

Return of Organization Exempt From Income Tax

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2020 calendar year, or tax year beginning, 2020, and ending, 20

Form header section containing organization name (PIKES PEAK COMMUNITY FOUNDATION), EIN (84-1339670), address (102 S TEJON ST, COLORADO SPRINGS, CO 80903), principal officer (GARY BUTTERWORTH), and tax-exempt status (501(c)(3)).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown, and asset/liability totals.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing officer signature (Gary Butterworth), date (09/22/2021), preparer name (DOREEN B MERZ), and preparer signature.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

4a (Code:) (Expenses \$ 4,171,591. including grants of \$ 3,891,219.) (Revenue \$ 21,616.)

THE COMMUNITY FOUNDATION MAKES IT EASY TO CREATE A CHARITABLE LEGACY THROUGH THE CREATION OF YOUR OWN CUSTOM-DESIGNED PHILANTHROPIC FUND, AND WE CONNECT PEOPLE TO THE NONPROFIT SECTOR IN WAYS THAT INFORM AND INSPIRE THEIR PHILANTHROPY AND COMMUNITY INVOLVEMENT. THROUGH HUNDREDS OF INDIVIDUAL CHARITABLE FUNDS, WE DISTRIBUTE MILLIONS OF DOLLARS INTO OUR COMMUNITY EACH YEAR. FOR THOSE WHO WISH TO GIVE BACK TO THEIR COMMUNITY, WE SERVE AS A LONG-TERM, STRATEGIC PARTNER TO MAKE THEIR DONATIONS OF TIME AND MONEY MORE EFFECTIVE, IMPACTFUL AND ENJOYABLE.

4b (Code:) (Expenses \$ 3,123,525. including grants of \$ 2,668,854.) (Revenue \$ 83,667.)

COMMUNITY IMPACT

4c (Code:) (Expenses \$ 317,904. including grants of \$) (Revenue \$ 2,090.)

COMMUNITY PROGRAMS

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses 7,613,020.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> | X | |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?. | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?. | | |
| 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?. | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> | | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i> | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | X | |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | X | |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> | X | |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | 8 |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CO,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

| (A) Name and title | (B) Average hours per week per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) GARY BUTTERWORTH CEO | 45.00 5.00 | | | X | | | 190,624. | 0. | 24,580. | |
| (2) LORI BELLINGHAM VICE PRESIDENT OF PHILANTHROPI | 45.00 5.00 | | | | | X | 111,524. | 0. | 16,618. | |
| (3) LESLIE SABIN VICE PRESIDENT FINANCE OPERATI | 45.00 5.00 | | | | | X | 111,434. | 0. | 12,699. | |
| (4) JANET SUTHERS SECRETARY | 7.00 0. | X | | X | | | 0. | 0. | 0. | |
| (5) ANDIE DOYLE VICE CHAIRPERSON | 7.00 0. | X | | X | | | 0. | 0. | 0. | |
| (6) TONY ROSENDO CHAIRPERSON | 10.00 2.00 | X | | X | | | 0. | 0. | 0. | |
| (7) WENDEL TORRES TRUSTEE | 5.00 1.00 | X | | | | | 0. | 0. | 0. | |
| (8) WARD BERLIN TRUSTEE | 5.00 0. | X | | | | | 0. | 0. | 0. | |
| (9) MARK HILLE TRUSTEE | 5.00 1.00 | X | | | | | 0. | 0. | 0. | |
| (10) CHRIS JENKINS TRUSTEE | 5.00 2.00 | X | | | | | 0. | 0. | 0. | |
| (11) REBECCA KILIBARDA TRUSTEE | 5.00 0. | X | | | | | 0. | 0. | 0. | |
| (12) BONNIE MARTINEZ TRUSTEE | 5.00 0. | X | | | | | 0. | 0. | 0. | |
| (13) MARI SINTON-MARTINEZ TRUSTEE | 5.00 0. | X | | | | | 0. | 0. | 0. | |
| (14) MICHELE STRUB-HEER TRUSTEE | 5.00 0. | X | | | | | 0. | 0. | 0. | |

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows for HEATHER CARROLL, RANDY CASE, PAM SHOCKLEY-ZALABAK, KATIE WILLEMARCK, KATIE GONZALEZ, BEN HARVEY, DEB MAHAN, and ALEX SULLIVAN.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a total row for 2 Total number of independent contractors.

Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|--|--|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | | |
| | b Membership dues | 1b | | | | | | |
| | c Fundraising events | 1c | | | | | | |
| | d Related organizations | 1d | | | | | | |
| | e Government grants (contributions) . . | 1e | | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above . | 1f | 11,219,850. | | | | | |
| | g Noncash contributions included in lines 1a-1f. | 1g | \$ | | | | | |
| | h Total. Add lines 1a-1f ▶ | | | 11,219,850. | | | | |
| Program Service Revenue | 2a PROGRAM SERVICE REVENUE | Business Code | | | | | | |
| | | 624200 | | 107,373. | 107,373. | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f ▶ | | | 107,373. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts). ▶ | | | 1,523,704. | | | 1,523,704. | |
| | 4 Income from investment of tax-exempt bond proceeds . ▶ | | | 0. | | | | |
| | 5 Royalties ▶ | | | 0. | | | | |
| | 6a Gross rents | 6a | (i) Real | (ii) Personal | | | | |
| | | | 8,608. | | | | | |
| | | | b Less: rental expenses | 6b | | | | |
| | c Rental income or (loss) | 6c | 8,608. | | | | | |
| | d Net rental income or (loss) ▶ | | | 8,608. | | | 8,608. | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | (ii) Other | | | | |
| | | | 29,069,730. | | | | | |
| | | | b Less: cost or other basis and sales expenses . . | 7b | 28,099,015. | | | |
| | c Gain or (loss) | 7c | 970,715. | | | | | |
| | d Net gain or (loss) ▶ | | | 970,717. | | | 970,717. | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | 0. | | | |
| | | | b Less: direct expenses | 8b | | | 0. | |
| c Net income or (loss) from fundraising events. ▶ | | | | | 0. | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | 0. | | | | |
| | | b Less: direct expenses | 9b | | | 0. | | |
| | | c Net income or (loss) from gaming activities. ▶ | | | 0. | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | 0. | | | | |
| | | b Less: cost of goods sold | 10b | | | 0. | | |
| | | c Net income or (loss) from sales of inventory. ▶ | | | 0. | | | |
| Miscellaneous Revenue | 11a MANAGEMENT FEES | Business Code | | | | | | |
| | | 561000 | | 55,455. | 12,745. | 42,710. | | |
| | b MISCELLANEOUS INCOME | 900099 | | 151. | | | 151. | |
| | c | | | | | | | |
| | d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d ▶ | | | 55,606. | | | | | |
| 12 Total revenue. See instructions ▶ | | | 13,885,858. | 120,118. | 42,710. | 2,503,180. | | |

Part IX Statement of Functional Expenses

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

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 6,458,697. | 6,458,697. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 101,376. | 101,376. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0. | | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 215,204. | 109,613. | 95,394. | 10,197. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 507,991. | 258,743. | 225,178. | 24,070. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 936. | 477. | 415. | 44. |
| 9 Other employee benefits | 124,965. | 63,650. | 55,393. | 5,922. |
| 10 Payroll taxes | 53,333. | 27,165. | 23,641. | 2,527. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 24,745. | 19,497. | 4,813. | 435. |
| b Legal | 32,544. | 25,642. | 6,330. | 572. |
| c Accounting | 23,186. | 18,269. | 4,509. | 408. |
| d Lobbying | 0. | | | |
| e Professional fundraising services. See Part IV, line 17 | 0. | | | |
| f Investment management fees | 253,289. | 227,960. | 25,329. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 0. | | | |
| 12 Advertising and promotion | 36,610. | 20,311. | 14,602. | 1,697. |
| 13 Office expenses | 32,285. | 17,912. | 12,877. | 1,496. |
| 14 Information technology | 84,534. | 46,899. | 33,717. | 3,918. |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 123,168. | 74,961. | 42,350. | 5,857. |
| 17 Travel | 20,995. | 11,648. | 8,374. | 973. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 1,243. | 690. | 495. | 58. |
| 20 Interest | 0. | | | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 26,475. | 20,588. | 5,887. | |
| 23 Insurance | 24,872. | 13,799. | 9,920. | 1,153. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PROGRAM EXPENSE | 75,495. | 75,495. | | |
| b MISCELLANEOUS | 30,768. | 17,062. | 12,281. | 1,425. |
| c REPAIRS AND MAINTENANCE | 2,566. | 2,566. | | |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 8,255,277. | 7,613,020. | 581,505. | 60,752. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0. | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year | |
|---|--|--------------------------|-------------|--------------------|------------|
| Assets | 1 Cash - non-interest-bearing | 1,920,012. | 1 | 1,456,883. | |
| | 2 Savings and temporary cash investments | 0. | 2 | 0. | |
| | 3 Pledges and grants receivable, net | 0. | 3 | 0. | |
| | 4 Accounts receivable, net. | 295,110. | 4 | 1,095,400. | |
| | 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 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0. | 6 | 0. | |
| | 7 Notes and loans receivable, net | 0. | 7 | 0. | |
| | 8 Inventories for sale or use | 0. | 8 | 0. | |
| | 9 Prepaid expenses and deferred charges | 35,353. | 9 | 37,900. | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 4,319,760. | | | |
| | b Less: accumulated depreciation | 10b 199,279. | | | |
| | | | 5,846,958. | 10c | 4,120,481. |
| | 11 Investments - publicly traded securities. | 49,469,341. | 11 | 58,709,412. | |
| | 12 Investments - other securities. See Part IV, line 11 | 0. | 12 | 0. | |
| | 13 Investments - program-related. See Part IV, line 11. | 0. | 13 | 0. | |
| | 14 Intangible assets | 0. | 14 | 0. | |
| 15 Other assets. See Part IV, line 11 | 5,957,000. | 15 | 5,957,000. | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 63,523,774. | 16 | 71,377,076. | | |
| Liabilities | 17 Accounts payable and accrued expenses | 31,648. | 17 | 176,657. | |
| | 18 Grants payable | 133,250. | 18 | 186,939. | |
| | 19 Deferred revenue. | 0. | 19 | 0. | |
| | 20 Tax-exempt bond liabilities. | 0. | 20 | 0. | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D. | 0. | 21 | 0. | |
| | 22 Loans and other payables to 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. | 22 | 0. | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 0. | |
| | 24 Unsecured notes and loans payable to unrelated third parties. | 0. | 24 | 143,900. | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 5,568,685. | 25 | 6,112,290. | |
| | 26 Total liabilities. Add lines 17 through 25. | 5,733,583. | 26 | 6,619,786. | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | |
| | 27 Net assets without donor restrictions | 57,790,191. | 27 | 64,757,290. | |
| | 28 Net assets with donor restrictions. | 0. | 28 | 0. | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund. | | 30 | | |
| | 31 Retained earnings, endowment, accumulated income, or other funds. | | 31 | | |
| | 32 Total net assets or fund balances | 57,790,191. | 32 | 64,757,290. | |
| 33 Total liabilities and net assets/fund balances. | 63,523,774. | 33 | 71,377,076. | | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 13,885,858. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 8,255,277. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 5,630,581. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 57,790,191. |
| 5 | Net unrealized gains (losses) on investments | 5 | 3,117,010. |
| 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 | -1,780,492. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 64,757,290. |

Part XII Financial Statements and Reporting

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

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

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

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

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

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

f Enter the number of supported organizations

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

JSA
0E1210 0.030

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (74.96%); 15 Public support percentage from 2019 Schedule A, Part II, line 14 (83.16%); 16a 33 1/3% support test - 2020 (checked); 16b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; 17b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 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 furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5. | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)), | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ▶

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described in line 11a above? | | |
| c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | 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 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | | Current Year |
|---------------------------|---|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (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 - <i>explain in Part VI</i>). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | |
| a | From 2015 | | | |
| b | From 2016 | | | |
| c | 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: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2020 distributable amount | | | |
| c | 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, <i>explain in Part VI</i> . See instructions. | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2016 | | | |
| b | Excess from 2017 | | | |
| c | Excess from 2018 | | | |
| d | Excess from 2019 | | | |
| e | Excess from 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 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2016 | 2017 | 2018 | 2019 | 2020 | TOTAL |
|--------------------------|------|----------------|---------------|---------------|-------------|----------------|
| GROSS FUNDRAISING INCOME | | 6,005. | | | | 6,005. |
| MISCELLANEOUS | | 48,035. | 1,985. | 2,484. | 151. | 52,655. |
| TOTALS | | <u>54,040.</u> | <u>1,985.</u> | <u>2,484.</u> | <u>151.</u> | <u>58,660.</u> |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

PIKES PEAK COMMUNITY FOUNDATION

84-1339670

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

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

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

Part II Conservation Easements.

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

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

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art and historical treasures, and a table for reporting amounts required to be reported under FASB ASC 958.

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

Schedule D (Form 990) 2020

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 14,425,981. | 9,058,692. | 9,380,252. | 8,192,944. | |
| b Contributions | 294,372. | 491,355. | 518,213. | 954,715. | |
| c Net investment earnings, gains, and losses | 1,790,345. | 5,611,696. | -418,953. | 1,172,943. | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 451,277. | 735,852. | 420,820. | 940,350. | |
| f Administrative expenses | | | | | |
| g End of year balance | 16,059,421. | 14,425,891. | 9,058,692. | 9,380,252. | |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 100.0000 %
 - b** Permanent endowment ▶ _____ %
 - c** Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 1,700,000. | 1,845,000. | | 3,545,000. |
| b Buildings | | 735,370. | 181,565. | 553,805. |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 42,391. | 20,715. | 21,676. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 4,120,481. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ | | |

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) WATER RIGHTS | 5,957,000. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 5,957,000. |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) CHARITABLE REMAINDER TRUST | 1,112,865. |
| (3) HELD FOR OTHERS | 4,999,425. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 6,112,290. |

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

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

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

Table with 5 main rows and sub-rows (a-e). Row 1: Total revenue... 16,741,663. Row 2: Amounts included on line 1 but not on Form 990... Row 3: Subtract line 2e from line 1... 13,632,571. Row 4: Amounts included on Form 990... Row 5: Total revenue... 13,885,858.

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

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

Table with 5 main rows and sub-rows (a-e). Row 1: Total expenses... 7,991,845. Row 2: Amounts included on line 1 but not on Form 990... Row 3: Subtract line 2e from line 1... 8,001,990. Row 4: Amounts included on Form 990... Row 5: Total expenses... 8,255,277.

Part XIII Supplemental Information.

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

SEE PAGE 5

Horizontal lines for supplemental information input.

Part XIII Supplemental Information (continued)

SCHEDULE D PART I LINE 5

RELATED PARTIES

CERTAIN BOARD MEMBERS ARE FUND ADVISORS OF DONOR ADVISED FUNDS THAT ARE HELD WITH THE FOUNDATION. AS OF DECEMBER 31, 2020 AND 2019, THE VALUE OF THESE DONOR ADVISED FUNDS WAS \$7,371,810 AND \$8,170,005, RESPECTIVELY.

THE FOUNDATION LEASES OFFICE SPACE FROM AN ENTITY OWNED BY A BOARD MEMBER. RENT EXPENSE UNDER THE LEASE WAS \$94,748 AND \$83,994 DURING THE YEARS ENDED DECEMBER 31, 2020 AND 2019, RESPECTIVELY.

SCH D PART X LINE 2

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

SCH D PART XI LINE 2D

REVENUE AND OTHER ADJUSTMENTS REPORTED ON RELATED ENTITY FORM 990

SCH D PART XII LINE 2D

EXPENSES AND OTHER ADJUSTMENTS REPORTED ON RELATED ENTITY FORM 990

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

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

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) 91.5 KRCC 912 N WEBER ST. COLORADO SPRINGS, CO 80903 | 84-0402510 | 501C-3 | 6,750. | | | | SEE PART IV |
| (2) ACADEMY CHRISTIAN CHURCH 1635 OLD RANCH RD. | 74-2304842 | CHURCH | 16,720. | | | | SEE PART IV |
| (3) AIR FORCE ACADEMY FOUNDATION 3116 ACADEMY DR. USAF ACADEMY, CO 80840 | 26-0537053 | 501C-3 | 22,000. | | | | SEE PART IV |
| (4) ALPINE AUTISM CENTER 2760 FIELDSTONE RD. | 84-0909184 | 501C-3 | 10,000. | | | | SEE PART IV |
| (5) ALZHEIMER'S ASSOCIATION-COLORADO CHAPTER 2315 BOTT AVE. COLORADO SPRINGS, CO 80904 | 84-0908354 | 501C-3 | 10,250. | | | | SEE PART IV |
| (6) AMERICAN RED CROSS - PIKES PEAK CHAPTER 1040 S 8TH ST. COLORADO SPRINGS, CO 80905 | 53-0196605 | 501C-3 | 52,500. | | | | SEE PART IV |
| (7) ANCHOR CENTER FOR BLIND CHILDREN 2550 ROSLYN ST. DENVER, CO 80238 | 84-0893509 | 501C-3 | 11,000. | | | | SEE PART IV |
| (8) ARCHWAY HOUSING & SERVICES, INC. PO BOX 280569 LAKEWOOD, CO 80228 | 84-1335158 | 501C-3 | 7,500. | | | | SEE PART IV |
| (9) ASCENDING TO HEALTH RESPITE CARE 723 N WEBER ST. COLORADO SPRINGS, CO 80903 | 27-4584911 | 501C-3 | 20,500. | | | | SEE PART IV |
| (10) ATLAS PREPARATORY SCHOOL 1602 S MURRAY BLVD. | 26-2055229 | SCHOOL | 73,783. | | | | SEE PART IV |
| (11) BEAUTIFUL REDEMPTION PO BOX 33 PALMER LAKE, CO 80133 | 47-3730396 | 501C-3 | 10,000. | | | | SEE PART IV |
| (12) BOOK TRUST 789 SHERMAN ST. DENVER, CO 80203 | 20-4124164 | 501C-3 | 10,000. | | | | SEE PART IV |

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2020**

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) CARE AND SHARE FOOD BANK OF SOUTHERN COLORADO 2605 PREAMBLE PT. | 84-0731930 | 501C-3 | 83,750. | | | | SEE PART IV |
| (2) CAREERS IN CONSTRUCTION COLORADO 4585 HILTON PKWY. | 83-3196106 | 501C-3 | 32,500. | | | | SEE PART IV |
| (3) CASA OF THE PIKES PEAK REGION, INC. 418 S WEBER ST. COLORADO SPRINGS, CO 80903 | 84-1115548 | 501C-3 | 31,000. | | | | SEE PART IV |
| (4) CATAMOUNT INSTITUTE 740 W CARAMILLO ST. | 86-1151502 | 501C-3 | 66,200. | | | | SEE PART IV |
| (5) CATHOLIC CHARITIES OF CENTRAL COLORADO 228 N CASCADE AVE. | 84-0586169 | 501C-3 | 105,000. | | | | SEE PART IV |
| (6) CENTRO DE LA FAMILIA 1645 S. MURRAY COLORADO SPRINGS, CO 80916 | 84-1435999 | 501C-3 | 15,500. | | | | SEE PART IV |
| (7) CHAMBER ORCHESTRA OF THE SPRINGS PO BOX 7911 COLORADO SPRINGS, CO 80933-7911 | 74-2258729 | 501C-3 | 11,350. | | | | SEE PART IV |
| (8) CHAPEL OF OUR SAVIOUR EPISCOPAL 8 FOURTH ST. COLORADO SPRINGS, CO 80906 | 84-0408181 | CHURCH | 9,000. | | | | SEE PART IV |
| (9) CHEYENNE MOUNTAIN ZOO 4250 CHEYENNE MOUNTAIN ZOO RD. | 84-0407039 | 501C-3 | 25,000. | | | | SEE PART IV |
| (10) CHEYENNE VILLAGE 6275 LEHMAN DR. COLORADO SPRINGS, CO 80918 | 84-6051921 | 501C-3 | 9,250. | | | | SEE PART IV |
| (11) CHILDREN'S HOSPITAL COLORADO SPRINGS FOUNDA 111 S TEJON ST. COLORADO SPRINGS, CO 80903 | 84-0813462 | 501C-3 | 5,800. | | | | SEE PART IV |
| (12) CHILDREN'S LITERACY CENTER 2928 STRAUS LANE COLORADO SPRINGS, CO 80907 | 84-1209272 | 501C-3 | 8,000. | | | | SEE PART IV |

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

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) CHINOOK CENTER 329 W. MONUMENT ST. | 83-4066259 | 501C-3 | 10,000. | | | | SEE PART IV |
| (2) CHRIST PRESBYTERIAN CHURCH 6565 E BROADWAY BLVD. TUCSON, AZ 85710 | 86-6052069 | CHURCH | 7,500. | | | | SEE PART IV |
| (3) CITY OF COLORADO SPRINGS CITY FINANCE ACCTS REC | 84-6000573 | GOV'T | 62,349. | | | | SEE PART IV |
| (4) CITY OF COLORADO SPRINGS: PARKS, RECREATION 1401 RECREATION WAY | 0 | GOV'T | 932,195. | | | | SEE PART IV |
| (5) COLORADO COLLEGE OFFICE FOR ADVANCEMENT | 84-0402510 | SCHOOL | 9,500. | | | | SEE PART IV |
| (6) COLORADO COLLEGE FOR QUAD INNOVATION PARTNE 14 E CASHE LA POUDRE ST | 84-0402510 | SCHOOL | 5,850. | | | | SEE PART IV |
| (7) COLORADO SCHOOL OF MINES FINANCIAL AID OFFICE GOLDEN, CO 80401 | 84-0397522 | SCHOOL | 9,500. | | | | SEE PART IV |
| (8) COLORADO SPRINGS CHILDREN'S CHORALE P.O. BOX 7841 COLORADO SPRINGS, CO 80933 | 84-0999238 | 501C-3 | 5,500. | | | | SEE PART IV |
| (9) COLORADO SPRINGS CONSERVATORY 415 S SAHWATCH COLORADO SPRINGS, CO 80903 | 84-1502211 | 501C-3 | 13,800. | | | | SEE PART IV |
| (10) COLORADO SPRINGS FOOD RESCUE INC 917 E MORENO AVE. | 46-3665741 | 501C-3 | 35,000. | | | | SEE PART IV |
| (11) COLORADO SPRINGS PHILHARMONIC P O BOX 1266 | 74-3091110 | 501C-3 | 7,250. | | | | SEE PART IV |
| (12) COLORADO SPRINGS PIONEERS MUSEUM 215 S TEJON ST. COLORADO SPRINGS, CO 80903 | 27-4151466 | 501C-3 | 9,777. | | | | SEE PART IV |

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

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) COLORADO SPRINGS SISTER CITIES INTERNATIONA 111 S TEJON ST. COLORADO SPRINGS, CO 80903 | 84-1213342 | 501C-3 | 5,500. | | | | SEE PART IV |
| (2) COLORADO STATE UNIVERSITY 1065 CAMPUS DELIVERY FORT COLLINS, CO 80523 | 84-6000545 | SCHOOL | 12,750. | | | | SEE PART IV |
| (3) COMMUNITY HEALTH PARTNERSHIP 121 S TEJON ST. COLORADO SPRINGS, CO 80903 | 84-1388331 | 501C-3 | 63,000. | | | | SEE PART IV |
| (4) COMMUNITY OF CARING FOUNDATION, INC. PO BOX 1587 CRIPPLE CREEK, CO 80813 | 84-1481309 | 501C-3 | 45,000. | | | | SEE PART IV |
| (5) COMMUNITY PARTNERSHIP FAMILY RESOURCE CENTE P.O. BOX 396 DIVIDE, CO 80814 | 84-1157057 | 501C-3 | 65,000. | | | | SEE PART IV |
| (6) COMPASSION INTERNATIONAL 12290 VOYAGER PKWY. | 36-2423707 | 501C-3 | 200,500. | | | | SEE PART IV |
| (7) CONCRETE COUCH 214 E VERMIJO AVE. | 20-2325992 | 501C-3 | 8,500. | | | | SEE PART IV |
| (8) COSILOVEYOU 1628 W BIJOU ST. COLORADO SPRINGS, CO 80904 | 82-4228018 | 501C-3 | 31,000. | | | | SEE PART IV |
| (9) CPCD...GIVING CHILDREN A HEAD START 2330 ROBINSON ST. | 84-1071825 | 501C-3 | 30,500. | | | | SEE PART IV |
| (10) CROSSFIRE MINISTRIES PO BOX 9650 COLORADO SPRINGS, CO 80932 | 84-1295381 | 501C-3 | 20,000. | | | | SEE PART IV |
| (11) CULTURAL OFFICE OF THE PIKES PEAK REGION PO BOX 190 COLORADO SPRINGS, CO 80901 | 20-5794244 | 501C-3 | 30,500. | | | | SEE PART IV |
| (12) DEL E. WEBB CENTER FOR THE PERFORMING ARTS 2001 W WICKENBURG WAY WICKENBURG, AZ 85390 | 86-0873249 | 501C-3 | 22,250. | | | | SEE PART IV |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) DESERT CABALLEROS WESTERN MUSEUM 21 N FRONTIER ST. WICKENBURG, AZ 85390 | 86-0204201 | 501C-3 | 25,700. | | | | SEE PART IV |
| (2) DISABILITY SERVICES, INC. DBA ENVIDA 5660 N. ACADEMY BLVD | 20-3058736 | 501C-3 | 15,000. | | | | SEE PART IV |
| (3) DISCOVER GOODWILL FOUNDATION OF SOUTHERN & 1460 GARDEN OF THE GODS RD. | 84-1488592 | 501C-3 | 32,500. | | | | SEE PART IV |
| (4) DOWNTOWN DEVELOPMENT AUTHORITY 111 S TEJON ST. COLORADO SPRINGS, CO 80903 | 01-0883175 | 501C-3 | 5,078. | | | | SEE PART IV |
| (5) EARLY CONNECTIONS LEARNING CENTERS 104 E RIO GRANDE ST. | 84-0632406 | 501C-3 | 58,000. | | | | SEE PART IV |
| (6) ECUMENICAL SOCIAL MINISTRIES 201 N WEBER ST. COLORADO SPRINGS, CO 80903 | 84-0890978 | CHURCH | 5,200. | | | | SEE PART IV |
| (7) EVANGELICAL CHRISTIAN ACADEMY 4052 NONCHALANT CIR. S | 84-1253092 | SCHOOL | 50,000. | | | | SEE PART IV |
| (8) EXPONENTIAL IMPACT 3650 N NEVADA AVE. | 82-2707012 | 501C-3 | 501,784. | | | | SEE PART IV |
| (9) FINS ATTACHED MARINE RESEARCH AND CONSERVAT 19675 STILL GLEN DR. | 27-3567356 | 501C-3 | 10,324. | | | | SEE PART IV |
| (10) FIRE FOUNDATION OF COLORADO SPRINGS PO BOX 8051 COLORADO SPRINGS, CO 80933 | 81-3734979 | 501C-3 | 5,500. | | | | SEE PART IV |
| (11) FIRST CHRISTIAN CHURCH 16 E PLATTE AVE. COLORADO SPRINGS, CO 80903 | 84-0444734 | CHURCH | 15,000. | | | | SEE PART IV |
| (12) FIRST CONGREGATIONAL CHURCH 20 E SAINT VRAIN ST. | 84-0405572 | CHURCH | 11,533. | | | | SEE PART IV |

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

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**Grants and Other Assistance to Organizations,
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|--|---|
| Name of the organization PIKES PEAK COMMUNITY FOUNDATION | Employer identification number 84-1339670 |
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Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
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|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) FIRST PRESBYTERIAN CHURCH 219 E BIJOU ST. COLORADO SPRINGS, CO 80903 | 84-0416230 | CHURCH | 53,765. | | | | SEE PART IV |
| (2) FOSTERING HOPE FOUNDATION 111 S TEJON ST. COLORADO SPRINGS, CO 80903 | 26-1991807 | 501C-3 | 60,000. | | | | SEE PART IV |
| (3) FOUNTAIN VALLEY SCHOOL 6155 FOUNTAIN VALLEY SCHOOL ROAD | 84-0423922 | SCHOOL | 10,500. | | | | SEE PART IV |
| (4) FOUNTAIN VALLEY SENIOR CENTER 5745 SOUTHMOOR DR. FOUNTAIN, CO 80817 | 84-0762185 | 501C-3 | 34,500. | | | | SEE PART IV |
| (5) FRANCES L. JENKINS MIDDLE SCHOOL 6410 AUSTIN BLUFFS PKWY. | 0 | SCHOOL | 14,227. | | | | SEE PART IV |
| (6) GAZETTE CHARITIES-EL POMAR FOUNDATION EMPTY 30 E PIKES PEAK AVE. | 84-1526179 | 501C-3 | 48,056. | | | | SEE PART IV |
| (7) GENERATION SCHOOLS NETWORK 455 SHERMAN ST. DENVER, CO 80203 | 76-0783006 | 501C-3 | 30,000. | | | | SEE PART IV |
| (8) GIVE! 235 S NEVADA AVE. | 81-2029897 | 501C-3 | 45,018. | | | | SEE PART IV |
| (9) GRECCIO HOUSING UNLIMITED INC. 1015 E PIKES PEAK AVE. | 84-1158819 | 501C-3 | 35,000. | | | | SEE PART IV |
| (10) HABITAT FOR HUMANITY OF TELLER COUNTY P.O. BOX 339 WOODLAND PARK, CO 80866 | 58-1235159 | 501C-3 | 12,300. | | | | SEE PART IV |
| (11) HARRISON SCHOOL DISTRICT 1060 HARRISON RD. | 0 | SCHOOL | 29,500. | | | | SEE PART IV |
| (12) HELP THE NEEDY PO BOX 664 WOODLAND PARK, CO 80863 | 84-1420920 | 501C-3 | 10,000. | | | | SEE PART IV |

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| Name of the organization PIKES PEAK COMMUNITY FOUNDATION | Employer identification number 84-1339670 |
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Part I General Information on Grants and Assistance

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) HILLSIDE CONNECTION PO BOX 1562 COLORADO SPRINGS, CO 80901 | 83-0810166 | 501C-3 | 10,000. | | | | SEE PART IV |
| (2) HOLY TRINITY ANGLICAN CHURCH 13990 GLENEAGLE DR. | 20-0953833 | CHURCH | 50,000. | | | | SEE PART IV |
| (3) HOME FRONT MILITARY NETWORK 1120 N CIRCLE DR. | 20-0778121 | 501C-3 | 30,750. | | | | SEE PART IV |
| (4) HOMEWARD PIKES PEAK 2010 E BIJOU ST. COLORADO SPRINGS, CO 80909 | 13-4242773 | 501C-3 | 19,050. | | | | SEE PART IV |
| (5) HUMANE SOCIETY OF THE PIKES PEAK REGION 610 ABBOTT LN. COLORADO SPRINGS, CO 80905 | 84-0410111 | 501C-3 | 24,399. | | | | SEE PART IV |
| (6) INSIDE OUT YOUTH SERVICES 223 N WAHSATCH AVE. | 84-1407299 | 501C-3 | 15,000. | | | | SEE PART IV |
| (7) INTERFAITH HOSPITALITY NETWORK DBA FAMILY P 519 N TEJON ST. COLORADO SPRINGS, CO 80903 | 84-1366832 | 501C-3 | 70,600. | | | | SEE PART IV |
| (8) INTERNATIONAL JUSTICE MISSION P.O. BOX 96961 WASHINGTON, DC 20090-6961 | 54-1722887 | 501C-3 | 109,700. | | | | SEE PART IV |
| (9) IRIS GLOBAL P.O. BOX 493995 REDDING, CA 96049-3995 | 33-0648658 | 501C-3 | 7,200. | | | | SEE PART IV |
| (10) ITHAKA LAND, INC. 321 MESA RD. COLORADO SPRINGS, CO 80905 | 74-2186914 | 501C-3 | 22,500. | | | | SEE PART IV |
| (11) KCME 1921 N WEBER ST. COLORADO SPRINGS, CO 80907 | 83-0234545 | 501C-3 | 15,150. | | | | SEE PART IV |
| (12) KINGDOM BUILDERS FAMILY LIFE CENTER PO BOX 75524 COLORADO SPRINGS, CO 80970 | 0 | 501C-3 | 10,000. | | | | SEE PART IV |

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| Name of the organization PIKES PEAK COMMUNITY FOUNDATION | Employer identification number 84-1339670 |
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Part I General Information on Grants and Assistance

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) LATINA SAFEHOUSE INITIATIVE PO BOX 11174 DENVER, CO 80211 | 32-0298603 | 501C-3 | 9,000. | | | | SEE PART IV |
| (2) LITTLE CHAPEL FOOD PANTRY 69 COUNTY ROAD 5 DIVIDE, CO 80814 | 74-2484655 | 501C-3 | 15,000. | | | | SEE PART IV |
| (3) LITTLE PEOPLE OF AMERICA 617 BROADWAY #518 SONOMA, CA 95476 | 94-2965067 | 501C-3 | 8,000. | | | | SEE PART IV |
| (4) LOVE A CHILD, INC. P.O. BOX 60063 FORT MEYERS, FL 33906-6063 | 59-2672303 | 501C-3 | 7,200. | | | | SEE PART IV |
| (5) MANITOU ART CENTER 513 MANITOU AVE. MANITOU SPRINGS, CO 80829 | 74-2445135 | 501C-3 | 42,750. | | | | SEE PART IV |
| (6) MANITOU SPRINGS COMMUNITY FOUNDATION 304 MICHIGAN AVE. MANITOU SPRINGS, CO 80829 | 81-2776847 | 501C-3 | 76,247. | | | | SEE PART IV |
| (7) MEMORIAL HEALTH SYSTEM FOUNDATION DBA UCHEA 175 S UNION BLVD. | 84-1576338 | 501C-3 | 500,000. | | | | SEE PART IV |
| (8) MERCY'S GATE 4360 MONTEBELLO DR. #300 | 84-1093341 | 501C-3 | 20,000. | | | | SEE PART IV |
| (9) MILE HIGH UNITED WAY PO BOX 5547 DENVER, CO 80217 | 84-0404235 | 501C-3 | 13,500. | | | | SEE PART IV |
| (10) MILLIBO ART THEATRE 1626 S TEJON ST. COLORADO SPRINGS, CO 80905 | 74-3261678 | 501C-3 | 30,000. | | | | SEE PART IV |
| (11) MISSION MEDICAL CENTER 2125 E LASALLE ST. | 68-0506812 | 501C-3 | 15,000. | | | | SEE PART IV |
| (12) MOMENTUM MINISTRIES 1878 STAR-BATT DR. | 32-0541882 | 501C-3 | 12,800. | | | | SEE PART IV |

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

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| Name of the organization PIKES PEAK COMMUNITY FOUNDATION | Employer identification number 84-1339670 |
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Part I General Information on Grants and Assistance

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|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) MONUMENT COMMUNITY PRESBYTERIAN CHURCH 238 3RD ST. MONUMENT, CO 80132 | 23-6393377 | CHURCH | 6,300. | | | | SEE PART IV |
| (2) MT. CARMEL VETERANS SERVICE CENTER 530 COMMUNICATION CIR. | 81-1652178 | 501C-3 | 13,000. | | | | SEE PART IV |
| (3) MT. CARMEL WELLNESS AND COMMUNITY CENTER 911 ROBINSON AVE. TRINIDAD, CO 81082 | 27-3546373 | 501C-3 | 10,000. | | | | SEE PART IV |
| (4) MUSTARD SEED RANCH - CORPORATE OFFICE 125 ASPEN RIDGE DR | 91-2145872 | 501C-3 | 12,800. | | | | SEE PART IV |
| (5) NAMI COLORADO SPRINGS 1615 S MURRAY BLVD. | 74-2338585 | 501C-3 | 6,250. | | | | SEE PART IV |
| (6) NATIONAL JEWISH HEALTH 1400 JACKSON ST. DENVER, CO 80206 | 74-2044647 | 501C-3 | 8,096. | | | | SEE PART IV |
| (7) NEWBORN HOPE P.O. BOX 2515 COLORADO SPRINGS, CO 80901 | 84-1093905 | 501C-3 | 10,500. | | | | SEE PART IV |
| (8) OCEANS CHURCH PO BOX 1435 SAN JUAN CAPISTRANO, CA 92693 | 0 | CHURCH | 12,800. | | | | SEE PART IV |
| (9) OPEN BIBLE MEDICAL CLINIC AND PHARMACY 555 E COSTILLA ST. | 84-1345520 | 501C-3 | 15,000. | | | | SEE PART IV |
| (10) OPERA THEATRE OF THE ROCKIES PO BOX 8110 COLORADO SPRINGS, CO 80933 | 84-1476734 | 501C-3 | 12,500. | | | | SEE PART IV |
| (11) OTERO JUNIOR COLLEGE 1802 COLORADO AVE. LA JUNTA, CO 81050 | 84-1472517 | SCHOOL | 8,096. | | | | SEE PART IV |
| (12) OUTREACH FOUNDATION OF THE PRESBYTERIAN CHU 381 RIVERSIDE DRIVE FRANKLIN, TN 37064 | 58-1375506 | 501C-3 | 50,000. | | | | SEE PART IV |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) PALMER LAND CONSERVANCY PO BOX 1281 COLORADO SPRINGS, CO 80901 | 84-0763346 | 501C-3 | 13,000. | | | | SEE PART IV |
| (2) PARTNERS IN HOUSING 455 GOLD PASS HTS. | 84-1188208 | 501C-3 | 40,000. | | | | SEE PART IV |
| (3) PEER COACH ACADEMY 1102 S 21ST STREET | 81-3460352 | 501C-3 | 7,500. | | | | SEE PART IV |
| (4) PENROSE-ST. FRANCIS FOUNDATION 2222 N NEVADA AVE. | 84-0902211 | 501C-3 | 21,500. | | | | SEE PART IV |
| (5) PIKES PEAK HABITAT FOR HUMANITY 2802 N PROSPECT ST. | 35-1640064 | 501C-3 | 20,500. | | | | SEE PART IV |
| (6) PIKES PEAK HOSPICE FOUNDATION 2550 TENDERFOOT HILL ST. | 84-1453050 | 501C-3 | 93,700. | | | | SEE PART IV |
| (7) PIKES PEAK RANGE RIDERS FOUNDATION P.O. BOX 758 COLORADO SPRINGS, CO 80901 | 84-1497942 | 501C-3 | 10,000. | | | | SEE PART IV |
| (8) PIKES PEAK UNITED WAY 518 N NEVADA AVE. | 84-0511799 | 501C-3 | 150,783. | | | | SEE PART IV |
| (9) PROJECT ANGEL HEART--COLORADO SPRINGS 1625 W UNITAH ST. | 84-1199481 | 501C-3 | 16,500. | | | | SEE PART IV |
| (10) REACH PIKES PEAK 31 N TEJON ST. COLORADO SPRINGS, CO 80903 | 84-0933888 | 501C-3 | 20,000. | | | | SEE PART IV |
| (11) ROCKLEY FAMILY FOUNDATION PO BOX 260818 LAKEWOOD, CO 80226 | 20-8233098 | 501C-3 | 8,089. | | | | SEE PART IV |
| (12) ROCKY MOUNTAIN FIELD INSTITUTE 815 S 25TH ST. COLORADO SPRINGS, CO 80904 | 74-2225140 | 501C-3 | 5,750. | | | | SEE PART IV |

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

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) ROCKY MOUNTAIN PBS 1089 BANNOCK ST. DENVER, CO 80204 | 84-0510785 | 501C-3 | 31,750. | | | | SEE PART IV |
| (2) ROCKY MOUNTAIN WOMEN'S FILM 2727 N CASCADE AVE. | 84-1097818 | 501C-3 | 7,500. | | | | SEE PART IV |
| (3) RONALD MCDONALD HOUSE OF SOUTHERN COLORADO 4223 ROYAL PINE DR. | 84-1013843 | 501C-3 | 11,000. | | | | SEE PART IV |
| (4) ROTARY FOUNDATION OF ROTARY INTERNATIONAL 1560 SHERMAN AVE. EVANSTON, IL 60201 | 36-3245072 | 501C-3 | 105,000. | | | | SEE PART IV |
| (5) SAFE PASSAGE 423 SOUTH CASCADE AVENUE | 84-1241767 | 501C-3 | 6,500. | | | | SEE PART IV |
| (6) SALVATION ARMY: COLORADO SPRINGS CORP 908 YUMA ST. COLORADO SPRINGS, CO 80909 | 94-1156347 | 501C-3 | 100,750. | | | | SEE PART IV |
| (7) SERVICIOS DE LA RAZA 1815 JET WING DR. | 84-0625478 | 501C-3 | 35,000. | | | | SEE PART IV |
| (8) SIERRA CLUB FOUNDATION 2101 WEBSTER ST. OAKLAND, CA 94612 | 94-6069890 | 501C-3 | 15,000. | | | | SEE PART IV |
| (9) SILVER KEY SENIOR SERVICES 1625 S MURRAY BLVD. | 23-7109922 | 501C-3 | 103,483. | | | | SEE PART IV |
| (10) SPECIAL KIDS SPECIAL FAMILIES 1915 AEROTECH DR. #100 | 84-1476535 | 501C-3 | 8,500. | | | | SEE PART IV |
| (11) SPRINGS RESCUE MISSION 5 W LAS VEGAS ST. | 84-1340824 | 501C-3 | 36,550. | | | | SEE PART IV |
| (12) ST. MICHAEL'S EPISCOPAL CHURCH 7400 TUDOR RD. COLORADO SPRINGS, CO 80919 | 84-0563624 | CHURCH | 6,000. | | | | SEE PART IV |

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

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) STABLESTRIDES 13620 HALLELUJAH TRAIL ELBERT, CO 80106 | 74-2232440 | 501C-3 | 11,000. | | | | SEE PART IV |
| (2) TELLER SENIOR COALITION PO BOX 6956 WOODLAND PARK, CO 80866 | 84-1358087 | 501C-3 | 12,500. | | | | SEE PART IV |
| (3) TESSA 435 GOLD PASS HTS. | 84-0746803 | 501C-3 | 63,050. | | | | SEE PART IV |
| (4) THE DURANGO EDUCATION FOUNDATION 201 E 12TH ST. DURANGO, CO 81301 | 74-2350944 | 501C-3 | 12,072. | | | | SEE PART IV |
| (5) THE INDEPENDENCE CENTER 729 S TEJON ST. COLORADO SPRINGS, CO 80903 | 84-1052916 | 501C-3 | 11,000. | | | | SEE PART IV |
| (6) THE PLACE 423 E CUCHARRAS ST. | 84-1549702 | 501C-3 | 152,500. | | | | SEE PART IV |
| (7) THE SANTA FE OPERA 301 OPERA DR. SANTA FE, NM 87506-2823 | 85-0131810 | 501C-3 | 8,000. | | | | SEE PART IV |
| (8) THE TRUST FOR PUBLIC LAND 1410 GRANT, D - 210 DENVER, CO 80203 | 23-7222333 | 501C-3 | 25,000. | | | | SEE PART IV |
| (9) THRIVE NETWORK 225 N WEBER ST. COLORADO SPRINGS, CO 80903 | 0 | 501C-3 | 80,000. | | | | SEE PART IV |
| (10) TOWN OF SOUTH FORK PO BOX 654 SOUTH FORK, CO 81154 | 84-1207723 | 501C-3 | 22,100. | | | | SEE PART IV |
| (11) TRAILS AND OPEN SPACE COALITION 702 E BOULDER ST. | 84-1156471 | 501C-3 | 14,750. | | | | SEE PART IV |
| (12) TRI-LAKES CARES P.O. BOX 1301 MONUMENT, CO 80132 | 74-2501356 | 501C-3 | 68,500. | | | | SEE PART IV |

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

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

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) UCCS DEVELOPMENT CORP 1755 TELSTAR DRIVE SUITE 211 | 80-0844761 | 501C-3 | 10,000. | | | | SEE PART IV |
| (2) UNITED STATES ASSOCIATION OF BLIND ATHLETES 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 | 31-0977121 | 501C-3 | 10,000. | | | | SEE PART IV |
| (3) UNITED STATES OLYMPIC AND PARALYMPIC MUSEUM P.O. BOX 681 COLORADO SPRINGS, CO 80901 | 463189741 | 501C-3 | 35,000. | | | | SEE PART IV |
| (4) UNITED WAY OF LARIMER COUNTY 525 WEST OAK ST. FORT COLLINS, CO 80521 | 84-6031503 | 501C-3 | 50,000. | | | | SEE PART IV |
| (5) UNITED WAY OF PUEBLO COUNTY, INC. 310 E ABRIENDO AVE. PUEBLO, CO 81004 | 84-0404917 | 501C-3 | 24,000. | | | | SEE PART IV |
| (6) UNIVERSITY OF COLORADO COLORADO SPRINGS--GI UNIVERSITY DEVELOPMENT MH 304 | 84-6049811 | SCHOOL | 54,584. | | | | SEE PART IV |
| (7) UTE PASS REGIONAL EMERGENCY MEDICAL SERVICE PO BOX 149 WOODLAND PARK, CO 80866 | 84-0894892 | 501C-3 | 23,000. | | | | SEE PART IV |
| (8) VOCES UNIDAS FOR JUSTICE 2519 AIRPORT RD. COLORADO SPRINGS, CO 80910 | 27-1888868 | 501C-3 | 13,000. | | | | SEE PART IV |
| (9) WE FORTIFY 1816 WOOD AVE. COLORADO SPRINGS, CO 80907 | 84-3045036 | 501C-3 | 73,950. | | | | SEE PART IV |
| (10) WESTSIDE CARES 2808 W COLORADO AVE. | 74-2354492 | 501C-3 | 77,750. | | | | SEE PART IV |
| (11) WOODMEN VALLEY CHAPEL 290 E WOODMEN RD. | 84-0996424 | CHURCH | 8,600. | | | | SEE PART IV |
| (12) WYCLIFFE BIBLE TRANSLATORS P.O. BOX 628200 ORLANDO, FL 32862 | 95-1831097 | 501C-3 | 7,200. | | | | SEE PART IV |

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

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) YMCA OF THE PIKES PEAK REGION 316 N TEJON ST. COLORADO SPRINGS, CO 80903 | 84-0404266 | 501C-3 | 39,172. | | | | SEE PART IV |
| (2) YOUNG LIFE P.O. BOX 70065 PRESCOTT, AZ 86304 | 84-0385934 | 501C-3 | 100,600. | | | | SEE PART IV |
| (3) FRIENDS OF CHEYENNE CANYON P.O. BOX 60275, COLORADO SPRINGS, CO 80960 | 84-1324887 | 501C-3 | 25,000. | | | | SEE PART IV |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 137.

3 Enter total number of other organizations listed in the line 1 table ▶ 165.

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

Schedule I (Form 990) 2020

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 CASH | 201. | 101,376. | | COST | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

SCHEDULE I PART I LINE 2

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

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

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

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

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

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

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

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

SCHEDULE I PART II LINE 1H

SEE ATTACHMENT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

- a** The organization? **6a** **6c**
- b** Any related organization? **6b**
- 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**

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

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

| | Yes | No |
|-----------|-------------------------------------|-------------------------------------|
| 1b | | |
| 2 | | |
| 4a | | <input checked="" type="checkbox"/> |
| 4b | | <input checked="" type="checkbox"/> |
| 4c | | <input checked="" type="checkbox"/> |
| 5a | | <input checked="" type="checkbox"/> |
| 5b | | <input checked="" type="checkbox"/> |
| 6a | | <input checked="" type="checkbox"/> |
| 6b | | <input checked="" type="checkbox"/> |
| 7 | <input checked="" type="checkbox"/> | |
| 8 | | <input checked="" type="checkbox"/> |
| 9 | | |

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

Schedule J (Form 990) 2020

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| GARY BUTTERWORTH 1 CEO | (i) | 180,268. | 5,723. | 4,633. | 9,245. | 15,335. | 215,204. | |
| | (ii) | 0. | 0. | 0. | | | | |
| 2 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 3 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 4 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

SCHEDULE J PART I LINE 7

SMALL HOLIDAY BONUS

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) CHRIS JENKINS | BOARD MEMBER | 85,993. | FUTURE MINIMUM LEASE PAYMENTS | | X |
| (2) TONY ROSENDO | BOARD CHAIR | 700,000. | INVESTMENT IN LLC | | X |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

Part V Supplemental Information

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

SCH L.

THE ORGANIZATION ENTERED INTO A 5 YEAR LEASE AGREEMENT WITH ALAMO NO 1 LLC IN DECEMBER OF WHICH CHRIS JENKINS AND DAVID JENKINS OWNS A PARTIAL INTEREST IN. CHRIS JENKINS WAS VOTED IN AS A BOARD MEMBER IN DECEMBER 2016 FOR THE 2017 BOARD. IN SEPTEMBER OF 2016, DAVID AND CAROLYN JENKINS CONTRIBUTED \$9 MILLION INTO A DONOR ADVISED FUND, IN WHICH CHRIS IS LISTED AS A FUND ADVISOR. THE TOTAL FUTURE MINIMUM LEASE PAYMENTS ARE \$85,993 FOR THE LEASE.

THE FOUNDATION PURCHASED AN INTEREST IN A LLC FOR \$700,000. THE FOUNDATION'S BOARD CHAIR IS THE EXECUTIVE DIRECTOR OF THE LLC'S MAJORITY INVESTOR. A FOUNDATION BOARD MEMBER IS THE PRESIDENT OF ANOTHER INVESTOR IN THE LLC.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

84-1339670

FORM 990 PART III LINE 1

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

FORM 990 PART VI SECTION A LINE 2

BUSINESS RELATIONSHIP

FORM 990 PART VI SECTION B LINE 11 THE STAFF WORKS WITH OUR INDEPENDENT
ACCOUNTING FIRM TO REVIEW THE ACCURACY AND COMPLETENESS OF THE 990. WHEN
THE DOCUMENT IS IN FINAL DRAFT, THE FULL BOARD OF THE PIKES PEAK
COMMUNITY FOUNDATION REVIEWS THE 990 DOCUMENT AND ASKS QUESTIONS TO
ENSURE COMPLETENESS AND ACCURACY. ONCE ALL INFORMATION IS DEEMED ACCURATE
AND COMPLETE, WE THEN SUBMIT THE 990 TO THE IRS.

FORM 990 PART VI SECTION B LINE 15

THE PERFORMANCE EVALUATION OF THE CEO IS A TWO-PART PROCESS - A FORMATIVE
ASSESSMENT THAT OCCURS ALL YEAR AND A SUMMATIVE ASSESSMENT THAT OCCURS AT
YEAR END. THE FORMATIVE ASSESSMENT OCCURS AS NO LESS THAN MONTHLY
MEETINGS BETWEEN THE CEO AND THE BOARD CHAIR. THESE MEETINGS ARE A
CHANCE TO TALK OVER CURRENT PROJECTS, RECENT ACHIEVEMENTS, AND UPCOMING
EVENTS OR PROJECTS. DURING THE MEETINGS, THE BOARD CHAIR TAKES NOTES ON
THE PROGRESS OF THE CEO TOWARD MEETING THE ORGANIZATION'S GOALS AS

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

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

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

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: \$(1,780,492)

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)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) HUNT OR GATHER LLC STE 530 102 S TEJON ST COLORADO SPRINGS, CO 80903 | EDUCATION AND | CO | | 0. | PPCF |
| (2) VENETUCCI RANCH LLC 102 S TEJON ST STE 530 COLORADO SPRINGS, CO 80903 | EDUCATION AND | CO | | 10,085,204. | PPCF |
| (3) VENETUCCI VILLAGE LLC 102 S TEJON ST STE 530 COLORADO SPRINGS, CO 80903 | REAL ESTATE | CO | | 938,450. | PPCF |
| (4) 730 N NEVADA AVE LLC 102 S TEJON ST STE 530 COLORADO SPRINGS, CO 80903 | RE HOLDING | CO | | 457,321. | PPCF |
| (5) | | | | | |
| (6) | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

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

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

Schedule R (Form 990) 2020

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

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

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

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

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---------------------------------------|-------------------------------|------------------------|--|
| (1) PIKES PEAK REAL ESTATE FOUNDATION | B | 1,866,663. | CASH PAID |
| (2) PIKES PEAK REAL ESTATE FOUNDATION | C | 10,000. | CASH RECEIVED |
| (3) PIKES PEAK REAL ESTATE FOUNDATION | S | 12,135. | CASH RECEIVED |
| (4) PIKES PEAK REAL ESTATE FOUNDATION | O | 610. | HOURLY RATE |
| (5) PIKES PEAK REAL ESTATE FOUNDATION | Q | 7,075. | CASH PAID |
| (6) | | | |

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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

Part VII **Supplemental Information**

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

SCHEDULE R PART II COLUMN F

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

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

For calendar year 2020 or other tax year beginning 01/01, 2020, and ending 12/31, 2020

2020

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

| | | | |
|--|------------------------------|--|---|
| A <input type="checkbox"/> Check box if address changed. | | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) PIKES PEAK COMMUNITY FOUNDATION | D Employer identification number 84-1339670 |
| B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A | Print or Type | Number, street, and room or suite no. If a P.O. box, see instructions. C/O GARY BUTTERWORTH 102 S TEJON ST 530 | E Group exemption number (see instructions) |
| | | City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80903 | |
| | | C Book value of all assets at end of year ▶ 71,377,076. | F <input type="checkbox"/> Check box if an amended return. |
| G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity | | | |
| H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439 | | | |
| I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/> | | | |
| J Enter the number of attached Schedules A (Form 990-T) ▶ 1 | | | |
| K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶ | | | |
| L The books are in care of ▶ GARY BUTTERWORTH Telephone number ▶ 719-389-1251 | | | |

Part I Total Unrelated Business Taxable Income

| | | |
|--|----|----------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions). | 1 | -31,456. |
| 2 Reserved | 2 | |
| 3 Add lines 1 and 2 | 3 | -31,456. |
| 4 Charitable contributions (see instructions for limitation rules) | 4 | |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 | -31,456. |
| 6 Deduction for net operating loss. See instructions. | 6 | |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7 | -31,456. |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) | 8 | |
| 9 Trusts. Section 199A deduction. See instructions. | 9 | |
| 10 Total deductions. Add lines 8 and 9 | 10 | |
| 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. | 11 | 0. |

Part II Tax Computation

| | | |
|---|---|--|
| 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | |
| 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). | 2 | |
| 3 Proxy tax. See instructions | 3 | |
| 4 Other tax amounts. See instructions | 4 | |
| 5 Alternative minimum tax (trusts only) | 5 | |
| 6 Tax on noncompliant facility income. See instructions | 6 | |
| 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies | 7 | |

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 1a
b Other credits (see instructions). 1b
c General business credit. Attach Form 3800 (see instructions) 1c
d Credit for prior year minimum tax (attach Form 8801 or 8827). 1d
e Total credits. Add lines 1a through 1d. 1e
2 Subtract line 1e from Part II, line 7 2
3 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866
Other (attach statement) 3
4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here. 4 0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 5
6 a Payments: A 2019 overpayment credited to 2020 6a
b 2020 estimated tax payments. Check if section 643(g) election applies Form 6b
c Tax deposited with Form 8868. 6c
d Foreign organizations: Tax paid or withheld at source (see instructions) 6d
e Backup withholding (see instructions) 6e
f Credit for small employer health insurance premiums (attach Form 8941) 6f
g Other credits, adjustments, and payments: Form 2439 Other Total Form 4136 Other Total Form 6g
7 Total payments. Add lines 6a through 6g 7
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 8
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid. 10
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax Refunded 11

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

1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$
4 a Did the organization change its method of accounting? (see instructions) X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here Gary Butterworth 11/15/2021 CEO
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No
Paid Preparer Use Only
Print/Type preparer's name DOREEN B MERZ
Preparer's signature Doreen B Merz
Date 08/20/2021
Check if self-employed
PTIN P00841439
Firm's name STOCKMAN KAST RYAN & CO, LLP
Firm's EIN 84-1509584
Firm's address 102 N. CASCADE AVENUE, SUITE 400, COLORADO SPRINGS, CO 80903
Phone no. 719-630-1186

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0074

2020

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

| | |
|---|---|
| A Name of the organization PIKES PEAK COMMUNITY FOUNDATION | B Employer identification number 84-1339670 |
| C Unrelated business activity code (see instructions) ▶ 541900 | D Sequence: 1 of 1 |

E Describe the unrelated trade or business ▶ ADMINISTRATIVE SUPPORT

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|--|------------|--------------|---------|
| 1a Gross receipts or sales | | | |
| b Less returns and allowances c Balance ▶ | 1c | | |
| 2 Cost of goods sold (Part III, line 8) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) | 4a | | |
| b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) | 4b | | |
| c Capital loss deduction for trusts | 4c | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | 5 | | |
| 6 Rent income (Part IV) | 6 | | |
| 7 Unrelated debt-financed income (Part V) | 7 | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 | | |
| 10 Exploited exempt activity income (Part VIII) | 10 | | |
| 11 Advertising income (Part IX) | 11 | | |
| 12 Other income (see instructions; attach statement) . . . ATCH 1 | 12 | 42,710. | 42,710. |
| 13 Total. Combine lines 3 through 12 | 13 | 42,710. | 42,710. |

| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income | | | |
|---|-----------|--------|----------|
| 1 Compensation of officers, directors, and trustees (Part X) | 1 | | 10,760. |
| 2 Salaries and wages | 2 | | 50,799. |
| 3 Repairs and maintenance | 3 | | |
| 4 Bad debts | 4 | | |
| 5 Interest (attach statement) (see instructions) | 5 | | |
| 6 Taxes and licenses | 6 | | |
| 7 Depreciation (attach Form 4562) (see instructions) | 7 | 2,647. | |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | | 2,647. |
| 9 Depletion | 9 | | |
| 10 Contributions to deferred compensation plans | 10 | | |
| 11 Employee benefit programs | 11 | | |
| 12 Excess exempt expenses (Part VIII) | 12 | | |
| 13 Excess readership costs (Part IX) | 13 | | |
| 14 Other deductions (attach statement) | 14 | | 9,960. |
| 15 Total deductions. Add lines 1 through 14 | 15 | | 74,166. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | | -31,456. |
| 17 Deduction for net operating loss (see instructions) | 17 | | |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | 18 | | -31,456. |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold.

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Part IV with 4 columns (A, B, C, D) and rows for property descriptions.

Table for Part IV with 4 columns (A, B, C, D) and rows for rent received or accrued (a, b, c).

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)

4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)

5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

Part V Unrelated Debt-Financed Income (see instructions)

Table for Part V with 4 columns (A, B, C, D) and rows for debt-financed property descriptions.

Table for Part V with 4 columns (A, B, C, D) and rows for gross income, deductions, and average acquisition debt.

8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

9 Allocable deductions. Multiply line 3c by line 6

10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

11 Total dividends-received deductions included in line 10.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

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

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

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4) |
|--------------------------|---------------------|---|----------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | |
|--|---|
| 1 Description of exploited activity: _____ | |
| 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 |
| 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 |
| 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 |
| 5 Gross income from activity that is not unrelated business income | 5 |
| 6 Expenses attributable to income entered on line 5 | 6 |
| 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A []
B []
C []
D []

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns: A, B, C, D. Row 2: Gross advertising income.

a Add columns A through D. Enter here and on Part I, line 11, column (A).

Table with 4 columns: A, B, C, D. Row 3: Direct advertising costs by periodical.

a Add columns A through D. Enter here and on Part I, line 11, column (B).

Table with 4 columns: A, B, C, D. Rows 4-8: Advertising gain (loss), Readership costs, Circulation income, Excess readership costs.

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business. Rows (1) through (4).

Total. Enter here and on Part II, line 1.

Part XI Supplemental Information (see instructions)

Multiple horizontal lines for supplemental information.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return

Identifying number 84-1339670

PIKES PEAK COMMUNITY FOUNDATION

Business or activity to which this form relates

PIKES PEAK REAL ESTATE FOUNDATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for election details and 13 rows for property listing with columns for description, cost, and elected cost.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for special depreciation allowance and other depreciation details.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service in tax years beginning before 2020.

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, Depreciation deduction.

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Class life, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, Depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows for summary of listed property and total depreciation.

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year (see instructions):
43 Amortization of costs that began before your 2020 tax year
44 Total. Add amounts in column (f). See the instructions for where to report

PIKES PEAK REAL ESTATE FOUNDATION

SCHEDULE A - OTHER INCOME

MANAGEMENT FEES

42,710.

TOTAL

42,710.

Grants to Organizations and Governmental Units > \$5000 inside the US

| Grantee Name | Amount | Purpose of Grant or Assistance |
|--|---------------|---|
| 91.5 KRCC | \$ 6,750.00 | General Fund |
| Academy Christian Church | \$ 13,720.00 | designated for the General Fund |
| Academy Christian Church | \$ 8,500.00 | designated as follows: \$8,500 for General Fund; \$2,000 for Westside Project; \$1,000 for Camp Como |
| Air Force Academy Foundation | \$ 11,000.00 | Air Force Academy Fund |
| Alpine Autism Center | \$ 10,000.00 | General Operations |
| Alzheimer's Association-Colorado Chapter | \$ 10,000.00 | Colorado Springs Walk |
| American Red Cross - Pikes Peak Chapter | \$ 50,000.00 | Colorado Wildfires |
| Anchor Center for Blind Children | \$ 11,000.00 | General Operations |
| Archway Housing & Services, Inc. | \$ 7,500.00 | supportive services at Fountain properties |
| Ascending to Health Respite Care | \$ 20,000.00 | Men's Recuperative Care site and COVID-19 related support |
| Atlas Preparatory School | \$ 56,750.00 | designated for operating support |
| Atlas Preparatory School | \$ 15,000.00 | expenses related to basic needs provisions for COVID-19 relief |
| Beautiful Redemption | \$ 10,000.00 | housing assistance to individuals and families |
| Book Trust | \$ 10,000.00 | Colorado programming |
| Care and Share Food Bank of Southern Colorado | \$ 50,000.00 | designated for emergency food distribution efforts |
| Care and Share Food Bank of Southern Colorado | \$ 28,250.00 | General Fund |
| Careers in Construction Colorado | \$ 32,500.00 | General Operations |
| CASA of the Pikes Peak Region, Inc. | \$ 31,000.00 | General Operations |
| Catamount Institute | \$ 61,400.00 | General Operations |
| Catholic Charities of Central Colorado | \$ 23,500.00 | General Operations |
| Catholic Charities of Central Colorado | \$ 41,500.00 | meals through Marian House Soup Kitchen for homeless neighbors related to COVID-19 relief |
| Catholic Charities of Central Colorado | \$ 20,000.00 | improving family stability through housing or utility assistance for El Paso and Teller County residents effected by COVID-19 |
| Catholic Charities of Central Colorado | \$ 20,000.00 | rent, mortgage, and utility expenses for clients |
| Centro de la Familia | \$ 10,000.00 | increased outreach to vulnerable populations related to COVID-19 |
| Centro de la Familia | \$ 5,500.00 | General Operations |
| Chamber Orchestra of the Springs | \$ 7,100.00 | "What Makes You Beautiful" sensory-friendly program |
| Chapel of our Saviour Episcopal | \$ 9,000.00 | 2021 operating expenses |
| Cheyenne Mountain Zoo | \$ 25,000.00 | General Operations |
| Cheyenne Village | \$ 5,000.00 | purchasing Personal Protective Equipment (PPE) |
| Children's Hospital Colorado Springs Foundation | \$ 5,800.00 | General Operations |
| Children's Literacy Center | \$ 8,000.00 | General Operations |
| Chinook Center | \$ 10,000.00 | People's Grocery program |
| Christ Presbyterian Church | \$ 7,500.00 | General Operations |
| City of Colorado Springs | \$ 12,500.00 | contracted cleaning services for homeless isolation shelter |
| City of Colorado Springs | \$ 48,242.95 | Olympic City USA |
| City of Colorado Springs: Parks, Recreation, and Cultural Services | \$ 10,000.00 | designated for the Panorama Park project |
| City of Colorado Springs: Parks, Recreation, and Cultural Services | \$ 917,695.45 | designated for the Summit Complex |
| Colorado College | \$ 5,000.00 | designated for emergency relief related to COVID-19 |
| Colorado School of Mines | \$ 9,500.00 | General Operations |
| Colorado Springs Children's Chorale | \$ 5,500.00 | General Operations |
| Colorado Springs Conservatory | \$ 8,500.00 | General Operations |
| Colorado Springs Food Rescue Inc | \$ 5,000.00 | designated for emergency food distribution at Hunt Campus |
| Colorado Springs Food Rescue Inc | \$ 15,000.00 | designated for COVID-19 food distribution |
| Colorado Springs Food Rescue Inc | \$ 13,000.00 | Soup for the Soul Campaign |
| Colorado Springs Philharmonic | \$ 6,750.00 | General Operations |
| Colorado Springs Pioneers Museum | \$ 6,000.00 | General Operations |
| Colorado Springs Sister Cities International DBA Young Champion Ambassador | \$ 5,500.00 | General Operations |
| Colorado State University | \$ 5,000.00 | Patricia Clapp Memorial Scholarship :: Wismiller, Ms. Chloe J. |
| Community Health Partnership | \$ 63,000.00 | infection control supplies in isolation shelter for homeless neighbors with COVID-19 symptoms/diagnoses |
| Community of Caring Foundation, Inc. | \$ 20,000.00 | designated for COVID-19 relief |

| | | |
|---|---------------|---|
| Community of Caring Foundation, Inc. | \$ 10,000.00 | General Operations |
| Community of Caring Foundation, Inc. | \$ 15,000.00 | improving family stability through housing or utility assistance for El Paso and Teller County residents effected by COVID-19 |
| Community Partnership Family Resource Center | \$ 65,000.00 | designated for emergency relief support services |
| Compassion International | \$ 200,500.00 | General Operations |
| Concrete Couch | \$ 7,000.00 | General Operations |
| COSILoveYou | \$ 31,000.00 | General Operations |
| CPCD...Giving Children a Head Start | \$ 9,500.00 | General Operations |
| CPCD...Giving Children a Head Start | \$ 10,000.00 | family crisis fund support |
| CPCD...Giving Children a Head Start | \$ 10,000.00 | Family Services Program |
| Crossfire Ministries | \$ 20,000.00 | designated for COVID-19 relief |
| Cultural Office of the Pikes Peak Region | \$ 27,000.00 | designated for the 2020 Peak Arts Prize |
| Del E. Webb Center for the Performing Arts | \$ 22,250.00 | Operating Expenses |
| Desert Caballeros Western Museum | \$ 5,000.00 | exhibitions |
| Desert Caballeros Western Museum | \$ 5,000.00 | Cowgirl Up |
| Desert Caballeros Western Museum | \$ 6,000.00 | heART of the West |
| Desert Caballeros Western Museum | \$ 5,000.00 | Director's Circle |
| Disability Services, Inc. DBA Envida | \$ 15,000.00 | Operating Expenses |
| Discover Goodwill Foundation of Southern & Western Colorado | \$ 5,000.00 | An Enchanted Weekend Chic Boutique |
| Discover Goodwill Foundation of Southern & Western Colorado | \$ 27,500.00 | support of Enchanted Evening fundrasier |
| Downtown Development Authority | \$ 5,077.89 | Small Business Relief Fund |
| Early Connections Learning Centers | \$ 6,000.00 | Operating Expenses |
| Early Connections Learning Centers | \$ 50,000.00 | designated for childcare services during COVID-19 |
| Ecumenical Social Ministries | \$ 5,200.00 | Operating Expenses |
| Evangelical Christian Academy | \$ 50,000.00 | designated for the elementary school |
| Exponential Impact | \$ 501,784.00 | Survive & Thrive COS as a Program Related Investment |
| Fins Attached Marine Research and Conservation | \$ 10,324.25 | Operating Expenses |
| Fire Foundation of Colorado Springs | \$ 5,500.00 | designated for the Firefighters Awards and Recognition Ceremony |
| First Christian Church | \$ 15,000.00 | Operating Expenses |
| First Congregational Church | \$ 11,533.00 | Operating Expenses |
| First Presbyterian Church | \$ 28,765.00 | Operating Expenses |
| First Presbyterian Church | \$ 25,000.00 | Give Back the Blessing |
| Fostering Hope Foundation | \$ 60,000.00 | Operating Expenses |
| Fountain Valley School | \$ 10,500.00 | Operating Expenses |
| Fountain Valley Senior Center | \$ 17,000.00 | designated for medical transport and food distribution |
| Fountain Valley Senior Center | \$ 17,500.00 | COVID-19 related expenses addressing immediate needs of clients |
| Frances L. Jenkins Middle School | \$ 14,227.00 | designated for purchase of 35 laptops |
| Friends of Cheyenne Cañon | \$ 25,000.00 | designated for Phase 2 of the 2018 Funding Proposal |
| Gazette Charities-El Pomar Foundation Empty Stocking Fund | \$ 48,055.88 | Operating Expenses |
| Generation Schools Network | \$ 30,000.00 | Social Emotional Learning supports in Peyton and Hanover School Districts |
| Give! | \$ 10,500.00 | campaign general operations |
| Give! | \$ 5,000.00 | 2020 Building Community category |
| Give! | \$ 5,000.00 | Peak Education matching grant |
| Give! | \$ 5,000.00 | The Place |
| Give! | \$ 5,000.00 | Homeward Pikes Peak |
| Give! | \$ 5,000.00 | DayBreak - An Adult Day Program |
| Give! | \$ 7,500.00 | Catamount Institute |
| Greccio Housing Unlimited Inc. | \$ 25,000.00 | COVID-19 Emergency Rental Assistance program |
| Greccio Housing Unlimited Inc. | \$ 10,000.00 | improving family stability through housing or utility assistance for El Paso and Teller County residents effected by COVID-19 |
| Habitat for Humanity of Teller County | \$ 7,500.00 | Operating Expenses |
| Harrison School District | \$ 15,000.00 | designated for COVID-19 relief efforts |
| Harrison School District | \$ 14,500.00 | internet access project |
| Help the Needy | \$ 10,000.00 | improving family stability through housing or utility assistance for El Paso and Teller County residents effected by COVID-19 |
| Hillside Connection | \$ 10,000.00 | gift cards for participant families |

| | | |
|---|---------------|--|
| Holy Trinity Anglican Church | \$ 50,000.00 | Operating Expenses |
| Home Front Military Network | \$ 5,750.00 | navigation support and emergency financial assistance grants to families |
| Home Front Military Network | \$ 15,000.00 | continued support of food/housing/utility needs for clients effected by COVID19 |
| Home Front Military Network | \$ 10,000.00 | Operating Expenses |
| Homeward Pikes Peak | \$ 5,000.00 | designated for COVID-19 relief |
| Homeward Pikes Peak | \$ 10,000.00 | improving family stability through housing or utility assistance for El Paso and Teller County residents effected by COVID-19 |
| Humane Society of the Pikes Peak Region | \$ 18,398.53 | Operating Expenses |
| Humane Society of the Pikes Peak Region | \$ 5,000.00 | designated for COVID-19 matching funds |
| Inside Out Youth Services | \$ 13,000.00 | clinical staff, family financial relief, and essential provisions related to COVID-19 |
| Interfaith Hospitality Network DBA Family Promise of Colorado Springs | \$ 28,600.00 | Operating Expenses |
| Interfaith Hospitality Network DBA Family Promise of Colorado Springs | \$ 21,000.00 | designated for needs of families in Heart and Home and Hope Homes programs |
| Interfaith Hospitality Network DBA Family Promise of Colorado Springs | \$ 20,000.00 | COVID-19 related expenses addressing immediate needs of clients |
| International Justice Mission | \$ 109,700.00 | Operating Expenses |
| Iris Global | \$ 7,200.00 | Operating Expenses |
| Ithaka Land, Inc. | \$ 20,000.00 | provisions of basic needs for residents related to COVID-19 |
| KCME | \$ 13,350.00 | The purchase of importer/exporter and additional equipment |
| Kingdom Builders Family Life Center | \$ 5,000.00 | designated for COVID_19 relief |
| Kingdom Builders Family Life Center | \$ 5,000.00 | Operating Expenses |
| Latina Safehouse Initiative | \$ 9,000.00 | Mi Casita Housing |
| Little Chapel Food Pantry | \$ 10,000.00 | food distribution and emergency provisions related to COVID-19 relief |
| Little Chapel Food Pantry | \$ 5,000.00 | Operating Expenses |
| Little People of America | \$ 8,000.00 | Operating Expenses |
| Love a Child, Inc. | \$ 7,200.00 | Operating Expenses |
| Manitou Art Center | \$ 37,500.00 | salary and administrative expenses |
| Manitou Art Center | \$ 5,000.00 | Solar Upgrades |
| Manitou Springs Community Foundation | \$ 40,300.00 | designated for COVID-19 relief efforts |
| Manitou Springs Community Foundation | \$ 10,946.77 | Operating Expenses |
| Manitou Springs Community Foundation | \$ 25,000.00 | AdAmAn Fireworks Fund in memory of Raynelle Stuart Kuckel |
| Memorial Health System Foundation DBA UCHealth Memorial Hospital Foundation | \$ 500,000.00 | designated for the Photopheresis Fund |
| Mercy's Gate | \$ 20,000.00 | designated for COVID-19 relief |
| Mile High United Way | \$ 12,500.00 | Operating Expenses |
| Millibo Art Theatre | \$ 30,000.00 | Operating Expenses |
| Mission Medical Center | \$ 15,000.00 | designated for COVID-19 relief |
| Momentum Ministries | \$ 12,800.00 | Operating Expenses |
| Monument Community Presbyterian Church | \$ 6,300.00 | Operating Expenses |
| Mt. Carmel Veterans Service Center | \$ 8,000.00 | designated for telehealth expenses in relation to COVID-19 relief |
| Mt. Carmel Veterans Service Center | \$ 5,000.00 | continued support of food/housing/utility needs for clients effected by COVID19 |
| Mt. Carmel Wellness and Community Center | \$ 10,000.00 | Leaders of the Future program |
| Mustard Seed Ranch - Corporate Office | \$ 12,800.00 | Operating Expenses |
| NAMI Colorado Springs | \$ 5,000.00 | Operating Expenses |
| National Jewish Health | \$ 8,096.00 | designated for Allie Taylor Blackford and William Woods Blackford Fund |
| Newborn Hope | \$ 10,500.00 | Operating Expenses |
| Oceans Church | \$ 12,800.00 | Operating Expenses |
| Open Bible Medical Clinic and Pharmacy | \$ 15,000.00 | designated for COVID-19 relief |
| Opera Theatre of the Rockies | \$ 12,500.00 | Operating Expenses |
| Otero Junior College | \$ 8,096.00 | designated for the Eleanor Blackford Colvin Scholarship in memory of Mrs. Colvin's parents, William Woods Blackford and Allie Taylor Blackford |
| Outreach Foundation of the Presbyterian Church, Inc. | \$ 50,000.00 | Operating Expenses |
| Palmer Land Conservancy | \$ 5,000.00 | Operating Expenses |
| Palmer Land Conservancy | \$ 7,000.00 | support of the 2020 Heather's Fellowship fellows |
| Partners in Housing | \$ 30,000.00 | basic needs provisions for those in the Safe Housing program |
| Partners in Housing | \$ 10,000.00 | families participating in the Self-Sufficiency Program |
| Peer Coach Academy | \$ 7,500.00 | training and peer support for mental health services in El Paso County |
| Penrose-St. Francis Foundation | \$ 12,500.00 | Operating Expenses |

| | | |
|--|---------------|---|
| Penrose-St. Francis Foundation | \$ 5,000.00 | For Indigent Care |
| Pikes Peak Habitat for Humanity | \$ 12,000.00 | Operating Expenses |
| Pikes Peak Hospice Foundation | \$ 34,700.00 | Operating Expenses |
| Pikes Peak Hospice Foundation | \$ 20,000.00 | implementation of COVID-19 Prevention and Mitigation Plan |
| Pikes Peak Hospice Foundation | \$ 19,000.00 | 2020 Trees of Life |
| Pikes Peak Hospice Foundation | \$ 20,000.00 | Illuminations fundraiser |
| Pikes Peak Range Riders Foundation | \$ 10,000.00 | debt reduction at Latigo Trails. |
| Pikes Peak United Way | \$ 110,533.00 | Operating Expenses |
| Pikes Peak United Way | \$ 9,000.00 | Restauranteurs Who CARE |
| Pikes Peak United Way | \$ 28,750.00 | Cornerstone Partners |
| Project Angel Heart--Colorado Springs | \$ 11,500.00 | designated for meal delivery services |
| Project Angel Heart--Colorado Springs | \$ 5,000.00 | support of the Cookie In the Sky 2020 Pastry Chef |
| REACH Pikes Peak | \$ 20,000.00 | Operating Expenses |
| Rockley Family Foundation | \$ 8,088.75 | Operating Expenses |
| Rocky Mountain Field Institute | \$ 5,750.00 | Operating Expenses |
| Rocky Mountain PBS | \$ 19,750.00 | Operating Expenses |
| Rocky Mountain PBS | \$ 10,000.00 | Colorado Classroom:Learn with Me at Home program |
| Rocky Mountain Women's Film | \$ 6,000.00 | Youth Documentary Academy |
| Ronald McDonald House of Southern Colorado | \$ 5,000.00 | increased family support expenses related to COVID-19 |
| Ronald McDonald House of Southern Colorado | \$ 5,000.00 | Room Sustainers |
| Rotary Foundation of Rotary International | \$ 5,000.00 | Endowment Fund for Rotary Peace Fellows |
| Rotary Foundation of Rotary International | \$ 100,000.00 | Operating Expenses |
| Safe Passage | \$ 6,500.00 | Operating Expenses |
| Salvation Army: Colorado Springs Corp | \$ 25,250.00 | designated for food relief |
| Salvation Army: Colorado Springs Corp | \$ 13,000.00 | Operating Expenses |
| Salvation Army: Colorado Springs Corp | \$ 40,000.00 | improving family stability through housing or utility assistance for El Paso and Teller County residents effected by COVID-19 |
| Salvation Army: Colorado Springs Corp | \$ 20,000.00 | rent, mortgage, and utility expenses for clients |
| Servicios de la Raza | \$ 20,000.00 | assistance and relief to Spanish-speaking families related to COVID-19 |
| Servicios de la Raza | \$ 15,000.00 | rent, mortgage, and utility expenses for clients |
| Sierra Club Foundation | \$ 15,000.00 | Operating Expenses |
| Silver Key Senior Services | \$ 64,983.00 | designated for senior medical transport and food distribution |
| Silver Key Senior Services | \$ 35,000.00 | COVID-19 related expenses addressing immediate needs of clients |
| Special Kids Special Families | \$ 7,500.00 | for expenses related to medical transport, food, and telehealth services for COVID-19 relief |
| Springs Rescue Mission | \$ 11,550.00 | Operating Expenses |
| Springs Rescue Mission | \$ 25,000.00 | designated for COVID-19 relief efforts |
| StableStrides | \$ 10,000.00 | mental health therapy services |
| St. Michael's Episcopal Church | \$ 5,000.00 | 2021 operating expenses |
| Teller Senior Coalition | \$ 5,000.00 | designated for medical transport and food distribution |
| Teller Senior Coalition | \$ 7,500.00 | Operating Expenses |
| TESSA | \$ 28,050.00 | Operating Expenses |
| TESSA | \$ 35,000.00 | designated for increased Safehousing expenses related to COVID-19 relief |
| The Durango Education Foundation | \$ 12,071.76 | Operating Expenses |
| The Independence Center | \$ 10,000.00 | purchase and distribution of specialty PPE |
| The Place | \$ 17,500.00 | Operating Expenses |
| The Place | \$ 10,000.00 | 2020 Off the Street |
| The Santa Fe Opera | \$ 8,000.00 | Operating Expenses |
| The Trust For Public Land | \$ 25,000.00 | designated for the Panorama Park Project |
| Thrive Network | \$ 40,000.00 | designated for the January-March 2020 disbursement |
| Thrive Network | \$ 40,000.00 | April-June 2020 disbursement |
| Town of South Fork | \$ 5,100.00 | Table and Chair Fund at the South Fork Community Center |
| Town of South Fork | \$ 17,000.00 | Operating Expenses |
| Trails and Open Space Coalition | \$ 7,750.00 | Operating Expenses |
| Trails and Open Space Coalition | \$ 5,000.00 | Trails |

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| Tri-Lakes Cares | \$ 14,500.00 | Operating Expenses |
| Tri-Lakes Cares | \$ 54,000.00 | designated for COVID-19 relief efforts |
| UCCS Development Corp | \$ 10,000.00 | Operating Expenses |
| United States Association of Blind Athletes | \$ 10,000.00 | support of athletes residing in Colorado |
| United States Olympic and Paralympic Museum | \$ 20,000.00 | Installment 2:5 grant award in support of the Museum's construction |
| United States Olympic and Paralympic Museum | \$ 15,000.00 | educational programming for Colorado schools |
| United Way of Larimer County | \$ 50,000.00 | The Larimer County Fire Recovery Fund |
| United Way of Pueblo County, Inc. | \$ 20,500.00 | Operating Expenses |
| University of Colorado Colorado Springs--Gifts | \$ 5,000.00 | Helen and Arthur E. Johnson Beth-El College of Nursing and Health Sciences |
| University of Colorado Colorado Springs--Gifts | \$ 40,000.00 | Bridge Scholarship Program |
| University of Colorado Colorado Springs--Gifts | \$ 5,000.00 | UCCS MOSAIC Fund |
| Ute Pass Regional Emergency Medical Services Partnership | \$ 23,000.00 | purchasing Personal Protective Equipment (PPE) |
| Voces Unidas for Justice | \$ 8,000.00 | Operating Expenses |
| Voces Unidas for Justice | \$ 5,000.00 | COVID-19 related expenses addressing immediate needs of clients |
| We Fortify | \$ 50,000.00 | construction of the Edson House |
| We Fortify | \$ 18,350.00 | Operating Expenses |
| We Fortify | \$ 5,600.00 | Working Fusion |
| Westside Cares | \$ 39,250.00 | Operating Expenses |
| Westside Cares | \$ 35,000.00 | designated for COVID-19 relief efforts |
| Woodmen Valley Chapel | \$ 8,600.00 | Operating Expenses |
| Wycliffe Bible Translators | \$ 7,200.00 | Operating Expenses |
| YMCA of the Pikes Peak Region | \$ 39,172.00 | Operating Expenses |
| Young Life | \$ 100,000.00 | Operating Expenses |