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.

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning and e	ending								
	heck if pplicable	C Name of organization		D Employer identifi	cation number						
	Addres										
	Name change			**-***19	88						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r						
	Final return/	P.O. BOX 911	7192564037								
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	413,651.						
	Ameno	CRESIONE, CO 01131		H(a) Is this a group re							
	Application pending	F Name and address of principal officer: KIKSIEN SCHKEIBEK		for subordinates	? Yes X No						
		P.O. BOX 800, CRESTONE, CO 81131		H(b) Are all subordinates in							
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) 0	r 527	1 '	list. See instructions						
	Vebsit		1	H(c) Group exemption							
		organization: X Corporation Trust Association Other Summary	L Year	of formation: ZUIO	M State of legal domicile: CO						
1 0		Briefly describe the organization's mission or most significant activities: SEE F	рарт т	TT							
çe	'	Briefly describe the organization's mission or most significant activities.	AKI I	±±							
Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as:	sets						
Veri	l	·		3							
ဗွ	ı	Number of independent voting members of the governing body (Part VI, line 1b)			5						
٥		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0						
/itie		Total number of volunteers (estimate if necessary)			5						
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.						
<u> </u>	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.						
				Prior Year	Current Year						
Revenue	8	Contributions and grants (Part VIII, line 1h)		339,907.	399,900.						
	l	Program service revenue (Part VIII, line 2g)		0.	0.						
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,989.	12,931.						
_	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	820.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		344,896.	413,651.						
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
	ı	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
ses	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) 5,76		0.	0.						
Ĕ	17	Total fundraising expenses (Part IX, column (D), line 25) 5, 76 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		53,151.	88,565.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		53,151.	88,565.						
		Revenue less expenses. Subtract line 18 from line 12		291,745.	325,086.						
-Se			Be	ginning of Current Year	End of Year						
ets	20	Total assets (Part X, line 16)		1,014,573.	1,393,200.						
ASS	21	Total liabilities (Part X, line 26)		6,707.	60,248.						
Feet		Net assets or fund balances. Subtract line 21 from line 20		1,007,866.	1,332,952.						
Pa	ırt II	Signature Block									
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is						
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.							
Sign		Signature of officer		 Date							
				Date							
Her	е	KIRSTEN SCHREIBER, PRESIDENT Type or print name and title									
			Гг	Date Check	PTIN						
Daid	ı	Print/Type preparer's name ERIC L JONES, CPA ERIC L JONES, CP		0/11/24 self-employ							
Paid Pren		Firm's name JONES MERTSCHING CPAS PC	л ц		4-0919886						
	Only	Firm's address 32186 CASTLE COURT, SUITE 220		FIIIII S EIN O	- 07T7000						
J30	Jiny	EVERGREEN, CO 80439		Phone no 30	3-480-9090						
May	the IF	RS discuss this return with the preparer shown above? See instructions		[1 Holle Ho. 5 0	X Yes No						

Fai	Charles of a rogani dervice 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 OPCANTANTION'S MISSION TO THE DIOM INCOME AND DISADVANTACED.
	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
2	
	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? Yes X No
Ū	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	10.045
	FUNDRAISING EFFORTS HAVE CONTINUED TO OBTAIN FUNDS FOR THE CONSTRUCTION
	OF THE LIVING WISDOM VILLAGE PROJECT. PRELIMINARY CONSTRUCTION HAS
	BEGUN.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 42,845.
	Form 990 (2023)

Form 990 (2023) CRESTONE PEAK COMMUNITY HOUSING 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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	<u> </u>
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		<u> </u>
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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
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	
b	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? 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			T -
	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,"	"		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21		04		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Λ

Part IV Checklist of Required Schedules (continued) Yes No.	Form	990 (2023) CRESTONE PEAK COMMUNITY HOUSING **-***	1988	Р	age 4
22 X 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, country Aline 27 III "Yes," complete Schedule J. Part I and all III and III III and III III III III III III III III III I	Par	t IV Checklist of Required Schedules (continued)			
Part IX, column (A), line 2? if "Yes," complete Schedule I, Part I and III 22 X 23 Dd the organization sweer "Yes' to Part IVI, Section A, line 3.4, or 6, shout compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I		·		Yes	No
Part IX, column (A), line 2? if "Yes," complete Schedule I, Part I and III 22 X 23 Dd the organization sweer "Yes' to Part IVI, Section A, line 3.4, or 6, shout compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23 Did the organization answer "Yes" to Part WI, Section A, line 5, 4, or 5, about compensation of the organization's current and former officers, directors, trusteses, key employees, and highest compensated employees? If "Yes," complete Schedule V. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 45th brough 34d and complete Schedule K. If "No," or to line 25a Schedule K. If "No," or to line 25a Schedule K. If "No," or to line 25a C Did the organization maritani an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization maritani an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization and account of the stan a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization and account of the stan a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization and account of the stan a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization and account of the stan and the stan and the stan account of the standard of the standa			22		x
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. 24 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," transver lines 24th trustuple 24d and complete Schedule II. "No.," for the BE 25s. 5 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 5 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 5 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 5 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 5 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 5 Did the organization invest as an "on behalf of" issuer for bonds outstanding at any time during the year? 5 Did bid of the organization provide as any one behalf of issuer for bonds outstanding at any time during the year? 5 Did bid the organization area was that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization provide as on the properties of the organization provide and any of the organization provide of the organization provide against organization provide schedule L. Part II. 5 Did the organization provide	23		·		
Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.", go to line 25a Schedule K. If "No.", go to line 25a Did the organization maintain an escrew account other than a refunding escrew at any time during the year to defease any tax-exempt bonds? d Did the organization are than a net on behalf of issuer for bonds beyond a temporary period exception? 24c d Did the organization are than a for insular for bonds outstanding at any time during the year? 24d 25S Section 50(163), 501(164), and 501(162) and 501(1					
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Dacember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "Yes," of line 26a		, ,	22		l x
schedule K, If 'No.' go to fine 25a. b Did the organization mixed any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization mixed any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization mixed any proceeds of tax exempt bonds beyond a temporary period exception? d Did the organization are as an 'on behalf of' issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? d Did the organization are as an 'on behalf of' issuer for bonds outstanding at any time during the year? d Did the organization are as an 'on behalf of' issuer for bonds outstanding at any time during the year? d Did the organization are as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 50(16)(8), 501(6)(4), 401(6)(4),	04-		23		
Schedule K. If 'No.', go to line 25a b Did the organization meast any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization at as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d d Did the organization at as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d d Did the organization with a disqualified person during the year? If 'Yea,' complete Schedule L, Part I	24a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d 25a Section 50(163), 50(164), and 50(16/29) organizations. Did the organization engage in an excess benefit transaction with a dissqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a X b Is the organization aware that the negaged in an excess benefit ansaction with a dissqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a X b Is the organization organization aware that the negaged in an excess benefit transaction with a dissqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a X b Is the organization organization and that the tengaged in an excess benefit transaction with a dissqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990 EZ? If 'Yes,' complete Schedule L, Part I 25b X 25b 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 to these persons? If 'Yes,' complete Schedule L, Part IV 27b		·			٠,,
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 25a Section 501(x)(3), 501(x)(4), and 501(x)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I yes," complete Schedule I., Part I yes, complete Schedu					<u> </u>
any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501c(33, 501c(44), and 501c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? // "Yes," complete Schedule L, Part I	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(QS), 501(Qs), 40 and 501(Qs) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization in prior of 509 0590-EZ? If "Yes," complete Schedule L, Part II Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any ourrent or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 25a X 27b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any ourrent or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): 28c A 39% controlled entity of one or more includiculal and/or organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule L, Part IV 28c A 39% controlled entity of one or more includiculal and/or organizations described in line 28a or 28b? If "Yes," complete Schedule II, Part IV 28c A 39% controlled entity of one or more includiculal and/or organizations described in line 28a or 28b? If "Yes," complete Schedule II, Part IV III (III) and III	С				
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule L, Part I		any tax-exempt bonds?	24c		
b is the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25b X 25chodule L, Part I 25b X 25chodule L, Part II 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (includin gan employee thereof) or grant selection committee member, or to a 35% controlled entity (including an employee thereof) or grant selection committee member, or to a 35% controlled entity (including an employee thereof) or granty 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 granty or the report of years or somplete Schedule L, Part II 27	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E27 # "yes," complete Schedule L, Part I	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or formed, substantial contributor, or 35% controlled entity of family member of any of these persons? "Yes," complete Schedule L, Part II 27 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? "Yes," complete Schedule L, Part II 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV 28		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		X
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or formed, substantial contributor, or 35% controlled entity of family member of any of these persons? "Yes," complete Schedule L, Part II 27 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? "Yes," complete Schedule L, Part II 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV 28	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
Schedule L, Part I 10 tit the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule N, Part I. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization with a controlled entity with					
Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			25b		x
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of thresp persons? If "Yes," complete Schedule L, Part II	26	, , , , , , , , , , , , , , , , , , ,			
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part 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 28b X A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulation sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1 33 A Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 34 A X 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 Section					
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entitly (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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. 28b X 28b X 28b X 28c 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 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization illquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 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. 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35 Section 501c()(3) organizations. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501c()(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 If the organization complete Schedule O and provide ex			0.7		l 🕶
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Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0		Note: All Form 990 filers are required to complete Schedule O	. 38	X	
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 2 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0					
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0		, , , , , , , , , , , , , , , , , , , ,		Yes	No
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2		1.10
b Enter the Harrist of Ferrine W 2d molded of time 1d. Enter of the applicable			_		
			Ť		

332004 12-21-23

(gambling) winnings to prize winners?

Form **990** (2023)

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

			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	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
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		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		Х					
С									
6a									
	any contributions that were not tax deductible as charitable contributions?								
b	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).	7-		Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a							
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		х					
d		70							
e	If "Yes," indicate the number of Forms 8282 filed during the year	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g g									
h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h							
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	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								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	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.	40-							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
h	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 13c								
14a		14a		Х					
	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								
	excess parachute payment(s) during the year?	15		x					
	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		х					
	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.								

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Form **990** (2023)

CRESTONE PEAK COMMUNITY HOUSING Form 990 (2023) 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 5 **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. **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? Did the organization have members or stockholders? 6 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? 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. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х 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 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 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? The organization's CEO, Executive Director, or top management official Х 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website Own website Other (explain on Schedule O)

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** (2023)

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statements available to the public during the tax year.

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D)	(E)	(F)
Name and title	Average	(do					one	Reportable	Reportable	Estimated
	hours per	box					n an	compensation	compensation	amount of
	week	-			I	1744 43	(00)	from	from related	other
	(list any hours for	direct				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	hu	lus	0#0	, Ke	훈등	For			
(1) KIRSTEN SCHREIBER	5.00	٠,,		,,						
CHAIR	2.00	X		Х		_		0.	0.	0
(2) JULIA VOSS	2.00	١								
VICE CHAIR	0.00	Х		X		├		0.	0.	0
(3) DENISE PEINE	2.00	١								
SECRETARY	2.00	X		Х		<u> </u>		0.	0.	0
(4) RICHARD SANDERSON	2.00	. ,		3,7					_	_ ر
DIRECTOR (5) RICK HART	2.00	Х		Х		-		0.	0.	0
TREASURER	2.00	x		x				0.	0.	۸ ا
IREASURER		Α.		^		\vdash		0.	0.	0
		-								
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		L	L	L	L	L				
			L	L						
				1		1				

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Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	st C	compensated Employee	s (continued)				
(A)		C)			(D)		,	(F)					
Name and title	Average	(do		Pos heck		າ than ເ	one	Reportable	Reportable		Esti	mate	d
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	۱		ount c)f
	week (list any				II COLO	174443	100)	from	from related			ther	
	hours for	director						the	organizations (W-2/1099-MIS(comp	ensat m the	
	related	eord	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	ا (ا		nizatio	
	organizations	ruste	ll trus		ee.	mpen		1099-NEC)	1000 NEO)		•	relate	
	below	Individual trustee or	Institutional trustee	 	Key employee	sst co	er	,			organ		
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				_		
										\dashv			
										\dashv			
										\dashv			
										\dashv			
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				^
compensation from the organization											 ,	<i></i>	0
O Diel the committee list and former office.	alia.a.a	1					la : a			П	,	/es	No
3 Did the organization list any former officer,	•		•	•	•		•		•		3		Х
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su											3		
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	•				•			· ·	dai for services	- 1	5		Х
Section B. Independent Contractors	piete ochedan	<i>5 0 1</i> 0	Or St	acii ș	<i>JC13</i>	OII .							
Complete this table for your five highest contains	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	ensati	on fron	n	
the organization. Report compensation for													
(A)								(B)			(C)		
Name and business								Description of s	ervices	Co	ompens	sation	l
ALCON CONSTRUCTION INC, 1	.2233 CO	UN	ΤY	R	OA	D							
5 SOUTH, ALAMOSA, CO 8110	1							GENERAL CONT	RACTOR		463	, 33	<u> 3.</u>
SLV REC		_									400		
3625 US HWY 160W, MONTE VISTA, CO 81144 UTILITIES 1										198	, 29	0.	
							\dashv			—			

Form **990** (2023)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lanction revenue	business revenue	sections 512 - 514
ပ္ ပ	1 a	Federated campaigns 1a					
au		Membership dues 1b					
<u>@</u> 8		Fundraising events 1c					
ifts		d Related organizations 1d					
nijs,		e Government grants (contributions) 1e	700.				
Sir		All other contributions, gifts, grants, and					
uti her		similar amounts not included above 1f	399,200.				
ĢË		Noncash contributions included in lines 1a-1f	, , , , , , , , , , , , , , , , , , , ,				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		399,900.			
<u> </u>			Business Code	, , , , , , , , , , , , , , , , , , , ,			
o l	2 a	a					
ķ	_ b						
Ser							
m S							
gra Re	6						
Program Service Revenue		All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter					
	Ü	other similar amounts)		12,931.			12,931.
	4	Income from investment of tax-exempt bond					
	5	Royalties					
	J	(i) Real	(ii) Personal				
	6 -		(.,,				
		b Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a	(.,, 55.				
	ŀ	Less: cost or other basis					
ø	•	and sales expenses					
ther Revenue	,	Gain or (loss) 7c					
ě		d Net gain or (loss)					
푸		a Gross income from fundraising events (not					
ğ	0.0	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	r	Less: direct expenses					
		Net income or (loss) from fundraising events	<u> </u>				
		Gross income from gaming activities. See					
	0.0	Part IV, line 19					
	r	Less: direct expenses 9t					
		Net income or (loss) from gaming activities	<u> </u>				
		Gross sales of inventory, less returns	<u> </u>				
	10 6	and allowances10	a				
	r	Less: cost of goods sold 10	1				
		Net income or (loss) from sales of inventory	~				
$\overline{}$			Business Code				
snc	11 =	ADMINISTRATION FEES	900099	820.	820.		
nec	b				1=10		
Miscellaneous Revenue							
Si		d All other revenue					
Σ	e	Total. Add lines 11a-11d		820.			
	12	Total revenue. See instructions		413,651.	820.	0.	12,931.

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 (C) Management and general expenses **(D)** Fundraising Do not include amounts reported on lines 6b. Program service expenses Total 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 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 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): 16,410. 3,383. 38,960. 19,167. Management $1,\overline{408}$ 1,408.Legal 14,740. 14,740. 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.) Advertising and promotion 12 711. 711. Office expenses 13 Information technology 14 15 Royalties 3,233. 3,233. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 651. 651. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 234 234. Depreciation, depletion, and amortization 22 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.) 12,459. 12,459. CAGS EXPENSES MYSLV CONNECT 10,743. 10,743. 3,043. 3,043. OTHER 2,383. 2,383. **FUNDRAISING** All other expenses 88,565. 42,845. 39,954. 5,766. 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.

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Check here

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

Form 990 (2023) Part X Balance Sheet

Pari		Check if Schodule O centains a reasons or no	to to o	/ line in this Dest V			
		Check if Schedule O contains a response or no	ne to an	y iine iii tiiis Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			273,681.	1	194,711
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			50.	3	2,700
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per				
		under section 4958(f)(1)), and persons describe		6			
S	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	130,759.			
	b	Less: accumulated depreciation		234.	129,707.	10c	130,525
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			468,107.	12	229,717
	13	Investments - program-related. See Part IV, line		13	-		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			143,028.	15	835,547
	16	Total assets. Add lines 1 through 15 (must eq			1,014,573.	16	1,393,200
	17	Accounts payable and accrued expenses			6,707.	17	60,248
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete		21			
g	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
ig		controlled entity or family member of any of the	ese perso	ons		22	
֡֞֞֞֞֞֞֡֞֡֞֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	23	Secured mortgages and notes payable to unre	lated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			6,707.	26	60,248
		Organizations that follow FASB ASC 958, ch	eck here	e X			
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			331,378.	27	656,366
Ba	28	Net assets with donor restrictions			676,488.	28	676,586
밀		Organizations that do not follow FASB ASC					
년		and complete lines 29 through 33.					
SO	29	Capital stock or trust principal, or current funds	<u>_</u>		29		
set	30	Paid-in or capital surplus, or land, building, or e	nt fund		30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i	ncome, d	or other funds		31	
Set L	32	Total net assets or fund balances			1,007,866.	32	1,332,952
	33	Total liabilities and net assets/fund balances			1,014,573.	33	1,393,200 Form 990 (202)

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Pai	TEXT RECONCILIATION OF NET ASSETS							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,6				
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	8,5	65.			
3	Revenue less expenses. Subtract line 2 from line 1	3	32	5,0	86.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,00	7,8	66.			
5	5 Net unrealized gains (losses) on investments 5							
6								
7								
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1,33	2,9	52.			
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	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	audit,						
	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 Scho	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?		3a		Х			
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** (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** **-***1988 CRESTONE PEAK COMMUNITY HOUSING Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

(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	ction A. Public Support						
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 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) 6 Public support. Subract line 3 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and 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). 11 Total support. Add lines 7 through 10 21 Gross receipts from related 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). 11 Total support. Add lines 7 through 10 22 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 Terist Spears. If the Form 900 is for the organization sifest, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Jay Say Say Say Say Say Say Say Say Say S	Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
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and income from similar sources 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.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage from 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		dividends, payments received on						
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13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	11	Total support. Add lines 7 through 10						
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Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 16 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
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15 Public support percentage from 2022 Schedule A, Part II, line 14	Sec	tion C. Computation of Publi	c Support Per	centage				
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>28.93 %</u>
stop here. The organization qualifies as a publicly supported organization	15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	<u>%</u>
	16a							
h 23 1/2% support test - 2022. If the organization did not check a how on line 13 or 16a, and line 15 is 22 1/2% or more shock this how		$\ensuremath{\text{stop}}$ here. The organization qualifies	as a publicly suppo	orted organization				
b oo no oupport test - 2022. In the organization did not check a box on line 10 or 10a, and line 10 is 30 1/3% or filter, check this box	b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
and stop here. The organization qualifies as a publicly supported organization		and stop here. The organization qual	lifies as a publicly s	supported organiza	ition			
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization		and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		X_
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more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the		more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	t op here. Explain i	n Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990) 2023	18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		

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.)

Se	ction A. Public Support						_		
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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								
78	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
k	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								
(Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support		Ι		T				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 6								
108	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
k	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								
10	regularly carried on Other income. Do not include gain								
12	or loss from the sale of capital								
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)								
	First 5 years. If the Form 990 is for the	ne organization's fi	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	n.		
	check this box and stop here	-							
Se	ction C. Computation of Publi	c Support Per	centage						
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%		
	Public support percentage from 2022					16	%		
	ction D. Computation of Inves								
	Investment income percentage for 20					17	<u>%</u>		
	8 Investment income percentage from 2022 Schedule A, Part III, line 17								
19a									
	more than 33 1/3%, check this box ar								
k	o 33 1/3% support tests - 2022. If the								
~~	line 18 is not more than 33 1/3%, che		op here. The orga			rted organization			

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

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 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.
- 2 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")? *If* "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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).
- 8 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.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? 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.)

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	2		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
3c	3a		
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4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	4a		
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
5a 5b 5c 6 7 8 9a 9b 9c 10a	4b		
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5b 5c 6 7 8 9a 9b 9c 10a	4c		
5b 5c 6 7 8 9a 9b 9c 10a			
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5c 6 7 8 9a 9b 9c 10a 10b	Eh		
6 7 8 9a 9b 9c 10a 10b			
7 8 9a 9b 9c 10a	50		
7 8 9a 9b 9c 10a			
7 8 9a 9b 9c 10a			
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7 8 9a 9b 9c 10a	6		
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9a 9b 9c 10a			
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10a			
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10b			
10b			
	10a		
			<u> </u>

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Sche	dule A (Form 990) 2023 CRESTONE PEAK COMMUNITY HOUSING **-**	*198	8 Pa	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family 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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	-		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sac	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	non o. Type ii oupporting organizations		V	N ₂
4	Ways a majority of the avganization's divectors by twisters during the tay year along a majority of the divectors		Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	_ •		l
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	INO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	, · ·	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in:	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

these activities but for the organization's involvement.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990) 2023

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

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

Section A - Ad	ljusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net shor	t-term capital gain	1		
2 Recoveri	es of prior-year distributions	2		
3 Other gr	oss income (see instructions)	3		
4 Add lines	s 1 through 3.	4		
5 Deprecia	tion and depletion	5		
6 Portion of	of operating expenses paid or incurred for production or			
collectio	n of gross income or for management, conservation, or			
maintena	ance of property held for production of income (see instructions)	6		
7 Other ex	penses (see instructions)	7		
	Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	nimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggrega	te fair market value of all non-exempt-use assets (see			
instruction	ons for short tax year or assets held for part of year):			
a Average	monthly value of securities	1a		
b Average	monthly cash balances	1b		
c Fair marl	cet value of other non-exempt-use assets	1c		
d Total (ad	ld lines 1a, 1b, and 1c)	1d		
e Discoun	t claimed for blockage or other factors			
(explain i	n detail in Part VI):			
•	on indebtedness applicable to non-exempt-use assets	2		
3 Subtract	line 2 from line 1d.	3		
4 Cash de	emed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instr	uctions).	4		
5 Net value	e of non-exempt-use assets (subtract line 4 from line 3)	5		
	ine 5 by 0.035.	6		
	es of prior-year distributions	7		
	n Asset Amount (add line 7 to line 6)	8		
Section C - Di	stributable Amount			Current Year
1 Adjusted	net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.8	5 of line 1.	2		
3 Minimun	asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter gre	eater of line 2 or line 3.	4		
5 Income t	ax imposed in prior year	5		
	table Amount. Subtract line 5 from line 4, unless subject to			
emergen	cy temporary reduction (see instructions).	6		
	eck here if the current year is the organization's first as a non-function		. T III	

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
c	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part VI

Schedule B

(Form 990)

Schedule of Contributors

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

CRESTONE PEAK COMMUNITY HOUSING

Employer identification number **-***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 that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

CRESTONE PEAK COMMUNITY HOUSING

-*1988

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Anonymous	\$\$\$\$	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	Anonymous	\$\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Anonymous	\$\$	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	Anonymous	\$\$	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
5	Anonymous	\$\$	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

CRESTONE PEAK COMMUNITY HOUSING

-*1988

Page 3

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		 _	
323453 12-26-	23	_ I *	Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** **-***1988 CRESTONE PEAK COMMUNITY HOUSING Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

CRESTONE PEAK COMMUNITY HOUSING

Employer identification number **-***1988

Pa	rt I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		lar Funds or Ac	counts. Complete if the	€
	organization answered fes on Form 990, Part IV, IIII	(a) Donor advised fu	nds ((b) Funds and other accour	nts
1	Total number at end of year	(a) Borior advisou id	1145	by rainabana banbi abbban	
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in	donor advised fund	ds	
	are the organization's property, subject to the organization's				No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor o				
					No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" or	n Form 990, Part IV,	line 7.	
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) 🔲 Pr	eservation of a histo	orically important land area	
	Protection of natural habitat	Pr	eservation of a certi	fied historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution	n in the form of a co		
	day of the tax year.			Held at the End of the	Tax Year
	Total number of conservation easements			2a	
b				2b	
C				2c	
C	Number of conservation easements included on line 2c acqu				
_	on a historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or termi	inated by the organi	zation during the tax	
4	year Number of states where property subject to conservation eas	coment is located			
5	Does the organization have a written policy regarding the per		handling of		
J	violations, and enforcement of the conservation easements it			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,				
	3, 1 3,	3	3	3 ,	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforci	ing conservation eas	sements during the year	
8	Does each conservation easement reported on line 2d above	satisfy the requirements of s	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 a	and expense statem	ent and	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's fina	ncial statements tha	at describes the	
_	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections of	•	ires, or Other S	ımılar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	•			
	of art, historical treasures, or other similar assets held for pub	,		nce of public	
	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 res	earch in furtherance	of public service,	
	provide the following amounts relating to these items.			•	
	(i) Revenue included on Form 990, Part VIII, line 1				
_					
2	If the organization received or held works of art, historical tre			provide	
_	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) 2023

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

Par	t III Organizations Maintaining Coll	ections of Art	, Histo	rical Tre	asures, or	Other:	Similar	Assets	(continued)
3	Using the organization's acquisition, accession,	and other records	s, check	any of the f	following that i	make sigi	nificant us	se of its		
	collection items (check all that apply).									
а	Public exhibition	d	L	oan or exc	hange prograr	m				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's collection	ctions and explain	how the	ey further th	ne organizatior	ı's exemp	ot purpose	e in Part	XIII.	
5	During the year, did the organization solicit or re	ceive donations o	f art, his	torical treas	sures, or other	similar a	ssets			
	to be sold to raise funds rather than to be maint								Yes	No
Par	t IV Escrow and Custodial Arrange		te if the o	organization	n answered "Y	es" on Fo	orm 990, F	Part IV, li	ne 9, or	
	reported an amount on Form 990, Part X	, line 21.								
1a	Is the organization an agent, trustee, custodian,	or other intermed	liary for o	contribution	s or other ass	ets not ir	cluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII and	d complete the foll	lowing ta	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form	n 990, Part X, line	21, for e	scrow or cu	ustodial accou	nt liability	/?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII. Ch									
Par	Complete il tile									
	 `	a) Current year	(b) Pi	rior year	(c) Two years	back (d) Three ye	ars back	(e) Four year	s back
	Beginning of year balance									
b	Contributions									
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 current		(line 1g	, column (a))) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should	equal 100%.								
За	Are there endowment funds not in the possession	on of the organiza	tion that	are held ar	nd administere	d 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								3b	
4 Do:	Describe in Part XIII the intended uses of the org		vment fu	ınds.						
Par	t VI Land, Buildings, and Equipmen		Doub IV	line dda O	F 000	Dart V. III	10			
	Complete if the organization answered "							. 1		
	Description of property	(a) Cost or of			or other		cumulated	¹	(d) Book va	ue
		basis (investm		Dasis	(other)	depr	eciation		100 '	707
	Land	129,7	/ U / •						129,	/ U / •
	Buildings									
		1 ,	152				2.2	4		21.0
	Equipment	1,0	052.				23	4 •		318.
	Other								120 1	:) F
rotal	I. Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part)	X. line 10	c. column	(B))				130,	J ⊿ J•

Part VII Investments - Other Securities Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	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 er	nd-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A) CERTIFICATE OF DEPOSIT	229,717.	COST	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Part VIII Investments - Program Related.	229,717.		
Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	T
<u>```</u>	Description		(b) Book value
(1) CONSTRUCTION IN PROGRESS			830,121
(2) OTHER RECEIVABLE			5,292
(3) PREPAID EXPENSES			134
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			005 545
Fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		835,547.
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 2	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(4) (5)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8)	(B))		

Schedule D (Form 990) 2023

3

Sche Pa i	dule D (Form 990) 2023			COMMUNITY	HOUSING ements With Revo		*-***19 urn	88 _{Page} 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and ot	her support per aud	ited finan	cial statements			1 4	13,651.
2	Amounts included on line 1	but not on Form 99	0, Part VII	II, line 12:				

2a a Net unrealized gains (losses) on investments Donated services and use of facilities 2c Recoveries of prior year grants

Other (Describe in Part XIII.) Add lines 2a through 2d

Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements		1	88,565.
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		
	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	88,565.
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	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	88,565.
Par	t 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 D (Form 990) 2023

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection **Employer identification number**

CRESTONE PEAK COMMUNITY HOUSING	**-***1988
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.	

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

Schedule O (Form 990) 2023