

A For the 2024 calendar year, or tax year beginning

and ending

B Check if applicable:

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization

PIKES PEAK COMMUNITY FOUNDATION

Doing business as

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

F Name and address of principal officer: MARGARET DOLAN

SAME AS C ABOVE

D Employer identification number

84-1339670

E Telephone number

719-389-1251

G Gross receipts \$

37,057,337.

H(a) Is this a group return for subordinates? .....

Yes ☒ No

H(b) Are all subordinates included? .....

Yes No

If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527

J Website: WWW.PPCF.ORG

K Form of organization: ☒ Corporation Trust Association Other

L Year of formation: 1994

M State of legal domicile: CO

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: COMMUNITY TRUST TO PROMOTE PHILANTHROPY IN THE PIKES PEAK REGION.	
	2	Check this box 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)	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	13
	6	Total number of volunteers (estimate if necessary)	16
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
Revenue	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
	8	Contributions and grants (Part VIII, line 1h)	10,510,125.
	9	Program service revenue (Part VIII, line 2g)	198,978.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,836,493.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	439,012.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,984,608.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,321,431.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,120,170.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	807,012.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,248,613.
	19	Revenue less expenses. Subtract line 18 from line 12	-3,264,005.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	78,115,114.
	21	Total liabilities (Part X, line 26)	6,779,943.
	22	Net assets or fund balances. Subtract line 21 from line 20	71,335,171.

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.

Signature of officer

Margaret D. Dolan

Signature of officer

Date

8/20/2025

Sign Here

MARGARET DOLAN, CEO

Type or print name and title

Paid

Preparer's name

SARAH HINTZ

Preparer's signature

SARAH HINTZ

Date

08/20/25

Check if self-employed

PTIN

P00492291

Preparer Use Only

Firm's name

CLIFTONLARSONALLEN LLP

Firm's EIN

41-0746749

Firm's address

121 SOUTH TEJON STREET, SUITE 1100

COLORADO SPRINGS, CO 80903

Phone no.

719-635-0330

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

LHA For Paperwork Reduction Act Notice, see the separate instructions. 432001 12-10-24 Form 990 (2024)

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:  
TO INSPIRE A PASSIONATE COMMUNITY TO FORGE AN ENDURING LEGACY 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  
If "Yes," describe these new services on Schedule O.

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☒ Yes ☐ No  
If "Yes," describe these changes on Schedule O.

4

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

4a

(Code: ) (Expenses \$ 10,566,010. including grants of \$ 10,154,522. ) (Revenue \$ 101,842. )  
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 \$ 1,010,346. including grants of \$ 455,983. ) (Revenue \$ 0. )  
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 CONTINUED TO HELP FUND PROGRAMS AIMED AT THE REDEVELOPMENT  
EFFORTS EMBODIED IN THE TRANSFORMING SAFETY INITIATIVE. THIS INITIATIVE  
REPRESENTS A NEW VISION FOR PUBLIC SAFETY, ONE THAT PRIORITIZES  
COMMUNITY DEVELOPMENT AND ECONOMIC EMPOWERMENT AS TOOLS FOR CRIME  
PREVENTION. BY SUPPORTING SMALL BUSINESS LOANS AND COMMUNITY GRANTS IN  
SOUTHEAST COLORADO SPRINGS, THE INITIATIVE EMPOWERS RESIDENTS TO  
IDENTIFY PRIORITIES AND IMPLEMENT SOLUTIONS TAILORED TO THEIR  
NEIGHBORHOODS. THROUGH THIS MODEL, TRANSFORMING SAFETY FOSTERS SAFER,  
MORE CONNECTED COMMUNITIES BY INVESTING IN PEOPLE, PLACE-BASED

4c

(Code: ) (Expenses \$ 128,456. including grants of \$ 0. ) (Revenue \$ 0. )  
OUR SPACIOUS SKIES - THE COMMUNITY FOUNDATION LAUNCHED OUR SPACIOUS  
SKIES, A REGIONAL INITIATIVE TO IDENTIFY SHARED COMMUNITY VALUES AND  
PRIORITIES ACROSS EL PASO AND TELLER COUNTIES. THIS MULTI-PHASE EFFORT  
USES SCIENTIFICALLY GROUNDED RESEARCH AND BROAD PUBLIC INPUT TO DEVELOP  
A CLEAR PICTURE OF WHAT MATTERS MOST TO RESIDENTS. THE RESULTING DATA  
AND INSIGHTS ARE MADE PUBLICLY AVAILABLE TO INFORM AND SUPPORT THOSE  
MAKING STRATEGIC INVESTMENTS IN PROGRAMS AND OPPORTUNITIES THAT REFLECT  
THE REGION'S VALUES.

4d

Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses 11,704,812.

Form 990 (2024)

432002 12-10-24

SEE SCHEDULE O FOR CONTINUATION(S)

3

13000820 131839 A122695

2024.04010 PIKES PEAK COMMUNITY FOUN A1226951

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>	<b>4</b>	X
<b>5</b> 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>	<b>5</b>	X
<b>6</b> 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>	<b>6</b> X	
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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>	<b>9</b>	X
<b>10</b> 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>	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> X	
<b>b</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>	<b>11b</b>	X
<b>c</b> 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>	<b>11c</b>	X
<b>d</b> 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>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</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>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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>	<b>14b</b> X	
<b>15</b> 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>	<b>15</b> X	
<b>16</b> 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>	<b>16</b>	X
<b>17</b> 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. See instructions</i>	<b>17</b>	X
<b>18</b> 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>	<b>18</b>	X
<b>19</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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>	<b>21</b> 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? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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? If "Yes," complete Schedule L, Part I	25a	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? If "Yes," complete Schedule L, Part I	25b	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? If "Yes," complete Schedule L, Part II	26	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? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	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? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

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	1a	10
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
<b>2a</b> 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	<b>2a</b> 13		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<b>4a</b> 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)?	<b>4a</b>		X
<b>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		X
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> 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.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> 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.	<b>17</b>		

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

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

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> 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.	15			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		15		
<b>2</b> 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? .....			<b>2</b>	<b>X</b>
<b>3</b> 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? .....			<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			<b>5</b>	<b>X</b>
<b>6</b> Did the organization have members or stockholders? .....			<b>6</b>	<b>X</b>
<b>7a</b> 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? .....			<b>7a</b>	<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			<b>7b</b>	<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			<b>8a</b>	<b>X</b>
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			<b>8b</b>	<b>X</b>
<b>9</b> 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 .....			<b>9</b>	<b>X</b>

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	<b>10a</b>	<b>X</b>
<b>b</b> 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? .....	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b>	<b>X</b>
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>	<b>X</b>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>	<b>X</b>
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	<b>12c</b>	<b>X</b>
<b>13</b> Did the organization have a written whistleblower policy? .....	<b>13</b>	<b>X</b>
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<b>14</b>	<b>X</b>
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	<b>15a</b>	<b>X</b>
<b>b</b> Other officers or key employees of the organization .....	<b>15b</b>	<b>X</b>
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. ....		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>	<b>X</b>
<b>b</b> 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? .....	<b>16b</b>	

**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) MARGARET DOLAN CEO	40.00			X				218,281.	0.	61,006.
(2) ROB FAUGHNAN VP, ASSET DEV & DONOR RELATIONS (AS OF 3/24)	40.00				X			139,179.	0.	46,861.
(3) JESSIE MARTINEZ DIRECTOR, FINANCE & OPERATIONS	40.00			X				121,793.	0.	35,401.
(4) KEVIN FARLEY DIRECTOR, MARKETING & COMMUNICATION	40.00				X			109,386.	0.	30,224.
(5) KATIE WILLEMARCK CHAIR	3.00	X		X				0.	0.	0.
(6) WENDEL TORRES VICE-CHAIR	3.00	X		X				0.	0.	0.
(7) TAD GOODENBOUR TREASURER	3.00	X		X				0.	0.	0.
(8) VENKAT REDDY SECRETARY	3.00	X		X				0.	0.	0.
(9) KATHY BOE DIRECTOR	2.00	X						0.	0.	0.
(10) RANDY CASE DIRECTOR	2.00	X						0.	0.	0.
(11) KARLA GRAZIER DIRECTOR	2.00	X						0.	0.	0.
(12) BENJAMIN HARVEY DIRECTOR	2.00	X						0.	0.	0.
(13) GEORGE HOUSTON DIRECTOR	2.00	X						0.	0.	0.
(14) CHRIS JENKINS DIRECTOR	2.00	X						0.	0.	0.
(15) DEB MAHAN DIRECTOR	2.00	X						0.	0.	0.
(16) KATE MAIURRO DIRECTOR	2.00	X						0.	0.	0.
(17) DONNA NELSON DIRECTOR	2.00	X						0.	0.	0.





**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	6,273,938.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,978,100.				
	<b>h Total.</b> Add lines 1a-1f .....				6,273,938.		
<b>Program Service Revenue</b>	<b>2 a</b> MANAGEMENT FEES	<b>Business Code</b> 561000		56,087.	56,087.		
	<b>b</b> PROGRAM INCOME	531390		45,755.	45,755.		
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			101,842.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			1,923,242.		
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....			54,114.			54,114.	
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real				
			(ii) Personal				
<b>b</b> Less: rental expenses ...		<b>6b</b>					
<b>c</b> Rental income or (loss)		<b>6c</b>					
<b>d</b> Net rental income or (loss) .....							
<b>7 a</b> Gross amount from sales of assets other than inventory		<b>7a</b>	(i) Securities				
			(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>	25,896,354.	1,558.			
<b>c</b> Gain or (loss) .....		<b>7c</b>	2,807,847.	-1,558.			
<b>d</b> Net gain or (loss) .....			2,806,289.			2,806,289.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....			<b>Business Code</b>			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
	<b>12 Total revenue.</b> See instructions .....				11,159,425.	101,842.	0.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	10,598,005.	10,598,005.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	12,500.	12,500.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	384,170.	192,085.	192,085.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	629,304.	317,393.	311,911.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	25,358.	12,800.	12,558.	
<b>9</b> Other employee benefits .....	58,762.	29,623.	29,139.	
<b>10</b> Payroll taxes .....	91,763.	46,141.	45,622.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	10,819.		10,819.	
<b>c</b> Accounting .....	41,363.		41,363.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	328,061.	171,773.	156,288.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	51,026.	38,656.	12,370.	
<b>12</b> Advertising and promotion .....	26,378.	11,617.	14,761.	
<b>13</b> Office expenses .....	40,210.	17,709.	22,501.	
<b>14</b> Information technology .....	80,531.	35,467.	45,064.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	135,993.	68,405.	67,588.	
<b>17</b> Travel .....	5,504.	2,424.	3,080.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	13,308.	5,861.	7,447.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	8,327.	6,490.	1,837.	
<b>23</b> Insurance .....	22,898.	10,085.	12,813.	
<b>24</b> 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.)				
<b>a</b> PROGRAM EXPENSES	175,588.	111,696.	63,892.	
<b>b</b> MISC. EXPENSES	31,557.	13,898.	17,659.	
<b>c</b> REPAIRS AND MAINTENANCE	4,959.	2,184.	2,775.	
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	12,776,384.	11,704,812.	1,071,572.	0.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,576,663.	<b>1</b>	6,992,983.
	<b>2</b> Savings and temporary cash investments .....	3,788,922.	<b>2</b>	2,063,024.
	<b>3</b> Pledges and grants receivable, net .....	170,747.	<b>3</b>	58,824.
	<b>4</b> Accounts receivable, net .....	583.	<b>4</b>	9,429.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	461,605.	<b>7</b>	654,689.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	84,281.	<b>9</b>	111,303.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 420,069.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 15,726.		
		6,076.	<b>10c</b>	404,343.
	<b>11</b> Investments - publicly traded securities .....	69,026,237.	<b>11</b>	74,282,176.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	78,115,114.	<b>16</b>	84,576,771.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	51,254.	<b>17</b>	35,493.
	<b>18</b> Grants payable .....	444,073.	<b>18</b>	910,000.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	6,284,616.	<b>25</b>	11,590,464.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	6,779,943.	<b>26</b>	12,535,957.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>			
	<b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	71,001,602.	<b>27</b>	72,040,814.
	<b>28</b> Net assets with donor restrictions .....	333,569.	<b>28</b>	0.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/>			
	<b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
<b>32</b> Total net assets or fund balances .....	71,335,171.	<b>32</b>	72,040,814.	
<b>33</b> Total liabilities and net assets/fund balances .....	78,115,114.	<b>33</b>	84,576,771.	

Form **990** (2024)

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	11,159,425.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,776,384.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,616,959.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	71,335,171.
5	Net unrealized gains (losses) on investments	5	2,322,602.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	72,040,814.

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?		X
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		
b Were the organization's financial statements audited by an independent accountant?	X	
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 (2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

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

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☒

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s).
- | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| Total                              |          |   |   |    |   |   |
- LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

432021 01-14-25

Schedule A (Form 990) 2024

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11,219,850.	15,965,630.	16,142,169.	10,510,125.	6,273,938.	60,111,712.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	11,219,850.	15,965,630.	16,142,169.	10,510,125.	6,273,938.	60,111,712.
<b>5</b> 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) .....						18,659,689.
<b>6 Public support.</b> Subtract line 5 from line 4.						41,452,023.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	11,219,850.	15,965,630.	16,142,169.	10,510,125.	6,273,938.	60,111,712.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	1,532,312.	1,335,350.	1,796,283.	2,255,909.	1,977,356.	8,897,210.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	151.		17,000.	7,750.		24,901.
<b>11 Total support.</b> Add lines 7 through 10						69,033,823.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	649,814.

**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** ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	60.05 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	58.40 %

**16a 33 1/3% support test - 2024.** 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 ☒

**b 33 1/3% support test - 2023.** 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 ☐

**17a 10% -facts-and-circumstances test - 2024.** 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 ☐

**b 10% -facts-and-circumstances test - 2023.** 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 ☐

**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 ☐

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** 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 - 2023.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

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? 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.	Yes	No	
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
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? If "Yes" or "No," provide details in Part VI.			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024



Schedule B  
(Form 990)

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2		\$ 215,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3		\$ 357,112.	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 590,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5		\$ 501,946.	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 297,099.	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,520,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Part II

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3		\$ 357,112.	04/26/24
5		\$ 501,946.	12/31/24
6		\$ 295,780.	12/31/24
		\$	
		\$	
		\$	



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

Part III

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from 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
(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
(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
(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

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

Part I

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	179	140
2 Aggregate value of contributions to (during year)	4,990,256.	1,283,682.
3 Aggregate value of grants from (during year)	10,154,716.	455,983.
4 Aggregate value at end of year	46,911,266.	37,665,505.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II

Conservation Easements.

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

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

☐ Preservation of land for public use (for example, recreation or education)

☐ Preservation of a historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

\$

(ii) Assets included in Form 990, Part X

\$

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

a Revenue included on Form 990, Part VIII, line 1

\$

b Assets included in Form 990, Part X

\$

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 in 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                     | 25,599,870.      | 18,863,615.    | 18,282,808.        | 16,059,331.          | 14,425,891.         |
| b Contributions                                  | 297,404.         | 4,469,281.     | 4,934,805.         | 599,597.             | 294,372.            |
| c Net investment earnings, gains, and losses     | 2,774,132.       | 3,207,292.     | -3,237,206.        | 2,707,603.           | 1,790,345.          |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | -1,437,298.      | -940,320.      | 1,116,792.         | 1,083,723.           | 451,277.            |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 27,234,108.      | 25,599,870.    | 18,863,615.        | 18,282,808.          | 16,059,331.         |
- 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:
- (i) Unrelated organizations?

(ii) Related organizations?
- |        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | X  |
| 3a(ii) |     | X  |
| 3b     |     |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐
- 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				
b Buildings		408,152.	6,490.	401,662.
c Leasehold improvements				
d Equipment		11,917.	9,236.	2,681.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				404,343.

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, line 12, col. (B))		

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, line 13, col. (B))		

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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	7,335,362.
(3) HELD FOR OTHERS	4,255,102.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	11,590,464.

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	13,154,213.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,322,602.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,558.
e	Add lines 2a through 2d	2e	2,324,160.
3	Subtract line 2e from line 1	3	10,830,053.
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	328,061.
b	Other (Describe in Part XIII.)	4b	1,311.
c	Add lines 4a and 4b	4c	329,372.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,159,425.

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	12,448,570.
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	1,558.
e	Add lines 2a through 2d	2e	1,558.
3	Subtract line 2e from line 1	3	12,447,012.
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	328,061.
b	Other (Describe in Part XIII.)	4b	1,311.
c	Add lines 4a and 4b	4c	329,372.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,776,384.

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 37 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 XI, LINE 2D - OTHER ADJUSTMENTS:  
LOSS ON ASSETS 1,558.

PART XI, LINE 4B - OTHER ADJUSTMENTS:  
EXPENSES NETTED WITH REVENUE 1,311.

PART XII, LINE 2D - OTHER ADJUSTMENTS:  
LOSS ON ASSETS 1,558.

PART XII, LINE 4B - OTHER ADJUSTMENTS:  
EXPENSES NETTED WITH REVENUE 1,311.

SCHEDULE D, PART I, LINE 5



SCHEDULE F  
(Form 990)

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

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

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	1	0	GRANTS TO RECIPIENTS		10,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS		2,500.
3 a Subtotal .....	1	0			12,500.
b Total from continuation sheets to Part I .....	0	0			0.
c Totals (add lines 3a and 3b) .....	1	0			12,500.

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	THE GRANT AIMS TO ENRICH THE LIVES OF CHILDREN AGED 5-12 THROUGH OUTDOOR	10,000.	WIRE TRANSFER	0.	N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1

3 Enter total number of other organizations or entities 0





Part IV

Foreign Forms

- 1

Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)*

Yes

☒No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)*

Yes

☒No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)*

Yes

☒No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)*

Yes

☒No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)*

Yes

☒No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)*

Yes

☒No

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE FOUNDATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES, AS OUTLINED IN THE EXPENDITURE RESPONSIBILITY AGREEMENT THAT THE GRANTEE IS REQUIRED TO SIGN, REQUIRE THAT ALL FUNDS BE KEPT IN A SEPARATE, DEDICATED ACCOUNT AND USED SOLELY FOR THE GRANT'S INTENDED PURPOSES. THE GRANTEE MUST PROVIDE DETAILED REPORTS ON FUND USAGE, MAINTAIN FINANCIAL RECORDS, AND NOTIFY THE FOUNDATION OF ANY CHANGES IN TAX STATUS, MISUSE OF FUNDS, OR KEY PERSONNEL. THE FOUNDATION RETAINS THE RIGHT TO ACCESS RECORDS FOR AUDITS OR EVALUATIONS AND MAY MODIFY OR REVOKE THE GRANT IF TERMS ARE NOT MET OR LEGAL COMPLIANCE IS AT RISK. PRIOR TO GRANTMAKING, THE FOUNDATION PERFORMS DUE DILIGENCE TO VERIFY THE FUNDS ARE BEING USED FOR A CHARITABLE PURPOSE AND THE ORGANIZATION IS EQUIVALENT TO A 501(C)3 STATUS.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: THE GRANT AIMS TO ENRICH THE LIVES OF CHILDREN AGED 5-12 THROUGH OUTDOOR LEARNING, CREATIVE ARTS, AND NUTRITION EDUCATION. IT SUPPORTS UNDERPRIVILEGED STUDENTS WITH TUITION ASSISTANCE AND ADDRESSES KEY CHALLENGES SUCH AS INADEQUATE SCHOOL INFRASTRUCTURE, POOR NUTRITION, AND LIMITED ORGANIZATIONAL RESOURCES.

SCHEDULE I  
(Form 990)

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization  
PIKES PEAK COMMUNITY FOUNDATION

Employer identification number  
84-1339670

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COSILOVEYOU 310 S. 14TH ST. COLORADO SPRINGS, CO 80904	82-4228018	501(C)(3)	5,000.	0.	N/A	N/A	HS: HUMAN SERVICES
NATIONAL JEWISH HEALTH 1400 JACKSON ST., STE M113 DENVER, CO 80206	74-2044647	501(C)(3)	5,138.	0.	N/A	N/A	HH: HEALTH
OTERO JUNIOR COLLEGE 1802 COLORADO AVE. LA JUNTA, CO 81050	84-1472517	501(C)(3)	5,138.	0.	N/A	N/A	ED: POST-SECONDARY
HOMEWARD PIKES PEAK 2010 E BIJOU ST. COLORADO SPRINGS, CO 80909	13-4242773	501(C)(3)	5,250.	0.	N/A	N/A	HS: TEMPORARY AND TRANSITIONAL HOUSING
TESSA 435 GOLD PASS HTS. COLORADO SPRINGS, CO 80906	84-0746803	501(C)(3)	5,250.	0.	N/A	N/A	HS: HUMAN SERVICES
CHAMBER ORCHESTRA OF THE SPRINGS PO BOX 7911 COLORADO SPRINGS, CO 80933	74-2258729	501(C)(3)	5,250.	0.	N/A	N/A	AC: ARTS & CULTURE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 183.

3 Enter total number of other organizations listed in the line 1 table 2.

Schedule I (Form 990)

PIKES PEAK COMMUNITY FOUNDATION

84-1339670

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE PLACE FOR PETS 803 PEBBLEWOOD DR. COLORADO SPRINGS, CO 80919	84-1568356	501(C)(3)	5,322.	0.	N/A	N/A	CC: ANIMAL WELFARE
MT. CARMEL VETERANS SERVICE CENTER 530 COMMUNICATION CIR. COLORADO SPRINGS, CO 80905	81-1652178	501(C)(3)	5,365.	0.	N/A	N/A	HS: HUMAN SERVICES
A PRECIOUS CHILD, INC 7051 W. 118TH AVENUE BROOMFIELD, CO 80020	26-3349334	501(C)(3)	5,500.	0.	N/A	N/A	HS: HUMAN SERVICES
KIDPOWER OF COLORADO INC. 2335 ROBINSON ST. COLORADO SPRINGS, CO 80904	27-1018895	501(C)(3)	5,500.	0.	N/A	N/A	HS: YOUTH DEVELOPMENT
NATIONAL MILL DOG RESCUE PO BOX 88468 COLORADO SPRINGS, CO 80908	26-0574783	501(C)(3)	5,500.	0.	N/A	N/A	CC: ANIMAL WELFARE
ROCKY MOUNTAIN DOWN SYNDROME ASSOCIATION INC - 3033 S. PARKER RD, STE 504 - AURORA, CO 80014	74-2237307	501(C)(3)	5,500.	0.	N/A	N/A	HS: INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
91.5 KRCC 912 N WEBER ST. COLORADO SPRINGS, CO 80903	74-2324052	501(C)(3)	5,750.	0.	N/A	N/A	AC: ARTS & CULTURE
CHILDSAFE COLORADO INC. 2001 SOUTH SHIELDS ST., BUILDING K FORT COLLINS, CO 80526	31-1581377	501(C)(3)	6,000.	0.	N/A	N/A	HS: HUMAN SERVICES
THERE WITH CARE 2825 WILDERNESS PL, STE 100 BOULDER, CO 80301	68-0606330	501(C)(3)	6,000.	0.	N/A	N/A	HS: HUMAN SERVICES

Schedule I (Form 990)

Schedule I (Form 990)

PIKES PEAK COMMUNITY FOUNDATION

84-1339670

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL KIDS SPECIAL FAMILIES 1915 AEROTECH DR. #100 COLORADO SPRINGS, CO 80916	84-1476535	501(C)(3)	6,000.	0.	N/A	N/A	HS: INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
ST. JUDE CHILDRENS' RESEARCH HOSPITAL - 501 ST. JUDE PL. - MEMPHIS, TN 38105	62-0646012	501(C)(3)	6,000.	0.	N/A	N/A	HH: MEDICAL RESEARCH
SKYLINE CARES FUND 2531 FREEDOM HTS. COLORADO SPRINGS, CO 80904	20-2538409	501(C)(3)	6,000.	0.	N/A	N/A	HS: TEMPORARY AND TRANSITIONAL HOUSING
ROCKY MOUNTAIN WOMEN'S FILM 2727 N CASCADE AVE., STE 140 COLORADO SPRINGS, CO 80907	84-1097818	501(C)(3)	6,250.	0.	N/A	N/A	AC: ARTS & CULTURE
ST. JOSEPH CHURCH 1830 S. CORONA AVE COLORADO SPRINGS, CO 80905	84-0573446	501(C)(3)	6,500.	0.	N/A	N/A	CC: FAITH COMMUNITY
INTERNATIONAL JUSTICE MISSION P.O. BOX 96961 WASHINGTON, DC 20090	54-1722887	501(C)(3)	6,500.	0.	N/A	N/A	HS: HUMAN SERVICES
PIKES PEAK RANGE RIDERS FOUNDATION P.O. BOX 758 COLORADO SPRINGS, CO 80901	84-1497942	501(C)(3)	7,000.	0.	N/A	N/A	AC: CULTURAL EVENTS
FOUNTAIN VALLEY SCHOOL 6155 FOUNTAIN VALLEY SCHOOL ROAD COLORADO SPRINGS, CO 80911	84-0423922	501(C)(3)	7,030.	0.	N/A	N/A	ED: EDUCATION
FIRST CHURCH OF LA JUNTA 111 E 20TH ST. LA JUNTA, CO 81050	84-0585077	501(C)(3)	7,200.	0.	N/A	N/A	CC: FAITH COMMUNITY

Schedule I (Form 990)

Schedule I (Form 990)

PIKES PEAK COMMUNITY FOUNDATION

84-1339670

Page 1

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

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CHEYENNE VILLAGE 6275 LEHMAN DR. COLORADO SPRINGS, CO 80918	84-6051921	501(C)(3)	7,250.	0.	N/A	N/A	HS: HUMAN SERVICES
GRACE AND ST. STEPHENS EPISCOPAL PARISH - 601 N TEJON ST. - COLORADO SPRINGS, CO 80903	84-0405258	501(C)(3)	7,500.	0.	N/A	N/A	CC: FAITH COMMUNITY
THE DEMAND PROJECT INC PO BOX 1352 JENKS, OK 74037	46-1890776	501(C)(3)	7,500.	0.	N/A	N/A	HS: HUMAN SERVICES
CASA ACADEMY 8047 N 35TH AVE PHOENIX, AZ 85051	46-1967299	501(C)(3)	7,500.	0.	N/A	N/A	ED: EDUCATION
CLOTHES TO KIDS OF DENVER, INC. 2890 S. COLORADO BLVD., SUITE M3 DENVER, CO 80222	26-2148733	501(C)(3)	7,500.	0.	N/A	N/A	HS: HUMAN SERVICES
PHOENIX CHORALE 100 WEST ROOSEVELT STREET PHOENIX, AZ 85003	23-7034668	501(C)(3)	7,500.	0.	N/A	N/A	AC: ARTS & CULTURE
LUTHER COLLEGE 700 COLLEGE DR. DECORAH, IA 52101	42-0680466	501(C)(3)	8,000.	0.	N/A	N/A	ED: POST-SECONDARY
CROSS & CROWN CHURCH 4455 ARROWSWEST DR COLORADO SPRINGS, CO 80907	84-0762753	501(C)(3)	8,000.	0.	N/A	N/A	CC: FAITH COMMUNITY
SPRINGS RESCUE MISSION 5 W LAS VEGAS ST. COLORADO SPRINGS, CO 80903	84-1340824	501(C)(3)	8,018.	0.	N/A	N/A	HS: HUMAN SERVICES

Schedule I (Form 990)

Schedule I (Form 990)

PIKES PEAK COMMUNITY FOUNDATION

84-1339670

Page 1

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

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YMCA OF THE PIKES PEAK REGION 207 NORTH NEVADA AVENUE COLORADO SPRINGS, CO 80903	84-0404266	501(C)(3)	8,063.	0.	N/A	N/A	HS: YOUTH DEVELOPMENT
INSIDE OUT YOUTH SERVICES 223 N WAHSATCH AVE., STE 101 COLORADO SPRINGS, CO 80903	84-1407299	501(C)(3)	8,250.	0.	N/A	N/A	HS: HUMAN SERVICES
HILLSIDE CONNECTION PO BOX 1562 COLORADO SPRINGS, CO 80901	83-0810166	501(C)(3)	8,500.	0.	N/A	N/A	HS: YOUTH DEVELOPMENT
UNIVERSITY OF COLORADO COLORADO SPRINGS--DEVELOPMENT - 1420 AUSTIN BLUFFS PARKWAY, SUITE 301 - COLORADO SPRINGS, CO 80918	84-6049811	501(C)(3)	8,500.	0.	N/A	N/A	HH: MENTAL HEALTH
FISHING THE GOOD FIGHT INC 4335 INGALLS STREET WHEAT RIDGE, CO 80033	84-3633301	501(C)(3)	8,500.	0.	N/A	N/A	HH: MENTAL HEALTH
COLORADO SPRINGS CONSERVATORY 415 S SAHWATCH COLORADO SPRINGS, CO 80903	84-1502211	501(C)(3)	8,723.	0.	N/A	N/A	AC: ARTS & CULTURE
ROCKY MOUNTAIN PUBLIC MEDIA 2101 ARAPAHOE ST. DENVER, CO 80205	84-0510785	501(C)(3)	9,000.	0.	N/A	N/A	AC: ARTS & CULTURE
COURT CARE FOR THE PIKES PEAK REGION - PO BOX 68 - COLORADO SPRINGS, CO 80901	45-0488427	501(C)(3)	9,000.	0.	N/A	N/A	HS: HUMAN SERVICES
CASA OF THE PIKES PEAK REGION, INC. - 418 S WEBER ST. - COLORADO SPRINGS, CO 80903	84-1115548	501(C)(3)	9,750.	0.	N/A	N/A	HS: HUMAN SERVICES

Schedule I (Form 990)



Schedule I (Form 990)

PIKES PEAK COMMUNITY FOUNDATION

84-1339670

Page 1

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

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THE RESOURCE EXCHANGE 6385 CORPORATE DRIVE, SUITE 100 COLORADO SPRINGS, CO 80919	84-0532684	501(C)(3)	10,000.	0.	N/A	N/A	HS: HUMAN SERVICES
DREAMA TEAM WAY 1205 DENT CIRCLE COLORADO SPRINGS, CO 80904	88-4133367	501(C)(3)	10,000.	0.	N/A	N/A	HS: YOUTH DEVELOPMENT
ST. MARY'S FOOD BANK 2831 N 31ST AVE PHOENIX, AZ 85009	23-7353532	501(C)(3)	10,000.	0.	N/A	N/A	HS: FOOD/NUTRITION
LEADERSHIP PROGRAM OF THE ROCKIES 1777 SOUTH HARRISON ST., STE 807 DENVER, CO 80210	84-1623324	501(C)(3)	10,000.	0.	N/A	N/A	ED: EDUCATION
EVERGREEN GLOBAL DEVELOPMENT INC 10301 E 111TH ST S BIXBY, OK 74008	83-1407069	501(C)(3)	10,000.	0.	N/A	N/A	CC: FAITH COMMUNITY
LIFE STRIDES FOUNDATION 322 CLARKSLEY ROAD MANITOU SPRINGS, CO 80829	93-4268183	501(C)(3)	10,000.	0.	N/A	N/A	HS: HUMAN SERVICES
MISSION MEDICAL CENTER 2125 E LASALLE ST. COLORADO SPRINGS, CO 80909	68-0506812	501(C)(3)	10,000.	0.	N/A	N/A	HH: HEALTH
LABELED AND LOVED PO BOX 261522 PLANO, TX 75026	82-3718739	501(C)(3)	10,000.	0.	N/A	N/A	HS: INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
COLORADO SPRINGS COMMUNITY CULTURAL COLLECTIVE AT CITY AUDITORIUM - 1 SOUTH NEVADA AVE - COLORADO SPRINGS, CO 80903	85-4312784	501(C)(3)	10,000.	0.	N/A	N/A	ED: EARLY CHILDHOOD EDUCATION

Schedule I (Form 990)

Schedule I (Form 990)

PIKES PEAK COMMUNITY FOUNDATION

84-1339670

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION-COLORADO CHAPTER - 455 N SHERMAN ST. STE 500 - DENVER, CO 80203	13-3039601	501(C)(3)	10,000.	0.	N/A	N/A	HH: HEALTH
PIKES PEAK BULLETIN NONPROFIT NEWS OUTLET - P.O. BOX 1022 - MANITOU SPRINGS, CO 80829	92-3494496	501(C)(3)	10,000.	0.	N/A	N/A	AC: ARTS & CULTURE
GREENTOWN COLLABORATIVE INC. 444 SOMERVILLE AVE. SOMERVILLE, MA 02143	85-3807217	501(C)(3)	10,000.	0.	N/A	N/A	CE: CONSERVATION
GIRLS ON THE RUN OF THE ROCKIES 7000 E BELLEVIEW AVE., STE 130 GREENWOOD VILLAGE, CO 80111	20-1667120	501(C)(3)	10,000.	0.	N/A	N/A	HS: YOUTH DEVELOPMENT
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
UNRWA USA NATIONAL COMMITTEE P.O. BOX 18697 WASHINGTON, DC 20036	20-2714426	501(C)(3)	10,000.	0.	N/A	N/A	HS: HUMAN SERVICES
UNITED STATES OLYMPIC AND PARALYMPIC MUSEUM - P.O. BOX 681 - COLORADO SPRINGS, CO 80901	46-3189741	501(C)(3)	10,000.	0.	N/A	N/A	AC: ARTS & CULTURE
GRAND CANYON TRUST 2601 N FORT VALLEY RD FLAGSTAFF, AZ 86001	86-0512633	501(C)(3)	10,000.	0.	N/A	N/A	CE: CONSERVATION
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	10,000.	0.	N/A	N/A	ED: POST-SECONDARY

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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INTERNATIONAL ANGLICAN CHURCH PO BOX 8210 COLORADO SPRINGS, CO 80933	01-0602614	501(C)(3)	10,000.	0.	N/A	N/A	CC: FAITH COMMUNITY
ANGELS OF AMERICA'S FALLEN 10010 DEVONWOOD CT. COLORADO SPRINGS, CO 80920	45-5029479	501(C)(3)	10,250.	0.	N/A	N/A	HS: HUMAN SERVICES
FIRST TEE SOUTHERN COLORADO 525 N. ACADEMY BLVD. COLORADO SPRINGS, CO 80909	45-5236651	501(C)(3)	10,600.	0.	N/A	N/A	HS: YOUTH DEVELOPMENT
ORMAO DANCE COMPANY 10 S SPRUCE ST. COLORADO SPRINGS, CO 80905	20-2793024	501(C)(3)	10,700.	0.	N/A	N/A	AC: ARTS & CULTURE
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
WOMEN PARTNERING 961 E. COLORADO AVE. COLORADO SPRINGS, CO 80903	20-4830124	501(C)(3)	11,000.	0.	N/A	N/A	HS: HUMAN SERVICES
ELEPHANT CIRCLE 3548 G RD PALISADE, CO 81526	47-1648218	501(C)(3)	11,000.	0.	N/A	N/A	HH: HEALTH
WOMENS COMMUNITY LEADERSHIP INITIATIVE - 1413 TESLA DR. - COLORADO SPRINGS, CO 80909	99-0493862	501(C)(3)	11,000.	0.	N/A	N/A	ED: EDUCATION
BALLET FOLKLORICO DE BARAJAS 1642 PINON GLEN CIR COLORADO SPRINGS, CO 80919	83-2288620	501(C)(3)	11,000.	0.	N/A	N/A	AC: ARTS & CULTURE

Schedule I (Form 990)

Schedule I (Form 990)

PIKES PEAK COMMUNITY FOUNDATION

84-1339670

Page 1

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

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CENTRO DE LA FAMILIA 1645 S. MURRAY COLORADO SPRINGS, CO 80916	84-1435999	501(C)(3)	11,000.	0.	N/A	N/A	HS: HUMAN SERVICES
SECOND CHANCE THROUGH FAITH 11265 CRESSMAN DR PEYTON, CO 80831	46-3236114	501(C)(3)	11,000.	0.	N/A	N/A	HS: HUMAN SERVICES
AIR FORCE ACADEMY FOUNDATION 3116 ACADEMY DR. USAF ACADEMY, CO 80840	26-0537053	501(C)(3)	11,000.	0.	N/A	N/A	POPULATION - MILITARY/VETERANS
INTERLOCHEN CENTER FOR THE ARTS P.O. BOX 199 INTERLOCHEN, MI 49643	38-1689022	501(C)(3)	11,321.	0.	N/A	N/A	AC: ARTS & CULTURE
GIVE! PO BOX 880 COLORADO SPRINGS, CO 80901	81-2029897	501(C)(3)	11,500.	0.	N/A	N/A	CC: CIVIC AND COMMUNITY SERVICE
CHAFFEE COUNTY COMMUNITY FOUNDATION - PO BOX 492 - BUENA VISTA, CO 81211	26-4605574	501(C)(3)	11,876.	0.	N/A	N/A	CC: CIVIC AND COMMUNITY SERVICE
SILVER KEY SENIOR SERVICES 1625 S MURRAY BLVD. COLORADO SPRINGS, CO 80916	23-7109922	501(C)(3)	11,895.	0.	N/A	N/A	HS: SENIOR SERVICES
DENVER RESCUE MISSION 6100 SMITH RD DENVER, CO 80216	84-6038762	501(C)(3)	12,000.	0.	N/A	N/A	HS: FOOD/NUTRITION
DREAM CENTERS OF COLORADO SPRINGS 11025 VOYAGER PKWY. COLORADO SPRINGS, CO 80921	27-4876080	501(C)(3)	12,017.	0.	N/A	N/A	ED: EARLY CHILDHOOD EDUCATION

Schedule I (Form 990)

Schedule I (Form 990)

PIKES PEAK COMMUNITY FOUNDATION

84-1339670

Page 1

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

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MONUMENT COMMUNITY PRESBYTERIAN CHURCH - 238 3RD ST. - MONUMENT, CO 80132	23-6393377	501(C)(3)	12,300.	0.	N/A	N/A	CC: FAITH COMMUNITY
TRI-LAKES CARES P.O. BOX 1301 MONUMENT, CO 80132	74-2501356	501(C)(3)	12,500.	0.	N/A	N/A	HS: HUMAN SERVICES
CITIZENS PROJECT 322 N TEJON ST., #202 COLORADO SPRINGS, CO 80903	84-1241911	501(C)(3)	12,500.	0.	N/A	N/A	CC: CIVIC ENGAGEMENT
ALPINE AUTISM CENTER 2760 FIELDSTONE RD. COLORADO SPRINGS, CO 80919	84-0909184	501(C)(3)	12,750.	0.	N/A	N/A	HS: INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS - 7155 E 38TH AVE. - DENVER, CO 80207	84-0404253	501(C)(3)	12,750.	0.	N/A	N/A	HH: HEALTH
YOUNG LIFE PO BOX 5184 HARLAN, CO 81593	84-0385934	501(C)(3)	13,500.	0.	N/A	N/A	CC: RELIGION - MISSIONS
KIDS ON BIKES 2222 BOTT AVE. COLORADO SPRINGS, CO 80904	20-2820211	501(C)(3)	14,000.	0.	N/A	N/A	HS: YOUTH DEVELOPMENT
CPCD...GIVING CHILDREN A HEAD START - 2330 ROBINSON ST. - COLORADO SPRINGS, CO 80904	84-1071825	501(C)(3)	14,000.	0.	N/A	N/A	ED: EARLY CHILDHOOD EDUCATION
FINS ATTACHED MARINE RESEARCH AND CONSERVATION - 5297 PALOMINO RANCH PT - COLORADO SPRINGS, CO 80922	27-3567356	501(C)(3)	14,524.	0.	N/A	N/A	CE: CONSERVATION

Schedule I (Form 990)

Schedule I (Form 990)

PIKES PEAK COMMUNITY FOUNDATION

84-1339670

Page 1

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

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OKLAHOMA JUNIOR CYCLING INC 5235 S DELAWARE PL TULSA, OK 74105	85-0603253	501(C)(3)	15,000.	0.	N/A	N/A	HS: YOUTH DEVELOPMENT
PIKES PEAK ACADEMY 828 E PIKES PEAK AVE. COLORADO SPRINGS, CO 80903	84-1594155	501(C)(3)	15,000.	0.	N/A	N/A	ED: K-12
ROYAL AFRICAN FOUNDATION 473 E 12TH AVE SALT LAKE CITY, UT 84103	82-0537124	501(C)(3)	15,000.	0.	N/A	N/A	HS: GLOBAL DEVELOPMENT
CHEYENNE MOUNTAIN ZOO 4250 CHEYENNE MOUNTAIN ZOO RD. COLORADO SPRINGS, CO 80906	84-0407039	501(C)(3)	15,000.	0.	N/A	N/A	CE: CONSERVATION
COLORADO SPRINGS UTILITIES FOUNDATION (DBA PROJECT COPE) - PO BOX 1103, MC 950 - COLORADO SPRINGS, CO 80947	20-8643063	501(C)(3)	15,000.	0.	N/A	N/A	HS: HUMAN SERVICES
LITTLE PEOPLE OF AMERICA 977 WEST NAPA ST, #1038 SONOMA, CA 95476	94-2965067	501(C)(3)	16,000.	0.	N/A	N/A	ED: POST-SECONDARY
NAMI COLORADO SPRINGS 1615 S MURRAY BLVD. COLORADO SPRINGS, CO 80916	74-2338585	501(C)(3)	16,000.	0.	N/A	N/A	HH: MENTAL HEALTH
ST MARYS CATHOLIC EDUCATION FOUNDATION - 2501 E YAMPA ST - COLORADO SPRINGS, CO 80909	84-1516506	501(C)(3)	16,000.	0.	N/A	N/A	ED: EDUCATION
WICKENBURG COMMUNITY HOSPITAL FOUNDATION - 520 ROSE LANE - WICKENBURG, AZ 85390	74-2521618	501(C)(3)	16,000.	0.	N/A	N/A	HH: HEALTH

Schedule I (Form 990)

Schedule I (Form 990)

PIKES PEAK COMMUNITY FOUNDATION

84-1339670

Page 1

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

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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)	16,500.	0.	N/A	N/A	HS: HUMAN SERVICES
TOWN OF SOUTH FORK PO BOX 369 SOUTH FORK, CO 81154	84-1207723	TOWN OF SOUTH FO	16,681.	0.	N/A	N/A	CC: CIVIC PROJECTS
FOUNDATION FOR COLORADO SPRINGS' FUTURE, INC - 102 S TEJON ST., SUITE 1200 - COLORADO SPRINGS, CO 80903	84-1286585	501(C)(3)	16,750.	0.	N/A	N/A	CC: CIVIC PROJECTS
ST. MARY'S HIGH SCHOOL 2501 E YAMPA ST. COLORADO SPRINGS, CO 80909	84-1060677	501(C)(3)	17,000.	0.	N/A	N/A	ED: EDUCATION
PROJECT HEALING WATERS PO BOX 695 LA PLATA, CO 20646	61-1518154	501(C)(3)	17,500.	0.	N/A	N/A	HS: HUMAN SERVICES
COLORADO SPRINGS FINE ARTS CENTER AT COLORADO COLLEGE - 14 E CACHE LA POUDE ST - COLORADO SPRINGS, CO 80903	84-0402510	501(C)(3)	17,500.	0.	N/A	N/A	HS: PHYSICAL DISABILITIES
FRIENDS OF THE CUMBRES & TOLTEC 4421 MCLEOD RD NE, STE F ALBUQUERQUE, NM 87109	85-0363487	501(C)(3)	18,463.	0.	N/A	N/A	AC: ARTS & CULTURE
PIKES PEAK LIBRARY DISTRICT FOUNDATION - 1175 CHAPEL HILLS DRIVE - COLORADO SPRINGS, CO 80920	11-3690724	501(C)(3)	19,000.	0.	N/A	N/A	HS: PHYSICAL DISABILITIES
PIKES PEAK HOSPICE FOUNDATION 2550 TENDERFOOT HILL ST. COLORADO SPRINGS, CO 80906	84-1453050	501(C)(3)	19,553.	0.	N/A	N/A	HH: HEALTH

Schedule I (Form 990)

Schedule I (Form 990)

PIKES PEAK COMMUNITY FOUNDATION

84-1339670

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODMEN VALLEY CHAPEL 290 E WOODMEN RD. COLORADO SPRINGS, CO 80919	84-0996424	501(C)(3)	19,720.	0.	N/A	N/A	CC: FAITH COMMUNITY
COLORADO STATE UNIVERSITY FOUNDATION - PO BOX 1870 - FORT COLLINS, CO 80522	23-7098397	501(C)(3)	19,963.	0.	N/A	N/A	ED: POST-SECONDARY
COLORADO SPRINGS CHRISTIAN SCHOOLS 4855 MALLOW ROAD COLORADO SPRINGS, CO 80907	74-2477359	501(C)(3)	20,000.	0.	N/A	N/A	ED: EDUCATION
THE INITIATIVE 9250 E. COSTILLA AVE, SUITE 100 GREENWOOD VILLAGE, CO 80112	84-1068953	501(C)(3)	20,000.	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)	21,000.	0.	N/A	N/A	ED: EARLY CHILDHOOD EDUCATION
CHILDREN'S LITERACY CENTER 2928 STRAUS LANE, STE 100 COLORADO SPRINGS, CO 80907	84-1209272	501(C)(3)	21,000.	0.	N/A	N/A	ED: EDUCATION
MILLIBO ART THEATRE 1626 S TEJON ST. COLORADO SPRINGS, CO 80905	74-3261678	501(C)(3)	22,500.	0.	N/A	N/A	AC: ARTS & CULTURE
CONCRETE COUCH 702 E. BOULDER STREET, #4 COLORADO SPRINGS, CO 80903	20-2325992	501(C)(3)	24,000.	0.	N/A	N/A	AC: ARTS & CULTURE
FLYING PIG FARM LLC 224 PLAINVIEW PL MANITOU SPRINGS, CO 80829	85-4214762	501(C)(3)	24,000.	0.	N/A	N/A	CE: CONSERVATION

Schedule I (Form 990)



Schedule I (Form 990)

PIKES PEAK COMMUNITY FOUNDATION

84-1339670

Page 1

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PENROSE-ST. FRANCIS FOUNDATION 2222 N NEVADA AVE. COLORADO SPRINGS, CO 80907	84-0902211	501(C)(3)	24,463.	0.	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)	24,500.	0.	N/A	N/A	AC: ARTS & CULTURE
CHILDREN'S HOSPITAL COLORADO FOUNDATION - P.O BOX 5585 - DENVER, CO 80217	84-0813462	501(C)(3)	25,000.	0.	N/A	N/A	HH: HEALTH
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 1560 SHERMAN AVE. - EVANSTON, CO 60201	36-3245072	501(C)(3)	25,000.	0.	N/A	N/A	CC: CIVIC AND COMMUNITY SERVICE
FOCUS ON THE FAMILY 8605 EXPLORER DR. COLORADO SPRINGS, CO 80920	95-3188150	501(C)(3)	25,000.	0.	N/A	N/A	CC: FAITH COMMUNITY
CHILDREN'S HOSPITAL COLORADO SPRINGS FOUNDATION - 111 S TEJON ST., STE 309 - COLORADO SPRINGS, CO 80903	84-0813462	501(C)(3)	25,000.	0.	N/A	N/A	HH: HEALTH
ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION- OK CHAPTER - 2448 E 81ST ST, STE 3000 - TULSA, OK 74137	13-3039601	501(C)(3)	25,000.	0.	N/A	N/A	HH: HEALTH
AFRICAN WILDLIFE FOUNDATION 1100 NEW JERSEY AVENUE SE, STE 900 WASHINGTON, DC 20003	52-0781390	501(C)(3)	25,000.	0.	N/A	N/A	CE: CONSERVATION
OKLAHOMA MEDICAL RESEARCH FOUNDATION - 825 NE 13TH ST - OKLAHOMA CITY, OK 73104	73-0580274	501(C)(3)	25,000.	0.	N/A	N/A	HH: MEDICAL RESEARCH

Schedule I (Form 990)

Schedule I (Form 990)

PIKES PEAK COMMUNITY FOUNDATION

84-1339670

Page 1

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

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DEL E. WEBB CENTER FOR THE PERFORMING ARTS - 2001 W WICKENBURG WAY, STE 3 - WICKENBURG, AZ 85390	86-0873249	501(C)(3)	25,000.	0.	N/A	N/A	AC: ARTS & CULTURE
PALMER LAND CONSERVANCY 102 S TEJON STREET, STE 920 COLORADO SPRINGS, CO 80903	84-0763346	501(C)(3)	25,450.	0.	N/A	N/A	CE: CONSERVATION
FRIENDS OF THE CHILDREN - COLORADO SPRINGS - 105 COLERIDGE AVENUE - COLORADO SPRINGS, CO 80909	87-0920034	501(C)(3)	26,000.	0.	N/A	N/A	HS: HUMAN SERVICES
GOODWILL OF COLORADO FOUNDATION 1460 GARDEN OF THE GODS RD. COLORADO SPRINGS, CO 80907	84-1488592	501(C)(3)	26,500.	0.	N/A	N/A	HS: HUMAN SERVICES
FOOD TO POWER 1090 S INSTITUTE STREET COLORADO SPRINGS, CO 80903	46-3665741	501(C)(3)	26,750.	0.	N/A	N/A	HS: FOOD/NUTRITION
TRAINING GROUND PO BOX 49595 COLORADO SPRINGS, CO 80949	20-8093114	501(C)(3)	27,000.	0.	N/A	N/A	CC: FAITH COMMUNITY
HOLY TRINITY ANGLICAN CHURCH 13990 GLENEAGLE DR. COLORADO SPRINGS, CO 80921	20-0953833	501(C)(3)	27,062.	0.	N/A	N/A	CC: FAITH COMMUNITY
STABLESTRIDES 13620 HALLELUIAH TRAIL ELBERT, CO 80106	74-2232440	501(C)(3)	28,000.	0.	N/A	N/A	HH: MENTAL HEALTH
MEMORIAL HOSPITAL FOUNDATION 1400 E. BOULDER ST., STE 2N2019 COLORADO SPRINGS, CO 80909	84-1576338	501(C)(3)	28,500.	0.	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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FOSTERING HOPE FOUNDATION 111 S TEJON ST., STE 112 COLORADO SPRINGS, CO 80903	26-1991807	501(C)(3)	29,250.	0.	N/A	N/A	HS: HUMAN SERVICES
ROCKY MOUNTAIN FIELD INSTITUTE 1485 GARDEN OF THE GODS RD, STE 140 COLORADO SPRINGS, CO 80907	74-2225140	501(C)(3)	29,367.	0.	N/A	N/A	CE: CONSERVATION
BRAD'S HOUSE 14960 WOODCARVER RD, SUITE 106 COLORADO SPRINGS, CO 80921	82-2669617	501(C)(3)	30,000.	0.	N/A	N/A	HS: HUMAN SERVICES
DIOCESE OF COLORADO SPRINGS 228 N CASCADE AVE. COLORADO SPRINGS, CO 80903	84-0936629	501(C)(3)	32,000.	0.	N/A	N/A	CC: FAITH COMMUNITY
UNITED WAY OF LARIMER COUNTY 525 WEST OAK ST., STE 101 FORT COLLINS, CO 80521	84-6031503	501(C)(3)	35,000.	0.	N/A	N/A	CC: CIVIC AND COMMUNITY SERVICE
TRAILS AND OPEN SPACE COALITION 702 E BOULDER ST., STE 200 COLORADO SPRINGS, CO 80903	84-1156471	501(C)(3)	36,000.	0.	N/A	N/A	CE: TRAILS AND PARKS STEWARDSHIP
FIRST CONGREGATIONAL CHURCH 20 E SAINT VRAIN ST. COLORADO SPRINGS, CO 80903	84-0405572	501(C)(3)	37,336.	0.	N/A	N/A	CC: FAITH COMMUNITY
HUMANE SOCIETY OF THE PIKES PEAK REGION - 610 ABBOTT LN. - COLORADO SPRINGS, CO 80905	84-0410111	501(C)(3)	38,944.	0.	N/A	N/A	CC: ANIMAL WELFARE
COLORADO COLLEGE OFFICE OF ADVANCEMENT - PO BOX 1117 - COLORADO SPRINGS, CO 80901	84-0402510	501(C)(3)	40,426.	0.	N/A	N/A	ED: POST-SECONDARY

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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CAREERS IN CONSTRUCTION COLORADO 4585 HILTON PKWY., STE 100 COLORADO SPRINGS, CO 80907	83-3196106	501(C)(3)	40,573.	0.	N/A	N/A	ED: TRADES
TRADITION OF EXCELLENCE FOUNDATION FOR CHEYENNE MOUNTAIN SCHOOLS - 1775 LACLEDE STREET - COLORADO SPRINGS, CO 80905	74-2519533	501(C)(3)	42,000.	0.	N/A	N/A	ED: K-12
ENERGY RESOURCE CENTER 540 EAST CIMARRON STREET COLORADO SPRINGS, CO 80903	84-0809393	501(C)(3)	42,882.	0.	N/A	N/A	HS: HUMAN SERVICES
COLORADO SPRINGS PIONEERS MUSEUM 215 S TEJON ST. COLORADO SPRINGS, CO 80903	27-4151466	501(C)(3)	42,928.	0.	N/A	N/A	AC: ARTS & CULTURE
DOWNTOWN VENTURES 111 S TEJON ST., STE 703 COLORADO SPRINGS, CO 80903	84-1418850	501(C)(3)	48,000.	0.	N/A	N/A	CC: CIVIC PROJECTS
CRAIG HOSPITAL FOUNDATION 3425 S. CLARKSON ST. ENGLEWOOD, CO 80113	23-7352287	501(C)(3)	50,000.	0.	N/A	N/A	HH: HEALTH
ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER - 8845 WAGNER STREET - WESTMINSTER, CO 80031	84-0795455	501(C)(3)	50,000.	0.	N/A	N/A	HH: HEALTH
FRIENDS OF SPRINGVILLE PARKS INC P.O. BOX 224 SPRINGVILLE, IA 52336	88-3763976	501(C)(3)	50,000.	0.	N/A	N/A	CC: CIVIC PROJECTS
CATAMOUNT INSTITUTE 740 W CARAMILLO ST. COLORADO SPRINGS, CO 80907	86-1151502	501(C)(3)	50,276.	0.	N/A	N/A	CE: CONSERVATION

Schedule I (Form 990)

Schedule I (Form 990)

PIKES PEAK COMMUNITY FOUNDATION

84-1339670

Page 1

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

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SAMARITAN'S PURSE PO BOX 3000 BOONE, CO 28607	58-1437002	501(C)(3)	51,000.	0.	N/A	N/A	HS: EMERGENCY RELIEF
CU FOUNDATION 1800 GRANT ST., SUITE 725 DENVER, CO 80203	84-6049811	501(C)(3)	53,500.	0.	N/A	N/A	ED: POST-SECONDARY
COMMUNITY ANCHOR ACADEMY 5820 FOSSIL DRIVE COLORADO SPRINGS, CO 80923	93-4977852	501(C)(3)	54,000.	0.	N/A	N/A	HS: JOB TRAINING
WESTSIDE CARES 2808 W COLORADO AVE. COLORADO SPRINGS, CO 80904	74-2354492	501(C)(3)	54,500.	0.	N/A	N/A	HS: HUMAN SERVICES
YOUTH DOCUMENTARY ACADEMY 2316 WAHSATCH AVE #266 COLORADO SPRINGS, CO 80907	92-1600089	501(C)(3)	55,000.	0.	N/A	N/A	AC: ARTS & CULTURE
COLORADO SPRINGS PHILHARMONIC PO BOX 1266 COLORADO SPRINGS, CO 80901	74-3091110	501(C)(3)	58,623.	0.	N/A	N/A	AC: ARTS & CULTURE
HOPE AND HOME 4945 N 30TH ST. COLORADO SPRINGS, CO 80919	84-1467476	501(C)(3)	60,812.	0.	N/A	N/A	HS: HUMAN SERVICES
PROJECT ANGEL HEART 4950 WASHINGTON STREET DENVER, CO 80216	84-1199481	501(C)(3)	64,480.	0.	N/A	N/A	HS: FOOD/NUTRITION
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

Schedule I (Form 990)

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THE PLACE 423 E CUCHARRAS ST. COLORADO SPRINGS, CO 80903	84-1549702	501(C)(3)	65,250.	0.	N/A	N/A	HS: HOMELESSNESS SERVICES
CITY OF MANITOU SPRINGS 606 MANITOU AVE. MANITOU SPRINGS, CO 80829	84-6000692	CITY OF MANITOU	67,950.	0.	N/A	N/A	CC: CIVIC PROJECTS
WE FORTIFY 1816 WOOD AVE. COLORADO SPRINGS, CO 80907	84-3045036	501(C)(3)	73,691.	0.	N/A	N/A	HS: HOMELESSNESS SERVICES
OREGON COMMUNITY FOUNDATION 1221 SW YAMHILL ST., SUITE 100 PORTLAND, OR 97205	23-7315673	501(C)(3)	73,753.	0.	N/A	N/A	CC: CIVIC AND COMMUNITY SERVICE
FIRST PRESBYTERIAN CHURCH 219 E BIJOU ST. COLORADO SPRINGS, CO 80903	84-0416230	501(C)(3)	74,089.	0.	N/A	N/A	CC: FAITH COMMUNITY
CARE AND SHARE FOOD BANK FOR SOUTHERN COLORADO - 2605 PREAMBLE PT. - COLORADO SPRINGS, CO 80915	84-0731930	501(C)(3)	78,000.	0.	N/A	N/A	HS: FOOD/NUTRITION
PEAK EDUCATION 1645 S. MURRAY BLVD. COLORADO SPRINGS, CO 80916	84-1467174	501(C)(3)	78,700.	0.	N/A	N/A	ED: EDUCATION
EMPTY STOCKING FUND 30 E PIKES PEAK AVE., STE 100 COLORADO SPRINGS, CO 80903	84-1526179	501(C)(3)	81,485.	0.	N/A	N/A	HS: HUMAN SERVICES
PIKES PEAK UNITED WAY 518 N NEVADA AVE. COLORADO SPRINGS, CO 80903	84-0511799	501(C)(3)	86,468.	0.	N/A	N/A	HS: HUMAN SERVICES

Schedule I (Form 990)

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NEW HORIZONS FOUNDATION, INC. 731 CHAPEL HILLS DR COLORADO SPRINGS, CO 80920	84-1123082	501(C)(3)	90,000.	0.	N/A	N/A	HS: INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
HILLTOP RANCH PO BOX 1365 PALMER LAKE, CO 80133	27-3020430	501(C)(3)	108,000.	0.	N/A	N/A	HS: INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
EXPONENTIAL IMPACT 3650 N NEVADA AVE. COLORADO SPRINGS, CO 80907	82-2707012	501(C)(3)	120,000.	0.	N/A	N/A	HS: ECONOMIC VITALITY
JMAKS DREAM TEAM 110 SANDY RIDGE TRAIL FAYETTEVILLE, GA 30214	88-1014287	501(C)(3)	140,000.	0.	N/A	N/A	CC: COMMUNITY ORGANIZING
DESERT CABALLEROS WESTERN MUSEUM 21 N FRONTIER ST. WICKENBURG, AZ 85390	86-0204201	501(C)(3)	150,500.	0.	N/A	N/A	AC: ARTS & CULTURE
COMPASSION INTERNATIONAL 12290 VOYAGER PKWY. COLORADO SPRINGS, CO 80921	36-2423707	501(C)(3)	200,000.	0.	N/A	N/A	HS: HUMAN SERVICES
THE NEBRASKA SYNOD OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA - 6757 NEWPORT AVENUE, SUITE 200 - OMAHA, NE 68152	36-3514308	501(C)(3)	275,600.	0.	N/A	N/A	CC: FAITH COMMUNITY
RISE SOUTHEAST ELEVATE 2948 FOUNTAIN BLVD COLORADO SPRINGS, CO 80910	99-0438996	501(C)(3)	275,893.	0.	N/A	N/A	CC: COMMUNITY ORGANIZING
WESTERN HERITAGE EVENT CENTER PO BOX 1841 PAGOSA SPRINGS, CO 81147	20-1363398	501(C)(3)	450,000.	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.)

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PIKES PEAK REAL ESTATE FOUNDATION 315 E PIKES PEAK AVENUE, STE 120 COLORADO SPRINGS, CO 80903	20-3455353	501(C)(3)	766,000.	0.	N/A	N/A	CC: CIVIC AND COMMUNITY SERVICE
DAFGIVING360 1958 SUMMIT PARK DR., SUITE 200 ORLANDO, FL 32810	31-1640316	501(C)(3)	834,083.	0.	N/A	N/A	CC: CIVIC AND COMMUNITY SERVICE
GARDEN OF THE GODS FOUNDATION, INC 1805 NORTH 30TH ST COLORADO SPRINGS, CO 80904	27-4984658	501(C)(3)	891,017.	0.	N/A	N/A	CE: CONSERVATION
AMERICAN ENDOWMENT FOUNDATION 5700 DARROW ROAD, SUITE 118 HUDSON, OH 44236	34-1747398	501(C)(3)	1,994,480.	0.	N/A	N/A	CC: CIVIC AND COMMUNITY SERVICE
COLORADO SCHOOL OF MINES 1301 19TH ST GOLDEN, CO 80401	84-6000551	CO SCHOOL OF MIN	14,783.	0.	N/A	N/A	ED: EDUCATION
COLORADO STATE UNIVERSITY 6015 CAMPUS DELIVERY FORT COLLINS, CO 80532	84-6000545	COLORADO STATE U	22,882.	0.	N/A	N/A	ED: EDUCATION
UNIVERSITY OF COLORADO BOULDER 77 UCB BOULDER, CO 80309	84-6000555	UNIVERSITY OF CO	17,317.	0.	N/A	N/A	ED: EDUCATION
UNIVERSITY OF COLORADO COLORADO SPRINGS - 1420 AUSTIN BLUFFS PARKWAY - COLORADO SPRINGS, CO 80918	84-6000555	UNIVERSITY OF CO	8,250.	0.	N/A	N/A	ED: EDUCATION



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

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 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.

SCHEDULE J  
(Form 990)

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

Compensation Information  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization PIKES PEAK COMMUNITY FOUNDATION	Employer identification number 84-1339670
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</div></div>		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment? .....	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan? .....	4b	X
c Participate in or receive payment from an equity-based compensation arrangement? .....	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization? .....	5a	X
b Any related organization? .....	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization? .....	6a	X
b Any related organization? .....	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	9	



**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.

Area for supplemental information with horizontal lines.

SCHEDULE L  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

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

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.

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

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

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

Part II Loans to and/or From Interested Persons

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

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

Total \$

Part III Grants or Assistance Benefiting Interested Persons

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

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



SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public  
Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://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	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....				
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	X	24	1,525,988.	FMV
10	Securities - Closely held stock .....	X	1	2,095,000.	APPRAISAL
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 .....	X	1	357,112.	FMV
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	0
----	---	----	---

30a	During the year, did the organization receive by contribution any property reported on 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? .....	Yes	No
30a			X
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

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

SCHEDULE M, PART I, COLUMN (B):

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

SCHEDULE M, PART I, LINE 32B:

A LICENSED REAL ESTATE AGENT WAS ENGAGED TO MARKET AND FACILITATE THE SALE OF A CONDOMINIUM THAT HAD BEEN DONATED TO THE ORGANIZATION.



SCHEDULE O  
(Form 990)

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

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

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:  
PPCF UNDERTOOK A NEW PROGRAM CALLED OUR SPACIOUS SKIES TO IDENTIFY  
SHARED COMMUNITY VALUES AND PRIORITIES ACROSS EL PASO AND TELLER  
COUNTIES.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:  
PPCF SUSPENDED THE COMMUNITY PROGRAM VENETUCCI.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
STRATEGIES, AND LONG-TERM RESILIENCE.

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. WHEN THE DOCUMENT IS IN FINAL DRAFT, THE  
FINANCE AND INVESTMENT COMMITTEE OF THE PIKES PEAK COMMUNITY FOUNDATION  
BOARD REVIEWS THE 990 DOCUMENT AND ASKS QUESTIONS TO ENSURE COMPLETENESS  
AND ACCURACY. ONCE ALL INFORMATION IS DEEMED ACCURATE AND COMPLETE, WE THEN  
SUBMIT THE 990 TO THE IRS.

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

FORM 990, PART VI, SECTION B, LINE 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

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

AT THE START OF THE FOURTH QUARTER OF THE CALENDAR YEAR. THE PERFORMANCE REVIEW COMMITTEE (PRC), APPOINTED ANNUALLY BY THE BOARD CHAIR, REQUESTS THE CEO COMPOSE A SELF-EVALUATION TO INCLUDE: PERFORMANCE AGAINST JOB COMPETENCIES, GOAL ACHIEVEMENT SUMMARY, A LIST OF ANY ADDITIONAL ACCOMPLISHMENTS, AND AN INITIAL DRAFT OF THE ENSUING YEAR'S GOALS. AT THE SAME TIME, THE PRC COLLECTS ADDITIONAL INFORMATION AND FEEDBACK FROM BOARD MEMBERS, KEY VOLUNTEERS, AND STAFF AS APPROPRIATE. AFTER REVIEWING THE CEO'S SELF-EVALUATION, THE PRC MEETS TO DRAFT ITS COMMENTS/FEEDBACK. THE PRC THEN MEETS WITH THE CEO TO DISCUSS THE PERFORMANCE REVIEW AND FINALIZES THE ANNUAL EVALUATION. THE BOARD CHAIR THEN PRESENTS A BRIEF PERFORMANCE REVIEW SUMMARY TO THE EXECUTIVE COMMITTEE IN EXECUTIVE SESSION. APPROVAL IS NEEDED FROM THE EXECUTIVE COMMITTEE FOR THE ENSUING YEAR'S ANNUAL GOALS. THE EXECUTIVE COMMITTEE MAY DISCUSS/RECOMMEND A CHANGE TO THE CEO'S COMPENSATION AT THIS TIME FOR SUBSEQUENT BOARD APPROVAL. AT ITS ANNUAL MEETING IN EXECUTIVE SESSION, THE BOARD CHAIR PROVIDES A BRIEF PERFORMANCE REVIEW SUMMARY FOR THE ENTIRE BOARD. THE BOARD CHAIR MAY, AT THIS TIME, RECOMMEND A COMPENSATION CHANGE FOR THE CEO. COMPENSATION SURVEYS FROM MOUNTAIN STATE EMPLOYERS COUNCIL AND THE COUNCIL ON FOUNDATIONS AND PHILANTHROPY COLORADO ARE USED TO DETERMINE THIS COMPENSATION CHANGE. THE BOARD CHAIR ALSO PRESENTS THE LIST OF PROPOSED GOALS FOR THE ENSUING YEAR. BOARD MEMBERS DISCUSS AND COME TO CONSENSUS ON GOALS AND COMPENSATION ADJUSTMENTS, IF ANY. THE BOARD ADJOURNS FROM EXECUTIVE SESSION AND VOTES TO APPROVE THE PERFORMANCE REVIEW, COMPENSATION, AND GOALS FOR THE ENSUING YEAR. FOLLOWING BOARD APPROVAL, THE BOARD CHAIR MEETS WITH THE CEO TO FINALIZE THE ANNUAL REVIEW PROCESS. THIS PROCESS WAS LAST PERFORMED IN 2024.

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 2024.

FORM 990, PART VI, SECTION C, LINE 19:  
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S OFFICE.

FORM 990, PART XII, LINE 2C  
THE PROCESS FOR OVERSEEING AND SELECTING AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R  
(Form 990)  
(Rev. January 2025)  
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.

OMB No. 1545-0047

Open to Public  
Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

Part I 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
PPCF HOLDINGS LLC - 33-3058757 315 E PIKES PEAK AVENUE SUITE 120 COLORADO SPRINGS, CO 80903	REAL ESTATE HOLDING COMPANY	COLORADO	357,112.	319,337.	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



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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			





Return by a U.S. Transferor of Property  
to a Foreign Corporation

OMB No. 1545-0026

► Go to [www.irs.gov/Form926](https://www.irs.gov/Form926) for instructions and the latest information.  
► Attach to your income tax return for the year of the transfer or distribution.

Attachment  
Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor Pikes Peak Community Foundation	Identifying number (see instructions) 84-1339670
---	---

1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ Yes ☒ No

2 If the transferor was a corporation, complete questions 2a through 2d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ Yes ☐ No

b Did the transferor remain in existence after the transfer? ☐ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(4) been made? ☐ Yes ☐ No

3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
BLACKSTONE PRIVATE EQUITY STRATEGIES FUND (TE) LP	88-2930978

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No

c Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) BXPE FEEDER (CYM) LP	5a Identifying number, if any 98-1704691
--	---

6 Address (including country) THE BLACKSTONE GROUP 345 PARK AVENUE NEW YORK, NY 10154	5b Reference ID number
---	------------------------

7 Country code of country of incorporation or organization  
CJ

8 Foreign law characterization (see instructions)  
LIMITED PARTNERSHIP

9 Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No



**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2024		205,000.		

10 Was cash the only property transferred? ☒ Yes ☐ No  
If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ☐ Yes ☐ No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ☐ Yes ☐ No  
If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ☐ Yes ☐ No  
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ☐ Yes ☐ No  
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

13 Did the transferor transfer property described in section 367(d)(4)? ☐ Yes ☐ No  
If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a** Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No
- b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No
- c** Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No
- d** If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_
- 15** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

**Supplemental Part III Information Required To Be Reported** (see instructions)**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16** Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .000 % (b) After .016 %
- 17** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351 \_\_\_\_\_
- 18** Indicate whether any transfer reported in Part III is subject to any of the following.
- |  |                              |  |
|--|------------------------------|--|
| <b>a</b> Gain recognition under section 904(f)(3)    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>b</b> Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>c</b> Recapture under section 1503(d)             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>d</b> Exchange gain under section 987             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
- 19** Did this transfer result from a change in entity classification? ☐ Yes ☒ No
- 20 a** Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No  
If "Yes," complete lines 20b and 20c.
- b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c** Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No
- 21** Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

Form 926 (Rev. 11-2018)

Form **8868**  
(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions.  <div>PIKES PEAK COMMUNITY FOUNDATION</div>	Taxpayer identification number (TIN)  <div>84-1339670</div>
	Number, street, and room or suite no. If a P.O. box, see instructions. <div>315 E PIKES PEAK AVENUE, SUITE 120</div>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <div>COLORADO SPRINGS, CO 80903</div>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

- If this application is for an extension of time to file Form 5330, you must enter the following information.
- Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of JESSIE MARTINEZ  
315 E PIKES PEAK AVENUE SUITE 120 - COLORADO SPRINGS, CO 80903  
Telephone No. (719) 389-1251 Fax No. \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☒ calendar year 20 24 or  
☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2025)