** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

Open to Public

A F	or th	e 2021 calendar year, or tax year beginning	and	ending						
	heck if oplicab	C Name of organization			D Employe	er identifi	cation number			
X	Addre	ss PIKES PEAK COMMUNITY FOUNDATION								
	Name	B :			84-1	L339670				
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite						
	Final	315 E PIKES PEAK AVENUE	,	120	719-389-1251					
	termir ated	City or town, state or province, country, and 2	G Gross receipts \$ 40,124,159.							
	Amen return	ded COLOBADO GERTINGO CO 80003	3 1		H(a) Is this	a group re	eturn			
	Application	F Name and address of principal officer: LESLI	E SABIN		1	ordinates				
	pendi	SAME AS C ABOVE			H(b) Are all su	bordinates ir	ncluded? Yes No			
ΙΤ	ax-ex	empt status: X 501(c)(3) 501(c) (◄ (insert no.) 4947(a)(1)	or 527	lf "No,'	' attach a	list. See instructions			
J۷	Vebsi	te: WWW.PPCF.ORG			H(c) Group	exemptio	n number			
K F	orm o	organization: X Corporation Trust As	sociation Other ►	L Year	of formation: ¹	L994 N	M State of legal domicile; CO			
Pa	rt I	Summary								
•	1	Briefly describe the organization's mission or most	significant activities: COMMUN	ITY TRUST	TO PROMO	ΓE				
Governance		PHILANTHROPY IN THE PIKES PEAK REGION.								
rna	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of	its net as	sets.			
ove	3	Number of voting members of the governing body (Part VI, line 1a)			3	18			
	4	Number of independent voting members of the gov	rerning body (Part VI, line 1b)			4	18			
S S	5	Total number of individuals employed in calendar y	ear 2021 (Part V, line 2a)			5	11			
Λiţi	6	Total number of volunteers (estimate if necessary)				6	18			
Activities &	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12			7a	0.			
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11	·····		7b	0.			
					Prior Yea		Current Year			
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)				19,850.	15,965,630			
eun	9					07,373.	107,251.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,				94,421.	6,091,519.			
щ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)			64,214.	9,527.			
	12	Total revenue - add lines 8 through 11 (must equal				85,858. 60,073.	22,173,927. 8,036,178.			
	13	Grants and similar amounts paid (Part IX, column (A	rants and similar amounts paid (Part IX, column (A), lines 1-3)							
	14	Benefits paid to or for members (Part IX, column (A				0.	0.			
es		Salaries, other compensation, employee benefits (F			9(02,429.	1,052,088.			
Expenses		Professional fundraising fees (Part IX, column (A), li			0.	0.				
ă		Total fundraising expenses (Part IX, column (D), line		136.			272 474			
ш		Other expenses (Part IX, column (A), lines 11a-11d,				92,775.	958,456.			
		Total expenses. Add lines 13-17 (must equal Part I)				55,277.	10,046,722.			
- "	19	Revenue less expenses. Subtract line 18 from line	12			30,581.	12,127,205.			
Net Assets or Fund Balances				Ве	ginning of Curi		End of Year			
sset 3ala	20	Total assets (Part X, line 16)				77,076.	84,096,256.			
et A	21	Total liabilities (Part X, line 26)				19,786. 57,290.	7,567,285. 76,528,971.			
	rt II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		04,7	37,290.	70,320,371.			
		Ilties of perjury, I declare that I have examined this return,	including accompanying echodulo	c and ctatom	ante and to the	hact of my	/ knowledge and helief it is			
		et, and complete. Declaration of preparer (other than office				-	knowledge and belief, it is			
ii uo,	COLLC	t, and complete. Declaration of preparer (office than office	1) 13 based on an information of wi	non proparoi	nas any known	ougo.				
Sigr		Signature of officer			Date)				
Her		LESLIE SABIN, VP OF FINANCE AND O	PERATIONS							
Her	5	Type or print name and title								
		Print/Type preparer's name	Preparer's signature] [Date	Check	PTIN			
Paid		1	SARAH HINTZ	0	9/14/22	if self-employ	P00492291			
Prep		Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN ► 41-0746749						
Use		Firm's address 8390 EAST CRESCENT PARKW.								
	,	GREENWOOD VILLAGE, CO 80			Pho	ne no. (30	3) 779-5710			
May	the I	RS discuss this return with the preparer shown above			11110		X Yes No			

Pa	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:	
	ENHANCE THE QUALITY OF LIFE IN THE PIKES PEAK REGION BOTH NOW AND FOR	
	FUTURE GENERATIONS. THIS MISSION IS ATTAINED BY BUILDING A COMMUNITY	
	ENDOWMENT, HELPING DONORS ADDRESS COMMUNITY NEEDS AND PROVIDING	
	PHILANTHROPIC LEADERSHIP.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X Yes No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	. LYes LX_No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	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.	01 616
4a	(Code:) (Expenses \$6,438,583. including grants of \$5,384,745.) (Revenue \$	21,616.
	THE COMMUNITY FOUNDATION OFFERS A WIDE ARRAY OF SERVICES TO ASSIST COMMUNITY-MINDED PEOPLE AND BUSINESSES ACHIEVE THEIR PHILANTHROPIC	
	GOALS. WE HELP CREATE, NURTURE, AND DEPLOY CUSTOM-DESIGNED	
	PHILANTHROPIC FUNDS AND ENDOWMENTS TO SUPPORT THE COMMUNITY NOW AND FOR GENERATIONS TO COME. THROUGH HUNDREDS OF CHARITABLE FUNDS, WE	
	·	
	DISTRIBUTE MILLIONS OF DOLLARS INTO THE COMMUNITY EACH YEAR AND SERVE	
	AS A LONG-TERM, STRATEGIC PARTNER FOR INDIVIDUAL AND CORPORATE	
	FUNDHOLDERS.	
	(Code:) (Expenses \$ 2 ,731 ,614 . including grants of \$ 2 ,649 ,933 .) (Revenue \$	41,116.)
4b	COMMUNITY IMPACT-THESE PUBLIC-FACING PROGRAMS, FUNDED AND/OR OPERATED	
	BY THE COMMUNITY FOUNDATION, HELP US REALIZE OUR VISION OF A THRIVING,	
	RESILIENT, SUSTAINABLE COMMUNITY WITH A VIBRANT QUALITY OF LIFE FOR	
	ALL. IN 2021, NEARLY \$2 MILLION WAS GRANTED TO NON-PROFIT ORGANIZATIONS	
	AND ARTISTS IN EL PASO AND TELLER COUNTIES TO RECOVER FROM THE COVID-19	
	PANDEMIC. WE FUNDED A PROGRAM WHERE MORE THAN A DOZEN NON-PROFIT	
	ORGANIZATIONS UNDERWENT A 360-DEGREE LOOK AT THEIR BUSINESSES AND OFFER	
	SUGGESTIONS ON STRENGTHENING THEIR OPERATIONS FOR FUTURE UNKNOWNS. WE	
	ALSO HELPED FUND PROGRAMS AIMED AT RENOVATING PANORAMA PARK, THE	
	REDEVELOPMENT EFFORTS EMBODIED IN RISE SOUTHEAST, AND THE TRANSFORMING	
	SAFETY INITIATIVE.	
4c	(Code:) (Expenses \$ 33,709. including grants of \$ 1,500.) (Revenue \$	44,519.)
	COMMUNITY PROGRAMS - VENETUCCI - FOR NEARLY TWO DECADES, WE HAVE	,
	STEWARDED THIS COMMUNITY ICON IN EL PASO COUNTY. IN 2021, WE	
	STRENGTHENED THE INVESTMENT BY ENTERING INTO A FIVE-YEAR LEASE WITH	
	GATHER MOUNTAIN BLOOMS, AN URBAN FLOWER FARM, TO CONTINUE THE	
	PROPERTY'S LEGACY OF WELCOMING THE COMMUNITY TO THE FARM.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 0 · including grants of \$ 0 ·) (Revenue \$	0.)
4e	Total program service expenses ▶ 9,203,906.	
		Form 990 (2021)

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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
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? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	i i		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ا ا		
U			х	
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	- 21	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		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? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	 		
u		11d	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		X	\vdash
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	\vdash
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	• •	20a 20b		
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا ۾ ا	v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

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			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? If "Yes," complete Schedule I, Parts I and III	22	Х			
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? If "Yes," complete					
	Schedule J	23	Х			
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? If "Yes," answer lines 24b through 24d and complete					
	Schedule K. If "No," go to line 25a	24a		X		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease					
٦	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d				
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u				
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete					
	Schedule L, Part I	25b		Х		
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? If "Yes," complete Schedule L, Part II	26		Х		
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? If "Yes," complete Schedule L, Part III	27		X		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,					
	instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If					
	"Yes," complete Schedule L, Part IV	28a				
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b				
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c	х			
29	"Yes," complete Schedule L, Part IV	29	X			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25				
-	contributions? If "Yes," complete Schedule M	30		Х		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>					
	Schedule N, Part II	32		Х		
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? If "Yes," complete Schedule R, Part I	33	Х			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and					
	Part V, line 1	34	Х			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х			
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)? If "Yes," complete Schedule R, Part V, line 2	35b	Х			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v		
	If "Yes," complete Schedule R, Part V, line 2	36		X		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		х		
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI						
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х			
Pai	TV Statements Regarding Other IRS Filings and Tax Compliance	1 33				
	Check if Schedule O contains a response or note to any line in this Part V					
	1 1		Yes	No		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v			
	(gambling) winnings to prize winners?	1c	Х			

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Pai	rt 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	11									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.										
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	····· ⊢	3a		X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	-	3b								
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)?		4a		Х						
b	If "Yes," enter the name of the foreign country	— I									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	·····	<u>5a</u> 5b		X						
b	, , , , , , , , , , , , , , , , , , , ,										
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	····· -	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	 -	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	📙	6b								
7	Organizations that may receive deductible contributions under section 170(c).										
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay		7a		X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	 -	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	📙	7с		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year	_									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	-	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 <u>f</u> 7g		X						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
h	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?		8								
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?	⊢	9a		-						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b								
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12	-									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-									
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders 11a	-									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
40	amounts due or received from them.)	\dashv	40								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	\dashv									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	F	10-								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a								
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans 13b	\dashv									
	Enter the amount of reserves on hand	+	4.4		- v						
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	F	14b		\vdash						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		4-		x						
	excess parachute payment(s) during the year?		15								
40	If "Yes," see the instructions and file Form 4720, Schedule N.		40		v						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X						
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any		4-								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	L	17								

If "Yes," complete Form 6069.

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		х
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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	onlv)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
.5	statements available to the public during the tax year.	idi il	-141	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	LESLIE SABIN - 719-389-1251			
	315 E PIKES PEAK AVENUE, 120, COLORADO SPRINGS, CO 80903			

Form **990** (2021)

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c , unle: cer ar	Pos heck ss per	more rson i	than is bot	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) GARY BUTTERWORTH	40.00	-								
CEO	5.00			Х		_		182,620.	0.	57,621.
(2) LESLIE SABIN	40.00									
VP OF FINANCE & OPERATIONS	5.00			Х		_		122,659.	0.	35,660.
(3) DAVID DAHLIN	40.00	-								
VP OF PHILANTHROPIC SERVICES	0.00					Х		115,251.	0.	25,727.
(4) ANDIE DOYLE	10.00	1								
CHAIRPERSON	0.00	Х		Х				0.	0.	0.
(5) REBECCA KILIBARDA	7.00									
VICE-CHAIR	0.00	Х		Х		_		0.	0.	0.
(6) KATIE WILLEMARCK	7.00									
TREASURER	0.00	Х		Х		_		0.	0.	0.
(7) MICHELE STRUB-HEER	7.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(8) TONY ROSENDO	7.00									
IMMEDIATE PAST CHAIRPERSON	0.00	Х		Х				0.	0.	0.
(9) HEATHER CARROLL	5.00									
DIRECTOR	0.00	Х						0.	0.	0.
(10) RANDY CASE	5.00									
DIRECTOR	1.00	Х						0.	0.	0.
(11) TAD GOODENBOUR	5.00									
DIRECTOR	0.00	Х						0.	0.	0.
(12) KATIE GONZALEZ	5.00									
DIRECTOR	0.00	Х						0.	0.	0.
(13) BENJAMIN HARVEY	5.00									
DIRECTOR	0.00	Х						0.	0.	0.
(14) CHRIS JENKINS	5.00									
DIRECTOR	1.00	Х						0.	0.	0.
(15) ZULEIKA JOHNSON	5.00									
DIRECTOR	0.00	Х		L	L	L		0.	0.	0.
(16) DEB MAHAN	5.00									
DIRECTOR	0.00	Х						0.	0.	0.
(17) BONNIE MARTINEZ	5.00									
DIRECTOR	0.00	Х						0.	0.	0.

Form **990** (2021)

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson i	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estimates amounted oth	ated nt of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)		compensation from the organization and related organizations	
(18) DR. PAM SHOCKLEY-ZALABAK	5.00	_						_				_
DIRECTOR	1.00	Х						0.	().		0.
(19) MARI SINTON-MARTINEZ DIRECTOR	0.00	х						0.		,		0.
(20) ALEX SULLIVAN	5.00	21						0.	<u> </u>	'`		
DIRECTOR	1.00	х						0.).		0.
(21) WENDEL TORRES	5.00											
DIRECTOR	1.00	х						0.	().		0.
										+		
										+		
										+		
										+		
								400 500		\perp		
1b Subtotal c Total from continuation sheets to Par							>	420,530.).	11	9,008. 0.
d Total (add lines 1b and 1c)							▶ o re	420,530. eceived more than \$100,).	11	9,008.
compensation from the organization	<u> </u>										1.4-	3
3 Did the organization list any former offi	cer director trust	ا مم	(OV 6	mnl	lova	a or	hia	hest compensated empl	ovee on		Ye	s No
line 1a? If "Yes," complete Schedule J f		,	,		•	,	_	•	•		3	х
4 For any individual listed on line 1a, is the												
and related organizations greater than \$	150,000? <i>If</i> "Yes,	" co	mpl	ete S	Sche	edule	Jf	or such individual			4 X	
5 Did any person listed on line 1a receive												
rendered to the organization? If "Yes," (complete Schedul	e J f	or su	ıch ı	oers	on					5	Х
Section B. Independent Contractors	componented in	4000		nt 0.				nat received more than t	100 000 of compan	ooti o	- from	
1 Complete this table for your five highest the organization. Report compensation										Saliui	1 110111	
(A)				.g				(B)			(C)	
Name and busin	ess address	NO	NE					Description of s	ervices	Con	npensa	ion
							_					
							4					
							_					
	<i>(</i> ,),), , , , , , , , , , , , , , , , ,		.,									
2 Total number of independent contractor \$100,000 of compensation from the org		ot lir	nited	ot o		se lis 0	ted	above) who received mo	ore than			
										Fo	rm 99 0	(2021)

84-1339670

Form 990 (2021) PIKES PEAK
Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse	or note to any line	e in this Part VIII			
		<u>. </u>		,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
SS	1 a	Federated campaigns 1a						
ant		Membership dues 1b						
င်္ပ ရွ		Fundraising events 1c						
fts,		Related organizations 1d		1,921,233.				
ig je				160,129.				
ons,		Government grants (contributions) 1e		100,125.				
utic er	т	All other contributions, gifts, grants, and		13 994 269				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above 1f		13,884,268.				
out	_	Noncash contributions included in lines 1a-1f		2,079,045.	15 065 620			
<u>0</u> 8	n	Total. Add lines 1a-1f			15,965,630.			
	_	MANAGEMENT EFFC		Business Code	40 772	40 772		
ice	2 a			561000	48,772.	· · · · · · · · · · · · · · · · · · ·		
er v	b	VENETUCCI FARM REVENUE		900099	38,479.	38,479.		
n S Ten	С	TRANSFORMING SAFETY GR		900099	20,000.	20,000.		
ran 3ev	d							
Program Service Revenue	е							
Д	f	All other program service revenue						
\rightarrow	g	Total. Add lines 2a-2f			107,251.			
	3	Investment income (including dividends,						
		other similar amounts)		🕨	1,325,823.			1,325,823.
	4	Income from investment of tax-exempt b	ond p	roceeds 🕨				
	5	Royalties						
		(i) Rea	al	(ii) Personal				
	6 a	Gross rents 6a 9,	527.					
	b	Less: rental expenses 6b	0.					
	С	Rental income or (loss) 6c 9,	527.					
	d	Net rental income or (loss)			9,527.			9,527.
	7 a	Gross amount from sales of (i) Secur	ities	(ii) Other				
		assets other than inventory 7a 22,715,	928.					
	b	Less: cost or other basis						
e		and sales expenses	232.					
Revenue	С	Gain or (loss) 7c 4,765,	696.					
Вè		Net gain or (loss)			4,765,696.			4,765,696.
her		Gross income from fundraising events (not						
₹		including \$ of						
		contributions reported on line 1c). See						
		Part IV, line 18	8a					
	b	Less: direct expenses	- 1					
		Net income or (loss) from fundraising ever						
		Gross income from gaming activities. Se						
		Part IV, line 19	9a					
	b	Less: direct expenses						
		Net income or (loss) from gaming activition						
		Gross sales of inventory, less returns						
		and allowances	10a					
	b	Less: cost of goods sold						
		Net income or (loss) from sales of inventor		'				
		, ,	,	Business Code				
Snc	11 a							
nec	b							
Miscellaneous Revenue	c							
ŠČ	d	All other revenue						
Σ	- -	Total. Add lines 11a-11d		•				
	12	Total revenue. See instructions			22,173,927.	107,251.	0.	6,101,046.

84-1339670

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 respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	7,988,208.	7,988,208.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	47,970.	47,970.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	362,904.	175,392.	174,857.	12,65
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	535,234.	258,659.	257,910.	18,66
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	24,915.	12,040.	12,006.	869
9	Other employee benefits	64,832.	31,331.	31,240.	2,26
10	Payroll taxes	64,203.	31,028.	30,936.	2,23
11	Fees for services (nonemployees):		·		
	Management				
b	Legal	13,663.		13,663.	
	Accounting	21,819.		21,819.	
	Lobbying	, -		, -	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	284,029.	255,626.	28,403.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	46,323.	22,820.	22,053.	1,450
12	Advertising and promotion	37,837.	18,639.	18,013.	1,185
		81,691.	43,312.	35,627.	2,752
13	Office expenses	102,623.	50,554.	48,856.	3,213
14	Information technology	102,020.	30,331.	10,030.	3,21
15	Royalties	162,547.	85,159.	72,140.	5,248
16	Occupancy	788.	388.	375.	2!
17	Travel	700.	300.	575.	2.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 642	1 704	1 724	11
19	Conferences, conventions, and meetings	3,642.	1,794.	1,734.	114
20	Interest				
21	Payments to affiliates	22 540	10 004	10 026	70
22	Depreciation, depletion, and amortization	22,549.	10,924.	10,836.	78:
23	Insurance	13,959.	6,876.	6,646.	43
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 Schodule (A).				
_	amount, list line 24e expenses on Schedule 0.) PROGRAM EXPENSES	134,008.	134,008.		
a b	REPAIRS AND MAINTENANCE	25,488.	25,488.		
	MISCELLANEOUS EXPENSES	7,490.	3,690.	3,566.	23-
q		7, =50.	3,050.	5,500.	
d	All other eveness				
	All other expenses Add lines 1 through 24s	10,046,722.	9 202 906	790,680.	52,13
2 <u>5</u>	Total functional expenses. Add lines 1 through 24e	10,040,722.	9,203,906.	730,000.	52,13
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet

Par	t X	Balance Sneet					
		Check if Schedule O contains a response or r	ote to ar	ny line in this Part X		·····	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,456,883.	1	10,094,47
	2	Savings and temporary cash investments	8,836,230.	2	9,266,18		
	3	Pledges and grants receivable, net			360,331.	3	509,08
	4	Accounts receivable, net		-672.	4	180,52	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ction 4958(c)(3)(B)		6		
ς l	7	Notes and loans receivable, net			735,741.	7	1,647,87
Assets	8	Inventories for sale or use				8	
As	9	B ::			37,900.	9	56,64
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	4,339,283.			
	b	Less: accumulated depreciation			4,120,481.	10c	4,126,63
	11	Investments - publicly traded securities		49,873,182.	11	52,257,84	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			5,957,000.	15	5,957,00
	16	Total assets. Add lines 1 through 15 (must e	71,377,076.	16	84,096,25		
	17	Accounts payable and accrued expenses	176,657.	17	34,92		
	18	Grants payable	186,939.	18	702,08		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ູ	22	Loans and other payables to any current or fo	rmer offic	cer, director,			
<u> </u>		trustee, key employee, creator or founder, sul	ostantial (contributor, or 35%			
Liabilities		controlled entity or family member of any of the				22	
֡֡֡֞֞֡֡֞֞֡֡֡֡֡֡	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela	ted third	parties	143,900.	24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	nes 17-24). Complete Part X			
		of Schedule D			6,112,290.	25	6,830,273
	26	Total liabilities. Add lines 17 through 25			6,619,786.	26	7,567,28
		Organizations that follow FASB ASC 958, c					
ès		and complete lines 27, 28, 32, and 33.					
a a	27	Net assets without donor restrictions			64,757,290.	27	76,252,76
ga	28	Net assets with donor restrictions		28	276,200		
밀		Organizations that do not follow FASB ASC					
로		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund			29		
Sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			64,757,290.	32	76,528,971
_	33	Total liabilities and net assets/fund balances			71,377,076.	33	84,096,256

Form **990** (2021)

Pa	rt 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	22,	173,	927.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,	046,	722.				
3	Revenue less expenses. Subtract line 2 from line 1	3	12,	127,	205.				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4								
5	5 Net unrealized gains (losses) on investments 5								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B)) 10								
Pa	rt XIII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	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?		2b	Х	$oxed{oxed}$				
	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 X Consolidated basis Both consolidated and separate basis								
С	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?		2c	Х					
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.									
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit							
	Act and OMB Circular A-133?		3a		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2021)				

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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.) A church, convention of churches, or association of churches described in section 170(b)(1)A(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)A(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)A(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)A(iii). A norganization operated in conjunction with a hospital described in section 170(b)(1)A(iii). A norganization operated on powermental unit described in section 170(b)(1)A(iii). A faderal, state, or local government or governmental unit described in section 170(b)(1)A(iv). A norganization 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(iv). (Complete Part II).) 8	Name of the	organization							identification number
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A modical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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)(iii). Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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)(v). Complete Part II.) X	Doubl								84-1339670
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schodule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A forefaral, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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)(iv). 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 or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college or give the section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college or give the section 170(b)(1)(A)(ix) operated by the organization flags or seceipts 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 59(a)(2). Complete Part III. An organization organized and operated exclusively to test for public safety. See section 59(a)(3).	•						See instructions	•	
A school described in section 170(b)(1)A(x)ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A 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.) X A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) X A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12e, and 12g. Type I. A supporting organization operated. Supporting organization operated organization(s), type III supported organization(s) (see instructions). You mu		·	,	•	•	,			
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		lame of supported		(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	1 ' '	•	` '
		organization			Yes	No	support (see ins	tructions)	support (see instructions)
Total	 Total								

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,808,268.	5,462,519.	4,462,704.	11,219,850.	15,965,630.	40,918,971.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,808,268.	5,462,519.	4,462,704.	11,219,850.	15,965,630.	40,918,971.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						9,028,554.
6	Public support. Subtract line 5 from line 4.						31,890,417.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	3,808,268.	5,462,519.	4,462,704.	11,219,850.	15,965,630.	40,918,971.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,320,260.	1,278,657.	1,677,020.	1,532,312.	1,335,350.	7,143,599.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	0.	0.	0.	0.		
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	54,040.	1,985.	2,484.	151.		58,660.
11	Total support. Add lines 7 through 10						48,121,230.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	578,681.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, fo	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li	ine 6, column (f), di	vided by line 11, co	olumn (f))		14	66.27 %
15	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	74.96 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on lir	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	ifies as a publicly s	upported organizat	tion			>
17a	10% -facts-and-circumstances test	- 2021. If the orga	anization did not cl	neck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this I	oox and stop her	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pub	olicly supported or	ganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qual	ifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Cabadula A /	Form 990) 2021

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	Т	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)					-	
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	1	1
14	First 5 years. If the Form 990 is for the	-			•		
Sa	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2021 (li			poluma (fl)		15	0/
	Public support percentage from 2020		•	.,,		16	% %
	ction D. Computation of Inves					1 10	70
	Investment income percentage for 20			ne 13. column (fl)		17	%
	Investment income percentage from 2					18	
	a 33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar						. —
ŀ	33 1/3% support tests - 2020. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Schedule A (Form 990) 2021

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	2-		
	3a		
	3b		
	0.0		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
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	9a		
	9b		
	9с		
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	dule A (Form 990) 2021 PIKES PEAK COMMUNITY FOUNDATION	84-1339670	Pa	age 5
Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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 or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off	icers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporganization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		163	140
•				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			<u> </u>
	tion 5.7th Type in Supporting Styamzations		V	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 instr	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	itv (see instructior	ns).	
2	Activities Test. Answer lines 2a and 2b below.	, (Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	Sa	_	

Schedule A (Form 990) 2021

3b

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," describe in **Part VI** the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations		
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	st complete	Sections A through E.		
Sect	ion 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			
Sect	ion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 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			
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see	
	instructions).	, ,		·	

Schedule A (Form 990) 2021

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	ction D - Distributions Current Year					
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	s	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		(i)	(ii)		(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	•	Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
<u>a</u>	From 2016					
b	From 2017					
c	From 2018					
<u>d</u>	From 2019					
e	From 2020					
f_	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2021 distributable amount					
<u> i </u>	Carryover from 2016 not applied (see instructions)					
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
<u> </u>	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
<u>e</u>	Excess from 2021					

Schedule A (Form 990) 2021

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.)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

F	PIKES PEAK COMMUNITY FOUNDATION	84-1339670
Organization type (check	c one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin ny one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(contributor, duri	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, are ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	nd that received from any one
	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	
literary, or educa	ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I ((b) instead of the contributor name and address), II, and III.	
year, contribution is checked, enter purpose. Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the exclusively for religious, charitable, etc., purposes, but no such contributions totaled not here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it table, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box us, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ling requirements of Schedule B (Form 990).	• •
LHA For Paperwork Redu	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

PIKES PEAK COMMUNITY FOUNDATION

84-1339670

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	iditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	### Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Hame, audi 655, and £if + 4	\$1,590,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	* \$ 2,540,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

PIKES PEAK COMMUNITY FOUNDATION

84-1339670

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	* \$ \$ 345,225.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	* \$ 400,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 11	Name, address, and ZIP + 4	### Total contributions ### 1,921,233.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.

Schedule B (Form 990) (2021)

Name of organization Employer identification number

PIKES PEAK COMMUNITY FOUNDATION 84-1339670

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	4,500 SHARES OF RELAY THERAPEUTICS, INC. (RLAY) AND 4690 SHARES OF VAXCYTE, INC. (PCVX)		
		\$331,252.	02/11/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	STOCK		
		\$345,225.	12/29/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 -	\$	

Page 3

Schedule B (Form 990) (2021) Page **4**

Name of organization **Employer identification number** PIKES PEAK COMMUNITY FOUNDATION 84-1339670 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number 84 - 1339670

Par			Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts						
	Tatal more and at or all afficient	(a) Donor advised funds	146						
1	Total number at end of year	10,196,562.	3,719,724.						
2 3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)	(3, 7,							
4	Aggregate value at end of year	53,047,827.	4,060,232. 35,320,046.						
5	Did the organization inform all donors and donor advisors in w	•							
Ū	are the organization's property, subject to the organization's e	_							
6	Did the organization inform all grantees, donors, and donor ac								
_	for charitable purposes and not for the benefit of the donor or								
Par									
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).							
	Preservation of land for public use (for example, recreat	ion or education) Preservation of a hi	istorically important land area						
	Protection of natural habitat	Preservation of a ce	ertified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form of a							
	day of the tax year.		Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b									
С	Number of conservation easements on a certified historic stru		2c						
d	Number of conservation easements included in (c) acquired at								
	listed in the National Register								
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	anization during the tax						
_	year >								
4	Number of states where property subject to conservation ease								
5	Does the organization have a written policy regarding the periodical transport of the property of the periodical transport of t		□ v _a , □ N _a						
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, h								
6	Starr and volunteer flours devoted to morntoning, inspecting, i	ialiding of violations, and emorcing conserva	ation easements during the year						
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservation	easements during the year						
•	► \$	ing of violations, and emoroning conservations	oddernents daring the year						
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)	(B)(i)						
_									
9	In Part XIII, describe how the organization reports conservatio								
	balance sheet, and include, if applicable, the text of the footnot	•							
	organization's accounting for conservation easements.								
Par	t 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.							
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and b	palance sheet works						
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in furthe	rance of public						
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items.							
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and balar	nce sheet works of						
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or research in furtherar	nce of public service,						
	provide the following amounts relating to these items:								
	(i) Revenue included on Form 990, Part VIII, line 1								
			·						
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial gain	n, provide						
	the following amounts required to be reported under FASB AS	-							
а	Revenue included on Form 990, Part VIII, line 1								
	Assets included in Form 990, Part X								
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2021						

Pai	rt III Organizations Maintaining C	ollections of Art	t, Histo	rical Tre	asures, or	Other	Simila	Assets	(continu	ed)
3	Using the organization's acquisition, accession	n, and other records	s, check a	any of the f	ollowing that	make sig	gnificant ι	use of its		
	collection items (check all that apply):									
а	Public exhibition	d	ı 🔲 L	oan or excl	hange progra	m				
b	Scholarly research	е	· 🗌 o	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how the	y further th	e organizatio	n's exem	pt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, hist	orical treas	sures, or othe	r similar a	assets		_	
_	to be sold to raise funds rather than to be ma								Yes	No_
Pa	t IV Escrow and Custodial Arrang		ete if the o	organizatio	n answered "	Yes" on I	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia								7	
	on Form 990, Part X?							L	」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing tal	ole:					A	
									Amount	
	Beginning balance									
	Additions during the year									
_	Distributions during the year									
f O-	Ending balance Did the organization include an amount on Fo						<u>_1f</u>		Yes	
	If "Yes," explain the arrangement in Part XIII.							∟	_	∐ No
Pai										
	Complete	(a) Current year		or year	(c) Two years			ears back	(e) Four y	ears back
1 a	Beginning of year balance	16,059,331.		125,891.	` ,		• • •	80,252.	· , ,	92,944.
	Contributions	599,597.		294,372.		,355.		18,213.		
	Net investment earnings, gains, and losses	2,707,603.		790,345.		· +		18,953.		72,943.
	Grants or scholarships	, , ,	,	,	,	,		, .	, , , , , , , , , , , , , , , , , , ,	
	Other expenditures for facilities									
Ū	and programs	1,083,723.	4	151,277.	735	,852.	4	20,820.	9	40,350.
f	Administrative expenses	, ,		,						
g	End of year balance	18,282,808.	16,0	059,331.	14,425	,891.	9,0	58,692.	9,3	80,252.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g,	column (a)) held as:	•				
а	Board designated or quasi-endowment	100	%		,					
	Permanent endowment .0000	%	_							
		 %								
	The percentages on lines 2a, 2b, and 2c show	ıld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held an	d administere	ed for the	e organiza	ation	_	
	by:								Y	'es No
	(i) Unrelated organizations								3a(i)	Х
	(ii) Related organizations								3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Sch	nedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment fur	nds.						
Pa	t VI Land, Buildings, and Equipme					5				
	Complete if the organization answered	T								
	Description of property	(a) Cost or o		(b) Cost	I		ccumulate	ed	(d) Book	value
		basis (investn		basis (` '	dep	reciation		2 -	45 000
	1a Land 1,700,000. 1,845,000. 3,545,000. 1a Land 732,370 196,874 535,496									
	b Buildings 732,370. 196,874. 535,496.									
	c Leasehold improvements 33,215. 15,777. 17,438.									
	Equipment	I			33,215.		10,	,,,,		$\frac{17,438.}{28,698.}$
	Other		V'	(D) !' - 31	· ·					26,632.
ıota	I. Add lines 1a through 1e. (Column (d) must ed	juai Form 990, Part .	A, COIUMN	<u>ı (¤), IIne 10</u>	<i>JC.)</i>			Schedule		990) 2021

Schedule F) (Form 990) 2021 PIKES PEAK COMMU	UNITY FOUNDATION	84	4-1339670	Page 3
Part VII	(1 01111 000) 2021				r age e
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market	value
(1) Financi	al derivatives				
	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"	1			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(In) Decale	1
	· · ·	Description		(b) Book	
	TER RIGHTS			5,	957,000.
(2)					
(3)					
(4)					
(5)					
<u>(6)</u>					
<u>(7)</u>					
(8)					
(9)	(I) I I I I I I I I I I I I I I I I I I	45)		5	957,000.
Part X	umn (b) must equal Form 990, Part X, col. (B) lin	e 15.)] 3,	937,000.
Turtx	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	5 o 550, r art iv, iii e		(b) Book	value
(1) Fed	deral income taxes			(S) BOOK	- 4140
	DEFAURCOME TAXES ARITABLE REMAINDER TRUST			2	229,777.
	LD FOR OTHERS			<u> </u>	559,938.
	E TO PIKES PEAK REAL ESTATE FOUNDAT	TION		<u> </u>	40,558.
		· - ·			,,
(5)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

Schedule D (Form 990) 2021

6,830,273.

(7) (8) (9)

84-1339670

Pa	rt XI Reconciliation of Revenue per Audited Financial Star Complete if the organization answered "Yes" on Form 990, Part IV, lir		nevenue per ne	turri.	
1	T. 1			1	20,667,812.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	, , .
– a		2a	-355,524.		
b	Donated services and use of facilities		6,230.		
c			•		
d			1,048,441.		
e				2e	699,147.
3	Subtract line 2e from line 1			3	19,968,665.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	284,029.		
b			1,921,233.		
С				4c	2,205,262.
5				5	22,173,927.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. rt XII Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total expenses and losses per audited financial statements			1	9,848,251.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	6,230.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	279,331.		
е	Add lines 2a through 2d			2e	285,561.
3	Subtract line 2e from line 1			3	9,562,690.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	, , , , , , , , , , , , , , , , , , , ,		284,029.		
b	, , , , , , , , , , , , , , , , , , , ,	4b	200,003.		
	Add lines 4a and 4b			4c	484,032.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.	8.)		5	10,046,722.
lines	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b. Also LINE 4:			; Part X, lii	ne 2; Part XI,
THE	FOUNDATION'S ENDOWMENT CONSISTS OF 51 INDIVIDUAL FUNDS ES	STABLISHED FOR			
A V	ARIETY OF PURPOSES, THESE FUNDS INCLUDE FUNDS ESTABLISHED	BY DONORS FOR			
SPE	CIFIED CHARITABLE PURPOSES OR NONPROFIT ORGANIZATIONS.				
PAR	T X, LINE 2:				
THE	FOUNDATION IS A NONPROFIT CORPORATION WHICH IS EXEMPT FRO	OM INCOME TAX			
UNDI	ER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDI	ITION, THE			
FOU	NDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION	ON. THE			
FOUI	NDATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX F	POSITIONS THAT			
ARE	MATERIAL TO THE FINANCIAL STATEMENTS.				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **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.

Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization PIKES PEAK CO	MMUNITY FOUNDA	ATION					Employer identification number 84-1339670
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records criteria used to award the grants or assist Describe in Part IV the organization's properties. Part II Grants and Other Assistance to	stance?ocedures for monit	toring the use of grant	funds in the United	l States.			X Yes No
recipient that received more than a 1 (a) Name and address of organization or government	\$5,000. Part II can	(c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
91.5 KRCC 912 N WEBER ST. COLORADO SPRINGS, CO 80903	84-0402510	501(C)(3)	35,250.	0.	N/A	N/A	CIVIC ENGAGEMENT
ACADEMY CHRISTIAN CHURCH 1635 OLD RANCH RD. COLORADO SPRINGS, CO 80908	74-2304842	501(C)(3)	6,305.	0.	N/A	N/A	GENERAL PURPOSE
ALPINE AUTISM CENTER 2760 FIELDSTONE RD. COLORADO SPRINGS, CO 80919	84-0909184	501(C)(3)	7,000.	0.	N/A	N/A	DISABILITIES - MENTAL
ALZHEIMER'S ASSOCIATION-COLORADO CHAPTER - 455 N SHERMAN ST. STE 500 - DENVER, CO 80203	13-3039601	501(C)(3)	14,950.	0.	N/A	N/A	HEALTH
AMERICAN RED CROSS - PIKES PEAK CHAPTER - 1040 S 8TH ST COLORADO SPRINGS, CO 80905	53-0196605	501(C)(3)	150,000.	0.	N/A	N/A	EMERGENCY RELIEF
ANCHOR CENTER FOR BLIND CHILDREN 2550 ROSLYN ST. DENVER, CO 80238	84-0893509	501(C)(3)	9,500.	0.	N/A	N/A	DISABILITIES - PHYSICAL
2 Enter total number of section 501(c)(3) a	-	-	ne line 1 table				
3 Enter total number of other organization	s listed in the line	1 table					

Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	raye
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A PRECIOUS CHILD							
7051 W. 118TH AVENUE							
BROOMFIELD, CO 80020	26-3349334	501(C)(3)	7,500.	0.	N/A	N/A	GENERAL PURPOSE
ARCHWAY HOUSING & SERVICES, INC. PO BOX 280569							
LAKEWOOD, CO 80228	84-1335158	501(C)(3)	15,000.	0.	N/A	N/A	HOUSING - AFFORDABLE
A SHARED VISION 10135 W. 101ST DR. WESTMINSTER, CO 80021	81-4227664	501(C)(3)	8,000.	0.	N/A	N/A	DISABILITIES - PHYSICAL
,			,	-			
ATLAS PREPARATORY SCHOOL 1602 S MURRAY BLVD.	06 0055000	E01/G)/2)	62.500				
COLORADO SPRINGS, CO 80916	26-2055229	501(C)(3)	63,500.	0.	N/A	N/A	EDUCATION
AUDIO INFORMATION NETWORK OF COLORADO - 1700 55TH ST. STE A -							
BOULDER, CO 80301	84-1147123	501(C)(3)	6,841.	0.	N/A	N/A	DISABILITIES - PHYSICAL
BIG BROTHERS BIG SISTERS 111 S TEJON ST. STE 302							
COLORADO SPRINGS, CO 80903	23-7161796	501(C)(3)	6,500.	0.	N/A	N/A	YOUTH DEVELOPMENT
BLIND INSTITUTE OF TECHNOLOGY 11149 W 17TH AVE. B2-101							
LAKEWOOD, CO 80215	46-2557719	501(C)(3)	10,000.	0.	N/A	N/A	DISABILITIES - PHYSICAL
CARE AND SHARE FOOD BANK OF SOUTHERN COLORADO - 2605 PREAMBLE							
PT COLORADO SPRINGS, CO 80915	84-0731930	501(C)(3)	61,223.	0.	N/A	N/A	HEALTH - FOOD/NUTRITION
CAREERS IN CONSTRUCTION COLORADO 4585 HILTON PKWY. STE 100							
COLORADO SPRINGS, CO 80907	83-3196106	501(C)(3)	30,000.	0.	N/A	N/A	EDUCATION - TRADES

(a) Ammunt of organization or government (b) EIN (c) EIN castion (d) Ammunt of cash grant organization or government (rapplicable) (d) Ammunt of cash grant organization or government (rapplicable) (d) Ammunt of cash grant organization or government (rapplicable) (d) Ammunt of cash grant organization or government (rapplicable) (d) Ammunt of cash grant organization or government (rapplicable) (d) Ammunt of cash grant organization or government (rapplicable) (d) Ammunt of cash grant organization or government (rapplicable) (d) Ammunt of cash grant organization	Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r uge
INC 418 S WEREER ST COLORADO SPRINGS, CO 80903 84-1115548 501(C)(3) 44,000. 0. N/A N/A NUMAN SERVICES CATAMOUNT INSTITUTE 740 W CARAMILLO ST. COLORADO SPRINGS, CO 80907 86-1151502 501(C)(3) 77,418. 0. N/A N/A CONSERVATION CATHOLIC CHARITIES OF CENTRAL COLORADO SPRINGS, CO 80903 84-0586169 501(C)(3) 50,500. 0. N/A N/A EMERGENCY RELIEF - COVID CENTRO DE LA FAMILIA 1645 S. MURRAY COLORADO SPRINGS, CO 80916 84-1435999 501(C)(3) 46,500. 0. N/A N/A HUMAN SERVICES CHEVENNE MOUNTAIN ZOO CLECTENNE MOUNTAIN ZOO CLORADO SPRINGS, CO 80906 84-0407039 501(C)(3) 45,000. 0. N/A N/A ANIMAL WELFARE CHEVENNE VILLAGE 6275 LEHMAN DR. COLORADO SPRINGS, CO 80918 84-0651921 501(C)(3) 22,000. 0. N/A N/A DISABILITIES - MENTAL CHILDREN'S HOSPITAL COLORADO FORMADION - 13123 E 16TH AVE. BOX 045 - AURORA, CO 80045 84-0813462 501(C)(3) 11,250. 0. N/A N/A HEALTH - PHYSICAL CHILDREN'S HOSPITAL COLORADO SPRINGS COUNDATION - 111 S TEJON ST. STE 309 - COLORADO SPRINGS, CO 80903 13,500. 0. N/A N/A HEALTH - PHYSICAL CHINOCK CENTER 329 W. MONTMENT ST.	` '	(b) EIN	` '	1 ' '	noncash	valuation (book, FMV,		
INC 418 S WEREER ST COLORADO SPRINGS, CO 80903 84-1115548 501(C)(3) 44,000. 0. N/A N/A NUMAN SERVICES CATAMOUNT INSTITUTE 740 W CARAMILLO ST. COLORADO SPRINGS, CO 80907 86-1151502 501(C)(3) 77,418. 0. N/A N/A CONSERVATION CATHOLIC CHARITIES OF CENTRAL COLORADO SPRINGS, CO 80903 84-0586169 501(C)(3) 50,500. 0. N/A N/A EMERGENCY RELIEF - COVID CENTRO DE LA FAMILIA 1645 S. MURRAY COLORADO SPRINGS, CO 80916 84-1435999 501(C)(3) 46,500. 0. N/A N/A HUMAN SERVICES CHEVENNE MOUNTAIN ZOO CLECTENNE MOUNTAIN ZOO CLORADO SPRINGS, CO 80906 84-0407039 501(C)(3) 45,000. 0. N/A N/A ANIMAL WELFARE CHEVENNE VILLAGE 6275 LEHMAN DR. COLORADO SPRINGS, CO 80918 84-0651921 501(C)(3) 22,000. 0. N/A N/A DISABILITIES - MENTAL CHILDREN'S HOSPITAL COLORADO FORMADION - 13123 E 16TH AVE. BOX 045 - AURORA, CO 80045 84-0813462 501(C)(3) 11,250. 0. N/A N/A HEALTH - PHYSICAL CHILDREN'S HOSPITAL COLORADO SPRINGS COUNDATION - 111 S TEJON ST. STE 309 - COLORADO SPRINGS, CO 80903 13,500. 0. N/A N/A HEALTH - PHYSICAL CHINOCK CENTER 329 W. MONTMENT ST.	CASA OF THE DIKES DEAK DECION							
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045 - AURORA, CO 80045 84-0813462 501(C)(3) 11,250. 0.N/A N/A HEALTH - PHYSICAL CHILDREN'S HOSPITAL COLORADO SPRINGS FOUNDATION - 111 S TEJON ST. STE 309 - COLORADO SPRINGS, CO 80903 84-0813462 501(C)(3) 13,500. 0.N/A N/A HEALTH - PHYSICAL CHINOOK CENTER 329 W. MONUMENT ST.								
CHILDREN'S HOSPITAL COLORADO SPRINGS FOUNDATION - 111 S TEJON ST. STE 309 - COLORADO SPRINGS, CO 80903		04 0012462	E01/G\/3\	11 250		AT / 3	NT / 3	NINA MIL DIVIGION
SPRINGS FOUNDATION - 111 S TEJON ST. STE 309 - COLORADO SPRINGS, CO 80903	,	84-0813462	D01(C)(3)	11,250.	0.	N/A	N/A	HEALTH - PHYSICAL
ST. STE 309 - COLORADO SPRINGS, CO 80903								
80903 84-0813462 501(C)(3) 13,500. 0.N/A N/A HEALTH - PHYSICAL CHINOOK CENTER 329 W. MONUMENT ST.								
CHINOOK CENTER 329 W. MONUMENT ST.		04 0013463	E01/G)/3)	12 500	_	NT / 2	NT / 7	HEALMH DUVCTOAL
329 W. MONUMENT ST.	00703	04-0813402	DOT(C)(2)	13,500.	0.	N/A	N/A	neauth - Phisical
329 W. MONUMENT ST.	CHINOOK CENTER							
COLORADO SPRINGS, CO 80905 83-4066259 501(C)(3) 18,000. 0.N/A N/A EMERGENCY RELIEF - COVID	COLORADO SPRINGS, CO 80905	83-4066259	501(C)(3)	18,000.	n	N/A	N/A	EMERGENCY RELIEF - COVID

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rage i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST PRESBYTERIAN CHURCH							
6565 E BROADWAY BLVD.							
TUCSON, AZ 85710	86-6052069	501(C)(3)	10,000.	0.	N/A	N/A	RELIGION - CHURCH
CHURCH DYNAMICS INTERNATIONAL							
9126 RENATO ST.							
SAN DIEGO, CA 92129	33-0214245	501(C)(3)	5,500.	0	N/A	N/A	RELIGION
CITY OF COLORADO SPRINGS: PARKS,	33 0214243	501(0)(5)	3,300.	· ·	N/A	N/A	REDIGION
RECREATION, AND CULTURAL SERVICES							
- 1401 RECREATION WAY - COLORADO							
SPRINGS, CO 80905	84-6000573	GOVT	10,000.	0	N/A	N/A	CIVIC PROJECTS
	01 0000070	-	20,000.	•			1
CLINICA COLORADO							
8300 ALCOTT ST. STE 300							
WESTMINSTER, CO 80031	27-3794068	501(C)(3)	37,400.	0.	N/A	N/A	EMERGENCY RELIEF - COVID
,			1 1 1 1 1 1 1				
COLORADO CENTER FOR THE BLIND							
2233 W SHEPPERD AVE.							
LITTLETON, CO 80120	74-2465141	501(C)(3)	7,500.	0.	N/A	N/A	DISABILITIES - PHYSICAL
COLORADO COLLEGE FOR QUAD			, -				
INNOVATION PARTNERSHIP - 14 E							
CACHE LA POUDRE ST - COLORADO							
SPRINGS, CO 80903	84-0402510	501(C)(3)	10,000.	0.	N/A	N/A	CIVIC PROJECTS
COLORADO CONSORTIUM FOR EARTH &			, -				
SPACE SCIENCE EDUCATION DBA							
CHALLENGER LEARNING - 8717 WOLF							
VALLEY DR COLORADO SPRINGS, CO	84-1497653	501(C)(3)	6,057.	0.	N/A	N/A	EDUCATION
•			,				
COLORADO SPRINGS CHAMBER & EDC							
102 S TEJON ST. STE 1200							
COLORADO SPRINGS, CO 80903	84-0174190	501(C)(3)	1,050,000.	0.	N/A	N/A	CIVIC PROJECTS
COLORADO SPRINGS COMMUNITY			, ,				
CULTURAL COLLECTIVE AT CITY							
AUDITORIUM - 221 E KIOWA ST							
COLORADO SPRINGS, CO 80903	85-4312784	501(C)(3)	232,180.	0.	N/A	N/A	ARTS & CULTURE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO SPRINGS CONSERVATORY 415 S SAHWATCH COLORADO SPRINGS, CO 80903	84-1502211	501(C)(3)	13,088.	0.	N/A	N/A	ARTS & CULTURE
COLORADO SPRINGS PHILHARMONIC P O BOX 1266 COLORADO SPRINGS, CO 80901	74-3091110	501(C)(3)	32,265.	0.	N/A	n/A	ARTS & CULTURE
COLORADO SPRINGS PIONEERS MUSEUM 215 S TEJON ST. COLORADO SPRINGS, CO 80903	27-4151466	501(C)(3)	9,493.	0.	N/A	n/a	CIVIC PROJECTS
COLORADO SPRINGS UTILITIES FOUNDATION - PO BOX 1103 MC 950 - COLORADO SPRINGS, CO 80947	20-8643063	501(C)(3)	10,000.	0.	N/A	N/A	ZHISTORICAL - HUMAN SERVICES
COMMUNITY OF CARING FOUNDATION, INC PO BOX 1587 - CRIPPLE CREEK, CO 80813	84-1481309	501(C)(3)	10,000.	0.	N/A	N/A	HEALTH - FOOD/NUTRITIC
COMMUNITY PARTNERSHIP FAMILY RESOURCE CENTER - 701 GOLD HILL PLACE - WOODLAND PARK, CO 80863	84-1157057	501(C)(3)	10,000.	0.	N/A	N/A	HEALTH - FOOD/NUTRITIC
COMPASSION INTERNATIONAL 2290 VOYAGER PKWY. COLORADO SPRINGS, CO 80921	36-2423707	501(C)(3)	201,500.	0.	N/A	N/A	YOUTH DEVELOPMENT
CONCRETE COUCH 214 E VERMIJO AVE. COLORADO SPRING, CO 80903	20-2325992	501(C)(3)	11,250.	0.	N/A	N/A	ARTS & CULTURE
COSILOVEYOU 1628 W BIJOU ST. COLORADO SPRINGS, CO 80904	82-4228018	501(C)(3)	30,000.	0.	N/A	N/A	COMMUNITY ORGANIZING

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	raye
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CPCDGIVING CHILDREN A HEAD							
START - 2330 ROBINSON ST							
COLORADO SPRINGS, CO 80904	84-1071825	501(C)(3)	11,000.	0	N/A	N/A	HEALTH - FOOD/NUTRITION
DEL E. WEBB CENTER FOR THE	01 1071010			•		1,722	
PERFORMING ARTS - 2001 W							
WICKENBURG WAY STE 3 - WICKENBURG.							
AZ 85390	86-0873249	501(C)(3)	20,000.	0.	N/A	N/A	ARTS & CULTURE
DESERT CABALLEROS WESTERN MUSEUM							
21 N FRONTIER ST.							
WICKENBURG, AZ 85390	86-0204201	501(C)(3)	24,500.	0.	N/A	N/A	EDUCATION
DISABILITY SERVICES, INC. DBA							
ENVIDA - 5660 N. ACADEMY BLVD -							
COLORADO SPRINGS, CO 80918	20-3058736	501(C)(3)	17,500.	0.	N/A	N/A	EMERGENCY RELIEF - COVID
DISCOVER GOODWILL FOUNDATION OF							
SOUTHERN & WESTERN COLORADO - 1460							
GARDEN OF THE GODS RD COLORADO							
SPRINGS, CO 80907	84-1488592	501(C)(3)	20,600.	0.	N/A	N/A	GENERAL PURPOSE
DDAKE INTVEDCIMY							
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE							
	42-0680460	E01/G\/3\	10,000.	0	N/A	N/A	EDUCATION - COLLEGE
DES MOINES, IA 50311	42-0000400	501(0/(5/	10,000.	0.	N/A	N/A	EDUCATION - COLLEGE
DREAM CENTERS OF COLORADO SPRINGS							
11025 VOYAGER PKWY.							
COLORADO SPRINGS, CO 80921	27-4876080	501(C)(3)	9,000.	0.	N/A	N/A	HUMAN SERVICES
,			,,,,,,,				
EARLY CONNECTIONS LEARNING CENTERS							
104 E RIO GRANDE ST.							
COLORADO SPRINGS, CO 80903	84-0632406	501(C)(3)	16,000.	0.	N/A	N/A	YOUTH DEVELOPMENT
			,				
EVANGELICAL CHRISTIAN ACADEMY							
4052 NONCHALANT CIR. S							
COLORADO SPRINGS, CO 80917	84-1253092	501(C)(3)	100,000.	0.	N/A	N/A	RELIGION

(a) Name and address of (b) FIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (n) Description of (h) Purpose of grant									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
'INDING OUR VOICES									
PO BOX 1442									
COLORADO SPRINGS, CO 80901	27-0802776	501(C)(3)	5,250.	0.	N/A	N/A	ARTS & CULTURE		
FINS ATTACHED MARINE RESEARCH AND									
CONSERVATION - 19675 STILL GLEN									
DR COLORADO SPRINGS, CO 80908	27-3567356	501(C)(3)	9,664.	0.	N/A	N/A	ANIMAL WELFARE		
FIRST CHRISTIAN CHURCH									
16 E PLATTE AVE.									
COLORADO SPRINGS, CO 80903	84-0444734	501(C)(3)	10,000.	0.	N/A	N/A	RELIGION - CHURCH		
FIRST CONGREGATIONAL CHURCH									
20 E SAINT VRAIN ST.									
COLORADO SPRINGS, CO 80903	84-0405572	501(C)(3)	15,635.	0.	N/A	N/A	GENERAL PURPOSE		
FIRST PRESBYTERIAN CHURCH									
219 E BIJOU ST.									
COLORADO SPRINGS, CO 80903	84-0416230	501(C)(3)	43,513.	0.	N/A	N/A	RELIGION - CHURCH		
FIRST TEE SOUTHERN COLORADO									
525 N. ACADEMY BLVD.									
COLORADO SPRINGS, CO 80909	45-5236651	501(C)(3)	7,500.	0.	N/A	N/A	YOUTH DEVELOPMENT		
FLYING HORSE CAMP AND RETREAT									
CENTER - 6385 CORPORATE DRIVE -									
COLORADO SPRINGS, CO 80919	82-4061560	501(C)(3)	1,793,769.	0.	N/A	N/A	GENERAL PURPOSE		
FOOD TO POWER									
917 E MORENO AVE. STE 130				_					
COLORADO SPRINGS, CO 80903	46-3665741	501(C)(3)	10,750.	0.	N/A	N/A	HEALTH - FOOD/NUTRITION		
FORGE EVOLUTION									
C/O MUNICIPAL COURT PO BOX 2169									
COLORADO SPRINGS, CO 80901	84-1318849	501(C)(3)	5,500.	0.	N/A	N/A	YOUTH DEVELOPMENT		

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOSTERING HOPE FOUNDATION							
111 S TEJON ST. STE 112							
COLORADO SPRINGS, CO 80903	26-1991807	501(C)(3)	75,000.	0.	N/A	N/A	HUMAN SERVICES
FOUNTAIN VALLEY SENIOR CENTER							
5745 SOUTHMOOR DR.							
FOUNTAIN, CO 80817	84-0762185	501(C)(3)	13,200.	0.	N/A	N/A	EMERGENCY RELIEF - COVID
FREMONT COMMUNITY FOUNDATION, INC.							
901 MAIN ST.							
CANON CITY, CO 81212	26-3734083	501(C)(3)	7,500.	0.	N/A	N/A	GENERAL PURPOSE
GAZETTE CHARITIES-EL POMAR							
FOUNDATION EMPTY STOCKING FUND -							
30 E PIKES PEAK AVE. STE 100 -							
COLORADO SPRINGS, CO 80903	84-1526179	501(C)(3)	22,500.	0.	N/A	N/A	HUMAN SERVICES
GIVE!							
235 S NEVADA AVE.							
COLORADO SPRINGS, CO 80903	81-2029897	501(C)(3)	27,300.	0.	N/A	N/A	ARTS & CULTURE
GRACE AND ST. STEPHENS EPISCOPAL							
PARISH - 601 N TEJON ST							
COLORADO SPRINGS, CO 80903	84-0405258	501(C)(3)	5,500.	0.	N/A	N/A	GENERAL PURPOSE
HAMLETT SPAY AND NEUTER CLINIC							
3660 CITADEL DR. N							
COLORADO SPRINGS, CO 80909	84-0721617	501(C)(3)	6,619.	0.	N/A	N/A	ANIMAL WELFARE
HARRISON SCHOOL DISTRICT 2							
1060 HARRISON ROAD							
COLORADO SPRINGS, CO 80905	84-6001175	501(C)(3)	10,675.	0.	N/A	N/A	HEALTH - FOOD/NUTRITION
WILLIAM DE GOLLEGE							
HILLSDALE COLLEGE 33 E COLLEGE ST.							
HILLSDALE, MI 49242	38-1374230	501(C)(3)	16,550.	n	N/A	N/A	EDUCATION - COLLEGE
, HI 17212	30 13/4230	001(0)(0)	10,550.	<u> </u>	-1/ -1	-1/ 22	PD CONTION CONDEGE

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLSIDE CONNECTION							
PO BOX 1562							
COLORADO SPRINGS, CO 80901	83-0810166	501(C)(3)	17,500.	0.	N/A	N/A	GENERAL PURPOSE
HOLY TRINITY ANGLICAN CHURCH							
13990 GLENEAGLE DR.							
COLORADO SPRINGS, CO 80921	20-0953833	501(C)(3)	37,600.	0.	N/A	N/A	RELIGION
HOME FRONT MILITARY NETWORK							
1120 N CIRCLE DR. #230							ZHISTORICAL - HUMAN
COLORADO SPRINGS, CO 80909	20-0778121	501(C)(3)	26,715.	0.	N/A	N/A	SERVICES
			,				
HUMANE SOCIETY OF THE PIKES PEAK							
REGION - 610 ABBOTT LN							
COLORADO SPRINGS, CO 80905	84-0410111	501(C)(3)	47,558.	0.	N/A	N/A	ANIMAL WELFARE
INSIDE OUT YOUTH SERVICES							
223 N WAHSATCH AVE. STE 101							EQUITY, DIVERSITY, &
COLORADO SPRINGS, CO 80903	84-1407299	501(C)(3)	10,500.	0.	N/A	N/A	INCLUSION
INTERFAITH HOSPITALITY NETWORK DBA							
FAMILY PROMISE OF COLORADO SPRINGS							
- 1647 S. NEVADA AVE - COLORADO							
SPRINGS, CO 80905	84-1366832	501(C)(3)	27,000.	0.	N/A	N/A	HUMAN SERVICES
INTERLOCHEN CENTER FOR THE ARTS							
ATTN: OFFICE OF ADVANCEMENT P.O. BO)						
INTERLOCHEN, MI 49643	38-1689022	501(C)(3)	12,000.	n	N/A	N/A	ARTS & CULTURE
INTERNACIONA, MI 49045	30 1003022	501(0)(3)	12,000.	0.	11/23	μι/ Ω	INTO & COLIURE
INTERNATIONAL JUSTICE MISSION							
P.O. BOX 96961							
WASHINGTON, DC 20090	54-1722887	501(C)(3)	11,400.	0.	N/A	N/A	LEGAL SERVICES
INTERNATIONAL SOCIETY FOR			, ,	<u> </u>			
CARDIOVASCULAR TRANSLATIONAL							
RESEARCH - 3104 E. CAMELBACK RD.							
STE 564 - PHOENIX, AZ 85016	77-0682420	501(C)(3)	6,000.	0.	N/A	N/A	HEALTH - PHYSICAL

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	raye
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOINT INITIATIVES FOR YOUTH AND							
FAMILIES - 6385 CORPORATE DR. STE							
201 - COLORADO SPRINGS, CO 80919	84-1317347	501(C)(3)	26,000.	0.	N/A	N/A	EDUCATION - PREK
LEADERSHIP PROGRAM OF THE ROCKIES							
1777 SOUTH HARRISON ST. STE 807							
DENVER, CO 80210	84-1623324	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL PURPOSE
LITTLE CHAPEL FOOD PANTRY							
69 COUNTY ROAD 5							
DIVIDE, CO 80814	74-2484655	501(C)(3)	5,750.	0.	N/A	N/A	 HEALTH - FOOD/NUTRITION
,			,				
LITTLE PEOPLE OF AMERICA							
617 BROADWAY #518							
SONOMA, CA 95476	94-2965067	501(C)(3)	12,000.	0.	N/A	N/A	EDUCATION
MANITOU ART CENTER							
513 MANITOU AVE. MANITOU SPRINGS, CO 80829	74-2445135	501(C)(3)	13,750.	_	N/A	N/A	ARTS & CULTURE
MANITOU BIKINGS, CO 00025	74 2445155	301(0)(3)	13,730.		N/A	N/A	AKID & COLIOKE
MANITOU SPRINGS COMMUNITY							
FOUNDATION - 304 MICHIGAN AVE							
MANITOU SPRINGS, CO 80829	81-2776847	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL PURPOSE
MERCY'S GATE							
4360 MONTEBELLO DR. #300	04 1002241	E01/G\/3\	6 100		AT / 3	7/2	WWW GDDUTGDG
COLORADO SPRINGS, CO 80918	84-1093341	501(C)(3)	6,100.	0.	N/A	N/A	HUMAN SERVICES
MIDWAY UNIVERSITY							
512 E STEPHENS ST.							
MIDWAY, KY 40347	61-0444708	501(C)(3)	5,321.	0.	N/A	N/A	EDUCATION
			,				
MILLIBO ART THEATRE							
1626 S TEJON ST.							
COLORADO SPRINGS, CO 80905	74-3261678	501(C)(3)	21,000.	0.	N/A	N/A	ARTS & CULTURE

Part II Continuation of Grants and Other A	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MOMENTUM MINISTRIES										
1878 STAR-BATT DR.										
ROCHESTER HILLS, MI 48309	32-0541882	501(C)(3)	12,900.	0.	N/A	N/A	GENERAL PURPOSE			
MONUMENT COMMUNITY PRESBYTERIAN CHURCH - 238 3RD ST MONUMENT, CO 80132	22 6202277	E01/Q\/2\	6 000		NT / 2	NI / 2	ZUIGEODIGAL DELIGION			
CO 80132	23-6393377	501(C)(3)	6,000.	0.	N/A	N/A	ZHISTORICAL - RELIGION			
MT. CARMEL VETERANS SERVICE CENTER 530 COMMUNICATION CIR. COLORADO SPRINGS, CO 80905	81-1652178	501(C)(3)	25,650.	0.	N/A	N/A	HEALTH - MENTAL			
MUSTARD SEED RANCH - CORPORATE OFFICE - P.O. BOX 956 - SAN JUAN CAPISTRANO, CA 92693	91-2145872	501(C)(3)	9,500.	0.	N/A	N/A	YOUTH DEVELOPMENT			
NATIONAL JEWISH HEALTH 1400 JACKSON ST. STE M113 DENVER, CO 80206	74-2044647	501(C)(3)	10,642.	0.	N/A	N/A	HEALTH			
NATIONAL PARKS CONSERVATION ASSOCIATION - 777 6TH STREET, NW, STE 700 - WASHINGTON, DC 20001	53-0225165	501(C)(3)	10,000.	0.	N/A	N/A	CONSERVATION - TRAIL/PARK MAINTENANCE			
NATURE CONSERVANCY 2424 SPRUCE ST. BOULDER, CO 80302	53-0242652	501(C)(3)	16,219.	0.	N/A	N/A	CONSERVATION			
NORTHWEST SYMPHONY ORCHESTRA 7568 44TH AVE. SW SEATTLE, WA 98136	94-3055544	501(C)(3)	10,000.	0.	N/A	N/A	ARTS & CULTURE			
OCEANS CHURCH PO BOX 1435 SAN JUAN CAPISTRANO, CA 92693	82-3568819	501(C)(3)	16,125.	0.	N/A	N/A	general purpose			

Part II Continuation of Grants and Other A	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
OTERO JUNIOR COLLEGE										
1802 COLORADO AVE.										
LA JUNTA, CO 81050	84-1472517	501(C)(3)	10,642.	0.	N/A	N/A	EDUCATION			
OUTREACH FOUNDATION OF THE PRESBYTERIAN CHURCH, INC 381				•						
RIVERSIDE DRIVE SUITE 110 -	50 4055506	504 (5) (0)	50.000							
FRANKLIN, TN 37064	58-1375506	501(C)(3)	50,000.	0.	N/A	N/A	RELIGION			
PALMER LAND CONSERVANCY PO BOX 1281										
COLORADO SPRINGS, CO 80901	84-0763346	501(C)(3)	17,200.	0.	N/A	N/A	CONSERVATION			
PEAK EDUCATION 1645 S. MURRAY BLVD. COLORADO SPRINGS, CO 80916	84-1467174	501(C)(3)	30,000.	0.	N/A	N/A	EDUCATION			
,				- •	.,,	.,				
PENROSE-ST. FRANCIS FOUNDATION 2222 N NEVADA AVE.										
COLORADO SPRINGS, CO 80907	84-0902211	501(C)(3)	90,000.	0.	N/A	N/A	HEALTH			
PIKES PEAK HABITAT FOR HUMANITY 2802 N PROSPECT ST.	25 4540054									
COLORADO SPRINGS, CO 80907	35-1640064	501(C)(3)	7,250.	0.	N/A	N/A	HOUSING - AFFORDABLE			
PIKES PEAK HOSPICE FOUNDATION 2550 TENDERFOOT HILL ST. COLORADO SPRINGS, CO 80906	84-1453050	501(C)(3)	19,540.	0.	N/A	N/A	HISTORICAL - HUMAN SERVICES			
	01 110000		25,626.	•	-1,72					
PIKES PEAK LIBRARY DISTRICT										
FOUNDATION, INC P.O. BOX 1579										
- COLORADO SPRINGS, CO 80901	11-3690724	501(C)(3)	10,000.	0.	N/A	N/A	HISTORICAL - EDUCATION			
PIKES PEAK RANGE RIDERS FOUNDATION P.O. BOX 758										
COLORADO SPRINGS, CO 80901	84-1497942	501(C)(3)	6,250.	0.	N/A	N/A	ANIMAL WELFARE			

Part II Continuation of Grants and Other A	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PIKES PEAK UNITED WAY 518 N NEVADA AVE. COLORADO SPRINGS, CO 80903	84-0511799	501(C)(3)	150,380.	0.	N/A	N/A	HUMAN SERVICES			
PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS - 7155 E 38TH AVE DENVER, CO 80207	84-0404253	501(C)(3)	7,250.	0.	N/A	N/A	HEALTH			
PROJECT ANGEL HEARTCOLORADO SPRINGS - 1625 W UNITAH ST. STE 1 - COLORADO SPRINGS, CO 80904	84-1199481	501(C)(3)	21,450.	0.	N/A	N/A	GENERAL PURPOSE			
RAILS TO TRAILS CONSERVANCY 2121 WARD COURT NW 5TH FLOOR WASHINGTON, DC 20037	52-1437006	501(C)(3)	6,000.	0.	N/A	N/A	CONSERVATION - TRAIL/PARK MAINTENANCE			
RENAISSANCE CHARITABLE FOUNDATION, INC 8910 PURDUE RD. STE 555 - INDIANAPOLIS, IN 46268	35-2129262	501(C)(3)	300,000.	0.	N/A	N/A	general purpose			
ROCKY MOUNTAIN FIELD INSTITUTE 815 S 25TH ST. STE 101 COLORADO SPRINGS, CO 80904	74-2225140	501(C)(3)	6,500.	0.	N/A	N/A	CONSERVATION			
ROCKY MOUNTAIN PBS 1089 BANNOCK ST. DENVER, CO 80204	84-0510785	501(C)(3)	15,250.	0.	N/A	N/A	ARTS & CULTURE			
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 1560 SHERMAN AVE EVANSTON, IL 60201	36-3245072	501(C)(3)	105,250.	0.	N/A	N/A	COMMUNITY ORGANIZING			
SAFE PASSAGE 2335 ROBINSON ST COLORADO SPRINGS, CO 80904	84-1241767	501(C)(3)	13,500.	0.	N/A	N/A	ZHISTORICAL - HUMAN SERVICES			

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SALVATION ARMY: COLORADO SPRINGS CORP - 908 YUMA ST COLORADO SPRINGS, CO 80909	94-1156347	501(C)(3)	28,100.	0.	N/A	N/A	HUMAN SERVICES		
SECOND CHANCE THROUGH FAITH 1551 VAPOR TRL. COLORADO SPRINGS, CO 80916	46-3236114	501(C)(3)	6,500.	0.	N/A	N/A	YOUTH DEVELOPMENT		
SERVICIOS DE LA RAZA 1815 JET WING DR. COLORADO SPRINGS, CO 80916	84-0625478	501(C)(3)	15,000.	0.	N/A	N/A	HEALTH - PHYSICAL		
SHARED HOPE INTERNATIONAL P.O. BOX 65337 VANCOUVER, WA 98665	91-1938635	501(C)(3)	9,000.	0.	N/A	N/A	HISTORICAL - HUMAN SERVICES		
SILVER KEY SENIOR SERVICES 1625 S MURRAY BLVD. COLORADO SPRINGS, CO 80916	23-7109922	501(C)(3)	48,658.	0.	N/A	N/A	HUMAN SERVICES		
SKYLINE CARES FUND 2531 FREEDOM HTS. COLORADO SPRINGS, CO 80904	20-2538409	501(C)(3)	11,000.	0.	N/A	N/A	HOUSING		
SOLID ROCK COMMUNITY DEVELOPMENT CORPORATION - 2520 ARLINGTON DR. - COLORADO SPRINGS, CO 80910	26-0381727	501(C)(3)	40,000.	0.	N/A	N/A	HISTORICAL - HUMAN SERVICES		
SPECIAL OLYMPICS COLORADO 12450 E. ARAPAHOE RD. STE C CENTENNIAL, CO 80112	84-0713739	501(C)(3)	10,000.	0.	N/A	N/A	DISABILITIES		
SPRINGS RESCUE MISSION 5 W LAS VEGAS ST. COLORADO SPRINGS, CO 80903	84-1340824	501(C)(3)	16,523.	0.	N/A	N/A	HUMAN SERVICES		

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ST. FRANCIS OF ASSISI CATHOLIC										
CHURCH - 2650 PARISH VIEW -										
COLORADO SPRINGS, CO 80919	84-0936629	501(C)(3)	8,000.	0.	N/A	N/A	RELIGION - CHURCH			
			,,,,,,,	- •						
ST. PAUL CATHOLIC CHURCH										
9 EL POMAR RD.										
COLORADO SPRINGS, CO 80906	53-0196617	501(C)(3)	6,500.	0.	N/A	N/A	GENERAL PURPOSE			
TENNYSON CENTER FOR CHILDREN AT										
COLORADO CHRISTIAN HOME - 2950										
TENNYSON STREET - DENVER, CO										
80212	61-1458290	501(C)(3)	7,000.	0.	N/A	N/A	YOUTH DEVELOPMENT			
TESSA										
435 GOLD PASS HTS.										
COLORADO SPRINGS, CO 80906	84-0746803	501(C)(3)	27,250.	0.	N/A	N/A	HUMAN SERVICES			
MUL DUDANGO EDUGAMION HOUNDAMION										
THE DURANGO EDUCATION FOUNDATION										
201 E 12TH ST. DURANGO, CO 81301	74-2350944	501(C)(3)	6,320.	_	N/A	N/A	EDUCATION			
DORANGO, CO 01301	74-2550944	501(0)(3)	0,320.	0.	N/A	N/A	EDUCATION			
THE PLACE										
423 E CUCHARRAS ST.							HUMAN SERVICES -			
COLORADO SPRINGS, CO 80903	84-1549702	501(C)(3)	42,250.	0.	N/A	N/A	HOMELESSNESS			
·			·							
THE PRESENTATION SCHOOL										
20872 BROADWAY										
SONOMA, CA 95476	91-1829138	501(C)(3)	6,000.	0.	N/A	N/A	GENERAL PURPOSE			
THE RESOURCE EXCHANGE										
6385 CORPORATE DRIVE SUITE 301										
COLORADO SPRINGS, CO 80919	84-0532684	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL PURPOSE			
THE TRUE TOD DUDI IS IND										
THE TRUST FOR PUBLIC LAND										
1410 GRANT, D - 210	22 722222	E01/C\/3\	10 000	_	NT / 7	NT / 7	CONCEDIAMION			
DENVER, CO 80203	23-7222333	bot(c)(2)	10,000.	U.	N/A	N/A	CONSERVATION			

Part II Continuation of Grants and Other	Assistance to Do	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	raye i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF SOUTH FORK							
PO BOX 654							
SOUTH FORK, CO 81154	84-1207723	GOVT	45,185.	0.	N/A	N/A	CIVIC PROJECTS
TRAILS AND OPEN SPACE COALITION							
702 E BOULDER ST. STE 200							CONSERVATION - TRAIL/PARK
COLORADO SPRINGS, CO 80903	84-1156471	501(C)(3)	13,000.	0.	N/A	N/A	MAINTENANCE
TRAINING GROUND							
PO BOX 49595							
COLORADO SPRINGS, CO 80949	20-8093114	501(C)(3)	9,500.	0.	N/A	N/A	YOUTH DEVELOPMENT
,			,				
TRI-LAKES CARES							
P.O. BOX 1301							
MONUMENT, CO 80132	74-2501356	501(C)(3)	20,500.	0.	N/A	N/A	HEALTH - FOOD/NUTRITION
TRINITY SCHOOL FOR MINISTRY							
PO BOX 455							L
AMBRIDGE, PA 15003	25-1271008	501(C)(3)	10,000.	0.	N/A	N/A	RELIGION - CHURCH
UNITED STATES OLYMPIC AND							
PARALYMPIC MUSEUM - P.O. BOX 681							
- COLORADO SPRINGS, CO 80901	46-3189741	501(C)(3)	117,000.	0.	N/A	N/A	GENERAL PURPOSE
,							
UNITED WAY OF PUEBLO COUNTY, INC.							
310 E ABRIENDO AVE. STE 300							
PUEBLO, CO 81004	84-0404917	501(C)(3)	8,000.	0.	N/A	N/A	HEALTH
UNIVERSITY OF COLORADO COLORADO							
SPRINGSGIFTS - UNIVERSITY							
DEVELOPMENT MH 304 1420 AUSTIN							
BLUFFS PARKWAY - COLORADO SPRINGS,	84-6049811	501(C)(3)	36,500.	0.	N/A	N/A	ZHISTORICAL - EDUCATION
UNIVERSITY OF COLORADO FOUNDATION	Ĺ						
ATTN: GIFTS PROCESSING 1800 GRANT		E01/G\/3\	15 252	_	AT / 2	ht / 3	UITGEODIGNI EDVIGNETOV
DENVER, CO 80203	84-6049811	DOT(C)(3)	15,250.	U.	N/A	N/A	HISTORICAL - EDUCATION

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	- uge
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VAIL SYMPOSIUM							
PO BOX 3038							
VAIL, CO 81658	74-2568912	501(C)(3)	15,000.	0.	N/A	N/A	EDUCATION
WE FORTIFY							
1816 WOOD AVE.							
COLORADO SPRINGS, CO 80907	84-3045036	501(C)(3)	15,500.	0.	N/A	N/A	HOUSING
WE FORTIFY							
121 S TEJON ST							HUMAN SERVICES -
COLORADO SPRINGS, CO 80903	84-3045036	501(C)(3)	7,500.	0.	N/A	N/A	HOMELESSNESS
WESTERN HERITAGE EVENT CENTER							
PO BOX 4462							
PAGOSA SPRINGS, CO 81147	20-1363398	501(C)(3)	300,000.	0.	N/A	N/A	RECREATION
				-•			
WESTSIDE CARES							
2808 W COLORADO AVE.							
COLORADO SPRINGS, CO 80904	74-2354492	501(C)(3)	22,700.	0.	N/A	N/A	HEALTH - FOOD/NUTRITION
WOODMEN VALLEY CHAPEL							
290 E WOODMEN RD. COLORADO SPRINGS, CO 80919	84-0996424	501/C\/3\	15,268.	0	N/A	N/A	RELIGION - CHURCH
COLORADO SIRINGS, CO 00313	04 0330424	301(0)(3)	15,200.	0.	N/A	N/ A	REDIGION CHOKEN
YMCA OF THE PIKES PEAK REGION							
316 N TEJON ST.							
COLORADO SPRINGS, CO 80903	84-0404266	501(C)(3)	16,017.	0.	N/A	N/A	GENERAL PURPOSE
YOUTH WITH A MISSION							
P.O. BOX 50857	04 1051201	E01/G\/2\		0	AT / 3	NT / 3	HISTORICAL - HUMAN
COLORADO SPRINGS, CO 80949	84-1251301	201(C)(3)	8,000.	0.	N/A	N/A	SERVICES
PIKES PEAK REAL ESTATE FOUNDATION							
315 PIKES PEAK AVE							
COLORADO SPRINGS, CO 80903	20-3455353	501(C)(3)	200,000.	0.	N/A	N/A	GENERAL PURPOSE

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 noncash assistance					
SCHOLARSHIP	23	47,970.	0.	N/A	N/A					
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.						
PART I, LINE 2:										
ALL RECOMMENDATIONS MUST BE A 501(C)(3) CHARITABLE	ORGANIZATION	I OR								
QUALIFIED TAX EXEMPT ORGANIZATION. THE 501(C)(3) TA	AX STATUS LET	TER FROM THE								
IRS MUST BE ON FILE. ALL 501(C)(3) LETTERS ARE CON	NECTED TO THE	I								
ORGANIZATION IN OUR DATABASE, FOUNDATION INFORMATION	ON MANAGEMENT	1								
SYSTEMS(FIMS). IF IT IS A NEW ORGANIZATION TO THE	FOUNDATION, T	'HE								
NON-PROFIT IS CONTACTED AND REQUESTED TO FAX, EMAIL	L 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								

SCHEDULE J (Form 990)

Compensation Information

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

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

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number 84-1339670

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			l
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
				l
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	\longrightarrow	Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	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:			
	The organization?	5a		X
b	Any related organization?	5b		_
_	If "Yes" on line 5a or 5b, describe in Part III.			l
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
	contingent on the net earnings of:			v
	The organization?	6a	-	X
b	Any related organization?	6b		Х
_	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			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2021

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GARY BUTTERWORTH	(i)	173,428.	8,118.	1,074.	9,245.	48,376.	240,241.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LESLIE SABIN	(i)	116,214.	5,414.	1,031.	6,227.	29,433.	158,319.	0.
VP OF FINANCE & OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE L

Department of the Treasury

(Form 990)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

						51 11										
Name of t	he organization	TRDG DE3	7 00	AND DOWN							1 '	•	ident	ificati	on nu	mber
Part I	Excess Bene			MMUNITY FOUN			ion FO	1(0)(1)	o+:-	a F01(a)(00)		4-133				
raiti																
1	Complete if the c							irie 25a or 25i	5, Or	FOIIII 990-EZ, Pa	irt V, I	irie 40	D.	(4)	Corre	cted?
(a) Na	ame of disqualified p	erson	(b) Relationship between disqualified person and organization			iiiieu	(c) D	escription of trans	sactio	n			es	No.	
														+		
	the amount of tax in											•				
	on 4958 r the amount of tax,											▶ \$				
3 Ente	the amount of tax,	ii ariy, ori iii	le ∠, ≀	above, reimburs	seu by	uie orț	yarıızaı					Φ				
Part II	Loans to and	l/or Fron	ı Int	erested Pers	sons.											
	Complete if the c	organization	ansv	vered "Yes" on l	Form 9	90-EZ	, Part \	/, line 38a or l	Form	n 990, Part IV, line	e 26; d	or if th	e orga	nizatio	n	
	reported an amo	unt on Forr	n 990	, Part X, line 5, 6	6, or 22	2.										
,	a) Name of	(b) Relatio		(c) Purpose		an to or		e) Original	(1	f) Balance due		ln	(h) Ap by bo	proved ard or	, (i) v	/ritten
inte	rested person	with organi	zation of loan			zation?	princ	cipal amount			deta	ult?	comn	ittee?	agree	ment?
					То	From					Yes	No	Yes	No	Yes	No
					+				-							
					+				-							
					+				\vdash							
					+				\vdash							
Total	Cuanta au Aa	-:		ofition Inter		J Day		> \$								
Part III				_												
(-)	Complete if the c									(al) T				\ D		
(a) i	Name of interested p	person	'	(b) Relationship interested pers			"	c) Amount of assistance		(d) Type assistan			•) Purp assista		ī
				the organiz		-										
			\top													
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2021

(a) Name of interested person	red "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
315 COLLECTIVE LLC	TONY ROSENDO, FORME	200,000.	INVEST CAPI		Х
Part V Supplemental Information.					
Provide additional information for re	sponses to questions on Schedule L (see in	nstructions).			
GGU I DADE IV DUGINDGG EDANGAGETON	a THIOLUTING THERRESHED DEDGONG				
SCH L, PART IV, BUSINESS TRANSACTION	S INVOLVING INTERESTED PERSONS:				
(A) NAME OF PERSON: 315 COLLECTIVE L	I.C				
(II) MARIE OF FERNOW. 313 CONDUCTIVE E					
(B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
TONY ROSENDO, FORMER BOARD CHAIR, AL	SO ED OF MAJOR INVESTOR				
(D) DESCRIPTION OF TRANSACTION: INVE	ST CAPITAL IN PARTNERSHIP				
SCHEDIILE I. DADT IV LINE 1					
SCHEDULE L, PART IV, LINE 1					
THE FOUNDATION PURCHASED AN ADDITION	AL INTEREST IN 315 COLLECTIVE LI	ıC			
FOR \$200,000 IN 2021. THE FOUNDATION	'S PAST BOARD CHAIR IS THE				
EXECUTIVE DIRECTOR OF THE LLC'S MAJO	RITY INVESTOR. A FOUNDATION BOAR	RD			
MEMBER IS THE PRESIDENT OF ANOTHER I	NVESTOR IN THE LLC.				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

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

Types of Property Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts Form 990, Part VIII, line 1g items contributed Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 2,077,625. 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 (GRAVEL 1,420.FMV 25 Other > 26 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

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Schedule M (Form 990) 2021

is reporting in	ntal Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete my additional information.
SCHEDULE M, PART I,	COLUMN (B):
NUMBER OF CONTRIBUTI	IONS USED IN PART I.
SCHEDULE M, LINE 32E	3;
STOCK GIFTS ARE GIVE	EN TO OUR BROKERAGES AND SALES ARE PROCESSED BY
THEM. THEY ALMOST AI	WAYS ARE GIVEN DIRECTLY TO THE BROKERAGES.

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SCHEDULE O (Form 990)

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 Form 990-EZ.

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number 84-1339670

PIRES PEAR COMMUNITY FOUNDATION	04-13390/0
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:	
PIKES PEAK COMMUNITY FOUNDATION BEGAN A NEW PROGRAM SERVICE, THE	
PHILANTHROPY COLLECTIVE. THE PHILANTHROPY COLLECTIVE IS A CONSORTIUM OF	
PHILANTHROPIC ORGANIZATIONS AND INDIVIDUALS THAT EXISTS TO LEARN, SHARE	
EXPERTISE, COLLABORATE, AND LEVERAGE RESOURCES TO ADDRESS THE REGION'S	
MOST SIGNIFICANT CHALLENGES AND ACTUALIZE ITS POTENTIAL. IT ADDRESSES	
THE SYSTEMIC CHALLENGES AND OPPORTUNITIES OF THE PHILANTHROPIC SECTOR.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
THE PHILANTHROPY COLLECTIVE - THE PHILANTHROPY COLLECTIVE IS A	
CONSORTIUM OF PHILANTHROPIC ORGANIZATIONS AND INDIVIDUALS THAT EXISTS	
TO LEARN, SHARE EXPERTISE, COLLABORATE, AND LEVERAGE RESOURCES TO	
ADDRESS OUR REGION'S MOST SIGNIFICANT CHALLENGES AND ACTUALIZE ITS	
POTENTIAL. WE ADDRESS THE SYSTEMIC CHALLENGES AND OPPORTUNITIES OF THE	
PHILANTHROPIC SECTOR.	
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
FORM 990, PART VI, SECTION A, LINE 1A:	
THERE SHALL BE AN EXECUTIVE COMMITTEE CONSISTING OF THE CHAIR EMERITUS,	
CHAIR, VICE CHAIR, SECRETARY, TREASURER, AND SUCH OTHER OFFICERS OR	
TRUSTEES AS THE BOARD MAY DETERMINE. THE EXECUTIVE COMMITTEE SHALL, DURING	
INTERVALS BETWEEN THE MEETINGS OF THE BOARD, POSSESS AND MAY EXERCISE ALL	
OF THE POWERS OF THE BOARD IN THE MANAGEMENT OF THE AFFAIRS OF THE	
FOUNDATION INCLUDING THE RESPONSIBILITY AND POWER OVER THE INVESTMENT	
POLICIES WITH RESPECT TO THE PROPERTY OF THE FOUNDATION, WHETHER HELD	
DIRECTLY OR THROUGH TRUSTEES, CUSTODIANS OR AGENTS, AND SUCH OTHER DUTIES	Cabadula O /Farms 200) 2004

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

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u>

Employer identification number Name of the organization PIKES PEAK COMMUNITY FOUNDATION 84-1339670 AND AUTHORITY AS MAY LAWFULLY BE DELEGATED TO IT BY THE BOARD. FORM 990, PART VI, SECTION B, LINE 11B: 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 12C: THE FOUNDATION HAS A CONFLICT OF INTEREST POLICY THAT IS APPLICABLE TO ALL FOUNDATION TRUSTEES, COMMITTEE MEMBERS, EMPLOYEES AND VOLUNTEERS. EACH FOUNDATION BOARD MEMBER, EMPLOYEE AND DESIGNATED COMMITTEE VOLUNTEER SHALL ANNUALLY COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM AND SUBMIT IT TO THE BOARD CHAIR TO CERTIFY COMPLIANCE WITH THE POLICY. THE PPCF OFFICE MANAGER EMAILS THE BOARD OF TRUSTEES, STAFF, AND NON-TRUSTEE COMMITTEE MEMBERS A FILLABLE PDF OF PIKES PEAK COMMUNITY FOUNDATION CONFLICT OF INTEREST POLICY TO BE READ, SIGNED AND RETURNED, ANNUALLY. MEMBERS WHO HAVE CONFLICTS OF INTEREST SHALL RECUSE THEMSELVES FROM ANY DISCUSSIONS OR DELIBERATIONS REGARDING THE INTERESTED TRANSACTION. DOCUMENTATION OF ANY DELIBERATIONS AND DECISIONS CAN BE FOUND IN THE BOARD MINUTES. FORM 990, PART VI, SECTION B, LINE 15A: 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

<u>Schedule O (Form 990) 2021</u>

Employer identification number Name of the organization PIKES PEAK COMMUNITY FOUNDATION 84-1339670 PROJECTS. DURING THE MEETINGS, THE BOARD CHAIR TAKES NOTES ON THE PROGRESS OF THE CEO TOWARD MEETING THE ORGANIZATION'S GOALS AS OUTLINED IN THE ANNUAL WORKPLAN AND OVERALL STRATEGIC PLAN. THE SUMMATIVE ASSESSMENT BEGINS AT THE START OF THE FOURTH QUARTER OF THE CALENDAR YEAR. THE PERFORMANCE REVIEW COMMITTEE (PRC), APPOINTED ANNUALLY BY THE BOARD CHAIR, REQUESTS THE 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. COMPENSATION SURVEYS FROM MOUNTAIN STATE EMPLOYERS COUNCIL AND THE COUNCIL ON FOUNDATIONS AND PHILANTHROPY COLORADO ARE USED TO DETERMINE THIS COMPENSATION CHANGE. 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. THIS PROCESS WAS LAST PERFORMED IN

Employer identification number
84-1339670

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
PIKES PEAK COMMUNITY FOUNDATION

Employer identification number 84-1339670

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
VENETUCCI RANCH LLC - 26-2765477					
315 E PIKES PEAK AVE #120					PIKES PEAK COMMUNITY
COLORADO SPRINGS, CO 80903	EDUCATION AND OUTREACH	COLORADO	42,841.	9,950,604.	FOUNDATION
HUNT OR GATHER LLC					
315 E PIKES PEAK AVE #120					PIKES PEAK COMMUNITY
COLORADO SPRINGS, CO 80903	EDUCATION AND OUTREACH	COLORADO	0.	0.	FOUNDATION
VENETUCCI VILLAGE LLC					
315 E PIKES PEAK AVE #120					PIKES PEAK COMMUNITY
COLORADO SPRINGS, CO 80903	REAL ESTATE	COLORADO	0.	0.	FOUNDATION
730 N NEVADA AVE LLC					
315 E PIKES PEAK AVE #120					PIKES PEAK COMMUNITY
COLORADO SPRINGS, CO 80903	REAL ESTATE HOLDING	COLORADO	0.	0.	FOUNDATION

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	Primary activity Legal domicile (state or Exemp		Primary activity Legal domicile (state or Exempt Code public foreign country) Exempt Code status		Primary activity Legal domicile (state or foreign country) Exempt Code Public charity status (if section		(f) Direct controlling entity	Section 5 contr enti	rolled
				501(c)(3))		Yes	No			
PIKES PEAK REAL ESTATE FOUNDATION -					PIKES PEAK		l			
20-3455353, 315 E PIKES PEAK AVE #120,					COMMUNITY		1			
COLORADO SPRINGS, CO 80903	REAL ESTATE	COLORADO	501(C)(3)	LINE 12A, I	FOUNDATION	Х				

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

Schedule R (Form 990) 2021

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop alloca	artianata		General	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	<u> </u>
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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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(t contr enti	tion b)(13) rolled tity?
		country)						Yes	No
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35	Part V	Transactions With Related Organizations.	Complete if the organization answered "Yes"	on Form 990. Part IV	line 34, 35b.	. or 36.
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Note: Complete	line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1 During the t	ax year, did the organization engage in any of the following transaction	ns with one or more re	elated organizations listed	in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled enti	ty			1a		Х	
b Gift, grant,	or capital contribution to related organization(s)				1b	Х		
	or capital contribution from related organization(s)					Х		
	an guarantees to or for related organization(s)						Х	
	an guarantees by related organization(s)					Х		
f Dividends fi	om related organization(s)				1f		Х	
	ets to related organization(s)						Х	
h Purchase of	assets from related organization(s)				1h		Х	
i Exchange o	f assets with related organization(s)				1i		Х	
j Lease of fac	cilities, equipment, or other assets to related organization(s)				1j		Х	
k Lease of fac	cilities, equipment, or other assets from related organization(s)				1k		Х	
	e of services or membership or fundraising solicitations for related org-						Х	
m Performano	e of services or membership or fundraising solicitations by related orga	anization(s)			1m		Х	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
Sharing of paid employees with related organization(s)								
p Reimburser	nent paid to related organization(s) for expenses				1p		Х	
q Reimburser	nent paid by related organization(s) for expenses				1q	Х		
r Other trans	er of cash or property to related organization(s)				1r		Х	
s Other trans	er of cash or property from related organization(s)				1s	Х		
	er to any of the above is "Yes," see the instructions for information on							
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amoun	t involved			
(1) PIKES PEAK	REAL ESTATE FOUNDATION	В	200,000.	CASH PAID				
(O) DIKEG DEAK	REAL ESTATE FOUNDATION	С	1 921 233	CASH RECEIVED				
(2) TIRES TEAR	KEAD ESTATE FOUNDATION		1,321,233.	CASH RECEIVED				
<u>(3)</u>								
(4)								
<u>(5)</u>								

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)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- ate tions?		General manage partne	(k) Al or Percentage ownership
				Tes No		163	INO	(**************************************	les	10
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