

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

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 Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PIKES PEAK COMMUNITY FOUNDATION		D Employer identification number 84-1339670
	Doing business as		E Telephone number 719-389-1251
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	315 E PIKES PEAK AVENUE 120		G Gross receipts \$ 40,124,159.
City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80903		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.PPCF.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1994	M State of legal domicile: CO

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>COMMUNITY TRUST TO PROMOTE PHILANTHROPY IN THE PIKES PEAK REGION.</u>
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 18
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 18
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 11
	6	Total number of volunteers (estimate if necessary) 6 18
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) Prior Year 11,219,850. Current Year 15,965,630.
	9	Program service revenue (Part VIII, line 2g) 107,373. 107,251.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,494,421. 6,091,519.
	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 Part VIII, column (A), line 12) 13,885,858. 22,173,927.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 902,429. 1,052,088.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 52,136.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 792,775. 958,456.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,255,277. 10,046,722.	
19	Revenue less expenses. Subtract line 18 from line 12 5,630,581. 12,127,205.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) Beginning of Current Year 71,377,076. End of Year 84,096,256.
	21	Total liabilities (Part X, line 26) 6,619,786. 7,567,285.
	22	Net assets or fund balances. Subtract line 21 from line 20 64,757,290. 76,528,971.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	LESLIE SABIN, VP OF FINANCE AND OPERATIONS Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SARAH HINTZ	SARAH HINTZ	09/14/22		P00492291
Preparer Use Only	Firm's name ▶	Firm's EIN ▶			
	CLIFTONLARSONALLEN LLP	41-0746749			
Preparer Use Only	Firm's address ▶	Phone no. (303) 779-5710			
	8390 EAST CRESCENT PARKWAY, SUITE 300 GREENWOOD VILLAGE, CO 80111				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 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.

4b (Code:) (Expenses \$ 2,731,614. including grants of \$ 2,649,933.) (Revenue \$ 41,116.) 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 UNKNOWNNS. 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.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 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 only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records LESLIE SABIN - 719-389-1251 315 E PIKES PEAK AVENUE, 120, COLORADO SPRINGS, CO 80903

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DR. PAM SHOCKLEY-ZALABAK DIRECTOR	5.00 1.00	X						0.	0.	0.
(19) MARI SINTON-MARTINEZ DIRECTOR	5.00 0.00	X						0.	0.	0.
(20) ALEX SULLIVAN DIRECTOR	5.00 1.00	X						0.	0.	0.
(21) WENDEL TORRES DIRECTOR	5.00 1.00	X						0.	0.	0.
1b Subtotal							420,530.	0.	119,008.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							420,530.	0.	119,008.	

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	1,921,233.				
	e Government grants (contributions)	1e	160,129.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	13,884,268.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,079,045.				
	h Total. Add lines 1a-1f			15,965,630.			
Program Service Revenue	2 a MANAGEMENT FEES	Business Code					
		561000	48,772.	48,772.			
	b VENETUCCI FARM REVENUE	900099	38,479.	38,479.			
	c TRANSFORMING SAFETY GR	900099	20,000.	20,000.			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			107,251.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,325,823.			1,325,823.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	9,527.			
			(ii) Personal				
				0.			
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c	9,527.				
	d Net rental income or (loss)			9,527.		9,527.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	22,715,928.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	17,950,232.				
c Gain or (loss)	7c	4,765,696.					
d Net gain or (loss)			4,765,696.		4,765,696.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			22,173,927.	107,251.	0.	6,101,046.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	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.	12,655.
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.	18,665.
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.	2,261.
10 Payroll taxes	64,203.	31,028.	30,936.	2,239.
11 Fees for services (nonemployees):				
a Management				
b Legal	13,663.		13,663.	
c Accounting	21,819.		21,819.	
d 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, column (A), amount, list line 11g expenses on Sch O.)	46,323.	22,820.	22,053.	1,450.
12 Advertising and promotion	37,837.	18,639.	18,013.	1,185.
13 Office expenses	81,691.	43,312.	35,627.	2,752.
14 Information technology	102,623.	50,554.	48,856.	3,213.
15 Royalties				
16 Occupancy	162,547.	85,159.	72,140.	5,248.
17 Travel	788.	388.	375.	25.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	3,642.	1,794.	1,734.	114.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,549.	10,924.	10,836.	789.
23 Insurance	13,959.	6,876.	6,646.	437.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	134,008.	134,008.		
b REPAIRS AND MAINTENANCE	25,488.	25,488.		
c MISCELLANEOUS EXPENSES	7,490.	3,690.	3,566.	234.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	10,046,722.	9,203,906.	790,680.	52,136.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,456,883.	1	10,094,471.
	2 Savings and temporary cash investments	8,836,230.	2	9,266,185.
	3 Pledges and grants receivable, net	360,331.	3	509,085.
	4 Accounts receivable, net	-672.	4	180,523.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	735,741.	7	1,647,872.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	37,900.	9	56,647.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,339,283.		
	b Less: accumulated depreciation	10b 212,651.	4,120,481.	10c 4,126,632.
	11 Investments - publicly traded securities	49,873,182.	11	52,257,841.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,957,000.	15	5,957,000.
16 Total assets. Add lines 1 through 15 (must equal line 33)	71,377,076.	16	84,096,256.	
Liabilities	17 Accounts payable and accrued expenses	176,657.	17	34,929.
	18 Grants payable	186,939.	18	702,083.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	143,900.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,112,290.	25	6,830,273.
	26 Total liabilities. Add lines 17 through 25	6,619,786.	26	7,567,285.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	64,757,290.	27	76,252,765.
	28 Net assets with donor restrictions		28	276,206.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	64,757,290.	32	76,528,971.
33 Total liabilities and net assets/fund balances	71,377,076.	33	84,096,256.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	64,757,290.
5	Net unrealized gains (losses) on investments	5	-355,524.
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	76,528,971.

Part XII Financial Statements and Reporting

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

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

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

Form 990 (2021)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	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.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 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 instructions)					12	578,681.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	66.27 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	74.96 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	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:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2021

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 475,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 1,590,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 2,540,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 503,151.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 345,225.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 1,921,233.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	4,500 SHARES OF RELAY THERAPEUTICS, INC. (RLAY) AND 4690 SHARES OF VAXCYTE, INC. (PCVX)	\$ 331,252.	02/11/21
8	STOCK	\$ 345,225.	12/29/21
		\$	
		\$	
		\$	
		\$	
		\$	

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

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

2021

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	169	146
2 Aggregate value of contributions to (during year)	10,196,562.	3,719,724.
3 Aggregate value of grants from (during year)	5,331,893.	4,060,232.
4 Aggregate value at end of year	53,047,827.	35,320,046.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply):

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,059,331.	14,425,891.	9,058,692.	9,380,252.	8,192,944.
b Contributions	599,597.	294,372.	491,355.	518,213.	954,715.
c Net investment earnings, gains, and losses	2,707,603.	1,790,345.	5,611,696.	-418,953.	1,172,943.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,083,723.	451,277.	735,852.	420,820.	940,350.
f Administrative expenses					
g End of year balance	18,282,808.	16,059,331.	14,425,891.	9,058,692.	9,380,252.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment .0000 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,700,000.	1,845,000.		3,545,000.
b Buildings		732,370.	196,874.	535,496.
c Leasehold improvements				
d Equipment		33,215.	15,777.	17,438.
e Other		28,698.		28,698.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,126,632.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE REMAINDER TRUST	2,229,777.
(3) HELD FOR OTHERS	4,559,938.
(4) DUE TO PIKES PEAK REAL ESTATE FOUNDATION	40,558.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,830,273.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	20,667,812.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-355,524.	
b	Donated services and use of facilities	2b	6,230.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,048,441.	
e	Add lines 2a through 2d	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	284,029.	
b	Other (Describe in Part XIII.)	4b	1,921,233.	
c	Add lines 4a and 4b	4c		2,205,262.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	22,173,927.

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

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

1	Total expenses and losses per audited financial statements		1	9,848,251.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	6,230.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	279,331.	
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	284,029.	
b	Other (Describe in Part XIII.)	4b	200,003.	
c	Add lines 4a and 4b	4c		484,032.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	10,046,722.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT CONSISTS OF 51 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THESE FUNDS INCLUDE FUNDS ESTABLISHED BY DONORS FOR SPECIFIED CHARITABLE PURPOSES OR NONPROFIT ORGANIZATIONS.

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PIKES PEAK REAL ESTATE FOUNDATION (PPREF) REVENUE 1,048,441.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS FROM PPREF NOT INCLUDED IN FINANCIAL STATEMENTS 1,921,233.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PPREF EXPENSES 279,331.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS TO PPREF NOT INCLUDED IN FINANCIAL STATEMENTS 200,000.

ROUNDING ADJUSTMENTS 3.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 200,003.

SCHEDULE D, PART I, LINE 5

CERTAIN BOARD MEMBERS ARE FUND ADVISORS OF DONOR ADVISED FUNDS THAT ARE HELD WITH THE FOUNDATION. AS OF DECEMBER 31, 2021 AND 2020, THE VALUE OF THESE DONOR ADVISED FUNDS WAS \$10,384,604 AND \$7,371,810, RESPECTIVELY.

**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.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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) and government organizations listed in the line 1 table ▶ 150.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) 2021

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
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. 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

Schedule I (Form 990)

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
CASA OF THE PIKES PEAK REGION, INC. - 418 S WEBER ST. - COLORADO SPRINGS, CO 80903	84-1115548	501(C)(3)	44,000.	0.	N/A	N/A	HUMAN 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 - 228 N CASCADE AVE. - 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
CHEYENNE MOUNTAIN ZOO 4250 CHEYENNE MOUNTAIN ZOO RD. COLORADO SPRINGS, CO 80906	84-0407039	501(C)(3)	45,000.	0.	N/A	N/A	ANIMAL WELFARE
CHEYENNE VILLAGE 6275 LEHMAN DR. COLORADO SPRINGS, CO 80918	84-6051921	501(C)(3)	22,000.	0.	N/A	N/A	DISABILITIES - MENTAL
CHILDREN'S HOSPITAL COLORADO FOUNDATION - 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 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. COLORADO SPRINGS, CO 80905	83-4066259	501(C)(3)	18,000.	0.	N/A	N/A	EMERGENCY RELIEF - COVID

Schedule I (Form 990)

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
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, RECREATION, AND CULTURAL SERVICES - 1401 RECREATION WAY - COLORADO SPRINGS, CO 80905	84-6000573	GOVT	10,000.	0.	N/A	N/A	CIVIC PROJECTS
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
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 POUFRE 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

Schedule I (Form 990)

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
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/NUTRITION
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/NUTRITION
COMPASSION INTERNATIONAL 12290 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 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
CPCD...GIVING 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 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
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)(3)	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

Schedule I (Form 990)

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
FINDING 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

Schedule I (Form 990)

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
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
HILLSDALE COLLEGE 33 E COLLEGE ST. HILLSDALE, MI 49242	38-1374230	501(C)(3)	16,550.	0.	N/A	N/A	EDUCATION - COLLEGE

Schedule I (Form 990)

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
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 COLORADO SPRINGS, CO 80909	20-0778121	501(C)(3)	26,715.	0.	N/A	N/A	ZHISTORICAL - HUMAN 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 COLORADO SPRINGS, CO 80903	84-1407299	501(C)(3)	10,500.	0.	N/A	N/A	EQUITY, DIVERSITY, & 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.	0.	N/A	N/A	ARTS & CULTURE
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 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

Schedule I (Form 990)

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
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.	0.	N/A	N/A	ARTS & CULTURE
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 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

Schedule I (Form 990)

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	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

Schedule I (Form 990)

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 - 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. 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
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

Schedule I (Form 990)

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 HEART--COLORADO 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

Schedule I (Form 990)

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

Schedule I (Form 990)

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
THE DURANGO EDUCATION FOUNDATION 201 E 12TH ST. DURANGO, CO 81301	74-2350944	501(C)(3)	6,320.	0.	N/A	N/A	EDUCATION
THE PLACE 423 E CUCHARRAS ST. COLORADO SPRINGS, CO 80903	84-1549702	501(C)(3)	42,250.	0.	N/A	N/A	HUMAN SERVICES - 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 TRUST FOR PUBLIC LAND 1410 GRANT, D - 210 DENVER, CO 80203	23-7222333	501(C)(3)	10,000.	0.	N/A	N/A	CONSERVATION

Schedule I (Form 990)

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
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 COLORADO SPRINGS, CO 80903	84-1156471	501(C)(3)	13,000.	0.	N/A	N/A	CONSERVATION - TRAIL/PARK 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 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 SPRINGS--GIFTS - 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 ATTN: GIFTS PROCESSING 1800 GRANT S DENVER, CO 80203	84-6049811	501(C)(3)	15,250.	0.	N/A	N/A	HISTORICAL - EDUCATION

Schedule I (Form 990)

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
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 COLORADO SPRINGS, CO 80903	84-3045036	501(C)(3)	7,500.	0.	N/A	N/A	HUMAN SERVICES - 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
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 COLORADO SPRINGS, CO 80949	84-1251301	501(C)(3)	8,000.	0.	N/A	N/A	HISTORICAL - HUMAN 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

Schedule I (Form 990)

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 required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
315 COLLECTIVE LLC	TONY ROSENDO, FORME	200,000.	INVEST CAPI		X

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: 315 COLLECTIVE LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TONY ROSENDO, FORMER BOARD CHAIR, ALSO ED OF MAJOR INVESTOR

(D) DESCRIPTION OF TRANSACTION: INVEST CAPITAL IN PARTNERSHIP

SCHEDULE L, PART IV, LINE 1

THE FOUNDATION PURCHASED AN ADDITIONAL INTEREST IN 315 COLLECTIVE LLC

FOR \$200,000 IN 2021. THE FOUNDATION'S PAST BOARD CHAIR IS THE

EXECUTIVE DIRECTOR OF THE LLC'S MAJORITY INVESTOR. A FOUNDATION BOARD

MEMBER IS THE PRESIDENT OF ANOTHER INVESTOR IN THE LLC.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	33	2,077,625.	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (GRAVEL)	X	1	1,420. FMV	
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS USED IN PART I.

SCHEDULE M, LINE 32B:

STOCK GIFTS ARE GIVEN TO OUR BROKERAGES AND SALES ARE PROCESSED BY THEM. THEY ALMOST ALWAYS ARE GIVEN DIRECTLY TO THE BROKERAGES.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

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

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

Schedule O (Form 990) 2021

Name of the organization PIKES PEAK COMMUNITY FOUNDATION	Employer identification number 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

Name of the organization PIKES PEAK COMMUNITY FOUNDATION	Employer identification number 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

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

2021.

THE ORGANIZATION REVIEWS COMPENSATION FOR ALL STAFF ON A REGULAR BASIS THROUGH THE USE OF SALARY SURVEYS AND COMPARISON DATA FOR PHILANTHROPIC ENTITIES OF COMPARABLE SIZES, TYPE AND GEOGRAPHIC LOCATION TO SET COMPENSATION AND BENEFITS LEVELS. THIS ANALYSIS AND ALL SALARIES ARE APPROVED BY THE CEO ON AN ANNUAL BASIS. THIS REVIEW WAS LAST PERFORMED IN 2021.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S OFFICE.

FORM 990, PART XII, LINE 2C

THE PROCESS FOR OVERSEEING AND SELECTING AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
VENETUCCI RANCH LLC - 26-2765477 315 E PIKES PEAK AVE #120 COLORADO SPRINGS, CO 80903	EDUCATION AND OUTREACH	COLORADO	42,841.	9,950,604.	PIKES PEAK COMMUNITY FOUNDATION
HUNT OR GATHER LLC 315 E PIKES PEAK AVE #120 COLORADO SPRINGS, CO 80903	EDUCATION AND OUTREACH	COLORADO	0.	0.	PIKES PEAK COMMUNITY FOUNDATION
VENETUCCI VILLAGE LLC 315 E PIKES PEAK AVE #120 COLORADO SPRINGS, CO 80903	REAL ESTATE	COLORADO	0.	0.	PIKES PEAK COMMUNITY FOUNDATION
730 N NEVADA AVE LLC 315 E PIKES PEAK AVE #120 COLORADO SPRINGS, CO 80903	REAL ESTATE HOLDING	COLORADO	0.	0.	PIKES PEAK COMMUNITY 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	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PIKES PEAK REAL ESTATE FOUNDATION - 20-3455353, 315 E PIKES PEAK AVE #120, COLORADO SPRINGS, CO 80903	REAL ESTATE	COLORADO	501(C)(3)	LINE 12A, I	PIKES PEAK COMMUNITY FOUNDATION	X	

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PIKES PEAK REAL ESTATE FOUNDATION	B	200,000.	CASH PAID
(2) PIKES PEAK REAL ESTATE FOUNDATION	C	1,921,233.	CASH RECEIVED
(3)			
(4)			
(5)			
(6)			

