

AGENDA
PPFH BOARD OF DIRECTORS
Virtual via Zoom
5:45-7:30 pm
December 7, 2020

5:45-5:50 CALL TO ORDER (Ryan M.)

5:50-5:55 OPENING DEVOTIONS (Iain Probert) ~ **INTRODUCTIONS** ~ **ANNOUNCEMENTS:**

5:55-7:00 PRIORITY ITEMS

5:55-6:00 APPROVAL OF MINUTES:

- November 2, 2020 Minutes (vote)

6:00-6:15 FINANCE REPORT:

- October 2020 Dashboard (Peter S.)

6:15-7:00 ITEMS REQUIRING DISCUSSION &/OR VOTE

- 990 Informational Tax Return (Stephanie) (vote)
- Cash Management Policy Revision (Peter S.) (vote)
- FY21 Budget Modification (Stephanie) (vote)

7:00-7:10 EXECUTIVE DIRECTOR'S & STAFF REPORTS:

- ED & Staff Report (Kris)

7:10-7:30 COMMITTEE REPORTS & RECOMMENDATIONS:

- Executive Committee (Ryan M.)
 - Resolution 2021-004 to submit \$100k request to El Pomar
 - Sale of 0 Race Street
- Please see ED/Staff Report for committees' updates
- **7:25-7:30 Mission Moment:** - Quick overview of PPHFH Strategic Plan goals and update
 - Strategic Plan Goal #3 Implement a Faith in Action Program (Iain)

6 Strategic Plan Goals (FY2019-FY2021)

- #1 Open 2nd ReStore
- #2 Increase the number of families served through implementation of a Critical Home Repair program, growth in the Brush with Kindness program, and strengthening of homeowner services
- #3 Implement a Faith in Action Program
- #4 Stabilize annual home construction to 7-8 homes per year
- #5 Strengthen Board Governance
- #6 Grow Organizational Capacity

OLD BUSINESS:

NEW BUSINESS:

COMING EVENTS:

- December 11th, New Board Member Orientation (virtual), 2:00-5:00 PM
- December 17th, Virtual Thrivent Home Dedication, 6:00 to 6:30 PM (Zoom link will be sent to board)
- No Board meeting in January
- January 30th Board of Directors retreat postponed. Will be rescheduled for warmer weather and reduced COVID-19 cases
- February 1, Board Meeting, 5:45 PM (virtual)
- March 1, 2021 Board Meeting

PPHFH (virtual) Board Meeting Minutes

DATE: November 2, 2020

| Board Members | Present? | Staff and Guests | Present? |
|--------------------------------|----------|---|----------|
| Shannon Baumgartner | Y | | |
| Jay Carlson | Y | Stephanie Campbell, <i>Director of Finance/HR</i> | Y |
| Joel Hamilton | Y | Greg Kovach, <i>Director of Operations</i> | Y |
| Peter Hilts | Y | Kris Medina, <i>Executive Director/CEO</i> | Y |
| Martha Johnson, Vice President | N | Iain Probert, <i>Director of Strategic Partnerships</i> | Y |
| Ryan Mohling, President | Y | Janet Risley, <i>Director of Homeowner Services/Real Estate Acquisition</i> | Y |
| Janna Mulder | Y | Jeff White, <i>Chief Operations Officer</i> | Y |
| Ryan Panariso, Secretary | N | | |
| Peter Scanlon, Treasurer | Y | | |
| Chuck Smith | Y | | |
| Eric Stolp | Y | | |
| Ryan Teeples | Y | | |
| Laurel Thorstensen | Y | | |
| Candy Vandenberg | Y | | |
| Bill Wall | Y | Guests: | |
| | | Rob Giunta, Finance Committee member | Y |
| | | | |
| | | | |
| | | | |
| | | | |

CALL TO ORDER The (virtual) November 2, 2020 regular meeting of the PPHFH Board of Directors was called to order at 5:47 PM by Mr. Ryan Mohling, president.

OPENING DEVOTIONS ~ INTRODUCTIONS ~ ANNOUNCEMENTS:

Mr. Mohling led the devotional with a brief statement of personal COVID-19 fatigue and the grieving and loss that is accompanying it. He then read from Lamentations 3: 19, 31, 33, asking each of us to take note of what spoke to us from these verses. Several board members reflected on thoughts about though downcast and remembering bitterness, hope is available to all because of the Lord's compassion and faithfulness. Also, that no one is cast off forever, with a final reminder that God is on the throne, no matter the election outcome.

Mr. Peter Scanlon, after introducing Mr. Rob Giunta with US Bank and a member of the Finance Committee, and future board treasurer, had each of us introduce ourselves.

Mr. Mohling announced that Ms. Johnson has accepted a new position with considerable demand on her availability, and she would greatly appreciate if another board member would become chairperson for the Governance Committee.

APPROVAL OF MINUTES:

Motion made, seconded, and passed to approve the October 5, 2020 minutes as stated. No discussion occurred.

FINANCE REPORT

Mr. Peter Scanlon, board treasurer summarized the September 2020 Dashboard financial activity, noting that a significant dashboard revenue variance is due to the auditors deciding to record The Ridge at Sand Creek land donation in FY20, though it was budgeted in FY21 on the auditors' advice. The variance will be discussed at the next Finance Committee who may recommend an adjustment to the FY21 budget by reducing the \$1.5 Million budgeted land donation be removed. The affiliate had an outstanding first fiscal year quarter, with the Development Team having a superior month.

ITEMS REQUIRING DISCUSSION AND/OR VOTE:

- Mr. Scanlon presented the FY20 audit with the Finance Committee's recommendation to the board to accept the audit as stated. Motion was made, seconded, and passed to accept the June 30, 2020 audited financial statements and accompanying exhibits as presented.
- Ms. Janet Risley, Mr. Peter Scanlon, and Ms. Kris Medina presented a proposed revision of the Accelerated Asset Recovery policy. The revision requested is to increase the current stated cap to leverage the mortgage portfolio from 50% of the total value of the portfolio to 75% at least during these unusual COVID-19 times, and permit 100% of the portfolio to be sold if needed only with board approval. This would permit the executive director to have more flexibility in meeting rising construction costs due to COVID-19 nationwide demand of residential construction material shortages, replenish cash from the ReStore and Sand Creek land acquisition and development outlays, as well as have more flexibility to address any cash flow issues that might arise should the ReStore operations be detrimentally impaired due to COVID-19 closures. After considerable discussion, the motion was made, seconded, and passed, with two members voting against (Mr. Jay Carlson, Mr. Peter Hilts) and the remaining ten members present in favor, to increase the allowed value of the mortgage portfolio to be leveraged from 50% to 75%.

EXECUTIVE DIRECTOR and STAFF REPORTS:**Executive Director and Staff Report**

Ms. Medina was pleased to announce that the December 1, 2020 Giving Tuesday match challenge sponsor for the Gingerbread Home Build Event, which supports the Veteran Build, is Ent Credit Union. Not only has Ent Credit Union provided \$4,500 to acquire and wrap the Repair Program tool trailer this year, but they also provided an additional \$4,000 Gingerbread match sponsorship that exceeds their \$3,500 sponsorship last year.

A second note of celebration is the December 8, 2020 Colorado Gives Day match grant that is for the Gingerbread Home Build Event Sponsor. ANB Bank is returning this year with a matching grant of \$7,500.

Additionally, PPHFH has again received The Gazette's "Best Places to Work" award.

COMMITTEE REPORTS & RECOMMENDATIONS:**Strategic Plan**

Goal #2 "Increase the number of families served through implementation of a Critical Home Repair program..." is advancing. Mr. Jay Carlson of the board of directors, and Mr. Art Wickberg of the Construction Committee, along with Greg Kovach and Janet Risley, are the members of the Repair Committee. They reviewed applications and approved a

total of nine projects for this fiscal year. Key items to review in a “lessons learned” when this year’s activities are completed include addressing how to be creative with the HFHI required sweat equity, and consistency in documenting sweat equity hours and payment. For example, one family, with limited physical abilities to conduct sweat equity themselves, had family members deconstruct a severely damaged and unsafe deck, who also raised \$350 to support the repair expenses.

Given that the board meeting had extended to 7:30 pm, Ms. Medina offered to provide additional goal update during the upcoming December board meeting.

OLD BUSINESS:

NEW BUSINESS:

COMING EVENTS:

- December 1 Giving Tuesday with proceeds supporting the Gingerbread Build
- December 7 is the next Board meeting to be held via Zoom
- December 8 is Colorado Gives Day

MEETING ADJOURNED:

The meeting was adjourned at 7:28 PM by Mr. Mohling.

Pikes Peak Habitat for Humanity

October 2020

Current Profit and Loss Highlights

| | | |
|---------------------------|----|----------|
| Current Net Income (Loss) | \$ | (71,012) |
| YTD Income (Loss) | \$ | 218,195 |

Balance Sheet Summary

| | | |
|---------------------------------------|-----------|-------------------|
| ASSETS | | |
| Current Assets | | |
| Checking/Savings | \$ | 1,557,537 |
| Investments/Securities | | 1,209,719 |
| Accounts Receivable | | 83,979 |
| Other Current Assets | | 2,719,000 |
| Total Current Assets | \$ | 5,570,234 |
| Fixed Assets | \$ | 2,686,512 |
| Other Assets | | 2,597,595 |
| TOTAL ASSETS | \$ | 10,854,341 |
| LIABILITIES & EQUITY | | |
| Liabilities | | |
| Total Current Liabilities | \$ | 414,209 |
| Long Term Liabilities | | 1,057,693 |
| Total Liabilities | \$ | 1,471,902 |
| Total Equity | | 9,382,439 |
| TOTAL LIABILITIES & EQUITY | \$ | 10,854,341 |

Board of Directors Dashboard

Finance Committee Notes

Current net income (loss):

- Current month expenses exceeded revenue by 10%; however, the month's net loss is 70% below budget.
- There was a decline in the market for the month.

YTD net income remains solid.

Board Recommendation(s) from the Finance Committee

- Approve FY21 budget modification to remove 1.5M (Auditors recognized the Ridge at Sand Creek land donation in FY20). *[Represented in YTD Income graph]*
- Approve FY20 990 be accepted as presented
- Approve updated Cash Management policy

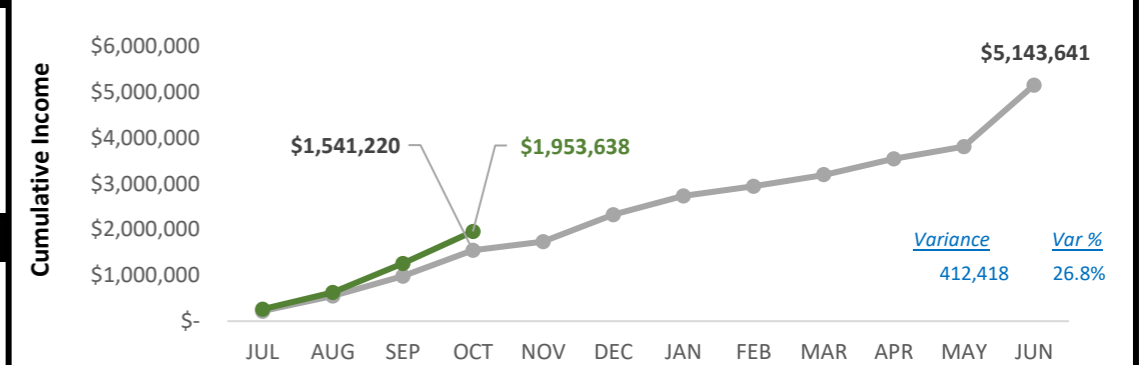
Available Cash Balance Pending Major Disbursements

| | | | |
|--------------|-----------|------------------|-----|
| Operations | \$ | 1,531,045 | 56% |
| Short Term | \$ | - | 0% |
| Long Term | \$ | 1,209,719 | 44% |
| Total | \$ | 2,740,764 | |

→ Operations Target is 3-months of operating expenses [\$939,031] or 15%, whichever is greater.

→ Operations amount excludes the construction draw bank account.

PPHFH YTD Income Performance



PPHFH YTD Expense Performance



Development

Current Donation Performance

| FY 2021 | Actual | Budget | Variance | Var % |
|--------------|------------------|------------------|------------------|-------------|
| Indiv | \$ 17,347 | \$ 8,640 | \$ 8,707 | 101% |
| Corps | \$ 7,556 | \$ - | \$ 7,556 | |
| Grants | \$ 35,167 | \$ 17,900 | \$ 17,267 | 96% |
| Other | \$ 2,888 | \$ 1,500 | \$ 1,388 | 93% |
| Total | \$ 62,958 | \$ 28,040 | \$ 34,918 | 125% |

YTD Donation Performance

| Actual | Budget | Variance | Var % |
|-------------------|-------------------|------------------|------------|
| \$ 63,842 | \$ 46,679 | \$ 17,163 | 37% |
| \$ 18,102 | \$ 11,502 | \$ 6,600 | 57% |
| \$ 51,833 | \$ 28,700 | \$ 23,133 | 81% |
| \$ 15,099 | \$ 14,380 | \$ 719 | 5% |
| \$ 148,876 | \$ 101,261 | \$ 47,616 | 47% |

ReStore South

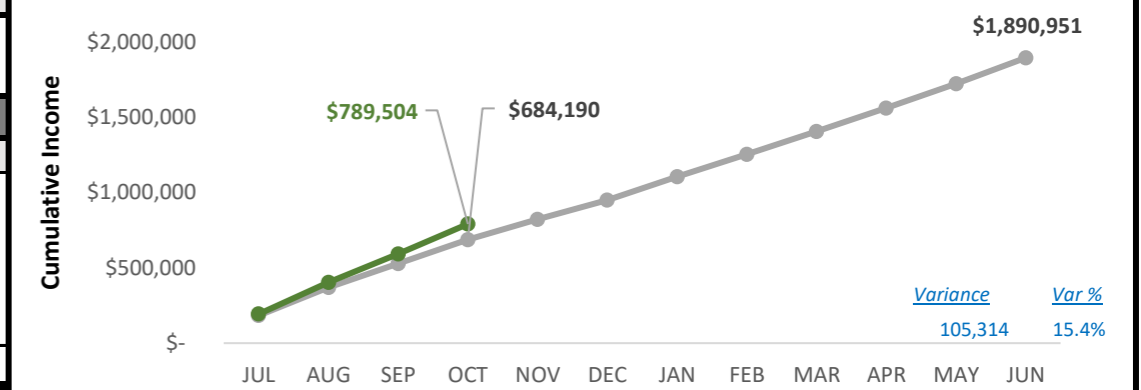
Monthly Donations

| Type | \$ | # | Avg |
|-----------|------------|------|--------|
| Drop Offs | \$ 101,007 | 1827 | \$ 55 |
| Pick Ups | \$ 84,906 | 221 | \$ 384 |

Top 5 Sales Categories

| Class | Total | Qty | Avg |
|------------------------|-------------------|---------------|-------------|
| Furniture | \$ 30,936 | 1498 | \$ 21 |
| Cabinets | \$ 22,950 | 814 | \$ 28 |
| Lighting | \$ 13,670 | 2586 | \$ 5 |
| Doors | \$ 13,439 | 451 | \$ 30 |
| Appliances | \$ 11,482 | 159 | \$ 72 |
| All Class Total | \$ 193,383 | 34,485 | \$ 6 |

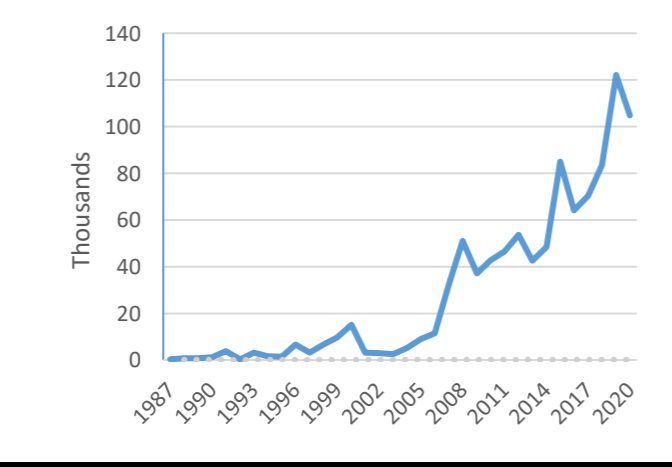
ReStore South YTD Income Performance



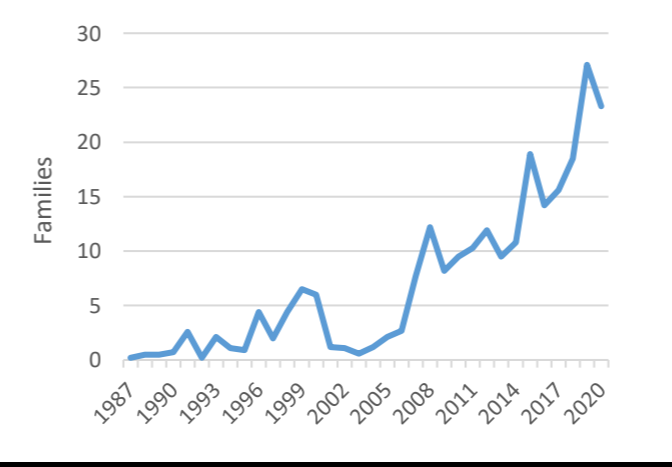
Affiliate Tithe Impact

| Q1 | Year | Amount | Fam Srv'd |
|-----------------------|-------------------|--------------|-----------|
| | 2021-CY | \$ 22,000 | 4.9 |
| 10-Year Tithe History | 2020 | 104,875 | 23.3 |
| | 2019 | 122,125 | 27.1 |
| | 2018 | 83,378 | 18.5 |
| | 2017 | 70,310 | 15.6 |
| | 2016 | 64,000 | 14.2 |
| | 2015 | 85,025 | 18.9 |
| | 2014 | 48,484 | 10.8 |
| | 2013 | 42,597 | 9.5 |
| | 2012 | 53,581 | 11.9 |
| | 2011 | 46,471 | 10.3 |
| 35-Yr Total | \$ 994,391 | 243.6 | |

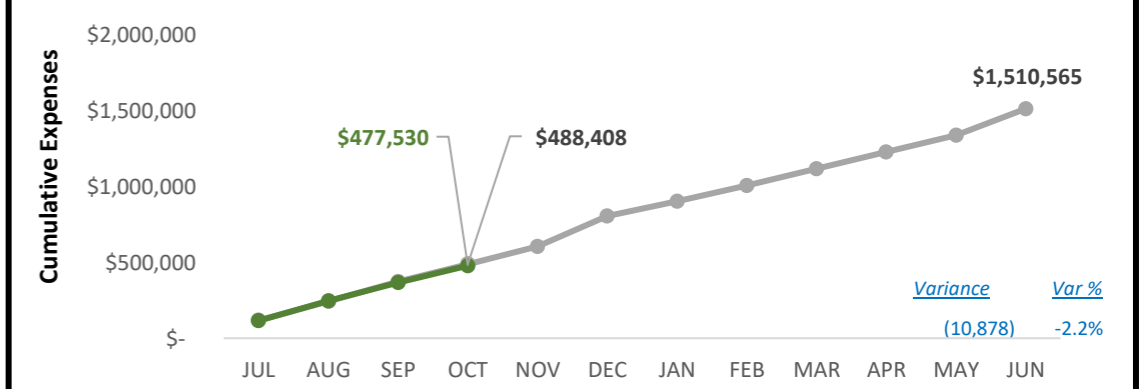
PPHFH Tithe History



Int'l Families Served



ReStore South YTD Expense Performance

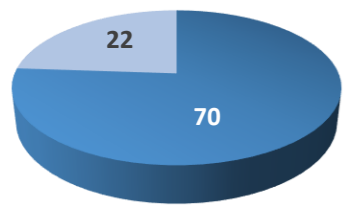


Homeowner Services

Active Mortgages

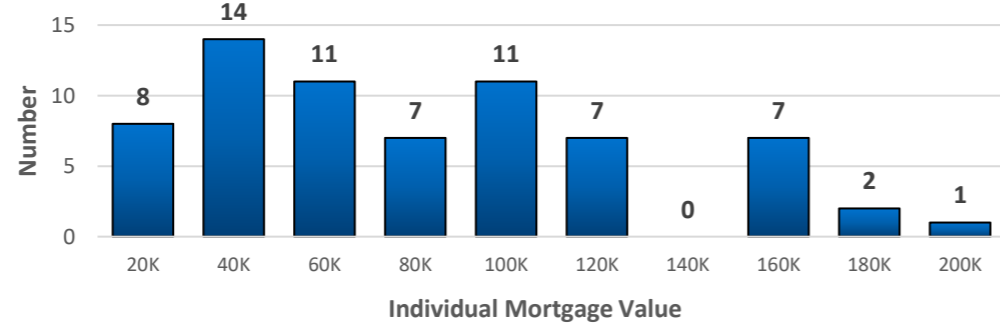
Total Portfolio Value \$5,302,458

92 Loans Serviced



■ PPHFH ■ Other

70 Active PPHFH Mortgages



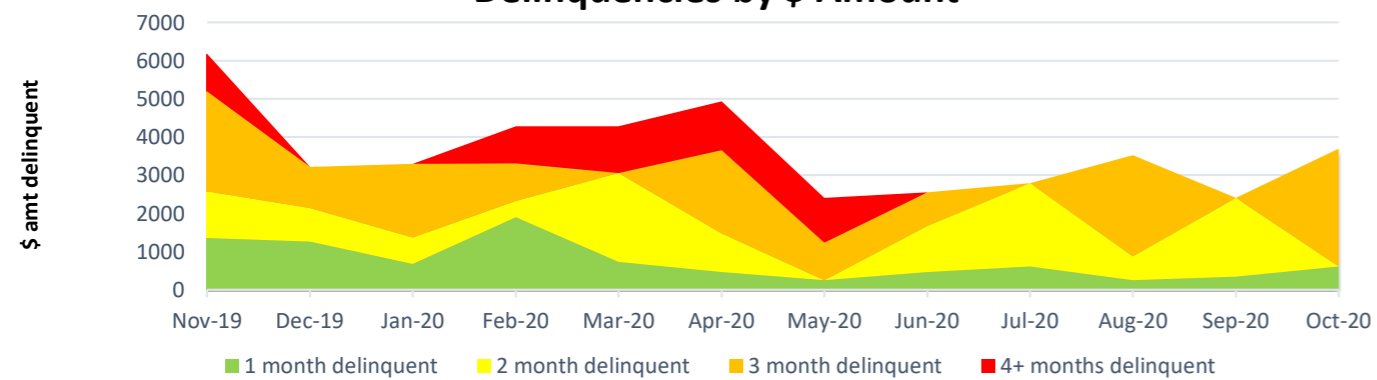
Delinquency Report

Status ▲

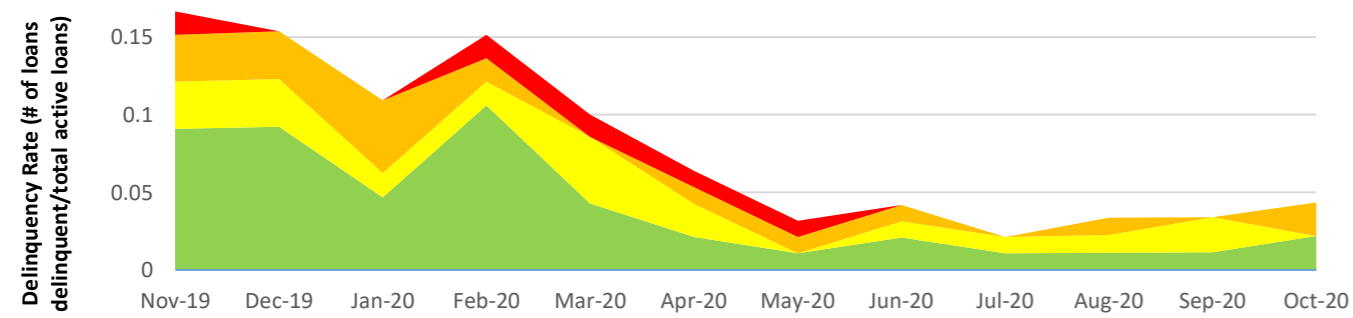
- ▲ Healthy
- ▲ Needs Attention
- ▲ Major Problem

| MONTHS DELINQUENT | # Loans | \$Amt | % portfolio at risk |
|--------------------------|----------|--------------------|---------------------|
| Less than 1 month behind | 0 | \$ - | 0.00% |
| <i>Last month</i> | 0 | \$ - | 0.00% |
| 1 month behind | 2 | \$ 602.01 | 2.17% |
| 2 months behind | 0 | \$ - | 0.00% |
| 3 months behind | 2 | \$ 3,088.01 | 2.17% |
| 4+ months behind | 0 | \$ - | 0.00% |
| Total | 4 | \$ 3,690.02 | 4.35% |
| <i>Last month</i> | 3 | \$ 2,410.71 | 3.36% |
| <i>October 2019</i> | 6 | \$ 4,398.83 | 9.09% |

Delinquencies by \$ Amount



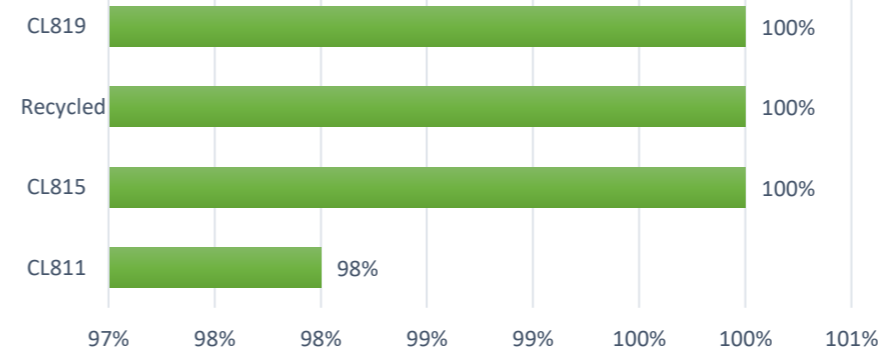
Delinquency Rate



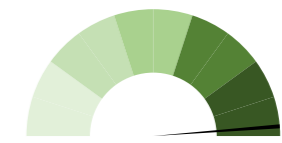
Construction

Active Building Progress

Country Living - Build Phase



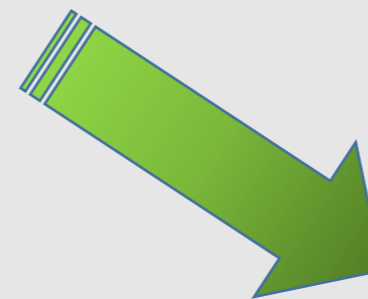
Country Living



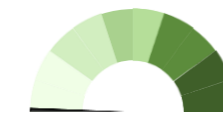
97%

34 homes

Future Site Plan



Sand Creek



0%

30 homes

Pre-Construction Building Sites

Micah's View



0%

3 homes

Jacob's Run



0%

5 homes

Repair Program

| Repair Category | Applicants Selected | In Process | Complete |
|------------------------------|---------------------|------------|----------|
| Critical Home Repair | 2 | 0 | 2 |
| Home Preservation | 5 | 0 | 3 |
| Critical & Home Preservation | 2 | 0 | 2 |

Next Steps:
→ Finish final two Home Preservation projects and complete Repair Program.



7887 E. Belleview Ave. Suite 700
Denver, CO 80111
Phone: 303.759.0089
Fax: 303.759.2189
www.wipfli.com

November 10, 2020

Pikes Peak Habitat For Humanity
2802 North Prospect Street
Colorado Springs, CO 80907
Attention: Kris Medina

Dear Kris,

Enclosed are the original and one copy of the 2019 Exempt Organization return, as follows...

2019 Form 990

Please review the return for completeness and accuracy.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Robert E. Fabry, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2020

Prepared For:

Pikes Peak Habitat For Humanity
2802 North Prospect Street
Colorado Springs, CO 80907

Prepared By:

Wipfli LLP
7887 E. Belleview Ave. Suite 700
Denver, CO 80111

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 16, 2020

Internal Revenue Code Section 6104(d) requires that Form 990 should be made available for public inspection during regular business hours at the organization's principal office. The return must also be available for public inspection at any regional or district offices having three or more employees. Inspection of this return must be allowed for three years from the due date specified above. The inspection requirement applies to all portions of the return except for the names and addresses of any contributors to the organization. The inspection requirement also applies to your organization's application for tax-exempt status (Form 1023 or 1024) and the Internal Revenue Service determination letter approving exempt status.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning JUL 1, 2019, and ending JUN 30, 2020

2019

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

PIKES PEAK HABITAT FOR HUMANITY

35-1640064

Name and title of officer

**KRISTINA MEDINA
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | |
|---|--|-----------------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b <u>7,001,237.</u> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) | 5b _____ |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize WIPFLI LLP to enter my PIN 13173
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

84351054403
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ ROBERT E. FABRY, CPA Date ▶ 11/10/20

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

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

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

| | | |
|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization PIKES PEAK HABITAT FOR HUMANITY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2802 NORTH PROSPECT STREET City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80907 F Name and address of principal officer: KRISTINA MEDINA SAME AS C ABOVE | D Employer identification number 35-1640064 E Telephone number 719-475-7800 G Gross receipts \$ 8,464,750. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.PIKESPEAKHABITAT.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1986 M State of legal domicile: CO |

Part I Summary

| | | | | |
|------------------------------------|----------------|---|---|--------------------|
| | 1 | Briefly describe the organization's mission or most significant activities: SEEKING TO PUT GOD'S LOVE INTO ACTION, PIKES PEAK HABITAT FOR HUMANITY BRINGS PEOPLE TOGETHER TO | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 14 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 14 |
| | 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 41 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 2518 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | 7b | Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0. |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year |
| 9 | | Program service revenue (Part VIII, line 2g) | 1,088,878. | 2,893,076. |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,327,997. | 1,495,895. |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 220,456. | 419,693. |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,032,839. | 2,192,573. |
| | | | 4,670,170. | 7,001,237. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 127,000. | 100,000. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,416,680. | 1,677,041. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 421,418. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,440,425. | 2,669,671. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 3,984,105. | 4,446,712. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 686,065. | 2,554,525. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 8,001,560. | 10,697,722. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1,400,086. | 1,533,481. |
| | | | 6,601,474. | 9,164,241. |

Part II Signature Block

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

| | | | | |
|-------------------------------|--|---|-------------------------|---|
| Sign Here | Signature of officer KRISTINA MEDINA, EXECUTIVE DIRECTOR Type or print name and title | Date | | |
| Paid Preparer Use Only | Print/Type preparer's name ROBERT E. FABRY, CPA | Preparer's signature ROBERT E. FABRY, CPA | Date 11/10/20 | Check <input type="checkbox"/> if self-employed PTIN P00757821 |
| | Firm's name ▶ WIPFLI LLP Firm's address ▶ 7887 E. BELLEVIEW AVE. SUITE 700 DENVER, CO 80111 | Firm's EIN ▶ 39-0758449 Phone no. 303.759.0089 | | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PIKES PEAK HABITAT FOR HUMANITY IS A ECUMENICAL CHRISTIAN HOUSING MINISTRY THAT BUILDS DECENT AFFORDABLE HOMES IN PARTNERSHIP WITH THE COMMUNITY AND PROSPECTIVE HOMEOWNERS. OVER 178 HOMES HAVE BEEN SOLD TO QUALIFYING FAMILIES WITH AN AFFORDABLE MORTGAGE.

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

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

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

4a (Code:) (Expenses \$ 2,571,108. including grants of \$ 100,000.) (Revenue \$ 1,495,895.)

PIKES PEAK HABITAT FOR HUMANITY (PPHFH) BUILDS NEW HOMES AND REHABILITATES EXISTING HOMES TO SELL TO QUALIFIED APPLICANTS. IN FISCAL YEAR 2020, PPFH SOLD EIGHT NEWLY CONSTRUCTED HOMES TO ELIGIBLE HOMOWNERS UPON THE FAMILIES COMPLETING THEIR SWEAT EQUITY HOURS. PPFH HAS SERVED MORE THAN 185 FAMILIES.

IN ADDITION TO THE ABOVE ELIGIBLE HOMEOWNERS ARE BEING SERVED THROUGH PPFH'S HOME REPAIR PROGRAM IN EL PASO COUNTY.

IN FISCAL 2020, PPFH'S \$100,000 TITHE GRANT SERVED MORE THAN 23 INTERNATIONAL FAMILIES.

4b (Code:) (Expenses \$ 1,253,228. including grants of \$) (Revenue \$ 1,767,974.)

PIKES PEAK HABITAT FOR HUMANITY RESTORE SUPPLIES NEW AND USED BUILDING MATERIALS AND HOME FURNISHINGS DONATED FROM VARIOUS SOURCES AT AFFORDABLE PRICES TO THE COMMUNITY AND HELPS BUILD HOMES FOR LOW-INCOME FAMILIES, WHICH ALSO KEEPS VALUABLE ITEMS OUT OF THE LANDFILLS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,824,336.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | X | |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 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 | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included on line 1a, above, who are independent (14); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. (X)

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 719-475-7800 2802 N. PROSPECT, COLORADO SPRINGS, CO 80907

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

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

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

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

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

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

| (A) Name and title | (B) Average hours per week (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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) RYAN MOHLING PRESIDENT | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (2) MARTHA JOHNSON VICE PRESIDENT | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (3) RYAN PANARISO SECRETARY | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (4) PETER SCANLON TREASURER | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (5) JOEL HAMILTON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) CHUCK SMITH BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) LAUREL THORSTENSEN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) BARBARA TREACY BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) RYAN TEEPLES BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) BILL WALL BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) ERIC STOLP BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) JAY CARLSON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) PETER HILTS BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) SHANNON BAUMGARTNER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) KRISTINA MEDINA EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 98,299. | 0. | 10,835. |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
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| | | | | | | | | | | |
| 1b Subtotal | | | | | | | 98,299. | 0. | 10,835. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 98,299. | 0. | 10,835. | |

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|---|---------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 2,893,076. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 2,319,676. | | | | |
| | h Total. Add lines 1a-1f | | | 2,893,076. | | | |
| Program Service Revenue | 2 a SALES TO HOMEOWNERS | Business Code | | | | | |
| | | 531390 | 1,138,612. | 1,138,612. | | | |
| | b MORTGAGE DISCOUNT AMORTIZATIO | 525990 | 234,771. | 234,771. | | | |
| | c SECOND MORTGAGE REVENUES | 531390 | 122,512. | 122,512. | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 1,495,895. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 61,214. | | | 61,214. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 940,785. | 775,289. | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 950,050. | 407,545. | | | |
| | c Gain or (loss) | 7c | -9,265. | 367,744. | | | |
| | d Net gain or (loss) | | | 358,479. | | 358,479. | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | 1,873,892. | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | 105,918. | | | | | |
| c Net income or (loss) from sales of inventory | | | 1,767,974. | 1,767,974. | | | |
| Miscellaneous Revenue | 11 a LOAN FORGIVENESS | Business Code | | | | | |
| | | 900099 | 400,000. | | | 400,000. | |
| | b MISCELLANEOUS | 900099 | 24,599. | | | 24,599. | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | 424,599. | | | | |
| 12 Total revenue. See instructions | | | 7,001,237. | 3,263,869. | 0. | 844,292. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | 100,000. | 100,000. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 98,300. | 58,980. | 24,575. | 14,745. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 1,290,066. | 947,948. | 79,785. | 262,333. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 18,618. | 17,542. | 294. | 782. |
| 9 Other employee benefits | 147,690. | 105,979. | 17,663. | 24,048. |
| 10 Payroll taxes | 122,367. | 88,748. | 9,198. | 24,421. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 14,244. | 7,703. | 6,541. | |
| c Accounting | 14,950. | | 14,950. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 Advertising and promotion | 117,957. | 101,957. | 141. | 15,859. |
| 13 Office expenses | 38,507. | 10,328. | 10,106. | 18,073. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 53,506. | 32,837. | 10,217. | 10,452. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 21,777. | 14,353. | 2,316. | 5,108. |
| 20 Interest | 31,119. | 31,119. | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 81,691. | 81,691. | | |
| 23 Insurance | 111,707. | 88,104. | 11,523. | 12,080. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a CONSTRUCTION COSTS | 1,393,723. | 1,393,723. | | |
| b MORTGAGE DISCOUNT | 579,867. | 579,867. | | |
| c TELEPHONE AND UTILITIES | 64,852. | 54,185. | 4,548. | 6,119. |
| d VEHICLE EXPENSES | 59,951. | 59,951. | | |
| e All other expenses _____ | 85,820. | 49,321. | 9,101. | 27,398. |
| 25 Total functional expenses. Add lines 1 through 24e | 4,446,712. | 3,824,336. | 200,958. | 421,418. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 178,563. | 1 | 136,539. |
| | 2 Savings and temporary cash investments | 1,158,648. | 2 | 2,176,157. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 145,428. | 4 | 62,768. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | 2,524,330. | 7 | 2,527,403. |
| | 8 Inventories for sale or use | 40,519. | 8 | 55,509. |
| | 9 Prepaid expenses and deferred charges | 18,979. | 9 | 19,608. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,122,014. | | |
| | b Less: accumulated depreciation | 10b 618,114. | 10c | 1,503,900. |
| | 11 Investments - publicly traded securities | 1,568,217. | 11 | 1,309,269. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 844,563. | 15 | 2,906,569. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 8,001,560. | 16 | 10,697,722. | |
| Liabilities | 17 Accounts payable and accrued expenses | 204,209. | 17 | 249,625. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 73,258. | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 1,122,619. | 23 | 970,543. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | 313,313. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 1,400,086. | 26 | 1,533,481. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 6,439,574. | 27 | 8,981,593. |
| | 28 Net assets with donor restrictions | 161,900. | 28 | 182,648. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 6,601,474. | 32 | 9,164,241. |
| | 33 Total liabilities and net assets/fund balances | 8,001,560. | 33 | 10,697,722. |

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 | 7,001,237. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,446,712. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,554,525. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 6,601,474. |
| 5 | Net unrealized gains (losses) on investments | 5 | 8,242. |
| 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 | 9,164,241. |

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 in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | | 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 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2019

Open to Public
Inspection

| | |
|--|---|
| Name of the organization PIKES PEAK HABITAT FOR HUMANITY | Employer identification number 35-1640064 |
|--|---|

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

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

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

f Enter the number of supported organizations

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

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 485,301. | 944,160. | 858,125. | 1088878. | 2893076. | 6269540. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 485,301. | 944,160. | 858,125. | 1088878. | 2893076. | 6269540. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 113,737. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 6155803. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 485,301. | 944,160. | 858,125. | 1088878. | 2893076. | 6269540. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 7,182. | 11,223. | 24,706. | 58,971. | 61,214. | 163,296. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 14,693. | 33,035. | 44,974. | 155,535. | 24,599. | 272,836. |
| 11 Total support. Add lines 7 through 10 | | | | | | 6705672. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 14,497,458. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|-------------------------------------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 91.80 % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | 86.33 % |
| 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% 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 .035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | |
| a From 2014 | | | |
| b From 2015 | | | |
| c From 2016 | | | |
| d From 2017 | | | |
| e From 2018 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015 | | | |
| b Excess from 2016 | | | |
| c Excess from 2017 | | | |
| d Excess from 2018 | | | |
| e Excess from 2019 | | | |

Part VI

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

DRAFT

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

PIKES PEAK HABITAT FOR HUMANITY

Employer identification number

35-1640064

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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

| | |
|--|---|
| Name of organization PIKES PEAK HABITAT FOR HUMANITY | Employer identification number 35-1640064 |
|--|---|

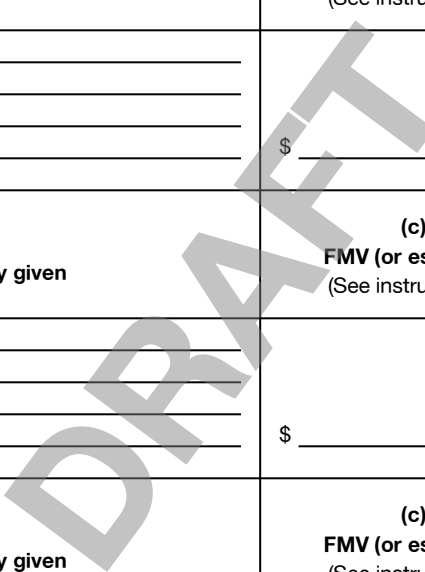
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | CITY OF COLORADO SPRINGS (CHDO) 30 SOUTH NEVADA AVE COLORADO SPRINGS, CO 80903 | \$ 291,603. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | THRIVENT FINANCIAL FOUNDATION PO BOX 7099 PRINCETON, NJ 08543 | \$ 80,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | LOVE IN ACTION 212 N. WAHSATCH AVE., STE 301 COLORADO SPRINGS, CO 80903 | \$ 2,070,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization PIKES PEAK HABITAT FOR HUMANITY | Employer identification number 35-1640064 |
|--|---|

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

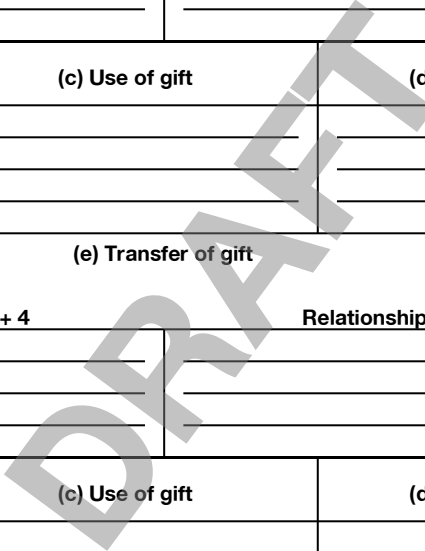
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| 3 | LAND _____ _____ _____ | \$ 2,070,000. | 07/09/19 |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |



| | |
|--|---|
| Name of organization PIKES PEAK HABITAT FOR HUMANITY | Employer identification number 35-1640064 |
|--|---|

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 | |
| | | | |



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019 Open to Public Inspection

Name of the organization PIKES PEAK HABITAT FOR HUMANITY Employer identification number 35-1640064

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 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?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: \$. Rows include: 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. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

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

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|-------------------|
| 1a Land | | 260,270. | | 260,270. |
| b Buildings | | 1,594,219. | 478,386. | 1,115,833. |
| c Leasehold improvements | | | | |
| d Equipment | | 185,367. | 134,115. | 51,252. |
| e Other | | 82,158. | 5,613. | 76,545. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 1,503,900. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) CONSTRUCTION IN PROGRESS | 2,906,569. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 2,906,569. |

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) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | |

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 | 7,115,397. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | 8,242. | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 105,918. | |
| e | Add lines 2a through 2d | 2e | | 114,160. |
| 3 | Subtract line 2e from line 1 | 3 | | 7,001,237. |
| 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 | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | | 7,001,237. |

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 | 4,552,630. |
| 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 | 105,918. | |
| e | Add lines 2a through 2d | 2e | | 105,918. |
| 3 | Subtract line 2e from line 1 | 3 | | 4,446,712. |
| 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 | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | | 4,446,712. |

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 X, LINE 2:

IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES ("GAAP"), A PRIVATE ENTITY IS REQUIRED TO DISCLOSE ANY MATERIAL UNCERTAIN TAX POSITIONS THAT MANAGEMENT BELIEVES DOES NOT MEET A "MORE-LIKELY-THAN-NOT" STANDARD OF BEING SUSTAINED UNDER AN INCOME TAX AUDIT, AND TO RECORD A LIABILITY FOR ANY SUCH TAXES INCLUDING PENALTY AND INTEREST. MANAGEMENT OF THE ORGANIZATION HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS THAT REQUIRE THE RECORDING OF A LIABILITY MENTIONED ABOVE OR FURTHER DISCLOSURE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COSTS OF RESTORE ITEMS SOLD 105,918.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COSTS OF RESTORE ITEMS SOLD 105,918.

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **PIKES PEAK HABITAT FOR HUMANITY** Employer identification number **35-1640064**

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|---|
| HABITAT FOR HUMANITY INTERNATIONAL 270 PEACHTREE ST, NW, SUITE 1300 ATLANTA, GA 30303-1263 | 91-1914868 | 501(C)(3) | 100,000. | 0. | | | TITHE |
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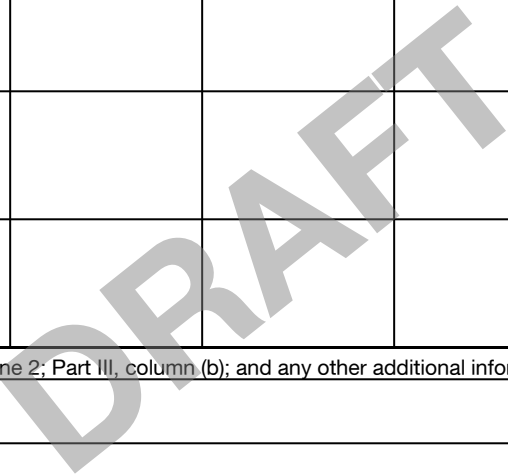
- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2019)

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **PIKES PEAK HABITAT FOR HUMANITY** Employer identification number **35-1640064**

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 | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | X | 1 | 2,070,000. | FAIR MARKET VALUE |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (CONST ITEMS) | X | 184 | 249,676. | FAIR MARKET VALUE |
| 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 IV, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | X | |
| 32a | | X |

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

Schedule M (Form 990) 2019

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.

Multiple horizontal lines for supplemental information, with a large 'DRAFT' watermark across the center.

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SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

PIKES PEAK HABITAT FOR HUMANITY

Employer identification number

35-1640064

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BUILD HOMES, COMMUNITIES AND HOPE.

FORM 990, PART VI, SECTION B, LINE 11B:

FIRST THE IRS FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THEN THE ENTIRE BOARD. THE FORM 990 IS SENT ELECTRONICALLY TO THE BOARD MEMBERS TO REVIEW AND APPROVE AT THE REGULAR BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS ARE REQUIRED TO SIGN A FORM DISCLOSING ANY KNOWN CONFLICTS OF INTEREST ON AN ANNUAL BASIS. THE BOARD IS RESPONSIBLE FOR COMPLIANCE AND WILL DECIDE IF A CONFLICT EXISTS. IF THERE IS A CONFLICT THE BOARD MEMBER WILL RECUSE THEMSELVES FROM VOTING.

FORM 990, PART VI, SECTION B, LINE 15A:

THE ORGANIZATION USES COMPARABILITY DATA PROVIDED BY THE COLORADO CENTER FOR NON-PROFIT EXCELLENCE, COLORADO NON-PROFIT SALARY AND BENEFITS SURVEY, AND THE HABITAT FOR HUMANITY COLORADO AND HABITAT INTERNATIONAL SALARY SURVEYS.

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

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **PIKES PEAK HABITAT FOR HUMANITY** Employer identification number **35-1640064**

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 |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| PPHFH COMMUNITY HOUSING DEV - 83-0711637 2802 NORTH PROSPECT STREET COLORADO SPRINGS, CO 80907 | CHDO | COLORADO | 48. | 10,173. | N/A |
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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 |
| | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 1c | | |
| 1d | | |
| 1e | | |
| 1f | | |
| 1g | | |
| 1h | | |
| 1i | | |
| 1j | | |
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| 1q | | |
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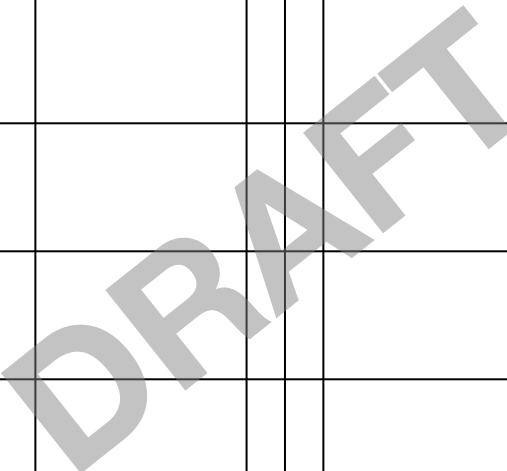
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| | (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) | | | | |

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

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

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

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

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Cash Management

Objective: To maintain a high level of liquidity and strong net worth Pikes Peak Habitat for Humanity (“PPHfH”) must maintain good relationships with banks and other financial sources to fund the building of homes and purchase/development of lots.

Philosophy: Pikes Peak Habitat for Humanity is very conservative fiscally and has an extremely low tolerance for risk with financial affairs and instruments. In order to meet our stated mission of seeking to put God’s love into action by bringing people together to build homes communities and hope, PPHfH must have adequate cash, good relationships with banks, controlled operating expenses, and many sources of capital to fund the building of homes, finance the purchase or development of lots and provide operating funds.

Cash:

PPHfH does not maintain any cash accounts in its office.

Management of Cash:

In accordance with the Philosophy noted above, PPHfH keeps the majority of its funds in federally insured financial institutions. Banking institutions are chosen on various strengths, including but not limited to financial strength, commitment to affordable housing, and relationship quality.

1. *Management of Cash* - PPHfH uses five-star rated banks for its main operating accounts, a money market account earning interest on funds available for future use and a Carhof account for escrow. Any funds exceeding those estimated for current operations shall be invested in additional four or five-star rated banks or other such financial institutions which pay interest and are supportive of PPHfH.
 - The bank or credit union must have a four or star rating as determined by BauerFinancial at www.bauerfinancial.com. BauerFinancial has been analyzing and reporting on banks and credit unions since 1983. No institution can pay them to rate it nor can they choose to be excluded. The Finance Committee will review any deposit institution being used on a Quarterly basis.
 - All bank accounts are to be FDIC insured to limit the risk of loss. The Finance Committee will manage the cash in any one bank/credit union to ensure the security of the affiliate’s funds. Balances in any bank/credit union with less than a four or five star rating will not exceed the FDIC insurance limitations.
2. *Liquidity* - The Finance Committee oversees maintaining liquidity to ensure sufficient funds are always available and that the aims and objectives of the Habitat are being achieved.
3. *Minimum Cash Reserve Requirements* – PPHfH will maintain cash reserves to cover three months of operating expenses reported on the Board-approved Budget for the current fiscal year. The operating expenses shall be adjusted for non-cash items, such as depreciation and mortgage discount expense. Under a worst case scenario in which

all building is halted and the related building expenses eliminated, the minimum cash should be sufficient to cover at least six months of expenses.

- Any non-compliance of the above noted cash reserve requirements would require Board approval.

Calculation: Current annual Budget Expenses less Mortgage Discount Expense/Non-cash items divided by 12 = Monthly Operating Expenses x 3 = Minimum Cash Reserve Required

| | | |
|----------|--------------------------------|-------------------|
| EXAMPLE: | Current Annual Budget Expenses | \$2,188,764 |
| | Less Non-cash items | <u>567,200</u> |
| | Total Annual Expenses | \$1,621,564 |
| | Divided by 12 months | \$ 135,130 |
| | 3 months of Expenses | \$ 405,391 |

Taking the above budget into consideration and excluding building related expenses of \$915,800 under a worst case scenario with all building halted, total annual expenses would be \$705,764 with a minimum 6-month reserve requirement of \$352,882.

Cash Management

Objective: To establish a flexible yet focused cash management policy allowing PPHFH staff and board to determine appropriate balance between cash liquidity and investment to meet the immediate and long-term operational needs of the affiliate.

Philosophy: Pikes Peak Habitat for Humanity is a moderate conservative fiscally and has an extremely low tolerance for placing donor gifts and operational proceeds at risk with financial affairs and instruments. In order to meet the stated mission of “*Seeking to put God’s love into action by bringing people together to build homes communities and hope,*” PPHFH must have adequate cash, good working and community relationships with banks, controlled operating expenses, and varied sources of capital to fund the building, repair and rehabilitation of homes, finance the purchase or development of lots, and provide operating funds.

Cash:

PPHFH does not maintain any petty cash accounts in its business office or at construction sites. ReStore(s) maintains secured cash change fund sufficient for daily cash register sales transactions.

Management of Cash:

In accordance with the Philosophy noted above, PPHFH keeps the majority of its funds in federally insured financial institutions. Banking institutions are chosen on various strengths, including but not limited to financial strength, commitment to affordable housing, and relationship quality.

- 1. Management of Cash** - PPHFH uses five-star rated banks for its main operating accounts and money market accounts earning interest on funds available for future use. Any funds exceeding those estimated for current operations shall be invested in additional four or five-star rated banks or other such financial institutions which pay interest and are supportive of PPHFH.
 - The bank or credit union must have a four or five-star rating as determined by BauerFinancial at www.bauerfinancial.com. BauerFinancial has been analyzing and reporting on banks and credit unions since 1983. No institution can pay them to rate it nor can they choose to be excluded. The PPHFH Finance Committee will review any deposit institution being used on a Quarterly basis.
 - All bank accounts are to be FDIC insured to limit the risk of loss. The Finance Committee will manage the cash in any one bank/credit union to ensure the security of the affiliate’s funds. Balances in any bank/credit union with less than a four or five- star rating will not exceed the FDIC insurance limitations.
- 2. Liquidity** - The Finance Committee oversees maintaining liquidity to ensure sufficient funds are always available and that the aims and objectives of the affiliate are being achieved.
- 3. Minimum Cash Reserve Requirements** – PPHFH will maintain cash reserves to cover three months of operating expenses reported on the Board-approved Budget for the current fiscal year. The operating expenses shall be adjusted for non-cash items*, such as depreciation and mortgage discount expense. Under a worst-case scenario in which all building is halted and the related building expenses eliminated, the minimum cash should be sufficient to cover at least six months of expenses.

- Any non-compliance of the above noted cash reserve requirements would require Board approval.

Cash reserves will be funded and available in cash or cash equivalent funds, in any/all of the following: checking account, savings account, or money market account, as well as short-term certificates of deposit (CDs). This does not include the equity or bonds in the investment portfolio.

Policy Target Calculation for 3-Month Cash Reserve: Current annual P&L Budget Expenses less all non-cash items*, plus CIP cost and loan payments (from the cash budget), divided by 12 = Monthly Operating Expenses x 3 = Policy Target.

| | | | |
|----------|----------------------------|--------------------------|----------------------|
| EXAMPLE: | P&L Budget Expenses (FY21) | \$ 5,146,317 | |
| | Non-cash items | (2,224,612) | |
| | CIP/Loan payments | <u>834,448</u> | |
| | Total Annual Expenses | <u>\$3,756,153</u> | |
| | Divided by 12 months | <u>\$ 313,013</u> | |
| | 3 months of Expenses | <u>\$ 939,038</u> | Policy Target |

Action Scenarios:

No action needed: when reserve requirements are 80% or greater than policy target.

Action needed: when three months of operating expenses fall between 60 – 80% of policy target.

Action plan #1: may include such actions as: access the LOC or similar products such as HFHC’s revolving loan fund, leveraging the mortgage portfolio, stocks, or bonds, and/or reducing expenses.

Aggressive action needed: when three months of operating reserves fall below 60% of policy target.

Action plan #2: may include such actions as: access the LOC or similar products such as HFHC’s revolving loan fund, securities in investment portfolio and halt/delay CIP, adjusting the 3-month policy target by taking the above budget into consideration and excluding building related expenses of \$774,948, with all home building/CIP halted, total annual expenses would be \$2,981,205 with a minimum 3-month reserve requirement of \$745,301.25.

Worst-case scenario (ReStore and/or donor contributions are not producing enough cash to maintain CIP and all staffing): move to a 6-Month Cash Reserve – see below for calculation:

Current annual P&L Budget Expenses for occupancy, compensation, insurance, and loan payments (cash budget) divided by 12 = Monthly Operating Expenses x 6 = Worst-Case Scenario/Minimum Cash Reserve Requirement.

Policy target will be reviewed and discussed by the Finance Committee semi-annually, during the January and May meetings. Goal: To meet the policy target of cash reserves meeting 80% or greater of three months of operating expenses.

Use of Operating Reserve:

1. Identification of appropriate use of the operating reserve
 - The Executive Director/CEO and staff will identify the need for accessing operating reserves and confirm that the use is consistent with the purpose described in this policy. This step requires analysis of the reason to access reserves, identifying the availability of other funding sources before using reserves (LOC), and evaluation of the time period for the funds to be used and replenished.
2. Authority to use the Operating Reserve up to \$75,000
 - The Executive Director/CEO will submit a request to use a portion of the operating reserve to the Finance Committee for amount(s) exceeding \$75,000. The use of operating reserves will be reported to the BOD at the next scheduled meeting, accompanied with a description of the analysis and determination of the use of funds, and the plans for replenishment to the operating reserve target.
3. Reporting and monitoring
 - The Executive Director/CEO is responsible for ensuring that the operating reserve is maintained and used only as described in this policy. Upon approval of the use of operating reserves, the Executive Director/CEO, will maintain records of the use of funds and plan for replenishment. Both the Finance Committee and BOD will receive monthly updates on the status of the replenishment.

Review Process:

This Policy will be reviewed every other year, at minimum, by the Finance Committee, or sooner if warranted by internal or external events or operational changes. Changes to the Policy will be recommended as needed by the Finance Committee to the Board of Directors.

*Non-cash item refers to an expense listed on an income statement, such as capital depreciation, amortization, In-Kind (GIK's), investment unrealized gains/losses, or any line item that does not involve a cash payment.

Executive Director, Staff, & Committee Report
December 7, 2020

ReStore:

- November sales set a new record for the month of November of \$155k. Previous record was set last year when we had 5 Saturdays.
- We have shifted to RED status limiting the number of customers in the store during any given time.
- Donations drop offs and pick-ups remain steady.
- Had a large deconstruction project at SRAM's new building formerly the Andrew Womack Ministries building.
- Construction is underway for ReStore Northeast.
- Development's application to El Pomar Foundation for \$100K for ReStore Northeast has been submitted, and the Foundation's Board of Trustees will discuss all applications at their Dec. 15 meeting.

Construction/Volunteer/Home Repairs

- **Country Living:**
 - The Thrivent sponsored home at 811 Bunting is over 98% complete and ahead of schedule.
 - This home is scheduled for closing in mid-January 2021.
- **Micah's View:**
 - Two foundations have been dug at the 231 S Race St and 201 W Illinois addresses.
- **The Ridge at Sand Creek:** Update as of 12/2/2020
 - Community Ground Blessing for the *The Ridge at Sand Creek* performed on a very cold and blustery November 24th. Key address made by Dave Warner, former PPHFH board member and key player in bringing this gift to PPHFH. The board was represented by Ryan Panariso and Shannon Baumgartner. LIA was represented by Mr. Landhuis, donor, Alan Vancil, LIA board member, and Jeff Mark, consultant to LIA board and employee of Landhuis Company.
 - The development work was completed right after Thanksgiving and final title documents completed and check for \$25k/lot totaling \$750k delivered December 3, 2020.
 - Construction office is on site, and the first three permit applications are in process.
- **Master building Plans:**
 - Two sets of 2-story 4BR plans have been approved by the Pikes Peak Regional Building departments.
 - As previously reported, 1 story master plans for both building in Fountain (with 1-car garage) and for the Ridge at Sand Creek have already been approved by Pikes Peak Regional Building department.
- **Repair Program:**
 - All nine (9) home repairs scheduled for FY2021 are now complete (with the exception of a few outstanding tasks due to product availability).

Development

- A separate award from the El Pomar Foundation granted PPHFH a \$2,500 merit grant for general operations.

- **2020 Gingerbread Home Build**
 - Voting for the gingerbread homes ends at midnight on Dec 16th
 - Anyone can vote for a gingerbread home with a donation on the event website
 - Instructional video staggered release to “builders” and supporters
 - Fundraising ‘advertised’ stretch goal is \$23K (10% of cost to build Veteran Home) – budgeted goal = \$18,400.00
 - See [event website](#) for latest statistics
- **GivingTuesday: Dec 1st**
 - Ent Credit Union Community Fund of Pikes Peak Community Fund is our gift-matching partner at \$4,000 - up from Ent Credit Union’s match of \$3,500 last year
 - Thank you, Candy, for helping to secure this funding for us!
 - All donations benefit our Veteran Build
 - Goal = \$9,500.00
 - **Actual raised \$10,300.00**
- **Colorado Gives Day: Dec 8th**
 - ANB Bank is our gift-matching partner at \$6,350 - up from \$4,000 last year
 - Thank you, Ryan, for helping to secure this funding for us!
 - People can donate online – unrestricted designation
 - Goal = \$15,000.00
- **Year-End Appeal**
 - Three tailored versions of a direct mail letter will be mailed to supporters during the first full week of December
 - Goal = \$9,000.00
- **12 Days of Christmas: Dec 25th - Jan 5th**
 - People can donate to purchase items or towards the purchase of items to support operations at our business office, construction site, and ReStore
 - Goal = \$4,500.00
 - Includes our “3 Days Left in 2020” push, which promotes the new tax incentives from the CARES Act

Faith

- December e-newsletter sent on December 7th to ~100 faith organizations
 - Quarterly promotional e-newsletter for “other prospect” faith organizations sent to 150+ recipients, and promotes the 2020 Thrivent Faith Build Home Dedication
- Meetings conducted with faith committee subcommittee meeting x2
 - Created and proposed a timeline for the new Interfaith Build for Unity (announcements, stud signings, advertising, launch, etc.)
 - Brainstormed potential groups for outreach
- 2020 Thrivent Faith Build (TFB) Home Dedication
 - Virtual dedication outline created in collaboration with Thrivent engagement leader
 - Visits made to local church partners to sign Christmas ornaments to be presented to the TFB future homeowner
- Pastor Chip Mattingly, of Mountain Springs Church, has been invited to give the opening blessing for the TFB Home Dedication
- New relationships established with Chaplain Phillip Vincent, of the USAFA Prep School



RESOLUTION 2021-004

THE GOVERNING BOARD OF PIKES PEAK HABITAT FOR HUMANITY INC, (THE COMPANY) A COLORADO NONPROFIT CORPORATION, ADOPTS THE FOLLOWING RESOLUTION

WHEREAS, the Board of Directors of Pikes Peak Habitat for Humanity, with legal and fiduciary capacity, is authorizing the submittal of:

A \$100,000 grant request to support the construction of PPHFH's second ReStore located at 6250 Tutt Blvd, Colorado Springs, CO 80923.

NOW THEREFORE BE IT RESOLVED, the Board of Directors hereby authorize Kristina J. Medina, Executive Director/CEO to sign any and all documents necessary to complete the closing of the purchase and the submission and acceptance of funding requests of this property and construction of the building.

IN WITNESS WHEREOF, the undersigned has executed this Resolution with the Effective Date, November 10, 2020,

PIKES PEAK FOR HUMANITY, INC.
A Colorado nonprofit corporation,

By: 
Ryan Mohling
Title: President



RESOLUTION 2021-003

THE GOVERNING BOARD OF PIKES PEAK HABITAT FOR HUMANITY INC, (THE COMPANY) A COLORADO NONPROFIT CORPORATION, ADOPTS THE FOLLOWING RESOLUTION

WHEREAS, the Board of Directors of Pikes Peak Habitat for Humanity is authorizing the sale of:
0 S. Race Street, Fountain, CO 80817 – anticipated closing date 11/10/2020
Lot 3, Block 4, Santa Fe Addition to the Town of Fountain, El Paso County, Colorado.

NOW THEREFORE BE IT RESOLVED, the Board of Directors hereby authorize either Ryan Mohling, President or, Kristina J. Medina, Executive Director/CEO to sign any and all documents necessary to complete the closing of the sale of this property including Deed.

IN WITNESS WHEREOF, the undersigned has executed this Resolution with the Effective Date, November 4, 2020,

PIKES PEAK FOR HUMANITY, INC.
A Colorado nonprofit corporation,

By: _____
Ryan Mohling
Title: President

Pikes Peak Habitat for Humanity
Three-Year Strategic Plan
Goal #3 -- Implement a Faith in Action Program

Year #1

- a. Initiate Faith in Action program
 - (1) Faith in Action Program manager (FIAPM) is hired, oriented, and attends HFH-I CB grant training in Atlanta
 - (2) FIAPM initiates outreach efforts to faith groups / guides (see work plan for metrics) and coordinates Interfaith Build for Unity (IBU) work days and Faith Relations Committee (FRC) meetings
 - (3) FIAPM attends NALO, assembles a Faith Leader Advisory Council (FLAC), and begins outreach to “new prospect” faith groups
 - (4) FIAPM evaluates IBU work days and develops formal IBU program, attends Global Village training
- b. Engage with Thrivent and churches for a Thrivent Faith Build home
 - (1) Outreach to churches to source volunteers, groundbreaking
 - (2) Coordinate volunteers and ensure very positive job site experience
 - (3) Dedication of Thrivent Faith Build home
 - (4) FIAPM, DD and ED conduct evaluation of Thrivent Faith Build to expand in FY’21

Year #2

- a. Grow and expand Faith in Action program with a focus on generating additional volunteers
 - (1), (2), and (3) See b, c, and d below
 - (4) Conduct evaluation of Faith in Action Program including Core Responsibilities of FIAPM as well as metrics to adjust as needed
- b. Hold first formal Interfaith Build for Unity
 - (1) Outreach to faith organizations, plan for and hold kick-off event
 - (2) and (3) Build days – press coverage
 - (4) Home dedication event, recognition of supporting faith organizations, evaluation by participants
- c. Plan and implement a local World Habitat Day recognition
 - (1) Investigate options for World Habitat Day with support from HFH-I and Habitat Colorado
 - (2) Develop plan for World Habitat Day
 - (3) Hold World Habitat Day event
 - (4) Evaluate World Habitat Day event, process documented for future
- d. Explore options for and interest in hosting Global Village trips
 - (1) Outreach to faith organizations (6 months)
 - (2) Investigate Global Village options with support from HFH-I and Habitat Colorado
 - (3) Develop draft plan for Global Village trip, FIAPM participates in a Global Village trip
 - (4) Discuss plan with faith organizations to ensure interest

Year #3

- a. Host a Global Village trip
 - (1) Start planning for Global Village trip
 - (2) Recruit participants in Global Village trip
 - (3) Host Global Village trip
 - (4) Evaluate Global Village trip and determine a plan for the future
- b. Hold second Interfaith Build for Unity
 - (1) Outreach to faith organizations
 - (2) and (3) Build days – press coverage
 - (4) Home dedication event, recognition of supporting faith organizations, evaluation by participants
- c. Articulate impact of Faith in Action program
 - (3) and (4) collect metrics for program to prepare summary report on outputs and outcomes