

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

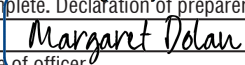
Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2022
 Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending																																	
B Check if applicable: <input 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization PIKES PEAK COMMUNITY FOUNDATION</td> <td>D Employer identification number 84-1339670</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2">E Telephone number 719-389-1251</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">315 E PIKES PEAK AVENUE</td> <td></td> </tr> <tr> <td colspan="2">SUITE 120</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80903</td> <td>G Gross receipts \$ 31,439,731.</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: MARGARET DOLAN SAME AS C ABOVE</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">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</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">J Website: WWW.PPCF.ORG</td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td>H(c) Group exemption number</td> </tr> <tr> <td colspan="2">L Year of formation: 1994</td> <td>M State of legal domicile: CO</td> </tr> </table>	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			SUITE 120			City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80903		G Gross receipts \$ 31,439,731.	F Name and address of principal officer: MARGARET DOLAN SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	J Website: WWW.PPCF.ORG		If "No," attach a list. See instructions	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number	L Year of formation: 1994		M State of legal domicile: CO
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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 14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 14
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 14
	6	Total number of volunteers (estimate if necessary)	6 14
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b 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: 15,965,630. Current Year: 16,142,169.
	9	Program service revenue (Part VIII, line 2g)	107,251. 121,625.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,091,519. 666,348.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,527. 339,562.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,173,927. 17,269,704.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,052,088. 1,303,606.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25)	0.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	958,456. 1,075,468.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,046,722. 13,086,222.	
19	Revenue less expenses. Subtract line 18 from line 12	12,127,205. 4,183,482.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 84,096,256. End of Year: 78,878,552.
	21	Total liabilities (Part X, line 26)	7,567,285. 6,618,668.
	22	Net assets or fund balances. Subtract line 21 from line 20	76,528,971. 72,259,884.

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	DocuSigned by:  Signature of officer	9/19/2023	Date
	MARGARET DOLAN, CEO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name SARAH HINTZ	Preparer's signature SARAH HINTZ	Date 09/19/23
	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 41-0746749	Check if self-employed <input type="checkbox"/> PTIN P00492291
	Firm's address 8390 EAST CRESCENT PARKWAY, SUITE 300 GREENWOOD VILLAGE, CO 80111		Phone no. (303) 779-5710

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

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? Yes No

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

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

4a (Code:) (Expenses \$ 10,332,859. including grants of \$ 9,898,808.) (Revenue \$ 119,172.) 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 \$ 1,684,118. including grants of \$ 808,340.) (Revenue \$ 656.) 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. 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 THE REDEVELOPMENT EFFORTS EMBODIED IN RISE SOUTHEAST AND THE TRANSFORMING SAFETY INITIATIVE.

4c (Code:) (Expenses \$ 199,539. including grants of \$ 0.) (Revenue \$ 1,797.) COMMUNITY PROGRAMS - VENETUCCI - FOR NEARLY TWO DECADES, WE HAVE STEWARDED THIS COMMUNITY ICON IN EL PASO COUNTY. WE ENHANCE THE INVESTMENT THROUGH A 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 \$ including grants of \$) (Revenue \$)

4e Total program service expenses 12,216,516.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		14
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year		1
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?	X	
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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
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?		X

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CO
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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
 JESSIE MARTINEZ - (719) 389-1251
 315 E PIKES PEAK AVENUE SUITE 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, box 6 of 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 THRU 5/22	40.00 5.00			X				173,673.	0.	64,233.
(2) DAVID DAHLIN VP OF PHILANTHROP. SERV. THRU 11/22	40.00 0.00					X		151,791.	0.	53,231.
(3) LESLIE SABIN VP OF FINANCE & OPERATIONS	40.00 5.00			X				139,635.	0.	37,488.
(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) RANDY CASE DIRECTOR	5.00 1.00	X						0.	0.	0.
(9) KATIE GONZALEZ DIRECTOR	5.00 0.00	X						0.	0.	0.
(10) TAD GOODENBOUR DIRECTOR	5.00 0.00	X						0.	0.	0.
(11) BENJAMIN HARVEY DIRECTOR	5.00 0.00	X						0.	0.	0.
(12) CHRIS JENKINS DIRECTOR	5.00 1.00	X						0.	0.	0.
(13) DR. GEORGE HOUSTON DIRECTOR	5.00 0.00	X						0.	0.	0.
(14) ZULEIKA JOHNSON DIRECTOR	5.00 0.00	X						0.	0.	0.
(15) DEB MAHAN DIRECTOR	5.00 0.00	X						0.	0.	0.
(16) ALEX SULLIVAN DIRECTOR	5.00 1.00	X						0.	0.	0.
(17) BARBARA WINTER 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			
1b Subtotal							465,099.	0.	154,952.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							465,099.	0.	154,952.	

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	2,552.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,139,617.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,131,376.				
	h Total. Add lines 1a-1f			16,142,169.			
Program Service Revenue	2 a PROGRAM INCOME	Business Code					
		531390	75,405.	75,405.			
	b MANAGEMENT FEES	561000	46,220.	46,220.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			121,625.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,473,721.			1,473,721.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		166,804.			166,804.	
	6 a Gross rents	6a	(i) Real	155,758.			
			(ii) Personal				
				0.			
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c	155,758.				
	d Net rental income or (loss)			155,758.		155,758.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	13,362,654.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	14,170,027.				
	c Gain or (loss)	7c	-807,373.				
d Net gain or (loss)			-807,373.		-807,373.		
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 MISCELLANEOUS INCOME	Business Code	900099	17,000.		17,000.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			17,000.			
12 Total revenue. See instructions			17,269,704.	121,625.	0.	1,005,910.	

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	10,658,928.	10,658,928.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	48,220.	48,220.		
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	377,986.	195,862.	182,124.	
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	750,371.	388,797.	361,574.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,818.	17,005.	15,813.	
9 Other employee benefits	57,203.	29,639.	27,564.	
10 Payroll taxes	85,228.	44,161.	41,067.	
11 Fees for services (nonemployees):				
a Management				
b Legal	13,711.		13,711.	
c Accounting	30,071.		30,071.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	261,045.	234,940.	26,105.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	15,261.	7,996.	7,265.	
12 Advertising and promotion	25,007.	13,102.	11,905.	
13 Office expenses	72,983.	38,238.	34,745.	
14 Information technology	74,518.	39,042.	35,476.	
15 Royalties				
16 Occupancy	97,033.	53,969.	43,064.	
17 Travel	5,199.	2,724.	2,475.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,983.	7,850.	7,133.	
20 Interest	-4,892.	-4,892.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,019.	11,957.	11,062.	
23 Insurance	12,986.	6,804.	6,182.	
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	382,903.	382,903.		
b MISCELLANEOUS EXPENSES	25,983.	13,613.	12,370.	
c IN-KIND ARTWORK EXPENSE	25,500.	25,500.		
d REPAIRS AND MAINTENANCE	158.	158.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,086,222.	12,216,516.	869,706.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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	10,094,471.	1	4,624,007.
	2 Savings and temporary cash investments	9,266,185.	2	5,388,085.
	3 Pledges and grants receivable, net	509,085.	3	-117,543.
	4 Accounts receivable, net	180,523.	4	-25,827.
	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	1,647,872.	7	876,849.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	56,647.	9	53,461.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,430,711.		
	b Less: accumulated depreciation	10b 228,773.		
	11 Investments - publicly traded securities	4,126,632.	10c	4,201,938.
	12 Investments - other securities. See Part IV, line 11	52,257,841.	11	57,815,582.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	5,957,000.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	84,096,256.	15	6,062,000.	
		16	78,878,552.	
Liabilities	17 Accounts payable and accrued expenses	34,929.	17	-93,898.
	18 Grants payable	702,083.	18	154,250.
	19 Deferred revenue		19	323,960.
	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		24	
	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	6,830,273.	25	6,234,356.
	26 Total liabilities. Add lines 17 through 25	7,567,285.	26	6,618,668.
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	76,252,765.	27	71,900,031.
	28 Net assets with donor restrictions	276,206.	28	359,853.
	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	76,528,971.	32	72,259,884.
33 Total liabilities and net assets/fund balances	84,096,256.	33	78,878,552.	

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	17,269,704.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,086,222.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,183,482.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	76,528,971.
5	Net unrealized gains (losses) on investments	5	-8,450,293.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-2,276.
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	72,259,884.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
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 _____		

Form 990 (2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Table with 2 columns: Name of the organization (PIKES PEAK COMMUNITY FOUNDATION) and Employer identification number (84-1339670).

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

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

- 1-12. List of reasons for public charity status with checkboxes. Option 8 is checked: A community trust described in section 170(b)(1)(A)(vi).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,462,519.	4,462,704.	11,219,850.	15,965,630.	16,142,169.	53,252,872.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,462,519.	4,462,704.	11,219,850.	15,965,630.	16,142,169.	53,252,872.
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)						12,273,603.
6 Public support. Subtract line 5 from line 4.						40,979,269.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	5,462,519.	4,462,704.	11,219,850.	15,965,630.	16,142,169.	53,252,872.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,278,657.	1,677,020.	1,532,312.	1,335,350.	1,796,283.	7,619,622.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	9,587.	6,005.				15,592.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,985.	2,484.	151.		17,000.	21,620.
11 Total support. Add lines 7 through 10						60,909,706.
12 Gross receipts from related activities, etc. (see instructions)					12	535,574.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	67.28 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	66.27 %
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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).		

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2018 AMOUNT: \$ 1,985.

2019 AMOUNT: \$ 2,484.

2020 AMOUNT: \$ 151.

2022 AMOUNT: \$ 17,000.

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

2022

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
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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	<hr/> <hr/> <hr/>	\$ 5,515,464.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 4,617,859.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,326,420.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,095,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 500,000.	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
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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/>	\$ <u>478,257.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>340,000.</u>	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.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input 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.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input 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
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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
1	DONATED SECURITIES _____ _____ _____	\$ 5,118,584.	12/01/22
7	DONATED SECURITIES _____ _____ _____	\$ 469,875.	11/01/22
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

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

2022

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and yes/no questions about monitoring and reporting.

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

Form with questions (1a, 1b, 2) regarding collections of art and historical treasures, including checkboxes and dollar amount fields for revenue and assets.

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	18,282,808.	16,059,331.	14,425,891.	9,058,692.	9,380,252.
b Contributions	4,934,805.	599,597.	294,372.	491,355.	518,213.
c Net investment earnings, gains, and losses	-3,237,206.	2,707,603.	1,790,345.	5,611,696.	-418,953.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,116,792.	1,083,723.	451,277.	735,852.	420,820.
f Administrative expenses					
g End of year balance	18,863,615.	18,282,808.	16,059,331.	14,425,891.	9,058,692.

- 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? _____ | 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		3,553,289.		3,553,289.
b Buildings		808,727.	218,023.	590,704.
c Leasehold improvements				
d Equipment		18,695.	10,750.	7,945.
e Other		50,000.		50,000.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,201,938.

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) DUE FROM PIKES PEAK REAL ESTATE FOUNDATION	105,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	6,062,000.

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	2,602,740.
(3) HELD FOR OTHERS	3,574,119.
(4) DUE TO PIKES PEAK REAL ESTATE FOUNDATION	57,497.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,234,356.

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	8,695,472.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-8,450,293.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	204,510.	
e	Add lines 2a through 2d		2e	-8,245,783.
3	Subtract line 2e from line 1		3	16,941,255.
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	261,045.	
b	Other (Describe in Part XIII.)	4b	67,404.	
c	Add lines 4a and 4b		4c	328,449.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	17,269,704.

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	13,086,089.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	371,629.	
e	Add lines 2a through 2d		2e	371,629.
3	Subtract line 2e from line 1		3	12,714,460.
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	261,045.	
b	Other (Describe in Part XIII.)	4b	110,717.	
c	Add lines 4a and 4b		4c	371,762.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	13,086,222.

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 39 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:

PPREF REVENUE 204,510.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INTERCOMPANY CONTRIBUTIONS 67,404.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PPREF EXPENSES 371,629.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INTERCOMPANY GRANTS 110,717.

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, 2022 AND 2021, THE VALUE OF THESE DONOR ADVISED FUNDS WAS \$7,300,057 AND \$10,384,604, 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

2022

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAPTIVE SPORTS CENTER OF CRESTED BUTTE - PO BOX 1693 - CRESTED BUTTE, CO 81224	84-1063447	501(C)(3)	8,700.	0.	N/A	N/A	HS: PHYSICAL DISABILITIES
AIR FORCE ACADEMY FOUNDATION 3116 ACADEMY DR. USAF ACADEMY, CO 80840	26-0537053	501(C)(3)	9,971.	0.	N/A	N/A	ED: EDUCATION
ALPINE AUTISM CENTER 2760 FIELDSTONE RD. COLORADO SPRINGS, CO 80919	84-0909184	501(C)(3)	17,500.	0.	N/A	N/A	HS: INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
ALZHEIMER'S ASSOCIATION-COLORADO CHAPTER - 455 N SHERMAN ST., SUITE 500 - DENVER, CO 80203	13-3039601	501(C)(3)	14,650.	0.	N/A	N/A	HH: HEALTH
AMERICAN CENTER FOR LAW & JUSTICE P.O. BOX 90555 WASHINGTON, DC 20090	54-1586817	501(C)(3)	11,500.	0.	N/A	N/A	HS: LEGAL SERVICES
ANCHOR CENTER FOR BLIND CHILDREN 2550 ROSLYN ST. DENVER, CO 80238	84-0893509	501(C)(3)	17,000.	0.	N/A	N/A	HS: PHYSICAL DISABILITIES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 166.
- 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) 2022

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPALACHIAN STATE UNIVERSITY FOUNDATION, INC. - COLLEGE OF FINE AND APPLIED ARTS, ASU BOX 32060 - BOONE, NC 28608	23-7099379	501(C)(3)	10,000.	0. N/A	N/A		ED: POST-SECONDARY
ARTSPACE PROJECTS INC 250 THIRD AVE N, #400 MINNEAPOLIS, MN 55401	41-1350071	501(C)(3)	166,732.	0. N/A	N/A		HS: TEMPORARY AND TRANSITIONAL HOUSING
ATLAS PREPARATORY SCHOOL 1602 S MURRAY BLVD. COLORADO SPRINGS, CO 80916	26-2055229	501(C)(3)	65,000.	0. N/A	N/A		ED: EDUCATION
AUDIO INFORMATION NETWORK OF COLORADO - 1700 55TH ST., SUITE A - BOULDER, CO 80301	84-1147123	501(C)(3)	12,250.	0. N/A	N/A		HS: PHYSICAL DISABILITIES
BRAD'S HOUSE 14960 WOODCARVER RD., #203 COLORADO SPRINGS, CO 80921	82-2669617	501(C)(3)	45,000.	0. N/A	N/A		HS: HUMAN SERVICES
CALVARY WORSHIP CENTER 501 CASTLE RD COLORADO SPRINGS, CO 80904	84-0727049	501(C)(3)	22,500.	0. N/A	N/A		CC: FAITH COMMUNITY
CARE AND SHARE FOOD BANK OF SOUTHERN COLORADO - 2605 PREAMBLE PT. - COLORADO SPRINGS, CO 80915	84-0731930	501(C)(3)	162,450.	0. N/A	N/A		HS: FOOD/NUTRITION
CAREERS IN CONSTRUCTION COLORADO 4585 HILTON PKWY., SUITE 100 COLORADO SPRINGS, CO 80907	83-3196106	501(C)(3)	32,500.	0. N/A	N/A		ED: TRADES
CASA ACADEMY 8047 N 35TH AVE PHOENIX, AZ 85051	46-1967299	501(C)(3)	10,000.	0. N/A	N/A		ED: K-12

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 non-cash 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)	32,500.	0. N/A	N/A	N/A	HS: HUMAN SERVICES
CATAMOUNT CENTER 3168 COUNTY ROAD 28 WOODLAND PARK, CO 80863	84-1438996	501(C)(3)	500,000.	0. N/A	N/A	N/A	CE: CONSERVATION
CATAMOUNT INSTITUTE 740 W CARAMILLO ST. COLORADO SPRINGS, CO 80907	86-1151502	501(C)(3)	115,385.	0. N/A	N/A	N/A	HS: YOUTH DEVELOPMENT
CATHOLIC CHARITIES OF CENTRAL COLORADO - 228 N CASCADE AVE. - COLORADO SPRINGS, CO 80903	84-05886169	501(C)(3)	8,250.	0. N/A	N/A	N/A	CC: FAITH COMMUNITY
CHEYENNE MOUNTAIN ZOO 4250 CHEYENNE MOUNTAIN ZOO RD. COLORADO SPRINGS, CO 80906	84-0407039	501(C)(3)	20,000.	0. N/A	N/A	N/A	CE: CONSERVATION
CHILDREN'S ADVOCACY CENTER FOR THE PIKES PEAK REGION INC. DBA SAFE PASSAGE - 2335 ROBINSON ST - COLORADO SPRINGS, CO 80904	84-1241767	501(C)(3)	113,000.	0. N/A	N/A	N/A	HS: HUMAN SERVICES
CHILDREN'S HOSPITAL COLORADO SPRINGS FOUNDATION - 111 S TEJON ST., SUITE 309 - COLORADO SPRINGS, CO 80903	84-0813462	501(C)(3)	6,500.	0. N/A	N/A	N/A	HH: HEALTH
CHILDREN'S LITERACY CENTER 2928 STRAUS LANE, SUITE 100 COLORADO SPRINGS, CO 80907	84-1209272	501(C)(3)	6,000.	0. N/A	N/A	N/A	ED: EDUCATION
CITIZENS PROJECT 322 N TEJON ST. COLORADO SPRINGS, CO 80903	84-1241911	501(C)(3)	5,500.	0. N/A	N/A	N/A	CC: 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF COLORADO SPRINGS CITY FINANCE ACCTS REC, PO BOX 1575, MC# 225 - COLORADO SPRINGS, CO 80901	84-6000573	501(C)(3)	441,873.	0. N/A	N/A	N/A	CC: CIVIC PROJECTS
COLORADO CENTER FOR THE BLIND 2233 W SHEPPERD AVE. LITTLETON, CO 80120	74-2465141	501(C)(3)	6,000.	0. N/A	N/A	N/A	HS: PHYSICAL DISABILITIES
COLORADO COLLEGE- FINE ARTS CENTER 14 E CACHE LA POUFRE ST COLORADO SPGS, CO 80903	84-0402510	501(C)(3)	19,300.	0. N/A	N/A	N/A	HS: PHYSICAL DISABILITIES
COLORADO COLLEGE FOR QUAD INNOVATION PARTNERSHIP - 14 E CACHE LA POUFRE ST - COLORADO SPRINGS, CO 80903	84-0402510	501(C)(3)	9,000.	0. N/A	N/A	N/A	ED: POST-SECONDARY
COLORADO COLLEGE OFFICE OF FINANCIAL AID - OFFICE OF FINANCIAL AID, 14 E. CACHE LA POUDRE - COLORADO SPRINGS, CO	84-0402510	501(C)(3)	28,000.	0. N/A	N/A	N/A	AC: ARTS & CULTURE
COLORADO HEALING FUND 1245 CHAMPA ST DENVER, CO 80204	82-4598761	501(C)(3)	12,500.	0. N/A	N/A	N/A	HS: EMERGENCY RELIEF
COLORADO SPRINGS CHRISTIAN SCHOOLS 4855 MALLOW ROAD COLORADO SPRINGS, CO 80907	74-2477359	501(C)(3)	35,000.	0. N/A	N/A	N/A	ED: K-12
COLORADO SPRINGS PHILHARMONIC P O BOX 1266 COLORADO SPRINGS, CO 80901	74-3091110	501(C)(3)	20,791.	0. N/A	N/A	N/A	AC: ARTS & CULTURE
COLORADO SPRINGS PHILHARMONIC FOUNDATION - P O BOX 1266 - COLORADO SPRINGS, CO 80901	82-5487882	501(C)(3)	10,000.	0. N/A	N/A	N/A	AC: 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO SPRINGS PIONEERS MUSEUM 215 S TEJON ST. COLORADO SPRINGS, CO 80903	27-4151466	501(C)(3)	91,124.	0.	N/A	N/A	AC: ARTS & CULTURE
COLORADO SPRINGS UTILITIES FOUNDATION - PO BOX 1103, MC 950 - COLORADO SPRINGS, CO 80947	20-8643063	501(C)(3)	12,000.	0.	N/A	N/A	HS: HUMAN SERVICES
COLORADO YOUTH FOR A CHANGE 2490 WEST 26TH AVE, BUILDING A, SUI DENVER, CO 80211	20-2501002	501(C)(3)	10,000.	0.	N/A	N/A	ED: EDUCATION
COMCOR INC 5465 MARK DABLING BLVD COLORADO SPRINGS, CO 80918	84-0928251	501(C)(3)	36,000.	0.	N/A	N/A	HS: HOMELESSNESS SERVICES
COMMUNITY FOOD BANK OF EASTERN OKLAHOMA - 1304 NORTH KENOSHA AVENUE - TULSA, OK 74106	73-1184980	501(C)(3)	10,000.	0.	N/A	N/A	HS: FOOD/NUTRITION
COMMUNITY PREP SCHOOL 332 E WILLAMETTE AVE. COLORADO SPRINGS, CO 80903	84-1527961	501(C)(3)	8,000.	0.	N/A	N/A	ED: EDUCATION
COMPASSION INTERNATIONAL 12290 VOYAGER PKWY. COLORADO SPRINGS, CO 80921	36-2423707	501(C)(3)	201,500.	0.	N/A	N/A	POPULATION - YOUTH
CONCRETE COUCH 702 E. BOULDER STREET, #4 COLORADO SPRING, CO 80903	20-2325992	501(C)(3)	22,912.	0.	N/A	N/A	AC: ARTS & CULTURE
COSILOVEYOU 1628 W BIJOU ST. COLORADO SPRINGS, CO 80904	82-4228018	501(C)(3)	40,000.	0.	N/A	N/A	HS: HUMAN SERVICES

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL OF NEIGHBORS AND ORGANIZATIONS - 702 E BOULDER - COLORADO SPRINGS, CO 80903	27-3365618	501(C)(3)	20,442.	0. N/A	N/A	N/A	CC: COMMUNITY ORGANIZING
CPCD...GIVING CHILDREN A HEAD START - 2330 ROBINSON ST. - COLORADO SPRINGS, CO 80904	84-1071825	501(C)(3)	5,500.	0. N/A	N/A	N/A	ED: EARLY CHILDHOOD EDUCATION
CROSS & CROWN CHURCH 3435 MAIZELAND RD COLORADO SPRINGS, CO 80909	84-0762753	501(C)(3)	12,000.	0. N/A	N/A	N/A	CC: FAITH COMMUNITY
CRU (CAMPUS CRUSADE FOR CHRIST, INC.) - P.O. BOX 628222 - ORLANDO, FL 32862	95-6006173	501(C)(3)	18,600.	0. N/A	N/A	N/A	CC: RELIGION - MISSIONS
CU FOUNDATION- LYDA HILL INSTITUTE FOR HUMAN RESILIENCE - 4863 NORTH NEVADA AVENUE, FOURTH FLOOR - COLORADO SPRINGS, CO 80918	84-6049811	501(C)(3)	10,000.	0. N/A	N/A	N/A	HH: HEALTH
CULTURAL OFFICE OF THE PIKES PEAK REGION - PO BOX 190 - COLORADO SPRINGS, CO 80901	20-5794244	501(C)(3)	59,000.	0. N/A	N/A	N/A	AC: ARTS & CULTURE
DEL E. WEBB CENTER FOR THE PERFORMING ARTS - 2001 W WICKENBURG WAY, SUITE 3 - WICKENBURG, AZ 85390	86-0873249	501(C)(3)	20,000.	0. N/A	N/A	N/A	AC: ARTS & CULTURE
DESERT CABALLEROS WESTERN MUSEUM 21 N FRONTIER ST. WICKENBURG, AZ 85390	86-0204201	501(C)(3)	66,000.	0. N/A	N/A	N/A	AC: ARTS & CULTURE
DIOCESAN COUNCIL FOR THE SOCIETY OF ST. VINCENT DE PAUL DIOCESE PHOENIX - PO BOX 13600 - PHOENIX, AZ 85002	86-0096789	501(C)(3)	10,000.	0. N/A	N/A	N/A	HS: HUMAN SERVICES

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIOCESE OF COLORADO SPRINGS 228 N CASCADE AVE. COLORADO SPRINGS, CO 80903	84-0936629	501(C)(3)	8,850.	0.	N/A	N/A	CC: FAITH COMMUNITY
DISCOVER GOODWILL FOUNDATION OF SOUTHERN AND WESTERN COLORADO - 1460 GARDEN OF THE GODS RD. - COLORADO SPRINGS, CO 80907	84-1488592	501(C)(3)	20,000.	0.	N/A	N/A	HS: ECONOMIC VITALITY
DREAM CENTERS OF COLORADO SPRINGS 11025 VOYAGER PKWY. COLORADO SPRINGS, CO 80921	27-4876080	501(C)(3)	8,750.	0.	N/A	N/A	HS: HUMAN SERVICES
EARLY CONNECTIONS LEARNING CENTERS 104 E RIO GRANDE ST. COLORADO SPRINGS, CO 80903	84-0632406	501(C)(3)	59,710.	0.	N/A	N/A	ED: K-12
EMPTY STOCKING FUND 30 E PIKES PEAK AVE., SUITE 100 COLORADO SPRINGS, CO 80903	84-1526179	501(C)(3)	45,500.	0.	N/A	N/A	HS: HUMAN SERVICES
EVANGELICAL CHRISTIAN ACADEMY 4052 NONCHALANT CIR. S COLORADO SPRINGS, CO 80917	84-1253092	501(C)(3)	100,000.	0.	N/A	N/A	ED: EDUCATION
FAR REACHING MINISTRIES 38615 CALISTOGA DR, SUITE 100 MURRIETA, CA 92563	33-0776828	501(C)(3)	11,500.	0.	N/A	N/A	CC: RELIGION - MISSIONS
FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	11-0303001	501(C)(3)	87,540.	0.	N/A	N/A	CC: COMMUNITY ORGANIZING
FINS ATTACHED MARINE RESEARCH AND CONSERVATION - 19675 STILL GLEN DR. - COLORADO SPRINGS, CO 80908	27-3567356	501(C)(3)	10,079.	0.	N/A	N/A	CE: 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CHRISTIAN CHURCH 16 E PLATTE AVE. COLORADO SPRINGS, CO 80903	84-0444734	501(C)(3)	10,000.	0. N/A	N/A		CC: FAITH COMMUNITY
FIRST CONGREGATIONAL CHURCH 20 E SAINT VRAIN ST. COLORADO SPRINGS, CO 80903	84-0405572	501(C)(3)	28,611.	0. N/A	N/A		RELIGION
FIRST PRESBYTERIAN CHURCH 219 E BIJOU ST. COLORADO SPRINGS, CO 80903	84-0416230	501(C)(3)	28,297.	0. N/A	N/A		CC: FAITH COMMUNITY
FLYING HORSE FOUNDATION 9663 E. PALMER DIVIDE AVE. LARKSPUR, CO 80118	82-4061560	501(C)(3)	1,477,500.	0. N/A	N/A		CC: ANIMAL WELFARE
FOCUS ON THE FAMILY 8605 EXPLORER DR. COLORADO SPRINGS, CO 80920	95-3188150	501(C)(3)	15,000.	0. N/A	N/A		CC: FAITH COMMUNITY
FOOD BANK OF THE ROCKIES ATTN: DEVELOPMENT DEPARTMENT, 10700 E 45TH AVE. - DENVER, CO 80239	84-0772672	501(C)(3)	15,000.	0. N/A	N/A		HS: FOOD/NUTRITION
FOSTERING HOPE FOUNDATION 111 S TEJON ST., SUITE 112 COLORADO SPRINGS, CO 80903	26-1991807	501(C)(3)	28,950.	0. N/A	N/A		POPULATION - YOUTH
FRIENDS OF THE CHILDREN - COLORADO SPRINGS - 2340 ROBINSON ST - COLORADO SPRINGS, CO 80904	87-0920034	501(C)(3)	50,000.	0. N/A	N/A		POPULATION - YOUTH
GIVE! PO BOX 880 COLORADO SPRINGS, CO 80901	81-2029897	501(C)(3)	54,150.	0. N/A	N/A		AC: 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMLETT SPAY AND NEUTER CLINIC 3660 CITADEL DR. N COLORADO SPRINGS, CO 80909	84-0721617	501(C)(3)	7,018.	0. N/A	N/A		CC: ANIMAL WELFARE
HOLY TRINITY ANGLICAN CHURCH 13990 GLENEAGLE DR. COLORADO SPRINGS, CO 80921	20-0953833	501(C)(3)	41,895.	0. N/A	N/A		CC: FAITH COMMUNITY
HOME FRONT MILITARY NETWORK 1120 N CIRCLE DR., #230 COLORADO SPRINGS, CO 80909	20-0778121	501(C)(3)	11,250.	0. N/A	N/A		HS: HUMAN SERVICES
HOMEWARD PIKES PEAK 2010 E BIJOU ST. COLORADO SPRINGS, CO 80909	13-4242773	501(C)(3)	37,850.	0. N/A	N/A		HS: HUMAN SERVICES
HOPE AND HOME 4945 N 30TH ST. COLORADO SPRINGS, CO 80919	84-1467476	501(C)(3)	6,747.	0. N/A	N/A		HS: HUMAN SERVICES
HUMANE SOCIETY OF THE PIKES PEAK REGION - 610 ABBOTT LN. - COLORADO SPRINGS, CO 80905	84-0410111	501(C)(3)	18,263.	0. N/A	N/A		CC: ANIMAL WELFARE
INNOVATIONS IN AGING COLLABORATIVE 1625 S MURRAY BLVD. COLORADO SPRINGS, CO 80916	46-0968566	501(C)(3)	10,000.	0. N/A	N/A		HS: TEMPORARY AND TRANSITIONAL HOUSING
INSIDE OUT YOUTH SERVICES 223 N WAHSATCH AVE., SUITE 101 COLORADO SPRINGS, CO 80903	84-1407299	501(C)(3)	8,169.	0. N/A	N/A		HS: HUMAN SERVICES
INTERFAITH HOSPITALITY NETWORK DBA FAMILY PROMISE OF COLORADO SPRINGS - PO BOX 682 - COLORADO SPRINGS, CO 80901	84-1366832	501(C)(3)	50,250.	0. N/A	N/A		HS: HOMELESSNESS SERVICES

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INTERLOCHEN CENTER FOR THE ARTS ATTN: OFFICE OF ADVANCEMENT, PO BOX INTERLOCHEN, MI 49643	38-1689022	501(C)(3)	12,000.	0.	N/A	N/A	AC: ARTS & CULTURE
INTERNATIONAL JUSTICE MISSION P.O. BOX 96961 WASHINGTON, DC 20090	54-1722887	501(C)(3)	6,000.	0.	N/A	N/A	HS: HUMAN SERVICES
JMAKS DREAM TEAM 110 SANDY RIDGE TRAIL FAYETTEVILLE, GA 30214	88-1014287	501(C)(3)	10,000.	0.	N/A	N/A	HS: ECONOMIC VITALITY
LEADERSHIP PROGRAM OF THE ROCKIES 1777 SOUTH HARRISON ST., SUITE 807 DENVER, CO 80210	84-1623324	501(C)(3)	10,000.	0.	N/A	N/A	ED: EDUCATION
LITTLE PEOPLE OF AMERICA 617 BROADWAY #518 SONOMA, CA 95476	94-2965067	501(C)(3)	20,000.	0.	N/A	N/A	ED: EDUCATION
LUTHERAN WORLD RELIEF, INC. P.O. BOX 17061 BALTIMORE, MD 21297	13-2574963	501(C)(3)	110,000.	0.	N/A	N/A	HS: HUMAN SERVICES
MAKE A WISH FOUNDATION 7951 E MAPLEWOOD AVENUE, SUITE 126 GREENWOOD, CO 80111	74-2273004	501(C)(3)	7,500.	0.	N/A	N/A	HH: HEALTH
MATER FILIUS COLORADO SPRINGS P.O. BOX 62546 COLORADO SPRINGS, CO 80962	87-0886078	501(C)(3)	105,750.	0.	N/A	N/A	HS: HUMAN SERVICES
MEMORIAL HOSPITAL FOUNDATION 1400 E. BOULDER ST., SUITE 2N2019 COLORADO SPRINGS, CO 80909	84-1576338	501(C)(3)	11,000.	0.	N/A	N/A	HH: HEALTH

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MIDWAY UNIVERSITY 512 E STEPHENS ST. MIDWAY, KY 40347	61-0444708	501(C)(3)	5,553.	0. N/A	N/A	N/A	ED: POST-SECONDARY
MILE HIGH UNITED WAY PO BOX 5547 DENVER, CO 80217	84-0404235	501(C)(3)	13,188.	0. N/A	N/A	N/A	HS: HUMAN SERVICES
MILLIBO ART THEATRE 1626 S TEJON ST. COLORADO SPRINGS, CO 80905	74-3261678	501(C)(3)	21,500.	0. N/A	N/A	N/A	AC: ARTS & CULTURE
MONUMENT COMMUNITY PRESBYTERIAN CHURCH - 238 3RD ST. - MONUMENT, CO 80132	23-6393377	501(C)(3)	7,000.	0. N/A	N/A	N/A	RELIGION
MOUNTAIN SHADOWS COMMUNITY ASSOCIATION - P.O. BOX 49072 - COLORADO SPRINGS, CO 80949	03-0392840	501(C)(3)	16,788.	0. N/A	N/A	N/A	CC: COMMUNITY ORGANIZING
MOVEMENT 5280 3485 SOUTH BROADWAY ENGLEWOOD, CO 80113	82-3968137	501(C)(3)	7,500.	0. N/A	N/A	N/A	HS: HOMELESSNESS SERVICES
NAMI COLORADO SPRINGS 1615 S MURRAY BLVD. COLORADO SPRINGS, CO 80916	74-2338585	501(C)(3)	5,250.	0. N/A	N/A	N/A	HH: MENTAL HEALTH
NATIONAL CENTER ON SEXUAL EXPLOITATION - 1201 F ST. NW - WASHINGTON, DC 20004	13-2608326	501(C)(3)	10,000.	0. N/A	N/A	N/A	HS: HUMAN SERVICES
NATIONAL JEWISH HEALTH 1400 JACKSON ST., SUITE M113 DENVER, CO 80206	74-2044647	501(C)(3)	11,107.	0. N/A	N/A	N/A	HH: HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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NATIONAL PARKS CONSERVATION ASSOCIATION - 777 6TH STREET, NW, SUITE 700 - WASHINGTON, DC 20001	53-0225165	501(C)(3)	11,250.	0. N/A	N/A	N/A	CE: CONSERVATION
NORTHWEST SYMPHONY ORCHESTRA 7568 44TH AVE. SW SEATTLE, WA 98136	94-3055544	501(C)(3)	10,000.	0. N/A	N/A	N/A	AC: ARTS & CULTURE
OTERO JUNIOR COLLEGE 1802 COLORADO AVE. LA JUNTA, CO 81050	84-1472517	501(C)(3)	11,107.	0. N/A	N/A	N/A	ED: POST-SECONDARY
PALMER LAND CONSERVANCY PO BOX 1281 COLORADO SPRINGS, CO 80901	84-0763346	501(C)(3)	22,550.	0. N/A	N/A	N/A	CE: CONSERVATION
PARENTS CHALLENGE 2 N CASCADE AVE., SUITE 1280 COLORADO SPRINGS, CO 80903	84-1591310	501(C)(3)	9,500.	0. N/A	N/A	N/A	ED: K-12
PEAK EDUCATION 1645 S. MURRAY BLVD. COLORADO SPRINGS, CO 80916	84-1467174	501(C)(3)	30,100.	0. N/A	N/A	N/A	ED: EDUCATION
PEAK PARENT CENTER 917 E. MORENO AVE, #140 COLORADO SPRINGS, CO 80903	74-2490203	501(C)(3)	5,500.	0. N/A	N/A	N/A	HS: PHYSICAL DISABILITIES
PENROSE-ST. FRANCIS FOUNDATION 2222 N NEVADA AVE. COLORADO SPRINGS, CO 80907	84-0902211	501(C)(3)	105,000.	0. N/A	N/A	N/A	HH: HEALTH
PIKES PEAK HABITAT FOR HUMANITY 2802 N PROSPECT ST. COLORADO SPRINGS, CO 80907	35-1640064	501(C)(3)	8,000.	0. N/A	N/A	N/A	HS: AFFORDABLE AND WORKFORCE HOUSING

Schedule I (Form 990)

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PIKES PEAK HOSPICE FOUNDATION 2550 TENDERFOOT HILL ST. COLORADO SPRINGS, CO 80906	84-1453050	501(C)(3)	18,547.	0. N/A	N/A	N/A	HH: HEALTH
PIKES PEAK LIBRARY DISTRICT FOUNDATION - 1175 CHAPEL HILLS DRIVE - COLORADO SPRINGS, CO 80920	11-3690724	501(C)(3)	5,350.	0. N/A	N/A	N/A	HS: PHYSICAL DISABILITIES
PIKES PEAK RANGE RIDERS FOUNDATION P.O. BOX 758 COLORADO SPRINGS, CO 80901	84-1497942	501(C)(3)	6,000.	0. N/A	N/A	N/A	HS: YOUTH DEVELOPMENT
PIKES PEAK REAL ESTATE FOUNDATION 315 E. PIKES PEAK AVENUE #120 COLORADO SPRINGS, CO 80903	20-3455353	501(C)(3)	57,997.	0. N/A	N/A	N/A	GENERAL OPERATING SUPPORT
PIKES PEAK UNITED WAY 518 N NEVADA AVE. COLORADO SPRINGS, CO 80903	84-0511799	501(C)(3)	228,887.	0. N/A	N/A	N/A	HS: HUMAN SERVICES
PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS - 7155 E 38TH AVE. - DENVER, CO 80207	84-0404253	501(C)(3)	9,458.	0. N/A	N/A	N/A	HH: HEALTH
POSADA 827 E. 4TH ST. PUEBLO, CO 81001	74-2473501	501(C)(3)	5,500.	0. N/A	N/A	N/A	HS: TEMPORARY AND TRANSITIONAL HOUSING
POUDRE LANDMARKS FOUNDATION INCORPORATED - 108 N MELDRUM ST - FORT COLLINS, CO 80521	84-6112148	501(C)(3)	10,000.	0. N/A	N/A	N/A	AC: ARTS & CULTURE
PROJECT ANGEL HEART--COLORADO SPRINGS - 1625 W UNITAH ST., SUITE 1 - COLORADO SPRINGS, CO 80904	84-1199481	501(C)(3)	8,750.	0. N/A	N/A	N/A	HS: FOOD/NUTRITION

Schedule I (Form 990)

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RECIDIVIZ INC. 1655 PINE LN PROVO, UT 84604	82-5181074	501(C)(3)	31,250.	0.	N/A	N/A	CC: RACIAL EQUITY
RENAISSANCE CHARITABLE FOUNDATION, INC. - 8910 PURDUE RD., SUITE 555 - INDIANAPOLIS, IN 46268	35-2129262	501(C)(3)	57,643.	0.	N/A	N/A	CC: CIVIC AND COMMUNITY SERVICE
ROCKY MOUNTAIN PUBLIC MEDIA 2101 ARAPAHOE ST. DENVER, CO 80205	84-0510785	501(C)(3)	10,000.	0.	N/A	N/A	AC: ARTS & CULTURE
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 1560 SHERMAN AVE. - EVANSTON, IL 60201	36-3245072	501(C)(3)	100,000.	0.	N/A	N/A	CC: CIVIC AND COMMUNITY SERVICE
SACHS FOUNDATION 315 E. PIKES PEAK AVENUE COLORADO SPRINGS, CO 80903	84-0500835	501(C)(3)	6,649.	0.	N/A	N/A	ED: EDUCATION
SALVATION ARMY: COLORADO SPRINGS CORP - 908 YUMA ST. - COLORADO SPRINGS, CO 80909	94-1156347	501(C)(3)	206,000.	0.	N/A	N/A	HS: HUMAN SERVICES
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	27,000.	0.	N/A	N/A	HS: HUMAN SERVICES
SILVER KEY SENIOR SERVICES 1625 S MURRAY BLVD. COLORADO SPRINGS, CO 80916	23-7109922	501(C)(3)	6,871.	0.	N/A	N/A	HS: SENIOR SERVICES
SKYLINE CARES FUND 2531 FREEDOM HTS. COLORADO SPRINGS, CO 80904	20-2538409	501(C)(3)	21,500.	0.	N/A	N/A	HS: TEMPORARY AND TRANSITIONAL HOUSING

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SLEEP IN HEAVENLY PEACE INC P.O BOX 391191 OMAHA, NE 68139	46-4346568	501(C)(3)	9,000.	0.	N/A	N/A	HS: HUMAN SERVICES
SOLID ROCK COMMUNITY DEVELOPMENT CORPORATION - 2520 ARLINGTON DR. - COLORADO SPRINGS, CO 80910	26-0381727	501(C)(3)	9,000.	0.	N/A	N/A	CC: CIVIC PROJECTS
SOUTHERN COLORADO WOMEN'S CHAMBER OF COMMERCE - 2424 GARDEN OF THE GODS ROAD, BUILDING C - SUITE 250 - COLORADO SPRINGS, CO 80919	84-1235063	501(C)(3)	6,000.	0.	N/A	N/A	ED: EDUCATION
SPRINGS RESCUE MISSION 5 W LAS VEGAS ST. COLORADO SPRINGS, CO 80903	84-1340824	501(C)(3)	29,500.	0.	N/A	N/A	HS: HUMAN SERVICES
ST AUGUSTINE ACADEMY INC 6310 E 30TH ST TULSA, OK 74114	73-1538893	501(C)(3)	10,000.	0.	N/A	N/A	ED: EDUCATION
ST. FRANCIS OF ASSISI CATHOLIC CHURCH - 2650 PARISH VIEW - COLORADO SPRINGS, CO 80919	84-0936629	501(C)(3)	11,000.	0.	N/A	N/A	CC: FAITH COMMUNITY
ST. JUDE CHILDRENS' RESEARCH HOSPITAL - 501 ST. JUDE PL. - MEMPHIS, TN 38105	62-0646012	501(C)(3)	13,000.	0.	N/A	N/A	HH: HEALTH
ST. PAUL CATHOLIC CHURCH 9 EL POMAR RD. COLORADO SPRINGS, CO 80906	53-0196617	501(C)(3)	10,000.	0.	N/A	N/A	CC: FAITH COMMUNITY
STABLESTRIDES 13620 HALLELUJAH TRAIL ELBERT, CO 80106	74-2232440	501(C)(3)	8,000.	0.	N/A	N/A	HH: HEALTH

Schedule I (Form 990)

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STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BLVD. - STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	17,000.	0.	N/A	N/A	HS: HUMAN SERVICES
TESSA 435 GOLD PASS HTS. COLORADO SPRINGS, CO 80906	84-0746803	501(C)(3)	25,250.	0.	N/A	N/A	HS: HUMAN SERVICES
THE DURANGO EDUCATION FOUNDATION 201 E 12TH ST. DURANGO, CO 81301	74-2350944	501(C)(3)	8,236.	0.	N/A	N/A	ED: EDUCATION
THE MISSION FUND OF THE NORTH CAROLINA SYNOD - 1988 LUTHERAN SYNOD DR - SALISBURY, NC 28144	84-4132354	501(C)(3)	50,000.	0.	N/A	N/A	CC: RELIGION - MISSIONS
THE NAVIGATORS PO BOX 50500 COLORADO SPRINGS, CO 80949	84-6007896	501(C)(3)	15,000.	0.	N/A	N/A	CC: FAITH COMMUNITY
THE NEBRASKA SYNOD OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA - 6757 NEWPORT AVENUE, SUITE 200 - OMAHA, NE 68152	36-3514308	501(C)(3)	8,000.	0.	N/A	N/A	CC: RELIGION - MISSIONS
THE PLACE 423 E CUCHARRAS ST. COLORADO SPRINGS, CO 80903	84-1549702	501(C)(3)	100,457.	0.	N/A	N/A	HS: TEMPORARY AND TRANSITIONAL HOUSING
THE RESOURCE EXCHANGE 6385 CORPORATE DRIVE, SUITE 301 COLORADO SPRINGS, CO 80919	84-0532684	501(C)(3)	10,000.	0.	N/A	N/A	HS: YOUTH DEVELOPMENT
TOWN OF SOUTH FORK PO BOX 654 SOUTH FORK, CO 81154	84-1207723	501(C)(3)	62,500.	0.	N/A	N/A	CC: CIVIC PROJECTS

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TRAILS AND OPEN SPACE COALITION 702 E BOULDER ST., SUITE 200 COLORADO SPRINGS, CO 80903	84-1156471	501(C)(3)	10,800.	0.	N/A	N/A	CE: TRAILS AND PARKS STEWARDSHIP
TRAINING GROUND PO BOX 49595 COLORADO SPRINGS, CO 80949	20-8093114	501(C)(3)	15,000.	0.	N/A	N/A	ED: EDUCATION
TRI-LAKES CARES P.O. BOX 1301 MONUMENT, CO 80132	74-2501356	501(C)(3)	16,000.	0.	N/A	N/A	HS: HUMAN SERVICES
TRINITY SCHOOL FOR MINISTRY ATTN: DEVELOPMENT OFFICE, 311 ELEVENTH STREET - AMBRIDGE, PA 15003	25-1271008	501(C)(3)	10,000.	0.	N/A	N/A	ED: TRADES
UNITED STATES OLYMPIC AND PARALYMPIC MUSEUM - P.O. BOX 681 - COLORADO SPRINGS, CO 80901	46-3189741	501(C)(3)	563,500.	0.	N/A	N/A	AC: ARTS & CULTURE
UNITED WAY OF LARIMER COUNTY 525 WEST OAK ST., SUITE 101 FORT COLLINS, CO 80521	84-6031503	501(C)(3)	18,188.	0.	N/A	N/A	HS: HUMAN SERVICES
UNITED WAY OF PUEBLO COUNTY, INC. 310 E ABRRIENDO AVE., SUITE 300 PUEBLO, CO 81004	84-0404917	501(C)(3)	16,394.	0.	N/A	N/A	HS: HUMAN SERVICES
UNITY PROJECT INC. 490 WINTERY CIRCLE S COLORADO SPRINGS, CO 80919	86-1898245	501(C)(3)	12,500.	0.	N/A	N/A	AC: ARTS & CULTURE
UNIVERSITY OF COLORADO COLORADO SPRINGS--GIFTS - UNIVERSITY DEVELOPMENT MH 304, 1420 AUSTIN BLUFFS PARKWAY - COLORADO SPRINGS,	84-6049811	501(C)(3)	246,500.	0.	N/A	N/A	ED: POST-SECONDARY

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URBAN PEAK DENVER 2100 STOUT STREET DENVER, CO 80205	84-1212246	501(C)(3)	9,500.	0. N/A	N/A	POPULATION - HOMELESSNESS	POPULATION - HOMELESSNESS
VISUALLY IMPAIRED AND BLIND SKIERS OF THE COLORADO SPRINGS - ATTN: CRYSTAL COLLETTE, PO BOX 208 - COLORADO SPRINGS, CO 80901	84-1455121	501(C)(3)	8,206.	0. N/A	N/A	HS: PHYSICAL DISABILITIES	HS: PHYSICAL DISABILITIES
VOCES UNIDAS FOR JUSTICE 2519 AIRPORT RD. COLORADO SPRINGS, CO 80910	27-1888868	501(C)(3)	8,000.	0. N/A	N/A	HS: HUMAN SERVICES	HS: HUMAN SERVICES
VOICE OF THE TRUTH PO BOX 15013 COLORADO SPRINGS, CO 80935	74-2221789	501(C)(3)	8,000.	0. N/A	N/A	CC: RELIGION - MISSIONS	CC: RELIGION - MISSIONS
WARRIOR WELLNESS FOUNDATION DBA REMOUNT FOUNDATION - 6035 ERIN PARK DR, SUITE 103 - COLORADO SPRINGS, CO 80918	81-1179064	501(C)(3)	5,500.	0. N/A	N/A	HS: HUMAN SERVICES	HS: HUMAN SERVICES
WE FORTIFY 1816 WOOD AVE. COLORADO SPRINGS, CO 80907	84-3045036	501(C)(3)	21,000.	0. N/A	N/A	HS: TEMPORARY AND TRANSITIONAL HOUSING	HS: TEMPORARY AND TRANSITIONAL HOUSING
WEST BRIDGEWATER MIDDLE SENIOR HIGH SCHOOL - 155 W CENTER ST. - WEST BRIDGEWATER, MA 02379	04-6001349	501(C)(3)	9,919.	0. N/A	N/A	ED: EDUCATION	ED: EDUCATION
WESTERN HERITAGE EVENT CENTER PO BOX 4462 PAGOSA SPRINGS, CO 81147	20-1363398	501(C)(3)	1,450,000.	0. N/A	N/A	CC: CIVIC PROJECTS	CC: CIVIC PROJECTS
WESTSIDE CARES 2808 W COLORADO AVE. COLORADO SPRINGS, CO 80904	74-2354492	501(C)(3)	7,000.	0. N/A	N/A	HS: HUMAN SERVICES	HS: HUMAN SERVICES

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WICKENBURG COMMUNITY HOSPITAL FOUNDATION - 520 ROSE LANE - WICKENBURG, AZ 85358	74-2521618	501(C)(3)	7,000.	0.	N/A	N/A	HH: HEALTH
WOODMEN VALLEY CHAPEL 290 E WOODMEN RD. COLORADO SPRINGS, CO 80919	84-0996424	501(C)(3)	14,720.	0.	N/A	N/A	CC: FAITH COMMUNITY
YMCA OF NORTHERN COLORADO 2800 DAGNY WAY LAFAYETTE, CO 80026	84-0459944	501(C)(3)	10,000.	0.	N/A	N/A	CC: RECREATION
YMCA OF THE PIKES PEAK REGION 207 NORTH NEVADA AVENUE COLORADO SPRINGS, CO 80903	84-0404266	501(C)(3)	41,816.	0.	N/A	N/A	CC: RECREATION
YMCA OF THE ROCKIES PO BOX 20800 ESTES PARK, CO 80511	84-0404913	501(C)(3)	6,250.	0.	N/A	N/A	RECREATION - YOUTH
YOUNG LIFE P.O BOX 520 COLORADO SPRINGS, CO 80901	84-0385934	501(C)(3)	354,250.	0.	N/A	N/A	CC: FAITH COMMUNITY

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
SCHOLARSHIPS EXPENSE	20	48,220.	0.	N/A	SCHOLARSHIPS

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

Part IV Supplemental Information

SUPPORT, IF NEEDED, A PROGRAM OFFICER WILL MAKE CONTACT WITH THE NON-PROFIT

ORGANIZATION TO ENSURE THE PROGRAM IS CHARITABLE AND THE GRANTEE IS ABLE TO

PERFORM THE PROPOSED ACTIVITY. ALL GRANT AWARDS ARE MAILED WITH A GRANT

AGREEMENT THAT STATES BY ACCEPTING THIS CHECK, YOU CERTIFY THAT YOUR

ORGANIZATION IS CURRENTLY RECOGNIZED BY THE IRS AS A 501(C)(3) PUBLIC

CHARITY OR A QUALIFIED TAX EXEMPT ORGANIZATION SUCH AS A SCHOOL OR A

CHURCH, AND THAT THE GRANT IS FULLY TAX DEDUCTIBLE.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization PIKES PEAK COMMUNITY FOUNDATION	Employer identification number 84-1339670
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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) 2022

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 THRU 5/22	77,629.	0.	96,044.	3,609.	60,624.	237,906.	0.
(2) DAVID DAHLIN VP OF PHILANTHROP. SERV. THRU 11/22	117,376.	0.	34,415.	6,197.	47,034.	205,022.	0.
(3) LESLIE SABIN VP OF FINANCE & OPERATIONS	129,138.	9,507.	990.	6,744.	30,744.	177,123.	0.
(i)	0.	0.	0.	0.	0.	0.	0.
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

GARY BUTTERWORTH RECEIVED A SEVERANCE PAYMENT OF \$95,614.

DAVID DAHLIN RECEIVED A SEVERANCE PAYMENT OF \$33,469.

SCHEDULE L (Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

2022

Open To Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$; 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

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	659,748.	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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization PIKES PEAK COMMUNITY FOUNDATION	Employer identification number 84-1339670
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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	X	5	25,500.	APPRAISAL
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	9	6,105,876.	FMV
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 (_____)				
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	1
--	-----------	---

	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 3 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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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):

THE NUMBER OF ITEMS CONTRIBUTED WAS USED IN PART I COLUMN (B).

Multiple horizontal lines for data entry.

**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

2022

Open to Public
Inspection

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

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
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. THE FINANCE AND INVESTMENT COMMITTEE WILL
DETAIL REVIEW THE 990 BEFORE IT IS FILED AND THEN THE BOARD WILL VOTE TO
APPROVE THE 990 UPON THE RECOMMENDATION FROM THE FINANCE AND INVESTMENT
COMMITTEE. 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

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022

Page 2

Name of the organization PIKES PEAK COMMUNITY FOUNDATION	Employer identification number 84-1339670
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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 15:

THE PERFORMANCE EVALUATION OF THE CEO IS A TWO-PART PROCESS - A FORMATIVE

ASSESSMENT THAT OCCURS ALL YEAR AND A SUMMATIVE ASSESSMENT THAT OCCURS AT

YEAR END. THE FORMATIVE ASSESSMENT OCCURS AS NO LESS THAN MONTHLY MEETINGS

BETWEEN THE CEO AND THE BOARD CHAIR. THESE MEETINGS ARE A CHANCE TO TALK

OVER CURRENT PROJECTS, RECENT ACHIEVEMENTS, AND UPCOMING EVENTS OR

PROJECTS. DURING THE MEETINGS, THE BOARD CHAIR TAKES NOTES ON THE PROGRESS

OF THE CEO TOWARD MEETING THE ORGANIZATION'S GOALS AS 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

Name of the organization PIKES PEAK COMMUNITY FOUNDATION	Employer identification number 84-1339670
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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 2022.

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 AS PPCF HAD A NEW CEO START IN LATE 2022.

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

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

NOT CHANGED FROM THE PRIOR YEAR.

[This section contains multiple horizontal lines for additional text input, which is currently blank.]

**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

2022

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	151,094.	10,523,691.	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) 2022

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			

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 (as)	(c) Amount involved	(d) Method of determining amount involved
(1) PIKES PEAK REAL ESTATE FOUNDATION	Q	14,685.	CASH RECEIVED
(2) PIKES PEAK REAL ESTATE FOUNDATION	B	57,997.	CASH PAID
(3) PIKES PEAK REAL ESTATE FOUNDATION	D	105,000.	YEAR END BALANCE
(4) PIKES PEAK REAL ESTATE FOUNDATION	E	57,497.	YEAR END BALANCE
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.