of fo	ormation: 2005 M Sta	ate of legal domicile: CO
P	art I	Su	mmary			
	1		describe the organization's mission or most significant activities:		A	
9		PRES	SERVING AND PROTECTING HISTORIC AND CHARITABLE	E REAL ES	TATE	
Jan		PRO	PERTIES			
Activities & Governance	2	Check	this box 🕨 🔲 if the organization discontinued its operations or dispose	d of more than	25% of its net assets.	4
ő	3	Numbe	er of voting members of the governing body (Part VI, line 1a)			12.
ಂಶ	4	Numbe	er of independent voting members of the governing body (Part VI, line 1b).		4	11.
ties	5		number of individuals employed in calendar year 2020 (Part V, line 2a)		경기 경기 경기 경기 경기 경기 경기 기계	2.
Ξ	6		number of volunteers (estimate if necessary)			11.
Act	79		unrelated business revenue from Part VIII, column (C), line 12			
	17.5		related business taxable income from Form 990-T, Part I, line 11			
_	-	Net un	melated business taxable income from Form 950-1, Fart I, line 11		Prior Year	Current Year
		0			50	
en	8		butions and grants (Part VIII, line 1h)		9,827	
Revenue	9		m service revenue (Part VIII, line 2g)		66,044	The state of the s
Re	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)			
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	경하는 사람은 기계 문학은 대학자를 위한 때문	7,950	
	12	Total r	evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		83,871	
	13		and similar amounts paid (Part IX, column (A), lines 1-3)	Charles and the second	0	
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)	🗀	0	U. (7) 7)
50	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10).		99,737	
Expenses	16 a	Profes	sional fundraising fees (Part IX, column (A), line 11e)		0	. 0.
ĝ.	b		undraising expenses (Part IX, column (D), line 25) ▶ 9,348			
ú	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		160,221	. 115,077.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		259,958	. 284,946.
	19		ue less expenses. Subtract line 18 from line 12	경영하는 일 및 제 30 35%	-176,087	. 1,940,812.
0 S					eginning of Current Yea	r End of Year
Assets or Balances	20	Total a	ssets (Part X, line 16)	ALVERTO O IS 1800	8,074,437	. 11,921,282.
Ass Bal	21		abilities (Part X, line 26)		6,389	. 25,778.
let und	21 22		sets or fund balances. Subtract line 21 from line 20	⊢	8,068,048.	
	rt II		nature Block	••••		
				les and statemen	ats and to the best of m	v knowledge and belief, it is
true	, corre	ect, and c	perjury, I declare that I have examined this return, including accompanying schedu complete. Declaration of prepare (other than officer) is based on all information of which	ch preparer has a	ny knowledge.	, money and bench has
			Sound (do at		10-06-	-2021
Sig	ո	Qi.	gnature of officer		Date	
Her						
	-		amuel Clark, Executive Director, PPREF			
		(4.5)	pe or print name and title	Inete		DTIN
Paid		N. V.O. 141711	ype preparer's name	Date	Check if	PTIN
	oarer	DORE	EN B MERE	09/16/2		P00841439
	Only	Firm's		J	Firm's EIN ▶84-	
	00 10 00 00 0 0		address >102 N. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS, CO 809		Phone no. 719	9-630-1186
Мау	the		ccuss this return with the preparer shown above? (see instructions)			X Yes No
_			eduction Act Notice, see the separate instructions.			Form 990 (2020)

PIKES PEAK REAL ESTATE FOUNDATION

The Check if Schedule O contains a response or note to any line in this Part III		m 990 (2020) Page 2
B infelty describe the organization's mission: THE DIGRANIZATION MARES THE PROCESS OF DONATING REAL ESTATE FOR CHARITABLE PURPOSES SIMPLE AND TIMELY, ASSISTING DONORS IN ACCOMPLISHING THEIR CHARITABLE GOALS. SEE SCHEDULE O FOR CONTRIVATION. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 10 TYes, describe these new services on Schedule O. 11 TYes, describe these new services on Schedule O. 2 Did the organization crease conducting, or make significant changes in how it conducts, any program services? 1 TYes, 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 experses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and ellocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ is esset including grants of \$ 1.500.) (Revenue \$ 5.119.) PRESSRYED SEVERAL HISTORICAL AND CHARITABLE PROPERTIES IN THE PIKES PEAK REGION. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4 Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4 Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4 Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4 Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 5 Total program services expenses ▶ 168,090.	P	
THE ORGANIZATION MAKES THE PROCESS OF DONATING REAL ESTATE FOR CHARITABLE PURPOSES SIMPLE AND THERIFULY, ASSISTING DONAS IN ACCOMPLISHING THEIR CHARITABLE GOALS. 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 990-627.	1	
CHARITABLE FURPOSES SIMPLE AND TIMELY, ASSISTING DONORS IN ACCOMPLISHING THEIR CHARITABLE GOALS. 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 900 or 900-E2? If "Yes," describe these new services on Schedule O. If "Yes," describe these conducting, or make significant changes in how it conducts, any program services?. If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by experses. Scotton 501(c)(3) and 501(c)(4) organizations are required to report the amount of grents and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses 1 148.090. including grants of 1,500.) (Revenue 5 8,110.) PRESSEXED SEVERAL HISTORICAL AND CHARITABLE PROPERTIES IN THE PTKES PEAK REGION. 4b (Code:) (Expenses 1 including grants of 5) (Revenue 5) Including grants of 5) (Revenue 5) Including grants of 5) (Revenue 5) Including grants of 5) (Revenue 5) = 101 program services (Describe on Schedule O.) (Expenses 5 including grants of 5) (Revenue 5) = 101 program services (Describe on Schedule O.) (Expenses 5 including grants of 5) (Revenue 5) = 101 program services (Describe on Schedule O.)	ं	
ACCOMPLISHING THEIR CHARITABLE GOALS. SEE SCHEDULE 0 FOR CONTINUARTION. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 390-E27.		
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 390-E2? 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? If Yes,' describe these changes on Schedule O. 8 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 \$ 155.090. including grants of \$ 1,500.) (Revenue \$ 9,510.) PRESSERVED SEVERAL HISTORICAL AND CHARITABLE PROPERTIES IN THE PIXES PEAK REGION. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$)		
prior Form 990 or 990-EZ?		CONTINUATION.
services?		prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services 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)40 yearpatesia 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 \$	3	services?
PRESERVED SEVERAL HISTORICAL AND CHARITABLE PROPERTIES IN THE PIKES PEAK REGION. 4b (Code:) (Expenses \$	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,
4b (Code:) (Expenses \$including grants of \$) (Revenue \$) do (Code:) (Expenses \$including grants of \$) (Revenue \$) d Other program services (Describe on Schedule O.) (Expenses \$including grants of \$) (Revenue \$)	4a	PRESERVED SEVERAL HISTORICAL AND CHARITABLE PROPERTIES IN THE
d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) a Total program service expenses ▶ 168,090.		PIKES PEAK REGION.
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(Expenses \$ including grants of \$) (Revenue \$) e Total program service expenses ▶ 168,090.	+C (Code:) (Expenses \$including grants of \$) (Revenue \$)
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(Expenses \$ including grants of \$) (Revenue \$) e Total program service expenses ▶ 168,090.	1d (Other program services (Describe on Schedule O.)
e Total program service expenses ▶ 168,090.		
- 200		Total program service expenses ► 168,090.

Pa	rt IV Checklist of Required Schedules			
	le the experience described in a series 504/5/(0) or 4047/5/(4) / slice that the series for delice 0 if #Ver#	_	Yes	No
1	TO A CONTROL OF THE PROPERTY O	1	х	
2	complete Schedule A	2	X	
3	그 것이지 어려면 가는 이 사용 이 없는 이 아이를 가는 것이 아는 것은 어려워 있다. 그는 그는 이 바로 가는 어려면 그는 어린 이에 되게 그렇게 그렇게 되었다.	-	18.7	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4				
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			123
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	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? If "Yes," complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
1	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
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			-
1074	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	_	Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4.0		х
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	\dashv	^
11	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1 1		
	complete Schedule D, Part VI	11a	Х	
t	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	10.00		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	_
C	I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	444		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	\rightarrow	X
f		110	\dashv	
_	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	37300	2000	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	17
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	\rightarrow	X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	\rightarrow	^
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	100000000		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	533		
. ~	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	\rightarrow	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	\rightarrow	-
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		\neg	
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~

id the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on art IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 23 24a 24b 24c 24d 25a 25b	X	X X X
art IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the granization's current and former officers, directors, trustees, key employees, and highest compensated mployees? If "Yes," complete Schedule J. did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b rough 24d and complete Schedule K. If "No," go to line 25a. did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? did the organization maintain an escrow account other than a refunding escrow at any time during the year defease any tax-exempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? detion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit ansaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior ar, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? "Yes," complete Schedule L, Part I. d the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% introlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. d the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee thereof) or family member of any of these ember, or to a 35% controlled entity (including an employee thereof) or family member of any of these ember, or to a 35% controlled entity (including an employee thereof) or family me	24a 24b 24c 24d 25a 25b	x	x x
id the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the reganization's current and former officers, directors, trustees, key employees, and highest compensated imployees? If "Yes," complete Schedule J	24a 24b 24c 24d 25a 25b	x	x
rganization's current and former officers, directors, trustees, key employees, and highest compensated imployees? If "Yes," complete Schedule J. Id the organization have a tax-exempt bond issue with an outstanding principal amount of more than 100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b trough 24d and complete Schedule K. If "No," go to line 25a. Id the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b 24c 24d 25a 25b	x	x
Imployees? If "Yes," complete Schedule J. Id the organization have a tax-exempt bond issue with an outstanding principal amount of more than 100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b rough 24d and complete Schedule K. If "No," go to line 25a. Id the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Id the organization maintain an escrow account other than a refunding escrow at any time during the year defease any tax-exempt bonds? Id the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Id the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Id the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule L, Part I. It organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I. It organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior ar, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? "Yes," complete Schedule L, Part I. If the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% and the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee ember, or to a 35% controlled entity (including an employee thereof) or family member of any of these ember, or to a 35% controlled entity (including an employee thereof) or family member of any of these ember, or to a business transaction with one of the following parties (see Schedule L, and IV) instructions, for applicable filling thresholds, conditions, and ex	24a 24b 24c 24d 25a 25b	x	x
id the organization have a tax-exempt bond issue with an outstanding principal amount of more than 100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b rough 24d and complete Schedule K. If "No," go to line 25a	24b 24c 24d 25a 25b		x
determination invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b 24c 24d 25a 25b		x
In the organization and the transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. If the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) or family member of any of these resons? If "Yes," complete Schedule L, Part II. In the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. If "Yes," complete Schedule L, Part II. If "Yes," complete Schedule L, Part II. If "Yes," complete Schedule L, Part III. If yes," complete Schedule L, Part III.	24b 24c 24d 25a 25b		x
defease any tax-exempt bonds?	24c 24d 25a 25b		×
defease any tax-exempt bonds?	24d 25a 25b		×
dethe organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d 25a 25b		×
ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit ansaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a 25b 26		x
the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior ar, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? "Yes," complete Schedule L, Part I	25b 26		×
the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior ar, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? "Yes," complete Schedule L, Part I	25b 26		x
ar, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? "Yes," complete Schedule L, Part I	26		х
"Yes," complete Schedule L, Part I	26		х
d the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% introlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% introlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			
Introlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			
d the organization provide a grant or other assistance to any current or former officer, director, trustee, key inployee, creator or founder, substantial contributor or employee thereof, a grant selection committee ember, or to a 35% controlled entity (including an employee thereof) or family member of any of these risons? If "Yes," complete Schedule L, Part III			
Inployee, creator or founder, substantial contributor or employee thereof, a grant selection committee ember, or to a 35% controlled entity (including an employee thereof) or family member of any of these rsons? If "Yes," complete Schedule L, Part III	27		х
ember, or to a 35% controlled entity (including an employee thereof) or family member of any of these rsons? If "Yes," complete Schedule L, Part III	27		х
rsons? If "Yes," complete Schedule L, Part III	27		X
as the organization a party to a business transaction with one of the following parties (see Schedule L, art IV instructions, for applicable filing thresholds, conditions, and exceptions): current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If es," complete Schedule L, Part IV			
current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If es," complete Schedule L, Part IV			
es," complete Schedule L, Part IV			
es," complete Schedule L, Part IV			
	28a	Х	
35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		X
			532
	28c		X
d the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
d the organization receive contributions of art, historical treasures, or other similar assets, or qualified	950		
nservation contributions? If "Yes," complete Schedule M	30	_	X
용트 병사님 유리 발표 있다. 그는 경우에 가는 전환하는 사람들은 사람들은 사람들이 가는 이렇게 되었다. 그는 사람들이 하는 것은 사람들이 가는 사람들이 가는 사람들이 가는 사람들이 되었다. 그는 사람들이 가는	31		
	20		Х
선생님들은 보다는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은	32	\rightarrow	
	22	x	
	33		_
	34	x	
			Х
	-	\neg	631-77
그 어머니는 그 어머니는 그 어머니는 그 아이들이 그렇게 하는 아이들이 그리다면 하는데 아니는 아이들이 아니는데 아니는데 아니는데 아니는데 아니는데 아니는데 아니는데 아니는데	35b		
		\neg	
ated organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
the organization conduct more than 5% of its activities through an entity that is not a related organization			-
that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
I the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V		,	
		Yes	No
or the number reported in Pay 3 of Form 1006. Enter 0 if not applicable			
or are trained reported in Box of Form recording to a most approache 11111111			
ter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
ter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0. the organization comply with backup withholding rules for reportable payments to vendors and		- 1	
ter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1c	990 (
total no call til?	tion 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable ted organization? If "Yes," complete Schedule R, Part V, line 2	the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," applete Schedule N, Part II	the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," applete Schedule N, Part II

Forn	1 990 (2020)		F	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	T 1		Yes	No
2 8	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 2	١	v	
k	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	255		x
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		^
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).	E a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
-	gifts were not tax deductible?	- OD	-	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		х
1	and services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	75		-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		х
-	required to file Form 8282?	70		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
,	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
75.5	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
С	Enter the amount of reserves on hand			
		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	19.501		901
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_X_
	If "Yes," complete Form 4720, Schedule O.			

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 on Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
	77		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
ь	Enter the number of voting members included on line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		x
•	any other officer, director, trustee, or key employee?	-		-
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		х
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		х
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization become aware during the year of a significant diversion of the organizations assets?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
ra	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
~	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	W40EVC)		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	4.01	х	
	rise to conflicts?	12b	^	-
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	х	
1910	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14		_
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	х	
а	The organization's CEO, Executive Director, or top management official	15b	Х	
ь	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		
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	(Sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)	Marie College		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record GARY BUTTERWORTH 102 S TEJON ST. STE 530 COLORADO SPRINGS, CO 80903 719-389-1251	s >		

Form 990 (2020)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, or	tirector, or trustee.
---	-----------------------

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles er and	Pos heck ss pe	erson	than of the both sign of trust employee	an	(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
				_	_	ed				
(1) GARY BUTTERWORTH	5.00									
PRESIDENT	40.00	Х		Х				0.	190,624.	24,580.
(2) LESLIE SABIN	5.00							24/02		
CFO	0.			х				0.	111,434.	12,699.
(3) SAMUEL CLARK	40.00									
EXECUTIVE DIRECTOR	0.			Х				96,190.	0.	5,001.
(4) CHRIS JENKINS	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(5) WENDEL TORRES	1.00									
DIRECTOR	0.	X						0.	0.	0.
(6) MARK HILLE	1.00									
SEC. & TREASURER	0.	Х		Х				0.	0.	0.
(7) DOUG QUIMBY	1.00								Mar.	
DIRECTOR	0.	X						0.	0.	0.
(8) NOLAN SCHRINER	1.00									,
CHAIRMAN	0.	Х		Х				0.	0.	0.
(9) GORDON PRICE	1.00							100	169	
DIRECTOR	0.	X						0.	0.	0.
(10) LARRY GADDIS	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(11) RANDY CASE	1.00	-							ARV	
DIRECTOR	0.	X						0.	0.	0.
(12) TONY ROSENDO	1.00									
VICE CHAIRMAN	0.	X		Х				0.	0.	0.
(13) PAM SHOCKLEY-ZALABAK	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(14) ALEX SULLIVAN	1.00									
DIRECTOR	0.	Х						0.	0.	0.

Form 990 (2020)

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Part VII Section A. Officers, Directors, Tru	istees, Ke	y En	plo	oye	es,	and l	Hig	hest Compensat	ed Employees (continu	ied)	
(A) Name and title	(B) Average hours per week (list any hours for						an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	othe compens		of ation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or a	from th ganizat nd relat ganizati	tion ted
								33-AMS-M				
1b Sub-total	ction A			O.			A A A	96,190. 0. 96,190.	302,058. 0. 302,058.			280 0 280
Total number of individuals (including but not li reportable compensation from the organization	mited to th						rec					
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedul	r, director	, or	trus	stee	e, k	ey e	mpl	oyee, or highest	compensated	3	Yes	No
For any individual listed on line 1a, is the second organization and related organizations greated individual	um of repo	ortabl \$150	e co	omp	ens	sation "Yes,	an	d other compens	e J for such	4	x	
5 Did any person listed on line 1a receive or a for services rendered to the organization? If "Yes	ccrue con	pens	atio	n fr	om	any	unr	elated organizatio	n or individual	5		х
Section B. Independent Contractors 1 Complete this table for your five highest comp										f		
compensation from the organization. Report co												
(A) Name and business addre	ess							(B) Description of ser	vices C	(C) ompen		
2 Total number of independent contractors (inc more than \$100,000 in compensation from the			limi	ted	to 0.		lis	ted above) who	received			

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512-51
nts	2 1a	1					
Contributions, Gifts, Grants	ь	Membership dues 1b					
S, C	c						
HE I	d						
S, E	е	Government grants (contributions) 1e					
io c	f	All other contributions, gifts, grants,	LE MINE MINE				1
but		and similar amounts not included above . 1f	1,987,500.				-
E	g	Noncash contributions included in lines 1a-1f 1g \$	62 500				
Se	h	Total. Add lines 1a-1f	62,500.	1,987,500.			
_	1	Total Add mics to 11 11 11 11 11 11 11 11 11 11 11 11 11	Business Code	2,000,0000			
Se	2a	INCOME FROM LEASING	532000	3,600.	3,600.		
ء ک	- b	PROGRAM INCOME	531390	5,210.	5,210.	2	
Program Service Revenue	c						
аш.	d						
PB	e						
ď	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	8,810.			
	3	Investment income (including dividends, in	terest, and	- 1000000000000000000000000000000000000			1
		other similar amounts)	▶	112,732.			112,732
	4	Income from investment of tax-exempt bond pr		0.			
	5	Royalties		0.			
	Digital.	(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	ь	Less: rental expenses 6b					
	d	Rental income or (loss) 6c Net rental income or (loss)	-	0.			
	7a	Gross amount from (i) Securities	(ii) Other	<u> </u>			
	7 4	sales of assets	(.,,	100			
		other than inventory 7a 3,113,506.					
ø	b	Less: cost or other basis					
aun	1000	and sales expenses 7b 3,009,537.		1.45			
ev	С	Gain or (loss) 7c 103,969.					
Other Revenue	d	Net gain or (loss)	▶	103,969.			103,969
the	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line	2508	STREET, STREET			
		1c). See Part IV, line 18 8a	0.		25-12 3 3 3 3 4		
	b	Less: direct expenses 8b	0.				
	С	Net income or (loss) from fundraising events	🏲	0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.	178			
	140		0.				
	b	Less: direct expenses 9b Net income or (loss) from gaming activities .		0.			
	10a	Gross sales of inventory, less		1 17 11 (1)			711
	iva	returns and allowances 10a	0.		100		
	ь	Less: cost of goods sold	0.	11111111111111			
	c	Net income or (loss) from sales of inventory	▶	0.			
2			Business Code				
Revenue	11a	MANAGEMENT FEES	900099	12,747.			12,747
en	b						
e c	c						
	d	All other revenue		1000			
		Total Add lines 11a-11d		12,747.			122 7,2
	12	Total revenue. See instructions		2,225,758.	8,810.		229,448

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).

2	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,500. 0. 0. 0. 101,192. 0. 36,868.	50,596.	Management and general expenses	4,048.
2	and domestic governments. See Part IV, line 21	0. 0. 0. 101,192. 0. 36,868.	50,596.	46,548.	4,048.
3 (f 4 ! 5 (6 (7 (8 F	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Other salaries and wages. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0. 0. 101,192. 0. 36,868.		46,548.	4,048.
6 0 F F 7 0 8 F	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits	0. 101,192. 0. 36,868.		46,548.	4,048.
6 G 7 G 8 F	foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Other salaries and wages. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits.	0. 101,192. 0. 36,868.		46,548.	4,048.
4 I 5 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits	0. 101,192. 0. 36,868.		46,548.	4,048.
5 (6 (7 (8 F	Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits	0. 36,868.		46,548.	4,048.
6 G F 7 G 8 F	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits	0. 36,868.		46,548.	4,048.
6 (F 7 (8 F	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits.	0. 36,868.		10/5101	1,010.
7 (8 F	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits	36,868.	36,868.		
7 (8 F	Persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits	36,868.	36,868.		
7 (8 F	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits	200 100,000	36,868.		
8 F	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits	200 100,000			
	section 401(k) and 403(b) employer contributions) Other employee benefits	250 12525200			
	Other employee benefits	1,769.	884.	814.	71.
	V	18,210.	9,105.	8,377.	728.
	Payroll taxes	10,330.	5,165.	4,752.	413.
	Fees for services (nonemployees):				
	Management	0.			
	egal	4,800.	2,400.	2,208.	192.
	Accounting	5,479.	2,740.	2,520.	219.
	obbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
f li	nvestment management fees	12,478.	12,478.		
gC	Other. (If line 11g amount exceeds 10% of line 25, column				
(/	A) amount, list line 11g expenses on Schedule O.)	0.			
	dvertising and promotion	307.	154.	141.	12.
	Office expenses	4,888.	2,444.	2,248.	196.
	nformation technology	13,009.	6,505.	5,984.	520.
	toyalties	0.	0.022	0.525	740
	Occupancy	18,554.	9,277.	8,535.	742.
	ravel	14,628.	7,314.	6,729.	585.
	ayments of travel or entertainment expenses	0.			
	or any federal, state, or local public officials	0.			
	onferences, conventions, and meetings	0.			
	nterest	0.			
	ayments to affiliates	10,250.	5,125.	4,715.	410.
	epreciation, depletion, and amortization	17,112.	8,556.	7,872.	684.
	nsurance	1,,111.	0,000.	7,7,7,7,1	0011
	ther expenses. Itemize expenses not covered pove (List miscellaneous expenses on line 24e. If	100			
	ne 24e amount exceeds 10% of line 25, column		1 1 1 1 1 1 1		
	amount, list line 24e expenses on Schedule O.)				
	PAIRS & MAINTENANCE	354.	354.		
-	SCELLANEOUS	13,187.	6,594.	6,065.	528.
~ _	ROGRAM EXPENSE	31.	31.		
d _					
	Il other expenses				
	otal functional expenses. Add lines 1 through 24e	284,946.	168,090.	107,508.	9,348.
26 Jo or fro fu	oint costs. Complete this line only if the ganization reported in column (B) joint costs om a combined educational campaign and indraising solicitation. Check here if llowing SOP 98-2 (ASC 958-720)	0.			d d

Fo	m 990	(2020)		1000101 10	Page 11
F	art X	_			
	- 1100 0 1000	Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
_	1	Cash - non-interest-bearing	1,582,370.	1	1,976,768.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	5,648.		12,391.
	5	Loans and other receivables from any current or former officer, director,			
	"	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			Total Andrews
	"	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
v	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	15,804.	9	16,523.
	10 a	Land, buildings, and equipment: cost or other			
	319/572	basis. Complete Part VI of Schedule D 10a 5,874,000.			
	b	Less: accumulated depreciation 10b 133,250.	3,988,500.	10c	5,740,750.
	11	Investments - publicly traded securities	2,181,003.	11	3,523,738.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	254,558.	13	604,558.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	46,554.		46,554.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	8,074,437.	16	11,921,282.
	17	Accounts payable and accrued expenses	6,389.	17	4,878.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.		0.
	20	Tax-exempt bond liabilities,	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities	2000	controlled entity or family member of any of these persons	0.		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	20,900.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		0.5226	
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	6,389.	26	25,778.
rces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alai	27	Net assets without donor restrictions	8,068,048.	27	11,895,504.
B	28	Net assets with donor restrictions	0.	28	0.
Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
18	31	Retained earnings, endowment, accumulated income, or other funds		31	

11,921,282. Form 990 (2020)

11,895,504.

32

33

8,068,048. 32

8,074,437. 33

Total liabilities and net assets/fund balances........

Part	XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			758.
2	Total expenses (must equal Part IX, column (A), line 25)	2			946.
3	Revenue less expenses. Subtract line 2 from line 1	3			812.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			048.
5	Net unrealized gains (losses) on investments	5		.29,	210.
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 on Schedule O)	9	1,7	57,	434.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	NO. 10. 10.	courses no		2002000
	32, column (B))	10	11,8	95,5	504.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con-	npiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			1658	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a			
	separate basis, consolidated basis, or both:				
	Separate basis X 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 over	ersight of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in the			
	Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		6997		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	3b		
			Form	990	(2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PIKES PEAK REAL ESTATE FOUNDATION

Employer identification number 20-3455353

F 1	KES FEAR KEAL ESTATE	CONDATION				20-34333	, , , ,
Pa	rt I Reason for Public Ch	arity Status. (Al	l organizations must	comple	ete this	part.) See instruction	S.
The	organization is not a private fo		THE RESERVE THE PROPERTY OF THE PARTY OF THE				MANY STATE OF THE
1	A church, convention of cl	nurches, or associ	ation of churches des	cribed 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 cooperativ	e hospital service	organization described	in secti	on 170(b)(1)(A)(iii).	
4	A medical research organ	ization operated in	n conjunction with a ho	spital de	escribed	in section 170(b)(1)(A)(iii). Enter the
	hospital's name, city, and	state:					AND AND DESCRIPTION OF THE PARTY.
5	An organization operated	for the benefit of	f a college or univers	ity owne	ed or op	erated by a governme	ental unit described in
	section 170(b)(1)(A)(iv). (Complete Part II.)	88	18			
6	A federal, state, or local g	overnment or gov	ernmental unit describ	ed in sec	tion 170	(b)(1)(A)(v).	
7	An organization that norm	nally receives a su	ubstantial part of its s	upport f	rom a go	overnmental unit or fr	om the general public
	described in section 170(kg)(1)(A)(vi). (Com	olete Part II.)				
8	A community trust describ			e Part II.)		
9	An agricultural research of		ID 19:1		5	d in conjunction with a	land-grant college
	or university or a non-land	[[뉴티] [[[[[[[[[[[[[[[[[[[[] [] [[[[[[[[[[[[[[[[
	university:			ontro tours#onur	ar orazzanoan		
10	An organization that norm	ally receives (1) m	ore than 331/3 % of its	suppor	from co	ntributions, members	nip fees, and gross
	receipts from activities rel	ated to its exempt	functions, subject to	certain e	xception	s: and (2) no more tha	n 331/3 % of its
	support from gross investi acquired by the organizati	ment income and i	unrelated business tax 1975, See section 509	(able inc	come (les	ss section 511 tax) from	i businesses
11	An organization organized						
12	X An organization organized	to a series and the series and series are an extensive the series of the series and the		1			carry out the purposes
	of one or more publicly so		N 5 V 9 9				
	Check the box in lines 12a					[연구하다.] 보이는 이렇게 되었다는 이 되고 있는 것 같은 하면 주시 이번 되었다.	하는 경기에는 지나도 하고 있는데 얼마나 그 아이는 아이를 하게 되었다. 하다
а	X Type I. A supporting org		기다는 경기에 오면 아니라의 지원을 보고 하다가 게 되었다.			선생님이 없는 것이 먹으면 되었다. 이번 경기를 통해보는 것이 없다.	
a	the supported organizati	() () () () () () () () () ()			2 20 0 0	되었다. 기를 선생님 이 그리었다	
	supporting organization.		는 그 있다. (T) 이 성급한 회회 (C) 전기 (P) 이 (C) (C) (C) (C) (C) (C)		lajority o	i the directors or truste	es of the
h	Type II. A supporting organization.	나는 아이에 사용하게 되었다. 하는 사람들이 아름다고 했다.			n with ite	s supported organizati	on/a) by baying
b	4 ~~~~~~ ~	BLY (1) 12. 이 경기와 개인하게 1이고 있다고 있다.					TO GA TANGGA MARANGAN MANANGA M
	control or management	TO 100 TO		the san	ie persoi	ns that control or mar	lage the supported
140	organization(s). You mus			execut to the			Declarate desired
С	Type III functionally inte					생기에 있다면 하지만 살아가는 그 나를 하는 바람이 되었다.	ily integrated with,
25	its supported organization	1	이 가면 없는 사람이 얼마나 되면 얼마를 만든 아니다. 그렇게 다 다 다 다 살아 없다면 다 되었다.				
d	Type III non-functionally			A Contract of the Contract of		the state of the s	
	that is not functionally int	1572	7/ 2				d an attentiveness
	requirement (see instruc	하면 가게 하는데	경기 위에 15명 여기에 하하면 되고 않는 하게 되어왔다. [반화일기 20]		400 BUILDING 1900		
е	Check this box if the orga						II, Type III
	functionally integrated, o	그는 마리프랑프 하고 있다는 요즘 사는 걸 때 중에 없는 것이 없는데 하다 하다.	and the same of th				1
1	Enter the number of supported						1
<u>g</u>	·//-		1 ,	r			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization our governing		(vi) Amount of other support (see
-			above (see instructions))		ment?	instructions)	instructions)
A	TTACHMENT 1		0	Yes	No		
(A)							1
. ,							
(B)							
		·					
(C)							
2.5							
(D)							
11							
(E)							
Tota							

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

Page 2

	Part III. If the organization fa	is to quality u	nder the tests	listed below,	please comple	ete Part III.)	
_	tion A. Public Support		1	1	1 4 11 2040	4-> 2020	(0 T-1-1
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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) Public support. Subtract line 5 from line 4		,				
Soci	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	(a) 2010	(5) 2017	(6) 2010	(4) 2010	(6) 2020	(1) 10101
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (s						
	First 5 years. If the Form 990 is for organization, check this box and stop here. ion C. Computation of Public Sup						
	Public support percentage for 2020 (lin			- 44		14	9
	Public support percentage for 2020 (iii Public support percentage from 2019 :						9
15	331/3% support test -2020. If the org	scriedule A, Pa	ot check the bo	v on line 13 a	nd line 14 is 33	1/3 % or more (
	box and stop here . The organization qu						
	331/3% support test - 2019. If the org						
	this box and stop here. The organization						
	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization Part VI how the organization meets t	meets the fa	cts-and-circums	tances test, che	eck this box ar	nd stop here. I	Explain in
b	organization................ 10%-facts-and-circumstances test-2	019. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a	, and line
	15 is 10% or more, and if the organiz in Part VI how the organization meets	the facts-and	-circumstances	test. The organ	zation qualifies	as a publicly s	supported
	organization						
18	Private foundation. If the organization instructions						

PPREF

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.)

	ction A. Public Support ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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			<		1	
	furnished in any activity that is related to the				1		
	organization's tax-exempt purpose	4					
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						1
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
, a	received from disqualified persons						
b	Amounts included on lines 2 and 3						1
77.1	received from other than disqualified				1		1
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year. Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
-	line 6.)			h 1 1 1			
ec	tion B. Total Support				h ==		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	.,,				And management	177
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						1
	acquired after June 30, 1975						
12	Add lines 10a and 10b						+
	Net income from unrelated business	-		-			
1							
	activities not included in line 10b, whether					V.	
	or not the business is regularly carried on.						+
	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						_
3	Total support. (Add lines 9, 10c, 11,						
	and 12.)		AND MINE AND ADDRESS.		Total wave passes pass		
	First 5 years. If the Form 990 is for	NAMES OF TAXABLE PARTY OF THE PROPERTY OF TAXABLE PARTY.			THE DESCRIPTION OF THE PROPERTY OF THE PROPERT		an cannon and god
	organization, check this box and stop here.						
	ion C. Computation of Public Supp			(6)		4-1	
	Public support percentage for 2020 (line 8,	7.77	1750 A		- 7: 17: 17: 17: 7: 7: 17: 17: 17: 17: 1	15	%
20 pt - 3 ta 4	Public support percentage from 2019 Scheo					16	%
	ion D. Computation of Investment		-				
	Investment income percentage for 2020 (lin-					17	%
	Investment income percentage from 2019 S					18	%
	331/3% support tests - 2020. If the org						
	17 is not more than 331/3 %, check this						
	331/3% support tests - 2019. If the organ						
b .	line 18 is not more than 331/3 %, check t	this box and st	op here. The org	anization qualifie		- 4 (f) (h) (7)	2.0
						The second of the second	The second second
	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,			
)	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,		chedule A (Form	

Part IV

Schedule A (Form 990 or 990-EZ) 2020

Supporting Organizations

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

Seci	tion A. All Supporting Organizations		Voc	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	X	NO
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		х
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		х
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)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		х
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).	5a		х
ь	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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
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? If "Yes," provide detail in Part VI.	6	1	х
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		х
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		х
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		х
ь	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? If "Yes," provide detail in Part VI.	9b		х
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		х
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		х
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

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Schedule A (Form 990 or 990-EZ) 2020

Par	V Supporting Organizations (continued)			V
	PRESTAND INTERPRETATION OF AN AREA OF AN AREA OF AN AREA OF AR		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			-
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in line 11a above?	11b		X
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			10000
_	detail in Part VI.	11c		Х
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	x	
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? 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.	2		х
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	Did the apprinction associate to each of its appropriate to be the last down of the 60h and the file.		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations		_	
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructic	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.		10	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ıctions	:).
	THE ARCONOL AND ARCONOL AND ARCONOL AS A STATE OF THE ARCONOL AS A STA	- [Yes	No
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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.	2a	Y	
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
а		3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

1 Light I ype III Non-Functionally Integrated 509(a)(3) Supporting Orga Check here if the organization satisfied the Integral Part Test as a qualifyir instructions. All other Type III non-functionally integrated supporting organ	g trust or	Nov. 20, 1970 (<i>expla</i>	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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):	1e		
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 0.015 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 0.035.	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 0.85 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	الوجا وللجال الكياليات	
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-functionall (see instructions).	y integra	ted Type III supporting	organization

Schedule A (Form 990 or 990-EZ) 2020

Par		Supporting Organiza	tions (continuea)		
Sec	tion D - Distributions			,	Current Year
1	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets	S		4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
NO. 11	and 4c.				
8	Breakdown of line 7:				VENET TO
а	Excess from 2016				
b	Excess from 2017				11.1
c	Excess from 2018				
	Excess from 2019				
	Excess from 2020	THE PROPERTY AND IN			

Schedule A (Form 990 or 990-EZ) 2020

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 I	
(I) NAME OF SUPPORTED ORGANIZATION (I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
PIKES PEAK COMMUNITY FOUNDATION	84-1339670	10	x	0.	0.
TOTAL AMOUNT OF SUPPORT				0.	0.

SCHEDULE D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990.
➤ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	e of the organization		Employer identification number
	KES PEAK REAL ESTATE FOUNDATION		20-3455353
P	rt I Organizations Maintaining Donor Advi		Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held in	donor advised
•	funds are the organization's property, subject to the	나이라면 경험하다 화면 살이 되었습니다. 하면 얼마가 할 때다는 그 살으면 하는 그리는 하는 것이다. 그리는 하는 사람이 아니라 그리는 것으로 하는데 하다.	
6	Did the organization inform all grantees, donors, a	2001 (CHE)	3.16 - H H H H H H H H
0	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		
D			
	rt II Conservation Easements. Complete if the organization answered	"Ves" on Form 990 Part IV line 7	
_			(4)
1	Purpose(s) of conservation easements held by the		for historiaally important land area
	Preservation of land for public use (for example,		f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
57150	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	old a qualified conservation contribution in t	he form of a conservation
	easement on the last day of the tax year.	_	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified h	nistoric structure included in (a)	2c
d	Number of conservation easements included in (c)	acquired after 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or termina	ated by the organization during the
	tax year ▶		
4	Number of states where property subject to conser	vation easement is located >	
5	Does the organization have a written policy reg		n, handling of
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspe		
	>		
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing con	servation easements during the year
V5	▶ \$		र्गत- इर
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of section	170(h)(4)(B)(i)
0	and section 170(h)(4)(B)(ii)?		National Control
9	In Part XIII, describe how the organization reports of	conservation assements in its revenue and s	
9	balance sheet, and include, if applicable, the text of	the footnote to the organization's financial	statements that describes the
	organization's accounting for conservation easemen		Statements that assembly the
Da	t III Organizations Maintaining Collections		Similar Assets
1 6	Complete if the organization answered '	'Yes" on Form 990 Part IV line 8	Sillinar Proobto.
-			statement and belonce about weeks
1a	If the organization elected, as permitted under FAs of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to	s held for public exhibition, education, o	r research in furtherance of public
	service, provide in Part XIII the text of the footnote to	its financial statements that describes the	se items.
b	If the organization elected, as permitted under FA	SB ASC 958, to report in its revenue sta	tement and balance sheet works of
	art, historical treasures, or other similar assets held	d for public exhibition, education, or resea	rch in furtherance of public service,
	provide the following amounts relating to these item		¥
	(i) Revenue included on Form 990, Part VIII, line 1.		▶\$
	(ii) Assets included in Form 990, Part X	*********	▶ \$
2	If the organization received or held works of art	, historical treasures, or other similar as	sets for financial gain, provide the
	following amounts required to be reported under FA		
a	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶\$

271	PIKES PEAK REAL ESTATE FOUNDATION 20-34	55353	02.00000
-	dule D (Form 990) 2020	continue	Page 2
3	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (Using the organization's acquisition, accession, and other records, check any of the following that make sig		
3	collection items (check all that apply):	illicant t	ise of its
а	X Public exhibition d Loan or exchange program		
b	X Scholarly research e Other		
c	X Preservation for future generations		
4	Provide a description of the organization's collections and explain how they further the organization's exemp	t nurnos	e in Part
7	XIII.	t puipos	o iii i ait
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	X No
Pa	rt IV Escrow and Custodial Arrangements.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amou 990, Part X, line 21.	it on Fo	
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not	_	
V-1	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		
d	Additions during the year		
e	Distributions during the year		
f	Ending balance	Yes	No
	If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII		H
	t 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	ears back
1 2	Beginning of year balance		
	Contributions		
	Net investment earnings, gains,		
-	and losses		
d	Grants or scholarships		
e	Other expenditures for facilities		
	and programs		
f	Administrative expenses		
g	End of year balance		
2 a	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment %		
b	Permanent endowment %		
C	Term endowment ▶%		
	The percentages on lines 2a, 2b, and 2c should equal 100%.		
3 a	Are there endowment funds not in the possession of the organization that are held and administered for the		
	organization by:		es No
	(i) Unrelated organizations	3a(i)	
	(ii) Related organizations	3a(ii)	
	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	
ADV MIN	Describe in Part XIII the intended uses of the organization's endowment funds.		
Par	Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 11a.	rt X, line	10.

3	Using the organization's acquisition	on, accession, and	other reco	ords, check	any of the	e following the	at make sig	nificant use	e of its
	collection items (check all that app	oly):	12						
а	**		d		exchange				
b	X Scholarly research		e	Other_					
c	 X Preservation for future general 	erations		54 02					
4	Provide a description of the orga XIII.	nization's collection	ns and exp	lain how the	ey further	the organizat	ion's exemp	t purpose	in Part
5	During the year, did the organization assets to be sold to raise funds rational transfer and the solution of t							Yes	X No
D	A VY AND		itained as p	art of the or	ganization	s collection?		Tes	A NO
	Complete if the organiza	ation answered "Y	A STATE OF THE STA					nt on Forn	n
1a	Is the organization an agent, trus	- 11 - 11 - 11 - 11 - 12 - 12 - 12 - 12		30000000000000000000000000000000000000				—	
	included on Form 990, Part X?					*****		Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fo	ollowing table	»: —				
							Amount		
С									
d									
е	Distributions during the year								
f	Ending balance								
	Did the organization include an am							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII. Check h	nere if the e	explanation h	as been pr	ovided on Part	XIII		
Pa	rt V Endowment Funds.								
	Complete if the organiza		_						
		(a) Current year	(b) Pri	or year	(c) Two year	s back (d) Thr	ee years back	(e) Four yea	ars back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage	of the current vear	end balanc	ce (line 1a. co	olumn (a))	held as:			
а	Board designated or quasi-endowm		0.1		TO THE ATTENDED				
b	Permanent endowment	%							
С	Term endowment ▶	%							
	The percentages on lines 2a, 2b, a	nd 2c should equal	100%.						
3a	Are there endowment funds not in	the possession of t	he organiza	ation that are	e held and	d administered	for the	10-2-2-	
	organization by:							Yes	s No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	d organizations liste	ed as requir	ed on Sched	ule R?			3b	
4	Describe in Part XIII the intended u		tion's endo	wment funds	3.				
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	ipment.	oo" oo Fo	000 Ba	rt IV/ line	110 See Fe	rm 000 Pa	d V line 1	0
	Description of property	(a) Cost of	r other basis stment)	(b) Cost or of (other	ther basis	(c) Accumulated depreciation		Book value	0
1a	Land				1,500.			5,424,	500.
b	Buildings			410	0,000.	133,25	0.	276,	750.
C	Leasehold improvements	a a level							
d	Equipment								
933	[프로마이아 (14 MINGELLE - 5 - 44.15H) 전 - 1925H - 1927 - 1824			39	9,500.			39,	500.
	. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part			:)	>	5,740,	
	* 1	· · · · · · · · · · · · · · · · · · ·					Sched	le D (Form 9	

PIKES PEAK REAL ESTATE FOUNDATION

Complete if the organization answere	d Yes on Form 990	, Part IV, line 11b. See Form 990, Pa	ILA, IIIIE IZ.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	alue
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)		199	
(F)			
(G)			
(H)			
al. (Column (b) must equal Form 990, Part X, col. (B) line 12.) .			
art VIII Investments - Program Related.			
Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11c. See Form 990, Pa	rt X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	lue
STOCKS HELD IN TRECO	254,558.	FMV	
CAPITAL IN 315 COLLECTIVE	350,000.	COST	
7			
al. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	604,558.		
al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . art IX Other Assets.			MACIENE MINERALISM
		Part IV, line 11d. See Form 990, Pa	rt X, line 15.
Other Assets. Complete if the organization answered		Part IV, line 11d. See Form 990, Pa	rt X, line 15. (b) Book value
Other Assets. Complete if the organization answered (a) De	"Yes" on Form 990	Part IV, line 11d. See Form 990, Pa	
Other Assets. Complete if the organization answered (a) De	"Yes" on Form 990	Part IV, line 11d. See Form 990, Pa	
Other Assets. Complete if the organization answered (a) De	"Yes" on Form 990	Part IV, line 11d. See Form 990, Pa	
Other Assets. Complete if the organization answered (a) De	"Yes" on Form 990	Part IV, line 11d. See Form 990, Pa	
Other Assets. Complete if the organization answered (a) De	"Yes" on Form 990	Part IV, line 11d. See Form 990, Pa	
Other Assets. Complete if the organization answered (a) De	"Yes" on Form 990	Part IV, line 11d. See Form 990, Pa	
Other Assets. Complete if the organization answered (a) De	"Yes" on Form 990	Part IV, line 11d. See Form 990, Pa	
Other Assets. Complete if the organization answered (a) De	"Yes" on Form 990	Part IV, line 11d. See Form 990, Pa	
Other Assets. Complete if the organization answered (a) De	"Yes" on Form 990	Part IV, line 11d. See Form 990, Pa	
Other Assets. Complete if the organization answered (a) De	i "Yes" on Form 990, scription		
Other Assets. Complete if the organization answered (a) De (b) (c) (a) De (c) (a) De (c) (b) De (c) (c) (d) (d) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	i "Yes" on Form 990, scription		(b) Book value
Other Assets. Complete if the organization answered (a) De (b) (c) (a) De (c) (a) De (c) (b) Must equal Form 990, Part X, col. (B) Int X (c) (d) Other Liabilities.	i "Yes" on Form 990, scription		(b) Book value
Other Assets. Complete if the organization answered (a) De	i "Yes" on Form 990, scription		(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) In t X Other Liabilities. Complete if the organization answered to the complete if the organization answered line 25.	i "Yes" on Form 990, scription		(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) In t X Other Liabilities. Complete if the organization answered to the complete if the organization answered line 25.	i "Yes" on Form 990, inc 15.)		(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) Int X Other Liabilities. Complete if the organization answered line 25. (a) Descrip	i "Yes" on Form 990, inc 15.)		(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) Int X Other Liabilities. Complete if the organization answered line 25. (a) Descrip	i "Yes" on Form 990, inc 15.)		(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) Int X Other Liabilities. Complete if the organization answered line 25. (a) Descrip	i "Yes" on Form 990, inc 15.)		(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) Int X Other Liabilities. Complete if the organization answered line 25. (a) Descrip	i "Yes" on Form 990, inc 15.)		(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) Int X Other Liabilities. Complete if the organization answered line 25. (a) Descrip	i "Yes" on Form 990, inc 15.)		(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) Int X Other Liabilities. Complete if the organization answered line 25. (a) Descrip	i "Yes" on Form 990, inc 15.)		(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) Int X Other Liabilities. Complete if the organization answered line 25. (a) Descrip	i "Yes" on Form 990, inc 15.)		(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) Int X Other Liabilities. Complete if the organization answered line 25. (a) Descrip	i "Yes" on Form 990, inc 15.)		(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) Int X Other Liabilities. Complete if the organization answered line 25. (a) Descrip	ine 15.)	Part IV, line 11e or 11f. See Form 9	(b) Book value

Schedule D (Form 990) 2020

SCHEDULE D PART III LINE 4

THE ORGANIZATION'S EXEMPT PURPOSE IS TO ENCOURAGE AND ASSIST DONORS AS THEY CONSIDER GIFTS OF REAL ESTATE FOR CHARITABLE PURPOSES AROUND THE PIKES PEAK REGION IN COLORADO AS WELL AS PRESERVING AND PROTECTING HISTORIC AND CHARITABLE REAL ESTATE PROPERTIES.

THE ORGANIZATION'S COLLECTION IS MADE UP OF PIECES OF ART. THEY ARE PRESERVED AND PROTECTED AT THE GORDON JACKSON PROPERTY FOR PUBLIC EXHIBITION.

SCHEDULE D PART X LINE 2

THE FOUNDATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

SCHEDULE J (Form 990)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PIKES PEAK REAL ESTATE FOUNDATION

Employer identification number

20-3455353

Par	Questions Regarding Compensation		Yes	No
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. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees 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	1b		
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?	2		
3	Indicate which, if any, of the following the 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. X			
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:	723		v
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	639		
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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
6	If "Yes" on line 5a or 5b, describe in Part III. 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:			
а	The organization?	6a		Х
	Any related organization?	6b		X
	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.	7		х
	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			5
	in Part III	8		Х
	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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

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.

		(B) Breakdown of	of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nonfaxable	(E) Total of columns	(F) Commonation
(A) Name and Title		(I) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(D)(I)-(D)	in column (B) reported as deferred on prior Form 990
GARY BUTTERWORTH	(i)	0.	.0	0.	0.	0.	0	
1PRESIDENT	(E)	180,268.	5,723.	4,633.	9,245.	15,335.	215,20	
	(i)							
2	•							
	(i)							
3	1							
	8							
4	•							
	(9)							
5	1							
	(i)							
9	(E)							
	Θ							
7	(1)							
	Θ							
8	(E)							
	ε							
6	(
	8							
10	(
	€							
11	€							
	ε							
12	1							
	0							
13	€							
	0							
14	(E)							
	(i)							
15	(ii)							
	€							
16	(E)							
							Sch	Schedule J (Form 990) 2020

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Schedule J (Form 990) 2020

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. Part Supplemental Information

EXECUTIVE DIRECTOR COMPENSATION

THE RELATED ORGANIZATION, PIKES PEAK COMMUNITY FOUNDATION, USES A

COMPENSATION COMMITTEE, COMPENSATION SURVEYS, AND APPROVAL BY THE BOARD

TO DETERMINE COMPENSATION OF THE CEO.

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Schedule J (Form 990) 2020

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

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.

OMB No. 1545-0047

	nt of the Treasury	▶Go t				n 990 or Form instructions a		Z. e latest information		1		pen To	Public	
	ne organization	V-1508507		0.178,00000					Employer	identif	A			
PIKES	PEAK REAL	ESTATE FOUN	DATION						20-	3455	353			
Part I		enefit Transactions if the organization										, line 4	0b.	
1	(a) Name of disc	qualified person	(b) Relation	onship	between organiz	disqualified pers	on and	(c) D	escription	of trans	action		-	Corrected
(1)														
(2)										//				
(3)														
(4)														
(5)														
(6)														
un	der section 49 ter the amour Loans to a Complete	nt of tax incurred lights and of tax, if any, on and/or From Interestif the organization on reported an amount of the organization on reported an amount of the organization or reported an amount of the organization of the orga	line 2, above,	reimt	bursed	by the organ	nizatio	on	::::	:::	\$ _ \$ _ ne 26;	or if t	he	
(a) Nam	ne of interested pe		(c) Purpose of	(d) Lo	an to or n the ization?	(e) Origina principal am	al	(f) Balance due	(g) In	default?	by bo	oproved oard or mittee?	(i) Wr agreen	
				То	From				Yes	No	Yes	No	Yes	No
(1)														
(2)					- 18									
(3)								*2						
(4)														
(5)														
(6)														
(7)												_	\longrightarrow	
(8)												_		
(9)				-	-					-		-	-	
(10)							_		_				\perp	
Part III	Grants or A Complete it	Assistance Benefi	ting Interesto answered "Ye	ed Per es" on	rsons. Form	990, Part IV,		27.				2200		
TATA DE LE CONTROL DE LA CONTR	e of interested per	person and	ip between intere I the organization	sted (c) Amou	nt of assistance		(d) Type of assistance		(e)	Purpo:	se or as	sistance	
(1)														
(2)														
(3)				_										-
(4)				- /										
(5)														
(6)				_	-									
(7)														
(8)									_					
(9)				+										

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

Schedule L (Form 990 or 990-EZ) 2020

Schedule L (Form 990 or 990-EZ) 2020

Page 2

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	organi	naring of ization's nues?
				Yes	No
(1) CHRIS JENKINS	BOARD MEMBER	85,993.	FUTURE MINIMUM LEASE PAYMENT		х
(2) TONY ROSENDO	BOARD CHAIR	350,000.	INVESTMENT IN LLC		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					

Supplemental Information Part V

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

SCH L

(9) (10)

A RELATED ORGANIZATION ENTERED INTO A 5 YEAR LEASE AGREEMENT WITH ALAMO NO 1 LLC IN DECEMBER OF WHICH CHRIS JENKIDS 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 ADIVSOR. THE TOTAL FUTURE MINIMUM LEASE PAYMENTS ARE \$85,993 FOR THE LEASE.

THE FOUNDATION PURCHASED AN INTEREST IN A LLC FOR \$350,000. THE FOUNDATION'S BOARD CHAIR IS THE EXECUTIVE DIRECTOR OF THE LLC'S MAJORITY A FOUNDATION BOARD MEMBER IS THE PRESIDENT OF ANOTHER INVESTOR. INVESTOR IN THE LLC.

SCHEDULE M (Form 990)

Noncash Contributions

► 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.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

PIKES PEAK REAL ESTATE FOUNDATION

20-3455353

	NEED TENNY NEWED BOTHIE TOOK	DITTON			0 5155555			
Pa	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	Method o			
1	Art - Works of art						W-	
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation		1					
	contribution - Historic			,				
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial			60 500	20002702		_	
17	Real estate - Other	Х	1.	62,500.	APPRAISA	ь		
18	Collectibles						_	_
19	Food inventory							
20	Drugs and medical supplies					_		
21	Taxidermy							
22	Historical artifacts							_
23	Scientific specimens					_		
24	Archeological artifacts					_		
25	Other ►()					_		
26	Other ►()					_		_
27	Other ►()							
28	Other ►()	promise and						
29	Number of Forms 8283 received				29			
	which the organization completed F	orm 8283, F	Part V, Donee Acknowledge	ment	23		Yes	No
200	During the year, did the organization	on receive t	y contribution any proper	ty reported in Part I. lines	e 1 through		103	140
Jua	28, that it must hold for at least th		기 - "이어리면 바이에 가게 되는 하는 이 경영에 그리는 가장이 되었다.	기를 마시아 내가 가장하면 하게 되었습니다. 그리고 있다면 하다				
	to be used for exempt purposes for t					30a		х
h	If "Yes," describe the arrangement in		naing period:			000		
31	Does the organization have a g		ance policy that requires	s the review of any r	nonetandard	14. 4		
31	contributions?					31	х	
32a	Does the organization hire or use	third partie	s or related organizations	to solicit process or s	ell noncash			
JZa	contributions?	THE RESERVE OF THE PROPERTY OF		 Many altropic development • Development Many Man		32a	х	
h	If "Yes," describe in Part II.							
33	If the organization didn't report an a	mount in co	olumn (c) for a type of prop	erty for which column (a)	is checked			
	describe in Part II.	ount in ot	, a (o) for a type of prop	enty for milion column (a)	.c onconou,			

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

Schedule M (Form 990) 2020

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.

LINE 32B

Part II

THE ORGANIZATION USES REAL ESTATE AGENTS TO SELL PROPERTY.

SCHEDULE O (Form 990 or 990-EZ)

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.

► 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.

2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PIKES PEAK REAL ESTATE FOUNDATION

Employer identification number

20-3455353

FORM 990 PART III LINE 1

CONTINUED: WE HAVE PRESERVED A LARGE HISTORIC RANCH AS AN IMPORTANT WILDLIFE HABITAT AND OPEN SPACE BUFFER BETWEEN TWO TOWNS IN COLORADO.

FORM 990 PART VI SECTION A LINE 7B

PIKES PEAK COMMUNITY FOUNDATION MUST AUTHORIZE THE REMOVAL OF THE

DIRECTORS APPOINTED BY THE FOUNDATION. ANY CHANGES TO THE BYLAWS THAT

CHANGES THE AUTHORITY AND POWER OF THE BOARD OF DIRECTORS MUST ALSO BE

APPROVED BY THE PIKES PEAK COMMUNITY FOUNDATION.

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. THE PPREF BOARD OF TRUSTEES REVIEWS

THE 990 BEFORE SUBMISSION AS WELL AS THE EXECUTIVE COMMITTEE OF PPCF.

ONCE ALL INFORMATION IS DEEMED ACCURATE AND COMPLETE, WE THEN SUBMIT THE

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

990 TO THE IRS.

THE FOUNDATION IS COMMITTED TO INTEGRITY AND FAIRNESS IN THE CONDUCT OF
ALL ITS ACTIVITIES. INEVITABLY, THE INTERESTS OF DIRECTORS AND EMPLOYEES
WILL INVOLVE THEM IN ORGANIZATIONS, CAUSES, AND OTHER ENDEAVORS THAT
INTERSECT WITH THE AFFAIRS OF THE FOUNDATION. IT WOULD DISADVANTAGE THE
FOUNDATION TO DEPRIVE IT OF THE INVOLVEMENT OF INTERESTED COLLEAGUES, BUT
THEIR PARTICIPATION IN FOUNDATION DECISION-MAKING CANNOT IMPAIR THE

FAIRNESS AND INTEGRITY OF FOUNDATION PROCESSES. DIRECTORS AND EMPLOYEES OF THE FOUNDATION ARE COMMITTED TO COMMUNICATING FULLY WITH THE FOUNDATION REGARDING ANY RELATIONSHIP OR COMMITMENT THAT COULD AFFECT THE IMPARTIAL FULFILLMENT OF THEIR ROLE IN THE AFFAIRS OF THE FOUNDATION. DISCLOSURES ORDINARILY SHOULD BE MADE TO THE CEO OR PRESIDENT BY MEMBERS OF THE STAFF AND TO THE CHAIR OF THE BOARD BY OTHER MEMBERS OF THE BOARD OF DIRECTORS. FORMAL NOTATION OF DISCLOSURES SHOULD BE A PART OF THE PROCESS.

FORM 990 PART VI SECTION B LINE 15 THE PERFORMANCE EVALUATION OF THE EXECUTIVE DIRECTOR IS A TWO-PART PROCESS - A FORMATIVE ASSESSMENT THAT OCCURS ALL YEAR AND A SUMMATIVE ASSESSMENT THAT OCCURS AT YEAR END. THE FORMATIVE ASSESSMENT OCCURS AS NO LESS THAN MONTHLY MEETINGS BETWEEN THE EXECUTIVE DIRECTOR AND THE BOARD PRESIDENT. THESE MEETINGS ARE A CHANCE TO TALK OVER CURRENT PROJECTS, RECENT ACHIEVEMENTS, AND UPCOMING EVENTS OR PROJECTS. DURING THE MEETINGS, THE BOARD PRESIDENT TAKES NOTES ON THE PROGRESS OF THE EXECUTIVE DIRECTOR TOWARD MEETING THE ORGANIZATION'S GOALS AS OUTLINED IN THE ANNUAL WORKPLAN AND OVERALL STRATEGIC PLAN. THE SUMMATIVE ASSESSMENT BEGINS AT THE START OF THE FOURTH QUARTER OF THE CALENDAR YEAR. THE PERFORMANCE REVIEW COMMITTEE (PRC), APPOINTED ANNUALLY BY THE BOARD CHAIR, REQUESTS THE EXECUTIVE DIRECTOR COMPOSE A SELF-EVALUATION TO INCLUDE:

PERFORMANCE AGAINST JOB COMPETENCIES, GOAL ACHIEVEMENT SUMMARY, A LIST OF ANY ADDITIONAL ACCOMPLISHMENTS, AND AN INITIAL DRAFT OF THE ENSUING YEAR'S GOALS. AT THE SAME TIME, THE PRC COLLECTS ADDITIONAL INFORMATION

Employer identification number 20-3455353

AND FEEDBACK FROM BOARD MEMBERS, KEY VOLUNTEERS, AND STAFF AS APPROPRIATE. AFTER REVIEWING THE EXECUTIVE DIRECTOR'S SELF-EVALUATION, THE PRC MEETS TO DRAFT ITS COMMENTS/FEEDBACK. THE PRC THEN MEETS WITH THE EXECUTIVE DIRECTOR TO DISCUSS THE PERFORMANCE REVIEW AND FINALIZES THE ANNUAL EVALUATION. THE BOARD CHAIR THEN PRESENTS A BRIEF PERFORMANCE REVIEW SUMMARY TO THE EXECUTIVE COMMITTEE IN EXECUTIVE SESSION. APPROVAL IS NEEDED FROM THE EXECUTIVE COMMITTEE FOR THE ENSUING YEAR'S ANNUAL GOALS. THE EXECUTIVE COMMITTEE MAY DISCUSS/RECOMMEND A CHANGE TO THE EXECUTIVE DIRECTOR'S COMPENSATION AT THIS TIME FOR SUBSEQUENT BOARD APPROVAL. AT ITS ANNUAL MEETING IN EXECUTIVE SESSION, THE BOARD CHAIR PROVIDES A BRIEF PERFORMANCE REVIEW SUMMARY FOR THE ENTIRE BOARD. THE BOARD CHAIR MAY, AT THIS TIME, RECOMMEND A COMPENSATION CHANGE FOR THE EXECUTIVE DIRECTOR. THE BOARD CHAIR ALSO PRESENTS THE LIST OF PROPOSED GOALS FOR THE ENSUING YEAR. BOARD MEMBERS DISCUSS AND COME TO CONSENSUS ON GOALS AND COMPENSATION ADJUSTMENTS, IF ANY. THE BOARD ADJOURNS FROM EXECUTIVE SESSION AND VOTES TO APPROVE THE PERFORMANCE REVIEW, COMPENSATION, AND GOALS FOR THE ENSUING YEAR. FOLLOWING BOARD APPROVAL, THE BOARD PRESIDENT AND CHAIR MEETS WITH THE EXECUTIVE DIRECTOR TO FINALIZE THE ANNUAL REVIEW PROCESS.

FORM 990 PART VI SECTION C LINE 19 ALL DOCUMENTS AVAILABLE AT THE ORGANIZATION'S OFFICE.

FORM 990 PART XI LINE 9

NET ASSET RECLASSIFICATION BETWEEN CONSOLIDATED GROUP: \$1,757,434

Name of the organization PIKES PEAK REAL ESTATE FOUNDATION Employer identification number 20-3455353

FORM 990 PART X LINE 13

THE INVESTMENT FOR 315 COLLECTIVE IS A RENTAL INCOME, AND HAS NO UNRELATED BUSINESS INCOME FOR 2020.

SCHEDULE R (Form 990)

Name of the organization

PIKES PEAK REAL ESTATE FOUNDATION

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

Related Organizations and Unrelated Partnerships

Open to Public 2020 Employer Identification number

20-3455353

(f) Direct controlling

SEE PART VII 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. 7,052,950. (e) End-of-year assets 173,495. (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicile (state or foreign country) 8 SEE PART VII (b) Primary activity COLORADO SPRINGS, CO 80903 20-3455353 (a) Name, address, and EIN (if applicable) of disregarded entity GORDON JACKSON FOUNDATION, LLC S TEJON STREET SUITE 530 Part Partl 102 E 9 (3) 4 (2) (2)

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2020 0 N × Yes (f) Direct controlling entity N/A (e)
Public charity status
(if section 501(c)(3)) œ LINE (d) Exempt Code section 501 (C) (3) (c) Legal domicile (state or foreign country) 8 SEE PART VII Primary activity COLORADO SPRINGS, CO 80903 84-1339670 (a)
Name, address, and EIN of related organization (1) PIKES PEAK COMMUNITY FOUNDATION 102 S TEJON STREET SUITE 530 4 3 (2) 3 9 0

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Schedule R (Form 990) 2020

Page 2 Identification of Related Organizations Taxable as a Partnership, Complete if the

Part ■	because it had one or more related organizations treated as a partnership tree from the transpar.	more related orga	l axable inizations	as a Partnersh s treated as a pa	IIP. Complete if the arthership during the	organization a tax year.	nswered "Yes"	on Form	ו 990, Part IV, I	ine 34,	
e.	Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	Share of fotal income	(g) Share of end-of- year assets	(h) Dispropartement alterations?	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	()) General or managing partner?	(k) Percentage ownership
								Yes No		Yes No	
(1)											
(2)			Ī					-		-	
(3)											
(4)											
(5)											
(9)											
(2)											
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.	ted Organizations d one or more rela	Taxable ated orga	as a Corporations treate	able as a Corporation or Trust. Complete if the organization answorganizations treated as a corporation or trust during the tax year.	ete if the orgar or trust during t	nization answer he tax year.	ed "Yes"	on Form 990,	Part IV,	1000

(1) (1) (2) (3) (4) (6)	(a) (b)
	on ect controlling entity

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Page 3 ×× \times Schedule R (Form 990) 2020 å Method of determining CASH RECEIVED CASH RECEIVED Yes × × × × × HOURLY RATE 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. + CASH PAID CASH PAID 19 10 19 19 ᄪ 9 10 19 1s 19 10 # 4 7 = Gift, grant, or capital contribution from related organization(s). Dividends from related organization(s) Exchange of assets with related organization(s). Loans or loan guarantees by related organization(s) Sale of assets to related organization(s)...... Sharing of paid employees with related organization(s) Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. 609 Receipt of (I) interest, (II) annuities, (III) royalties, or (Iv) rent from a controlled entity. 10,000. 12,135. 7,075. 1,866,663. Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (b) Transaction type (a-s) U B K 0 D, Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Other transfer of cash or property from related organization(s). (a) Name of related organization PIKES PEAK COMMUNITY FOUNDATION 0E1309 1,000 1643DY P091 9/16/2021 7 E _ E (2) 3 **4** (2) 9

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20-3455353

Page 4

Schedule R (Form 990) 2020

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.

Age No	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant Are all partners income (related, section unrelated, excluded 501(0)(3) from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets) intionate ions?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(i) General or managing partner?	(k) Percentage ownership
(3) (4) (5) (19) (19) (19) (19) (19) (19) (19) (19	(1)			(110 - 710 silonos	Yes			No.		Yes	
(3) (4) (5) (6) (7) (7) (7) (7) (19) (19) (19) (19) (19) (19) (19) (19	(2)										
(4) (6) (7) (8) (8) (10) (12) (13) (14) (15) (15) (16) (16) (16) (16) (16) (16) (16) (16	(3)		8		-						
(6) (7) (7) (9) (9) (10) (11) (12) (13) (14) (15)	(4)	77									
(6) (7) (8) (9) (10) (11) (12) (13) (14) (15)	(5)										
(7) (8) (9) (10) (11) (12) (13) (14) (15)	(9)										
(10) (11) (12) (13) (14) (15)	(2)										
(10) (11) (12) (13) (14) (15) (16)	(8)										
(10) (11) (12) (12) (13) (14) (15) (16)	(6)										
(11) (12) (13) (14) (15) (16)	(10)	100									
(12) (13) (14) (15) (16)	(11)										
(13) (14) (15) (16)	(12)										
(15)	(13)										
(15)	(14)										
(16)	(15)										
	(16)										

Schedule R (Form 990) 2020

Page 5

Part VII Supplemental Information

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

SCHEDULE R PART I COLUMN B

GORDON JACKSON FOUNDATION PRIMARY ACTIVITY: REAL ESTATE HOLDINGS

SCHEDULE R PART I COLUMN F

GORDON JACKSON FOUNDATION DIRECT CONTROLLING ENTITY: PIKES PEAK REAL

ESTATE FOUNDATION

SCHEDULE R PART II COLUMN B

PIKES PEAK COMMUNITY FOUNDATION PRIMARY ACTIVITY: ENHANCE THE LIFE OF

PEOPLE IN THE PIKES PEAK REGION