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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Αг	OI LITE	2022 Calefidat year, or tax year beginning	enung					
В с	heck if	C Name of organization		D Employer identifie	cation number			
X	Addres	CRESTONE PEAK COMMUNITY HOUSING						
	Name change	Doing business as		**-***19	88			
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 911	Room/suite	E Telephone number 7192564037				
	∠return termin	-			344,896.			
	ated ∏Ameno	City or town, state or province, country, and ZIP or foreign postal code CRESTONE, CO 81131		G Gross receipts \$				
\vdash	_return Application			H(a) Is this a group re				
	⊥tion pendin	P.O. BOX 806, CRESTONE, CO 81131		for subordinates	····· — —			
				H(b) Are all subordinates in				
		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) (insert no.) 4947(a)(1) (insert no.)	or 527	1	list. See instructions			
	<u>Vebsit</u>		1	H(c) Group exemptio				
κ ⊦ Pa	orm of	organization: X Corporation Trust Association Other Summary	L Year	of formation: ZUIO N	N State of legal domicile: CO			
е	1	Briefly describe the organization's mission or most significant activities: ${\color{red} { ext{SEE}}}$	PART I	II				
uc			4					
rns	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	_			
ove				3	6			
2	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	6			
es {	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	0			
vitį	6	Total number of volunteers (estimate if necessary)		6	6			
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.			
				Prior Year	Current Year			
Ф	8	Contributions and grants (Part VIII, line 1h)		502,105.	339,907.			
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		476.	4,989.			
E	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		502,581.	344,896.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 3,58		0.	0.			
ф	b	Total fundraising expenses (Part IX, column (D), line 25)	81.					
Ĥ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		46,487.	53,151.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		46,487.	53,151.			
	19	Revenue less expenses. Subtract line 18 from line 12		456,094.	291,745.			
or			Ве	ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		722,685.	1,014,573.			
t As d B	21	Total liabilities (Part X, line 26)		0.	6,707.			
ER ER	22	Net assets or fund balances. Subtract line 21 from line 20		722,685.	1,007,866.			
Pa	rt II	Signature Block						
Unde	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.				
Sigr		Signature of officer		Date				
Her	е	KIRSTEN SCHREIBER, PRESIDENT						
		Type or print name and title	T -					
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN			
Paid		ERIC L JONES, CPA ERIC L JONES, CE	PA 0	8/11/23 self-employ	P00634170			
Prep	arer	Firm's name JONES MERTSCHING CPAS PC		Firm's EIN *	*-***9886			
Use	Only	Firm's address 32186 CASTLE COURT, SUITE 220						
		EVERGREEN, CO 80439		Phone no. 30	3-480-9090			
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No			

Га	Tim Statement of Frogram 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:
	THE ORGANIZATION'S MISSION IS TO HELP LOW-INCOME AND DISADVANTAGED
	PEOPLE OBTAIN ACCESS TO AFFORDABLE QUALITY HOUSING AND SERVE AS A
	MODEL IN DESIGNING AND FINANCING AFFORDABLE HOUSING IN RURAL SAGUACHE
	COUNTY, PROMOTING ECONOMIC SELF-SUFFICIENCY AND LIVABILITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 6,049 • including grants of \$) (Revenue \$)
₹a	FUNDRAISING EFFORTS HAVE CONTINUED TO OBTAIN FUNDS FOR THE CONSTRUCTION
	OF THE LIVING WISDOM VILLAGE PROJECT. PRELIMINARY CONSTRUCTION HAS
	BEGUN.
	BEGON:
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
	Other program convices (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 6 , 049 •
<u>4e</u>	Total program service expenses 6,049. Form 990 (2022)
	Form 930 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- v
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		4.5		х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			٦,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes." complete Schedule I. Parts I and II	21		X

Part IX. column (A), line 2? f" Yes," complete Schedule , Parts and iii 22		1990 (2022) CRESTONE PEAK COMMUNITY HOUSING **-*** TIV Checklist of Required Schedules (continued)	1988	P	age ⁴
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 21 if yes, "complete Schedule I, Parts I and III and	ı aı	Continued)		Yes	No
32 Did the organization asswer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? 18 Pice, "complete Schedule I, "I" "No," go to line 25a. 29 A	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. **Max** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," anawer lines 24th brough 24th and complete Schedule I, "Wo," or to line an escrow account other than a returned on the principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," anawer lines 24th brough 24th and complete Schedule I, Part II and a secrow account other than a returned gescrow at any time during the year to defease any tax-exempt bonds? 24th Did the organization maintain an escrow account other than a returned gescrow at any time during the year? 24th Did bit the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24th Did bit how that disqualified person 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 800 or 980-E27. If "Yes," complete Schedule I, Part II 25th Did the organization report any amount on Part X, line 5 or 22, for receivables from or psyables to largy current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule II, Part II II 25th Did the organization provides a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, or grant selection confirmite member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule II, Part IV II		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
Schedule / Market was issued after December 31, 2002? If "Yes," answer lines 2db through 2dd and complete Schedule / M. "No," to to line 25a 24b 2dd but the organization invest may proceed so trave-wempt bonds beyond a temporary period exception? 24b 2db Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Did the organization act as an 'on behalf of' issuer for bonds outstanding any time of the organization provide any amount on Part X. line 5 or 22, for receivables from or payables to inay current or former officer, director, trustee, key employee, creator or founder, substantial contributor, #45s, complete Schedule L. Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? 25d Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? 25d Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founde	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			İ
24a Dit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24b 24b 24b 24b 24b 24b 24b 24b 25a 24b 25b 25b 24b 25b 25b 25b 25b 25b 25b 25b 25b 25b 25		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
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that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 ff "Yes," complete Schedule L, Part I 25b X 25b			25a		
Schedule L, Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I: Part II 27 Zi 28 Zi 29 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV. 28 Zi b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28 Zi c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 Zi 20 Did the organization receive more than \$25,000 in nonseath contributions? If "Yes," complete Schedule M. 29 Zi 20 Did the organization receive more than \$25,000 in nonseath contributions? If "Yes," complete Schedule M. 29 Zi 20 Did the organization level, exchange, dispose of or transfer more than 25% of its net assets; If "Yes," complete Schedule M. 20 Did the organization level, exchange, dispose of or transfer more than 25% of its net assets; If "Yes," complete Schedule N, Part II. 30 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.77013* If "Yes," complete Schedule R, Part V, line 2 30 Did the organization own 10	р				
Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 26			OEF		v
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controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	20				
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 25% controlled entity (including an employee thereof) or family member of any of these persons? If Yes, "complete Schedule L, Part III			26		x
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled and the controlled an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III, instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-each contributions? If "Yes," complete Schedule M 29 X X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X X X X X X X X X X X X X X X X X X	27		. 20		
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c	21				
Was the organization a party to a business transaction with one of the following parties see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 Did the organization includate, terminate, or dissorite and cease operations? If "Yes," complete Schedule N, Part I 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 30 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3 If Yes," complete Schedule R, Part I 31 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 33 If If "Yes," complete Schedule R, Part V, line 2 34 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 1 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt			27		x
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Schedule N, Part II 32	31				X
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34	33				
Part V, line 1 34		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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	4.	Enter the number reported in box 2 of Form 1006. Enter 0, if not applicable	2	Yes	NO
b chief the number of Points wize included of fine i.e. Effet io if thoughplicable			_		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			-		

(gambling) winnings to prize winners?

Form 990 (2022) CRESTONE PEAK COMMUNITY HOUSING
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
За	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	b If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O									
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e								
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	3 7 7 7 7 7									
9										
h										
8	-1 5 5									
_	sponsoring organization have excess business holdings at any time during the year?									
9	Did the approximation approximation makes and to call distributions until a continue 40000									
_	a Did the sponsoring organization make any taxable distributions under section 4966?									
10	 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1								
11	Section 501(c)(12) organizations. Enter:	1								
	Gross income from members or shareholders									
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1								
-	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			x						
	excess parachute payment(s) during the year?									
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

Form **990** (2022) 232005 12-13-22

CRESTONE PEAK COMMUNITY HOUSING Form 990 (2022) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 6 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 6 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed

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) availab
	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)

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.

State the name, address, and telephone number of the person who possesses the organization's books and records CORPORATION - 7192564037

177 N WILLOW STREET, CRESTONE, CO 81131

Form **990** (2022)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l	11124			ірсі	isati		(E)	(F)
(A) Name and title		_P		(C) Position				(D)	1	
name and title	Average	(do	(do not check more than one				one	Reportable compensation	Reportable compensation	Estimated amount of
	hours per week	offi	box, unless person is both an officer and a director/trustee)			s botr or/trus	n an tee)	from	from related	other
	(list any	TO.						the	organizations	compensation
	hours for	direct				_		organization	(W-2/1099-MISC/	from the
	related	e 0 r	stee			sate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	Institutional trustee		yee	m per		1099-NEC)) idda NEdj	and related
	below	dual	ution		old m	st co	-E			organizations
	line)	Individual trustee or director	nstit	Officer	Key employee	Highest compensated employee	Former			· ·
(1) KIRSTEN SCHREIBER	5.00									
CHAIR		Х		х			_	0.	0.	0.
(2) JULIA VOSS	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) JOHN ALFANO	3.00									
TREASURER		Х		X				0.	0.	0.
(4) DENISE PEINE	2.00				1					
SECRETARY		X		X				0.	0.	0.
(5) RICHARD SANDERSON	2.00			_						
DIRECTOR		X.						0.	0.	0.
(6) TILLY REED	2.00									
DIRECTOR		Х						0.	0.	0.
		1								
		1								

Form 990 (2022)

Part VII Section A. Officers, Directors, (A)	(B)			((,		(D)	(E)		(F)	
Name and title	Average		Position					Reportable	Reportable		Estima	
rano and tho	hours per		(do not check more than or box, unless person is both					compensation	compensation	,	amour	
	week	week officer ar						from	from related		othe	
	(list any	ctor						the	organizations		compen	sation
	hours for	r dire				ted		organization	(W-2/1099-MIS	C/	from	the
	related	stee o	n ste			eusa		(W-2/1099-MISC/	1099-NEC)		organiz	
	organizations	al trus	nal t		loyee	comp		1099-NEC)			and rel	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	ations
	iii lej	ii.	ŝ	#0	Key	를 등	요			-		
									•			
					-			1				
1b Subtotal				2				0.		0.		0.
c Total from continuation sheets to Pa	art VII, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								0.		0.		0.
2 Total number of individuals (including	but not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			_
compensation from the organization			-								Ye	0 s No
2 Did the exceptation list only former of	Fight disorter truct	1		امصا			bia	haat aamnanaatad amn	lavos on	Г	10.	140
3 Did the organization list any former of			-		-		_		•		3	X
line 1a? If "Yes," complete Schedule J								or componentian from t			3	A
4 For any individual listed on line 1a, is t											4	х
and related organizations greater thanDid any person listed on line 1a receiv											4	122
5 Did any person listed on line 1a receiv rendered to the organization? If "Yes."									dual for services		5	х
Section B. Independent Contractors	complete Scheduk	2	JI SU	CIT	JEIS	OII .						
 Complete this table for your five highe the organization. Report compensation 		-							· · · · · · · · · · · · · · · · · · ·	ensat	ion from	
(A	,	Jui U	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9 ***		× • • • •	<u> </u>	(B)	J		(C)	
Name and busi		NC	ONE	3				Description of s	ervices	C	ompensat	ion
							\dashv					
							\dashv					
							\dashv					
Total number of independent contract	ors (including but p	ot lin	nited	l to t	thos	e lie	ted	above) who received me	ore than			
\$100,000 of compensation from the or		J. III			C		.ou	above, who received file	or criair			
											Form 990	(2022

Form 990 (2022) CRESTON
Part VIII Statement of Revenue

			Check if Schedule O contains a r	esponse o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
တ္ထ	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
جَ ق			Fundraising events	1c					
ffs,			Related organizations	1d					
ig ig					10,000.				
Sir			Government grants (contributions)	1e	10,000.				
a tio		T	All other contributions, gifts, grants, and		220 007				
들 된			similar amounts not included above		329,907.				
o d		-		1g \$		220 007			
<u>0</u> 8		n	Total. Add lines 1a-1f		Buston a Code	339,907.			
					Business Code				
Se	2	а							
e Z		b							
S c		С					4		
e a		d							
Program Service Revenue		е							
4		f	All other program service revenue \dots						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividen	nds, intere	st, and		· ·		
			other similar amounts)			4,989.			4,989.
	4		Income from investment of tax-exemp						
	5		Royalties						
			(i)	Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
			Not rental income or (less)						
				ecurities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis	<u> </u>					
<u>e</u>			and sales expenses						
her Revenue		c	Gain or (loss) 7c						
ev Sev			Net gain or (loss)						
P.			Gross income from fundraising events (n	ot					
Ğ	Ü	u	including \$						
١			contributions reported on line 1c). Se						
			Part IV, line 18						
		h	Less: direct expenses						
			Net income or (loss) from fundraising						
			Gross income from gaming activities.						
	9	а	Part IV, line 19						
		L	Less: direct expenses						
			Net income or (loss) from gaming act						
	10	а	Gross sales of inventory, less returns						
			and allowances						
			Less: cost of goods sold						
-		С	Net income or (loss) from sales of inv	entory					
જ					Business Code				
eor Pe	11	_							
Miscellaneous Revenue									
3eV		С							
Mis			All other revenue						
		е	Total. Add lines 11a-11d			244 225			4 000
	12		Total revenue. See instructions	<u></u>		344,896.	0.	0.	4,989.

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 (**D**) Fundraising Do not include amounts reported on lines 6b. Total expenses Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): , 073 34,105 29,554. 3,478. Management а Legal 10.598 10,598. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 101 101 Office expenses 13 Information technology 14 Royalties 15 Occupancy 16 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 296. 296. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered 24 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.) 2,895. 6,482. 3,587. OTHER CAGS EXPENSES 1,389. 1,389. 103. 103. **FUNDRAISING** С d All other expenses 53,151. 6,049. 43,521. 3,581. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Par	t X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		45,166.	1	273,681.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		0.	3	50.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, directo				
		trustee, key employee, creator or founder, substantial contributor, or 3	5%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as define	d			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(1)	3) [6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		500.	9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 129	,707.			
	b	Less: accumulated depreciation		129,707.	10c	129,707.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	468,107.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	547,312.	15	143,028.	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		722,685.	16	1,014,573.
	17	Accounts payable and accrued expenses		0.	17	6,707.
	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			21	
S	22	Loans and other payables to any current or former officer, director,				
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 3	5%			
jab					22	
_	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Par	t X			
		of Schedule D	·····		25	6 707
	26	Total liabilities. Add lines 17 through 25		0.	26	6,707.
S		Organizations that follow FASB ASC 958, check here				
JCe		and complete lines 27, 28, 32, and 33.		221 602		221 270
alaı	27	Net assets without donor restrictions	Г	334,682. 388,003.	27	331,378. 676,488.
Ö	28	Net assets with donor restrictions		300,003.	28	0/0,400.
Ë		Organizations that do not follow FASB ASC 958, check here				
P		and complete lines 29 through 33.	- 1			
ţş	29	Capital stock or trust principal, or current funds			29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund	Г		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		722 685	31	1 007 966
ž	32	Total net assets or fund balances		722,685. 722,685.	32	1,007,866. 1,014,573.
	33	Total liabilities and net assets/fund balances		144,005.	33	Form 990 (2022

Form **990** (2022)

<u> FOIII</u>	1990 (2022) CREDIONE LEAR COMMONITI HOODING		1700	<u>, </u>	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	34	14,	<u>896.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			151.
3	Revenue less expenses. Subtract line 2 from line 1	3	2.9	91,	745.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	72	22,	685.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-6,	564.
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	1,00)7 <u>,</u>	866.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		L
				Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

ZUZZOpen to Public

Inspection

Name of the organization CRESTONE PEAK COMMUNITY HOUSING Employer identification number **-**1988

Pá	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.									
The	organ	nization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)					
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 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	X	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). (C	omplete Part II.)				A			
8	Ш	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the college	or		
		university:								
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment		
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ifter June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)							
11	Ш	An organization organized a								
12		An organization organized a					•			
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 509(a)(3). (Check the box on		
	_	lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and 12g.			
a	ı		• •			Ū		• •		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	ıpporting		
		organization. You must o	complete Part IV, Se	ections A and B.						
k) <u> </u>		anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by have	ring		
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported		
	_	organization(s). You mus								
C	: L	Type III functionally inte						ed with,		
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.			
C	I		/ integrated. A supp	orting organization oper	ated in cor	nnection v	ith its supported organiz	zation(s)		
		that is not functionally int	-		-		•	/eness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
e		Check this box if the orga					Type I, Type II, Type III			
		functionally integrated, or		nally integrated supporti	ng organiz	ation.				
f		er the number of supported o								
		vide the following informatior (i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other		
	,	organization	(II) EIN	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)		
_		organization		above (see instructions))	Yes	No	Capport (CCC motifications)	Support (See mondeniens)		
_										
Tot	al									

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	15,765.	34,417.	279,090.	502,105.	339,907.	1171284.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	15,765.	34,417.	279,090.	502,105.	339,907.	1171284.
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)						1171001
	Public support. Subtract line 5 from line 4.						1171284.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021 502,105.	(e) 2022 339,907.	(f) Total 1171284.
	Amounts from line 4	15,765.	34,417.	279,090.	302,103.	339,907.	11/1284.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	_		2.2	176	4 000	F 400
	and income from similar sources	1.		33.	476.	4,989.	5,499.
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.)						1176783.
	Total support. Add lines 7 through 10					40	11/0/03.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the			iourth or fifth town		12	
13	organization, check this box and stor						X
Sec	ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021					15	/ 6
	33 1/3% support test - 2022. If the c						
100	stop here. The organization qualifies				14 15 55 17 57 61 111		
h	33 1/3% support test - 2021. If the d		-				
_	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
., a	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	•	are organiz	
b	10% -facts-and-circumstances test	-		• • •	-	7a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization				•		
	<u> </u>		,				(Form 990) 2022

232022 12-09-22

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and				V		
	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	T		1	T	T	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,	* . (4					
	and income from similar sources	444					
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	·					
	Add lines 10a and 10b						
• • •	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)	<u> </u>					
	Total support. (Add lines 9, 10c, 11, and 12.)			Ea	<u> </u>	04(-)(0)	<u> </u>
14	First 5 years. If the Form 990 is for the	•		•			
Sec	check this box and stop here						
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021	, (,,	,			16	/ 6
	ction D. Computation of Inves					1 .5 1	,,
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

232023 12-09-22

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
0-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
- Fla		
5b		
5c		
6		
7		
8		
9a		
01 .		
9b		
9с		
-		
10a		
461		
10b	n 990)	2022

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has tl	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sect	super	vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
Jeci	.1011	o. Type if Supporting Organizations		V	NI.
4	Moro	a majority of the examination's directors or tructors during the tay year also a majority of the directors		Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect	ion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
		icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C1	suppo	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	Н	The organization satisfied the Activities Test. Complete line 2 below.			
b	Н	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
с 2		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see institutes Test. Answer lines 2a and 2b below.	struction	S). Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pal	rt v Type III Non-Functionally Integrated 509(a)(3) Supporting	<u>orga</u>	nizations			
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 co	omplet	e Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
_3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orga	nization (see		
	instructions)	-		-		

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)				
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported					
	organizations, in excess of income from activity	tions, in excess of income from activity trative expenses paid to accomplish exempt purposes of supported organizations					
3	Administrative expenses paid to accomplish exempt purpose	3					
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	,	6				
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the	he organization is responsive					
	(provide details in Part VI). See instructions.	3	8				
9	Distributable amount for 2022 from Section C, line 6		9				
	Line 8 amount divided by line 9 amount		10				
	and our mount arrivable by mile our mount	(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
а	From 2017						
b	From 2018						
С	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2022 distributable amount						
i	Carryover from 2017 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h						
-	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
•	and 4c.						
8	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
	Excess from 2022						
e	LAUGAA HUIH CUCC						

Schedule A (Form 990) 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

CRESTONE PEAK COMMUNITY HOUSING **-***1988 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

Name of organization

Employer identification number

CRESTONE PEAK COMMUNITY HOUSING

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	DENISE PEINE PO BOX 518 CRESTONE, CO 81131	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GERALDINE MAIN 6016 MAJESTIA LANE PASCO, WA 99301	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JUDY GILBERT PO BOX 935 CRESTONE, CO 81131	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CHFA 1981 BLAKE ST DENVER, CO 80202	\$17,640.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DANIELS FUND 101 MONROE ST DENVER, CO 80206	\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	SAGUACHE COUNTY 501 4TH ST SAGUACHE, CO 81149	\$10,000.	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization Employer identification number

CRESTONE PEAK COMMUNITY HOUSING

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BILL SUTHERLAND PO BOX 935 CRESTONE, CO 81131	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	HOEPPNER ESTATE PO BOX 911 CRESTONE, CO 81131	\$ 6,059.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page

Name of organization Employer identification number

CRESTONE PEAK COMMUNITY HOUSING

			1500
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
from Part I (a) No. from Part I (a) No. from Part I (a) No. from Part I (a) Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(2)		\$	
No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	-
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		•	
l53 11-15	·	\$	Schedule B (Form 990) (20

Schedule B (Form 990) (2022) Page **4**

Name of or	rganization		Employer identification number
ᢉᢧᢑ᠙ᡴᢙ	ONE PEAK COMMUNITY HOUS	-NC	**-***1988
Part III		ons to organizations described in section through (e) and the following line entry. For haritable, etc., contributions of \$1,000 or less	n 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(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, a	nd 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, a	nd 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
	0	(e) Transfer of gift	
	Transferee's name, address, a	nd 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, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

CRESTONE PEAK COMMUNITY HOUSING

Employer identification number **-***1988

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(b) Funds and other accounts
	Total growth and and of const	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year) 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 v	writing that the assets held in donor advis	sed funds
J	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
·	for charitable purposes and not for the benefit of the donor o		
Pai			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		<u>2</u> a
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
•	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation eas	nomant in located	
4 5	Does the organization have a written policy regarding the per		
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
_	3,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		tner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	, ,	•
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		Φ.
	(i) Revenue included on Form 990, Part VIII, line 1		
2		acures or other similar assets for financia	
2	If the organization received or held works of art, historical treating amounts required to be reported under EASB A		a gain, provide
9	the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1	· ·	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

	t III Organizations Maintaining Co	llections of Art, Hist	orical Treasures, o	r Other S	imilar As	ssets (contin	nued)
3	Using the organization's acquisition, accession					100	<u></u>
•	collection items (check all that apply):	,		· · · · · · · · · · · · · · · · · · ·			
а	Public exhibition	d 🗌	Loan or exchange progra	am			
b	Scholarly research	e	Other				
c	Preservation for future generations	•					
4	Provide a description of the organization's colle	actions and explain how th	any further the organization	an's ayamnt	nurnoso ir	Dort VIII	
5	During the year, did the organization solicit or r					I Fait Aiii.	
3	to be sold to raise funds rather than to be main					Yes	□ Na
Par	t IV Escrow and Custodial Arrange			"Voo" on Fo			No
ı uı	reported an amount on Form 990, Part 2		e organization answered	Tes OIIFC	iiii 990, Fa	art iv, line 9, or	
12	Is the organization an agent, trustee, custodiar		contributions or other ass	eate not inc	luded		
Ia						Yes	☐ No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII an					res	
b	ii res, explain the arrangement in Fait Alli all	id complete the following	labie.			Amount	·
_	Paginning halange				10	741104111	•
	Beginning balance				1c		
	Additions during the year				1d		
_	Distributions during the year				1e		
t O-	Ending balance					Vas	
	Did the organization include an amount on For					Yes	No
Par	If "Yes," explain the arrangement in Part XIII. C t V Endowment Funds. Complete if t						
ı aı					Three years	hack (a) Four	years back
		(a) Current year (b)	Prior year (c) Two year	IS DACK (U)	Tillee years	back (e) i oui	years back
	Beginning of year balance						
b	Contributions			<u> </u>			
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the currer	nt year end balance (line 1	g, column (a)) held as:				
а	Board designated or quasi-endowment	<u></u> %					
b	Permanent endowment	%					
С	Term endowment%						
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.					
3a	Are there endowment funds not in the possess	ion of the organization tha	at are held and administer	red 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 organization	ons listed as required on S	Schedule R?			3b	
4	Describe in Part XIII the intended uses of the o		funds.				
Par	t VI Land, Buildings, and Equipme						
	Complete if the organization answered	'Yes" on Form 990, Part I	V, line 11a. See Form 990), Part X, line	e 10.		
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accı	umulated	(d) Bool	k value
		basis (investment)	basis (other)	depre	ciation		
1a	Land		129,707.			129	707.
	Buildings						
	Leasehold improvements						
	Equipment	•					
	Other						
	. Add lines 1a through 1e. (Column (d) must eau		mn (B). line 10c.)			129	707.

Schedule D (Form 990) 2022

		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	140 100	
(A) TREASURY BILL	468,107.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)	460 107	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	468,107.	
Part VIII Investments - Program Related.	F 000 D-+ IV I'	11 - O Farra 200 Back V Francis
Complete if the organization answered "Yes"		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		4) /
(5)		
(6)		
<u>(7)</u>		·
(8)		1
(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
-	Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	300.0.0	143,028
(2)		145,020
(3)		
(4)	/)	
(5)		
(6)		
(6) (7)		
(6) (7) (8)		
(6) (7) (8) (9)	15)	143.028
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	2 15.)	143,028
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (Complete if the organization answered "Yes")		
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2)		11e or 11f. See Form 990, Part X, line 25.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) (a) Description of liability (1) Federal income taxes (2) (3)		11e or 11f. See Form 990, Part X, line 25.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)		11e or 11f. See Form 990, Part X, line 25.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25.

Schedule D (Form 990) 2022

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

Pai	rt XI Reconciliation of Revenue per Audited Financial	Statements With Revenue p	er 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	s	1	344,896.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	344,896.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 12.)	5	344,896.
Pa	rt XII Reconciliation of Expenses per Audited Financia	I 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	<u>A</u>	1	53,151.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	53,151.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. I	ine 18.)	5	53,151.
Pai	rt 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:

THE ORGANIZATION QUALIFIES FOR AND HAS RECEIVED EXEMPTION AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ORGANIZATION'S ACCOUNTING POLICY UNDER FASB ASC 740-10 (ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES) IS TO RECOGNIZE IN ITS FINANCIAL STATEMENTS ONLY THOSE TAX BENEFITS (REPORTED OR TO BE REPORTED IN ITS TAX RETURNS) WHEN IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE RELEVANT TAXING AUTHORITIES.

MANAGEMENT CURRENTLY BELIEVES THAT IT IS MORE LIKELY THAN NOT THAT ALL OF ITS SIGNIFICANT TAX POSITIONS, INCLUDING POSITIONS RELATED TO THE UNRELATED BUSINESS INCOME TAX (UBIT,) WOULD BE SUSTAINED ON EXAMINATION BY

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

CRESTONE PEAK COMMUNITY HOUSING

Inspection
Employer identification number
-1988

0112510112 12111 001211011111 110052110	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD CHAIR AND EXECUTIVE DIRECTOR WILL REVIEW THE 990	PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:	
NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.	

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

Schedule O (Form 990) 2022