orm 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-0047

Inter	nai Rev	enue Sen		s.gov/Form990 for Instructions				Inspec	
<u>A I</u>	For th	e 2020	calendar year, or tax year beginning	07/01,2020,	and ending			5/30, 20 21	
B	2h1. :6 .	applicable:	C Name of organization			D Employer ide			
<u>с</u>	_		CHEYENNE VILLAGE			84-605	192	1	
	Addr chan		Doing business as						
	Nam	e change	Number and street (or P.O. box if mail is not	delivered to street address)	Room/suite	E Telephone nu	umber		
	Initia	al return	6275 LEHMAN DRIVE			(719) 59	2-0	0200	
		l return/ inated	City or town, state or province, country, and	ZIP or foreign postal code					
		nded	COLORADO SPRINGS, CO 80	918		G Gross receipt	s \$	11,001	,064.
		ication	F Name and address of principal officer:	MARY DICE		H(a) Is this a gro		urn for Yes	XNC
	_ pend	ing	6275 LEHMAN DRIVE, COLO	RADO SPRINGS, CO 809	18	subordinate H(b) Are all subor		included? Yes	
1	Tax-e	xempt st	atus: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527			a list. See instructions	
J			WWW.CHEYENNEVILLAGE.ORG		0. 0.	H(c) Group exem	notion r	number	
ĸ		of organ		sociation Other	I Year of for	rmation: 1971 M	-		CO
	art I	-	mmary				otato	or regar dermone.	
	1		describe the organization's mission or m	oct cignificant activition: CHEYEI	NNE VILLAC	E PROVIDES	SEE	VICES AND	
~	'		PORT TO ADULTS WITH DEVEL			P PEOPLE			
nc.			H DISABILITIES LEAD HAPPY						
srna									
ove	2			ontinued its operations or dispose			1 1	I	10
ڻ م	3		er of voting members of the governing bo				3		19.
es	4		er of independent voting members of the				4		19.
viti	5		number of individuals employed in calend				5		129.
Activities & Governance	6		number of volunteers (estimate if necessar				6		70.
•			unrelated business revenue from Part VIII,				7a		0.
	b	Net u	nrelated business taxable income from For	m 990-T, Part I, line 11			7b		
						Prior Year		Current Y	
Ð	8	Contr	butions and grants (Part VIII, line 1h)			921,5		1,144	-
enu	9	Progr	am service revenue (Part VIII, line 2g)			8,521,07		8,065	
Revenue	10	Invest	ment income (Part VIII, column (A), lines 3	3, 4, and 7d)		82,5		1,005	
	11	Other	revenue (Part VIII, column (A), lines 5, 6d	, 8c, 9c, 10c, and 11e)		11,52	20.	189	,568.
	12	Total	revenue - add lines 8 through 11 (must eq	ual Part VIII, column (A), line 12).		9,536,74	17.	10,404	,615.
	13	Grant	s and similar amounts paid (Part IX, colum	n (A), lines 1-3)			0.		0.
	14	Benef	its paid to or for members (Part IX, column	(A), line 4)			0.		0.
ş	15	Salari	es, other compensation, employee benefits	s (Part IX, column (A), lines 5-10)		4,698,53	34.	4,374	,394.
Expenses	16 a	Profe	ssional fundraising fees (Part IX, column (A), line 11e)			0.		0.
- dx	b		undraising expenses (Part IX, column (D),		•				
ш	17	Other	expenses (Part IX, column (A), lines 11a-1	1d, 11f-24e)		4,362,73	37.	4,305	,124.
	18		expenses. Add lines 13-17 (must equal Pa			9,061,27	71.	8,679	,518.
	19		ue less expenses. Subtract line 18 from lir			475,4	76.	1,725	,097.
Net Assets or Fund Balances			÷			eginning of Current	Year	End of Yea	ar
sets	20	Total	assets (Part X, line 16)			11,249,40)5.	12,805	,791.
Ass Ba	21		iabilities (Part X, line 26)			1,348,13	32.	695	,045.
Net	22		ssets or fund balances. Subtract line 21 fro			9,901,25	73.	12,110	,746.
	art II		anature Block						
			f perjury, I declare that I have examined this r	eturn, including accompanying schedu	ules and statemen	ts, and to the best o	of my	knowledge and b	elief, it is
tru	e, corr	ect, and	complete. Declaration of preparer (other than of	icer) is based on all information of whi	ch preparer has a	ny knowledge.		<u> </u>	·
Sig	In		ignature of officer			Date			
He	re		TIM CUNNINGHAM	CEO					
		- 🛋	ype or print name and title						
		<u> </u>		eparer's signature	Date		1 ., T	PTIN	
Paie	d			A MAL	02/15/2	Check	J "'	P0053955	56
Pre	parer	TAM		& CO, ILP	02/15/2				.0
Use	Only	Firm's	name STOCKMAN KAST RYAN	& CO, I/LP		Firm's EIN		-630-1196	

719-630-1186

CHEYENNE	VILLAGE
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Fo	rm 990 (2020) Page
P	Part III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CHEYENNE VILLAGE SERVES INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES
	SUCH AS AUTISM, CEREBRAL PALSY, DOWN SYNDROME, AND MENTAL RETARDATION
	IN EL PASO, TELLER, AND PARK COUNTIES. SEE SCHEDULE O FOR
	CONTINUATION.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b
	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.

la	(Code:) (Expenses \$	2,367,445. including gra	ints of \$) (Revenue \$	2,596,345.)
	INDIVIDUAL	RESIDENTIAL S	ERVICES: INDIVIDUAI	S LIVING ALONE OR	WITH	
	A ROOMMATE	IN APARTMENT	HOUSING ARE SUPPORT	ED IN HOUSEKEEPIN	G,	
	NUTRITION,	FINANCIAL MAN	AGEMENT, SCHEDULING	, ARRANGING		
	TRANSPORTAT	TION, HEALTH C	ARE AND BENEFITS CO	ORDINATION, AND		
	PERSONAL SA	AFETY. SUPPOR	I PLANS ARE CREATEI	BASED ON INDIVID	UAL	
	NEEDS. ON	CALL STAFF AR	E AVAILABLE 24-HOUR	S A DAY, 365-DAYS.	А	
	YEAR.					

4b	(Code:) (Expenses \$	963,315. including grants of \$) (Revenue \$	1,109,828.)
	GROUP RESIDE	NTIAL SERVICES:	TWO GROUP HOMES ARE ST	AFFED 24-HOURS A	
	DAY, 365 DAY	S A YEAR. EACH I	HOME PROVIDES A PRIVATE	BEDROOM AND	
	COMMON LIVIN	G AREAS FOR FOUL	R TO SEVEN INDIVIDUALS.	STAFF PROVIDES	
	SUPPORT IN P	ERSONAL CARE, NU	JTRITION AND MEAL PREPAD	RATION,	
	FINANCIAL MA	NAGEMENT, HOME N	AINTENANCE, TRANSPORTA	FION, HEALTH	
	CARE AND BEN	EFITS COORDINAT:	ION TO ENSURE THAT THE 1	HEALTH AND	
	SAFETY NEEDS	OF EACH INDIVI	DUAL ARE MET.		

4c (Code:) (Revenue \$) (Expenses \$ 3,206,635. including grants of \$ 3,924,992.) HOST HOMES: INDIVIDUALS CAN BE PLACED WITH A HOST FAMILY WHO PROVIDES 24-HOUR SUPPORT. INDIVIDUALS HAVE A PRIVATE BEDROOM WITHIN THE HOME AND ARE INCLUDED IN FAMILY ACTIVITIES. CHEYENNE VILLAGE MONITORS THE HOME AND PROVIDES HEALTH CARE AND BENEFITS COORDINATION.

V 20-7.14

ATTACHMENT 1 4d Other program services (Describe on Schedule O.) 1,000,184. including grants of \$ (Expenses \$) (Revenue \$ 364,429. **4e** Total program service expenses ► 7,537,579. JSA JE1020 1.000 2526DL P091 2/15/2022 6:06:56 PM

Form 990 (2020)

Part	V 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 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			
Ŭ	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'		7		Х
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	1		- 21
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			х
•	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			37
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10		10	Х	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	17	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
~~	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Λ

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Form **990** (2020) PAGE 5

Form 990 (2020)

Page **4**

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	254		Х
26	<i>If "Yes," complete Schedule L, Part I</i> . Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• • •		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	000	(2020)
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Form	990 (2020)		F	Page 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 129									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
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		Х						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods									
	and services provided to the payor?	7a	Х							
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?	7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
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.)									
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
	the organization is licensed to issue qualified health plans									
с	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	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 instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									

Form **990** (2020)

Form 9	90 (2020) CHEYENNE VILLAGE 84-605	L921	1	Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 19 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	-		
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		x
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		^
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		37
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
5	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	,)	
			Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110		11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
b		12a	х	
12a				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	x	
-	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	x	
	describe in Schedule O how this was done	13		x
13	Did the organization have a written whistleblower policy?	14	x	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a L	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
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?	16b		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright ^{CO} ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O)	- (Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f inter	rest p	oolicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record THE CORPORATION 6275 LEHMAN DRIVE COLORADO SPRINGS, CO 80918 719-592-0200	ls 🕨		
	THE CONFORMATION 02/5 BEIMMAN DATES CONORDO DENTINGS, CO 00510 (15-572-0200		990	(2020)
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Page 7

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any	box, office	Po (do not chec box, unless p officer and a			is both or/trust	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) TIM CUNNINGHAM	40.00									
CEO	0.			Х				136,269.	0.	18,666.
(2)MARY DICE	40.00									
CFO	0.			Х				117,049.	0.	23,601.
(3) STEVEN STOCK	40.00									
RESIDENTIAL DIRECTOR	0.			X				84,206.	0.	19,703.
(4) JEAN PORTER	40.00									
DIRECTOR OF DEVELOPMENT	0.			Х				88,137.	0.	10,729.
(5) BARBARA KITCHEN	40.00									
DIRECTOR OF HUMAN RESOURCES	0.			Х				75,907.	0.	11,610.
(6) TRAVERS HYDE	40.00									
DIRECTOR OF OPERATIONS	0.			Х				75,054.	0.	9,430.
(7) REGINA DIPADOVA	40.00									
DIR. OF COMMUNITY SERVICES	0.			Х				61,779.	0.	11,034.
(8) JENNA KOCH	40.00									
RESIDENTIAL DIRECTOR	0.			Х				63,165.	0.	9,098.
(9) RACHEL WALLACE	40.00									
DIRECTOR OF HOST HOMES	0.			Х				45,596.	0.	696.
(10) ANN TURNER	40.00									
EXECUTIVE DIRECTOR	0.			Х				38,849.	0.	2,977.
(11) TOM ASHLEY	1.00									
VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(12) LEA GEISER-HAYLER	1.00									
TREASURER	0.	Х		Х				0.	0.	0.
(13) PAULA POLLET	1.00									
PRESIDENT	0.	Х		Х				0.	0.	0.
(14) DAVID BROWN	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.

Form 990 (2020)

Name and title Average week filts and mover title Position (do not check more than one book unless person is both an officer and a director/tutaled organization below dates Beek Position (do not check more than one officer and a director/tutaled organization below dates Beek Reportable compensation from the organization (W-2/1099-MISC) Estimates mover title (W-2/1099-MISC) Estimates mover title (W-2/1099-MISC) Estimates mover title (W-2/1099-MISC) Estimates mover title (W-2/1099-MISC) Estimates mover title (W-2/1099-MISC) 5) GARRY BUTCHER 1.00 X 0 0. 5) GARRY BUTCHER 1.00 X 0 0. BOARD MEMEER 0. X 0 0. 0. 1004 and the BOARD MEMEER 0. X 0 0. 0. 1004 and the BOARD MEMEER 0. X 0 0. 0. 1004 and the BOARD MEMEER 0. X 0 0. 0. 1004 BER 0. X 0 0. 0. 1004 BER 0. X 0 0. 0. 1004 BER 0. X 0 0. 0. 104 BERGORY 1.00 X 0 <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>(D)</th> <th>(E)</th> <th></th> <th>(F)</th> <th></th>										(D)	(E)		(F)	
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	4 Fo	or any individual listed on line 1a is t	he sum of rer	ortah	le c	om	nen	sation	ງຊາ	nd other company	sation from the			
	+ I U													

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		
2 Total number of independent contractors (including but not limited to thos more than \$100,000 in compensation from the organization ► 7	e listed above) who received	
164		- 000

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_	m 990 (2020) art VII Section A. Officers, Directors, Tru	ustoos Ko				06	and b	Jia	hast Companyat	od Employ		ontinua		Page 8
	(A) Name and title	(B) Average hours per week (list any hours for	(do i box,	not cl unles	Pos heck	c) ition more	e than c is both cor/trust	one an	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	able on from d	Es arr	(F) stimated nount of other pensation	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099		fro orga and	om the anizatio d related anizatior	on d
26) RANDY CASE BOARD MEMBER	1.00	x						0		0.			0
27) CHERRI (PAUL) FISCHER BOARD MEMBER	1.00	x						0		0.			C
28) SARA QUALLS BOARD MEMBER	1.00	x						0		0.			C
			-											
			-											
			-						0.		0.			0.
(Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) 	-	•••	•••	•••	•••	· · ·				0.			
2	Total number of individuals (including but not reportable compensation from the organizatio	limited to t	hose					o re	eceived more than	\$100,000	of			
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations group	sum of rep	oortab	ole d	com	per	satio	n a	nd other compens	sation from	the			
5	<i>individual</i>	accrue co	mpen	sati	on	fron	n any	un	related organization	on or indivi	idual	4	X	X
S	ection B. Independent Contractors	es, comple		ieut		101	30011	per	30//			J	·	
1	Complete this table for your five highest com compensation from the organization. Report of year.													
	(A) Name and business add	dress							(B) Description of se	ervices	С	(C) ompens		

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

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⊢orm	990	(2020)	

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
					lanction levenue	business revenue	sections 512-514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
ŌĔ	с	Fundraising events 1c	19,970.				
ifts ır A	d	Related organizations					
Dilg	е	Government grants (contributions) . 1e					
Sin	f	All other contributions, gifts, grants,					
erij		and similar amounts not included above 1f	1,124,358.				
ight	g	Noncash contributions included in					
df		lines 1a-1f	14,070.				
аŭ	h	Total. Add lines 1a-1f		1,144,328.			
			Business Code				
e	2a	INDIVIDUAL RESIDENTIAL	623990	2,596,345.	2,596,345.		
ويز	b	GROUP RESIDENTIAL	623990	1,109,828.	1,109,828.		
Se	c	HOST HOMES	623990	3,923,181.	3,923,181.		
am	d	OTHER PROGRAM SERVICES	623990	436,249.	436,249.		
Program Service Revenue							
Pr	f	All other program service revenue					
	g	Total. Add lines 2a-2f		8,065,603.			
	3	Investment income (including dividends,					
		other similar amounts).		45,824.			45,824.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	· .	0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 400,176.	1,137,571.				
Ð	b	Less: cost or other basis					
nue		and sales expenses 7b 293,662.	284,793.				
eve	c	Gain or (loss) 7c 106,514.	852,778.				
her Revenue	d	Net gain or (loss)		959,292.			959,292.
	82	Gross income from fundraising					
ð	- Cu	events (not including \$19,970.					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	ь	Less: direct expenses	17,994.				
	c	Net income or (loss) from fundraising events		-17,994.			-17,994.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	c	Net income or (loss) from gaming activities	►	0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0.				
	b	Less: cost of goods sold	0.				
	C	Net income or (loss) from sales of inventory		0.			
s			Business Code				
eou	11a	BENEFICIAL INTEREST IN TRUST	623990	207,562.			207,562.
an∉	b						
evell eve	c						
Miscellaneous Revenue	d	All other revenue					
2	е	Total. Add lines 11a-11d	>	207,562.			
	12	Total revenue. See instructions		10,404,615.	8,065,603.		1,194,684.
JSA			I	I			Form 990 (2020)

Section 501(c)(3) and 501(c)(4) organizations mus				
Check if Schedule O contains a respo				<u></u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations	0.			
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic	0.			
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	Ο.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	573,418.	179,288.	310,739.	83,39
6 Compensation not included above to disqualified		-		
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	3,124,324.	2,722,482.	349,783.	52,05
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	92,791.	76,307.	13,289.	3,19
9 Other employee benefits	345,256.	282,140.	50,963.	12,15
0 Payroll taxes	238,605.	190,504.	39,035.	9,06
1 Fees for services (nonemployees):				
a Management	0.			
b Legal	0.			
c Accounting	22,440.		22,440.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	11,692.	11,692.		
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	70,919.	27,313.	31,852.	11,75
12 Advertising and promotion	10,524.	3,980.	238.	6,30
3 Office expenses	63,806.	42,816.	8,075.	12,91
14 Information technology	139,876.	115,568.	24,308.	
15 Royalties	0.			
6 Occupancy	66,199.	55,247.	9,468.	1,48
7 Travel	51,332.	48,423.	2,907.	
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	32,119.	26,127.	5,514.	47
20 Interest	90.	90.		
21 Payments to affiliates	0.		14.010	2 0 2
22 Depreciation, depletion, and amortization	-	243,548.	14,816.	3,23
23 Insurance	108,721.	80,244.	27,243.	1,23
4 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
aCLIENT BENEFITS	3,346,067.	3,346,067.		
hREPAIRS AND MAINTENANCE	75,004.	68,623.	5,736.	64
cTAXES AND LICENSES	15,751.	13,323.	2,423.	
dDUES & SUBSCRIPTIONS	24,245.	2,979.	17,238.	4,02
•	4,738.	818.	3,920.	1,02
e All other expenses	8,679,518.	7,537,579.	939,987.	201,95
25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		201,75
organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here if	0			

0.

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following SOP 98-2 (ASC 958-720)

Form **990** (2020)

	000 //	CHETENNE VILLAGE			Dogo 11
	990 (2 rt X				Page 11
ı e		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A)		(B)
			Beginning of year		End of year
Т	1	Cash - non-interest-bearing	5,442.	1	1,633
		Savings and temporary cash investments.	3,983,228.	2	5,987,469
		Pledges and grants receivable, net	902,842.	3	247,175
		Accounts receivable, net.	519,929.	4	500,158
		Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0
		Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0
s		Notes and loans receivable, net	0.	7	0
Assets		Inventories for sale or use	0.	8	0
As		Prepaid expenses and deferred charges	63,113.	9	65,069
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 4,711,579.			
		Less: accumulated depreciation	2,745,898.	10c	2,276,315
-		Investments - publicly traded securities	2,195,861.	11	2,687,318
	12	Investments - other securities. See Part IV, line 11	0.	12	0
	13	Investments - program-related. See Part IV, line 11	0.	13	0
	14	Intangible assets	0.	14	0
	15	Other assets. See Part IV, line 11	833,092.	15	1,040,654
	16	Total assets. Add lines 1 through 15 (must equal line 33)	11,249,405.	16	12,805,791
	17	Accounts payable and accrued expenses	570,269.	17	541,598
	18	Grants payable	0.	18	0
-	19	Deferred revenue.	-6,622.	19	15,000
		Tax-exempt bond liabilities	0.	20	0
		Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0
es		Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	_		-
Liabilities		controlled entity or family member of any of these persons	0.		0
1		Secured mortgages and notes payable to unrelated third parties	0.		0
		Unsecured notes and loans payable to unrelated third parties	763,300.	24	127,376
		Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	01 10F		11 071
			21,185. 1,348,132.	25	11,071 695,045
		Total liabilities. Add lines 17 through 25	1,340,132.	26	095,045
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
aŭ		Net assets without donor restrictions	7,681,571.	27	9,695,399
Ba		Net assets with donor restrictions	2,219,702.	27	2,415,347
p L		Organizations that do not follow FASB ASC 958, check here ►	, ,	20	,,
<u> </u>		and complete lines 29 through 33.			
ō		Capital stock or trust principal, or current funds		29	
ets		Paid-in or capital surplus, or land, building, or equipment fund		30	
		Retained earnings, endowment, accumulated income, or other funds		31	
S S				-	
		Total net assets or fund balances	9,901,273.	32	12,110,746.

Form 990 (2020)

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Form 99	90 (2020)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10,4	04,6	15.
2	Total expenses (must equal Part IX, column (A), line 25)	2			79,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			25,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			01,2	
5	Net unrealized gains (losses) on investments	5		4	84,3	376.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
_	32, column (B))	10		12,1	10,7	46.
Part						
	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," e	xplair	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	lor			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				v	
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 audi	ted o	n 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 over	-		2c	х	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			20		
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain	on			
•	Schedule O.		44-0			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	าก เท	the	3a		Х
F	Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not und	orac	the	Ja		
a	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	•		3b		
	required addit of addits, explain why on Schedule O and describe any steps taken to dridergo such at	JUILS		55		

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2

		nt of the Treasury evenue Service		Go to www.irs.go	//Form990 for instructio	ons and t	he latest i	nformation.	Inspection
Name	e of tl	he organization						Employer identifi	cation number
		NNE VILLAGI						84-60519	
Pa				•	0			art.) See instructions	S
The	orga		-		is: (For lines 1 throug	-	-		
1					tion of churches desc				
2					. (Attach Schedule E	-			
3	Щ	-		-	rganization described				
4		A medical res hospital's nam	-	-	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
5		An organizatio	on operated f	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, stat	te, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization	on that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in s	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community	trust describe	ed in section 170(b)(1)(A)(vi). (Complete	e Part II.)			
9		An agricultura	l research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university o	r a non-land-	grant college of ag	riculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or
		university:							
10 11	X	receipts from support from acquired by th	activities rela gross investm ne organizatio	ted to its exempt f pent income and up n after June 30, 19	unctions, subject to c	ertain ex able inco (a)(2). (0	ceptions me (less Complete		n 331/3 % of its
12	\square	•	•						carry out the purposes
		-	-	-		-			See section 509(a)(3).
				· · · -					nes 12e, 12f, and 12g.
а		_		-				orted organization(s),	-
				-	-	-		the directors or truste	
			-		e Part IV, Sections A				
b							with its	supported organizati	on(s), by having
				-				is that control or man	
			-	· · · -	Sections A and C.		•		0 11
с		-		-		ted in c	onnectio	n with, and functional	lly integrated with,
	_	its supported	d organization	(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d		Type III non	-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not fu	inctionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
	_	_ requirement	(see instruct	ions). You must co	mplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check this b	oox if the orga	nization received	a written determinatio	n from t	he IRS tl	hat it is a Type I, Type I	I, Type III
					ionally integrated sup			ion.	
f				-					
g			-		orted organization(s).	1		Γ	
	(i) N	ame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo docu	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
(B)									
(
(C)									
(D)									
(E)	_								
Tota	al								
For F	Paper	work Reduction A	ct Notice, see th	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				<u>.</u>		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and 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. Subtract line 5 from line 4						
	tion B. Total Support	l	1	1	1	1	1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 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. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup	port Percenta	ge			1 1	
14	Public support percentage for 2020 (li				,		%
15	Public support percentage from 2019						%
16a	331/3% support test - 2020. If the or	•					
	box and stop here. The organization q						
b	331/3% support test - 2019. If the org						
	this box and stop here. The organizati			-			
17a	10%-facts-and-circumstances test - 2		-				
	10% or more, and if the organization					-	
	Part VI how the organization meets			•	•		
h	organization						
D	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the organization						
	in Part VI how the organization meet			-	-		
18	Private foundation. If the organization						
10	instructions						

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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

(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.)

	If the organization fails to qua			iow, piease co		•)	
	tion A. Public Support	() 00 / -	(1) 00 (-	() 22/-	()) 00 (5	() 0007	(n T))
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	585,066.	1,147,128.	2,346,144.	921,579.	1,144,328.	6,144,245.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	7,682,423.	7,963,398.	8,271,162.	8,521,070.	8,065,603.	40,503,656.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	44,625.	44,550.	40,530.	43,564.		173,269.
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	8,312,114.	9,155,076.	10,657,836.	9,486,213.	9,209,931.	46,821,170.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	49,915.	37,110.	95,076.	12,375.		194,476.
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		850.	14,465.	5,912.		21,227.
с	Add lines 7a and 7b.	49,915.	37,960.	109,541.	18,287.		215,703.
8	Public support. (Subtract line 7c from						
	line 6.)						46,605,467.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	8,312,114.	9,155,076.	10,657,836.	9,486,213.	9,209,931.	46,821,170.
10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources	54,866.	69,075.	111,883.	90,070.	253,386.	579,280.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
c	Add lines 10a and 10b	54,866.	69,075.	111,883.	90,070.	253,386.	579,280.
11	Net income from unrelated business	51,0001	00,0101	111,0001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	200,0001	
••	activities not included in line 10b, whether						
	or not the business is regularly carried on.						0.
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	0 266 000	0 224 151	10 760 710	0 576 282	0 462 217	47 400 450
	and 12.)	8,366,980.	9,224,151.	10,769,719.	9,576,283.	9,463,317.	47,400,450.
14	First 5 years. If the Form 990 is for	-					
<u></u>	organization, check this box and stop here.					• • • • • • • • • •	
	tion C. Computation of Public Supp			mn (f))		45	98.32%
15	Public support percentage for 2020 (line 8,	.,	•			15	98.64%
$\frac{16}{2}$	Public support percentage from 2019 Sche					16	90.04%
-	tion D. Computation of Investment						1 22 04
17	Investment income percentage for 2020 (lir					17	1.22%
18	Investment income percentage from 2019 S					18	.83%
19 a	331/3% support tests - 2020. If the or	-					
	17 is not more than 331/3%, check this	box and stop	here. The organ	ization qualifies	as a publicly su	pported organizat	ion 💶 🕨 🛛 X
b	331/3% support tests - 2019. If the orga	anization did not	check a box on	line 14 or line 1	9a, and line 16	is more than 331	′3 %, and
	line 18 is not more than 331/3 %, check	this box and st	op here. The org	anization qualifie	es as a publicly	supported organiz	ation 🕨
20	Private foundation. If the organization of	lid not check a	box on line 14	, 19a, or 19b,	check this box	and see instruct	ions 🕨 🔄
JSA 0E122	1 1.000					chedule A (Form 99	0 or 990-EZ) 2020
	^{1 1.000} 2526DL P091 2/15/2022 6	:06:56 PM	V 20-7.14	0	00506-000		PAGE 18

Page 3

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

84-6051921

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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.*
- **10 a** 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.)

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 Schedule A (Form 990 or 990-EZ) 2020

Part	V 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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c	1	
Secti	on B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>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</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	_

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).						
а	a The organization satisfied the Activities Test. Complete line 2 below.						
b	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>						
С	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).						
-		Yes	No				
2	Activities Test. Answer lines 2a and 2b below.						

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or а 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.

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Schedule A (Form 990 or 990-EZ) 2020 PAGE 20

2a

2b

3a

3b

84-6051921

Yes No

2

Schedule A (Form 990 or 990-EZ) 2020			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organi	g trust on	Nov. 20, 1970 (<i>expla</i>	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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	LIE A (Form 990 or 990-EZ) 2020			51	Page
Part		Supporting Organizat	tions (continued)	,	
	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide 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 organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
-	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
-	Excess from 2016				
a b	Excess from 2017				
	Excess from 2018				
c d	Excess from 2019				
е	Excess from 2020				A (Form 990 or 990-EZ) 2

Schedule A (Form 990 or 990-EZ) 2020

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

Schedule B (Form 990, 990-EZ.

or 990-PF)	
Department of the Treasury Internal Revenue Service	
Name of the organization	1

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

84-6051921

CHEYENNE VILLAGE

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1_	ELISABETH & MARK BRANDIN	_	Person	
	1477 PORTOLA ROAD	\$10,053.	Payroll Noncash	
	WOODSIDE, CA 94062	-	(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	COLORADO SPRINGS HEALTH FOUNDATION - CAR	_	Person	
	P.O. BOX 509	\$15,000.	Payroll Noncash	
	COLORADO SPRINGS, CO 80901	-	(Complete Part II for noncash contributions.)	
(a) No.	(b)	(c) Total contributions	(d)	
3			Type of contribution	
	COLORADO SPRINGS UTILITIES, APRIL CONWAY PO BOX 1103, MAIL CODE 950	- \$\$10,125.	Person X Payroll Noncash	
	COLORADO SPRINGS, CO 80947		(Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
4	CREEL-HARISON FOUNDATION - MRS ROBBIE T		Person	
	1301 GREENE STREET, SUITE 300	\$10,000.	Payroll Noncash	
	AUGUSTA, GA 30901	-	(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5_	EL POMAR FOUNDATION - NICOLE MAGIC	_	Person	
	10 LAKE CIRCLE	\$12,500.	Payroll Noncash	
	COLORADO SPRINGS, CO 80906	-	(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6_	LUTHER T. MCCAULEY CHARITABLE TRUST		Person	
	402 N. TEJON, SUITE 200	\$\$5,000.	Payroll Noncash	
	COLORADO SPRINGS, CO 80903	-	(Complete Part II for noncash contributions.)	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
7	NOR'WOOD DEVELOPMENT GROUP - BRIAN G		Person X Payroll	
	111 S TEJON STREET, SUITE 222	\$ 20,000.	Noncash	
	COLORADO SPRINGS, CO 80903		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8	T. ROWE PRICE ATTEN JESSICA INENSEE	_	Person	
	2220 BRIARGATE PKWY	\$10,000.	Payroll Noncash	
	COLORADO SPRINGS, CO 80920		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9	THE DENVER FOUNDATION - JAVIER SOTO		Person	
	1009 GRANT ST.	\$ 20,000.	Payroll Noncash	
	DENVER, CO 80203		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
10	THE GAZETTE - RUDY VAZQUEZ		Person	
	30 E PIKES PEAK AVE #100	\$10,000.	Payroll X	
	COLORADO SPRINGS, CO 80903		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
11	JOSEPH HENRY EDMONSON FOUNDATION, HEATHE		Person	
	13 S TEJON STE 200	\$21,500.	Payroll Noncash	
	COLORADO SPRINGS, CO 80903		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
12	EL PASO COUNTY - BOARD OF COUNTY COMISSI		Person	
	198 S CASCADE AVE	\$16,000.	Payroll Noncash	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
13	MARSON FOUNDATION - JERRY A. DONLEY		Person	
	24 S WEBER ST., STE. 300	\$11,000.	Payroll Noncash	
	COLORADO SPRINGS, CO 80903		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
14	VIRGINIA W. HILL FOUNDATION - RICHARD B		Person	
	1740 BROADWAY - C7300-493	\$10,000.	Payroll Noncash	
	DENVER, CO 80274		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
15	ESTATE OF JULIE H. HANEY		Person	
	2365 PATRIOT HEIGHTS, 5TH FLOOR	\$10,000.	Payroll Noncash	
	COLORADO SPRINGS, CO 80904		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
16	LYDA HILL PHILANTHROPIES		Person	
	2001 ROSS AVE., STE. 4600	\$10,000.	Payroll Noncash	
	DALLAS, TX 75201		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
17	DAVID & SUE JENKINS		Person	
	PO BOX 792	\$7,622.	Payroll Noncash	
	MANITOU SPRINGS, CO 80829		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
18	GARY LOO		Person	
	PO BOX 2337	\$7,622.	Payroll Noncash	
	COLORADO SPRINGS, CO 80919		(Complete Part II for noncash contributions.)	

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	PIKES PEAK COMMUNITY FOUNDATION - GARY B		Person X Payroll
	102 S. TEJON STREET, STE. 530	\$5,750.	Noncash
	COLORADO SPRINGS, CO 80903		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	MYRON STRATTON HOME - MR. DANIEL O'REAR,		Person X
	555 GOLD PASS HTS.	\$5,000.	Payroll Noncash
	COLORADO SPRINGS, CO 80906		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	SUSAN SWITZER 1409 SEASONS GROVE	\$5,000.	Person X Payroll Noncash
	COLORADO SPRINGS, CO 80907		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedu	ule B	(Form 990,	990-EZ, or 990-PF)	(2020)

Name of organization CHEYENNE VILLAGE

Employer identification number 84-6051921

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	IN-KIND ADVERTISING FOR EVENTS		
(a) No.		\$10,000.	04/14/2021
from Part I	(b) Description of noncash property given	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
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 3

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me of organiz	990, 990-EZ, or 990-PF) (2020) ation CHEYENNE VILLAGE		Page · Employer identification number
ane or organiz	AUON CHEYENNE VILLAGE		
_			84-6051921
(10 the cor) that total more than \$1,000 for following line entry. For organizati	the year from any on ons completing Part III e year. (Enter this infor	anizations described in section 501(c)(7), (8), or ne contributor. Complete columns (a) through (e) an I, enter the total of <i>exclusively</i> religious, charitable, etc rmation once. See instructions.) \triangleright \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	
		(e) Transfer o	of gift
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift (d) Description of how gift is held
		(e) Transfer o nd ZIP + 4	of gift Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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SCHEE	DULE	D
(Form	990)	

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.

OMB No. 1545-0047

	artment of the Treasury		Attach to Form 990.				Open to Public
	nal Revenue Service	► Go to www.irs.gov	/Form990 for instructions an	d the latest infor			Inspection
	e of the organization				Em	ployer identificat	
	EYENNE VILLAGE					84-605192	21
Pa	-	tions Maintaining Donor Adv			r Acco	bunts.	
	Complete	e if the organization answered					
			(a) Donor advised	funds		(b) Funds and	other accounts
1		nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5		ion inform all donors and donor					
	•	inization's property, subject to the	•	•			Yes No
6	-	on inform all grantees, donors, a					
	•	purposes and not for the bene			•		
		issible private benefit?	<u> </u>				Yes No
Pa		tion Easements.	"Vee" on Form 000 De	rt IV/ line 7			
4		e if the organization answered					
1		servation easements held by the			- 6 - 1-		
		n of land for public use (for example	, recreation or education)				portant land area
		of natural habitat		Preservation	orac	entined histor	ic structure
2		n of open space I through 2d if the organization he	old a qualified concervatio	n contribution in	tha f	arm of a cons	onuction
2	•	• •	a quaimed conservation				End of the Tax Year
_		last day of the tax year.			20	noid at the	
a ⊾		onservation easements			2a 2b		
b	-	tricted by conservation easements vation easements on a certified			20 20		
c d		rvation easements included in (c		. ,	20		
u		isted in the National Register			2d		
3		rvation easements modified, tra				by the orac	prization during the
5	tax year ►		isierieu, releaseu, extingt		mateu	by the orga	anization during the
4	· ·	where property subject to conse	rvation easement is located	1 🕨			
5		ation have a written policy reg				andling of	
Ŭ		orcement of the conservation ea				-	Yes No
6		hours devoted to monitoring, insp					
•			setting, manaling of molation.	e, and emercing	001100		
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations.	and enforcing of	onser	vation easem	ents during the vear
	▶\$			Ū.			0,
8	Does each conserv	vation easement reported on line 2	2(d) above satisfy the requi	rements of sect	ion 17)(h)(4)(B)(i)	
)(4)(B)(ii)?					Yes No
9		be how the organization reports					it and
	balance sheet, an	d include, if applicable, the text of	of the footnote to the organ	nization's financ	ial sta	tements that o	describes the
		ounting for conservation easeme					
Pa		tions Maintaining Collections			r Sim	ilar Assets.	
	Complete	e if the organization answered	"Yes" on Form 990, Par	rt IV, line 8.			
1a	of art, historical t	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ts held for public exhibiti	ion, education,	or re	search in fu	alance sheet works rtherance of public
b	art, historical treas provide the follow	n elected, as permitted under Fasures, or other similar assets he ing amounts relating to these iter	ld for public exhibition, ec ms:	ducation, or res	earch	in furtherand	
		ded on Form 990, Part VIII, line 1					
		d in Form 990, Part X					
2	-	n received or held works of a			assets	for financia	I gain, provide the
		s required to be reported under F					
a b	Revenue included	on Form 990, Part VIII, line 1.			• • •	►\$. ►°	

For Paperwork F	Reduction	Act Notice, see	the Instructions	for For	m 990.
JSA 0E1268 1.000					
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Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020					01 000171		Page 2
Ра	rt III Organizations Maintainin	ng Collections of	Art, Historical T	reasures, o	r Other Similar	Assets (conti	inued)	
3	Using the organization's acquisition	n, accession, and c	other records, che	eck any of th	e following that	make significa	ant use	of its
	collection items (check all that apply	y):						
а	Public exhibition		d Loa	n or exchange	e program			
b	Scholarly research		e Oth	er				
С	Preservation for future gener							
4	Provide a description of the organ	ization's collections	and explain hov	they further	the organizatio	n's exempt pui	rpose ir	Part
	XIII.							
5	During the year, did the organizatio							٦
	assets to be sold to raise funds rath		ained as part of th	e organization	n's collection?	·····	res	No
Pa	rt IV Escrow and Custodial Ar		а" ал Балта 000					
	Complete if the organiza 990, Part X, line 21.	tion answered "Ye	s" on Form 990	, Part IV, line	e 9, or reported	an amount or	1 Form	
4.				fan aantuihud				
1a	Is the organization an agent, trust						/aa 🔽	
L	included on Form 990, Part X? If "Yes," explain the arrangement in	Dart VIII and asmr	lata tha fallowing		• • • • • • • • • •	· • • • • • • • • •	res	No
D	in res, explain the arrangement in	Part Alli and comp	biete the following			Amount		
с	Beginning balance			1c		Amount		
	Additions during the year							
e	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amo				ustodial account	liability?	res	No
	If "Yes," explain the arrangement in							
-	rt V Endowment Funds.							
	Complete if the organiza	tion answered "Ye	s" on Form 990	, Part IV, line	e 10.			
		(a) Current year	(b) Prior year	(c) Two yea	urs back (d) Three	e years back (e)	Four years	s back
1a	Beginning of year balance	833,092.	858,171	. 858	,525. 8	30,885.	757	,029
b	Contributions							
С	Net investment earnings, gains,							
	and losses	746,300.	10,810	. 35	,202.	59,836.	108	,625
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs	538,738.	35,889	. 35	,556.	32,196.	34	,769
f	Administrative expenses							
g	End of year balance	1,040,654.	833,092	. 858	,171. 8	58,525.	830	,885
2	Provide the estimated percentage			g, column (a)) held as:			
a	Board designated or quasi-endowm		_%					
b	Permanent endowment 100.0							
С	Term endowment ▶ The percentages on lines 2a, 2b, a	%	0.00/					
20	Are there endowment funds not in t	-		at are hold ar	d administered fr	or the		
Ja	organization by:	ne possession of th	le organization th	at are new ar		Ji the	Yes	No
	(i) Unrelated organizations					3=	n(i) X	
	(ii) Related organizations						(ii)	X
b	If "Yes" on line 3a(ii), are the relate						b	
4	Describe in Part XIII the intended u	•	•					
Ра	rt VI Land, Buildings, and Equ	ipment.						
	Complete if the organiza)
	Description of property	(a) Cost or (invest		st or other basis (other)	(c) Accumulated depreciation	(d) Boo	ok value	
1a	Land		24,731.	339,603.				334.
b	Buildings		3	,015,282.	1,373,448	1	,641,	834.
с	Leasehold improvements							
d	Equipment		1	,274,435.	1,011,752		262,	
e	Other			40,725.	33,261			464.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part X, colu	mn (B), line 1)c.)	• 2	,276,	315.

Schedule D (Form 990) 2020

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Schedule D (F	Form 990) 2020			Page 3
Part VII	Investments - Other Securities. Complete if the organization answered	"Vos" on Form 00	0 Part IV line 11h See Form 000	Part V line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	tion:
(1) Financi	al derivatives		-	
	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
_	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11d. See Form 990	
		scription		(b) Book value
<u></u>	FICIAL INTEREST IN TRUST			1,040,654.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) li	ine 15)		1,040,654
Part X	Other Liabilities. Complete if the organization answered			
	line 25.			1
1.		tion of liability		(b) Book value
	ral income taxes			
	DENTS' TRUST ACCOUNTS			11,071.
(3)				
(4)				
(5)				

(7) (8) (9)

(6)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

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CHEYENNE V	ILLAGE
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Schedu	le D (Form 990) 2020		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
1	Total revenue, gains, and other support per audited financial statements	. 1	10,877,299.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	
a	Net unrealized gains (losses) on investments	6.	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	484,376.
3	Subtract line 2e from line 1	3	10,392,923.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 11,69	2.	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	11,692.
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	-	10,404,615.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	eturn.	
1	Total expenses and losses per audited financial statements	. 1	8,667,826.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
_ a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	8,667,826.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-	
·a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 11,69	2.	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	11,692.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	•	8,679,518.
-	XIII Supplemental Information.		I

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.

SEE PAGE 5

Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued)

PART V, LINE 4

TO SUPPORT THE OPERATIONS OF CHEYENNE VILLAGE.

PART X, LINE 2

CHEYENNE VILLAGE IS A NOT-FOR-PROFIT CORPORATION WHICH IS CLASSIFIED AS A PUBLIC CHARITY BY THE INTERNAL REVENUE SERVICE AND IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

CHEYENNE VILLAGE BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2020

SCHEDULE G (Form 990 or 990-EZ)	Complete if t	Information Re	ed "Yes" on	Form 990, F	Part IV, line 17, 18, or 1	-	0MB №. 1545-0047
Department of the Treasury							Open to Public
Internal Revenue Service Go to www.irs.gov/Form990 for Instructions and the latest information.							Inspection
						Employer identificatio	on number
CHEYENNE VILLAGE	g Activities. Comp	lete if the organi	zation ar	swarad "	Ves" on Form 90	84-6051921	7
Form 990-	EZ filers are not re	equired to comple	te this pa	rt.			<i>.</i>
	the organization rais	•		•			
a Mail solicitat	email solicitations	e f			non-government g government grant		
c Phone solici		g			ising events	5	
d In-person so		5					
	tion have a written o s listed in Form 990 10 highest paid indi [.]	, Part VII) or entity	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be
compensated at	least \$5,000 by the	organization.					
(i) Name and addr or entity (fu		(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3 List all states in registration or lic	which the organization	tion is registered o	r licensed	to solicit	contributions or	has been notified	it is exempt from

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

 JSA 0E1281 1.000
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 Schedule G (Form 990 or 990-EZ) 2020

000506-000

PAGE 36

		e G (Form 990 or 990-EZ) 2020				Page 2
Pa	rt l	Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts gree	aising event contribut			
			(a) Event #1 SHRIMP BOIL	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
en en			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	19,970.			19,970.
Re	2 3	Less: Contributions Gross income (line 1 minus line 2)	19,970.			19,970.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	3,645.			3,645.
Direc	8	Entertainment				
	9	Other direct expenses	14,349.			14,349.
	11	Direct expense summary. Add lin Net income summary. Subtract lin	ne 10 from line 3, colu	ımn (d)	<u> </u>	17,994. -17,994.
Pa	rt I	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "` ie 6a.	Yes" on Form 990, I	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
enses	2	Cash prizes				
	3	Noncash prizes				
Direct Exp	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes%	
		Direct expense summary. Add lin	0			
9 a b 10a)	Net gaming income summary. Su Enter the state(s) in which the organization licensed to con If "No," explain: Were any of the organization's gaming If "Yes," explain:	anization conducts ga duct gaming activities	ming activities: in each of these state	es?	Yes No

Schedule G (Form 990 or 990-EZ) 2020

CHEYENNE \	VILLAGE
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11		Page 3
11	Does the organization conduct gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	_
	formed to administer charitable gaming? Yes	No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility 13a	%
b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ►	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
		No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the	
	amount of gaming revenue retained by the third party ► \$	
С	If "Yes," enter name and address of the third party:	
	Name ►	
	Address ►	
16	Gaming manager information:	
	Name	
	Gaming manager compensation ▶ \$	
	Description of services provided ►	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year 🕨 \$	
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE J Compensation Information		OMB No. 1545-0047					
(Forr	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			൭൫൭൨			
► Complete if the organ			mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	23.	ZU	ZU)
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the lates		Attach to Form 990.		open to	o Puk ectio		
	of the organization			Employer identificatio			
CHE	YENNE VILL	AGE		84-6051921			
Part	Question	ns Regarding Compensation	·				
						Yes	No
1a			ovided any of the following to or for a pers provide any relevant information regarding				
		•					
		ss or charter travel	Housing allowance or residence for				
		or companions emnification and gross-up payments	Payments for business use of perso Health or social club dues or initiation				
		onary spending account	Personal services (such as maid, ch				
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	plete Part III to			
2	Did the ora:	anization require substantiation prior	to reimbursing or allowing expenses	incurred by all	1b		
2	-		D/Executive Director, regarding the items	-			
					2		
3			on used to establish the compensation of	the			
Ŭ			at apply. Do not check any boxes for metho				
	related organ	ization to establish compensation of th	e CEO/Executive Director, but explain in P	art III.			
	Comper	nsation committee	Written employment contract				
		dent compensation consultant	Compensation survey or study				
	Form 99	00 of other organizations	X Approval by the board or compensation	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а			ayment?		4a		Х
b	Participate in	or receive payment from a supplemen	tal nonqualified retirement plan?		4b		Х
С	Participate in	or receive payment from an equity-bas	sed compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.			
-	•		rganizations must complete lines 5-9.				
5	-		ion A, line 1a, did the organization pa	ly or accrue any			
а	•	n contingent on the revenues of:			5a		x
a b					5a 5b		X
		e 5a or 5b, describe in Part III.			55		
6			ion A, line 1a, did the organization pa	y or accrue any			
	-	n contingent on the net earnings of:					
а	The organizat	ion?			6a		Х
b				6b		X	
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization prov		7		37
-	payments not described on lines 5 and 6? If "Yes," describe in Part III.						X
8	•	•	paid or accrued pursuant to a contract the	•			
		-	Regulations section 53.4958-4(a)(3)?				x
9			low the rebuttable presumption proced		8		
3					9		
	Regulations section 53.4958-6(c)? 9 Provide the local section for the loca						

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and (D) Nontaxable		(E) Total of columns (F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
TIM CUNNINGHAM	(i)	135,346.	923.	0.	4,477.	14,189.	154,935.	
1 ^{CEO}	(ii)	0.	0.	0.				
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
0	(ii)							
	(i)							
1	(ii)							
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

Page 3

Schedule J (Form 990) 2020

Part III Supplemental Information

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization CHEYENNE VILLAGE

FORM 990, PART III, LINE 1

WE OPERATE TWO GROUP HOMES LOCATED THROUGHOUT EL PASO COUNTY AND ASSIST OVER 200 PEOPLE IN THEIR OWN APARTMENTS AND HOMES. EVERY INDIVIDUAL SERVED BY CHEYENNE VILLAGE HAS A PERSONAL SERVICE PLAN TAILORED TO THEIR UNIQUE NEEDS.

FORM 990, PART III, LINE 4D

HEALTHCARE COORDINATION:

CHEYENNE VILLAGE NURSES MONITOR MEDICAL FILES, MONITOR AND MANAGE ACUTE AND CHRONIC MEDICAL CONDITIONS, PROVIDE IN-HOME CARE, COORDINATE BENEFITS, COORDINATE APPOINTMENTS WITH DOCTORS AND SPECIALISTS, PROVIDE TRANSPORTATION AND ACCOMPANY INDIVIDUALS TO MEDICAL APPOINTMENTS.

SUPPORTED COMMUNITY CONNECTIONS:

CHEYENNE VILLAGE STAFF PROVIDES SUPPORT IN THE SELECTION OF LEISURE ACTIVITIES, HOBBIES, EDUCATIONAL OPPORTUNITIES, COMMUNITY CLASSES AND VOLUNTEER OPPORTUNITIES.

HUD ADMIN FEE:

CHEYENNE VILLAGE MANAGES THE DEPARTMENT OF HOUSING VOUCHERS FOR A PORTION OF EL PASO COUNTY COLORADO; THIS INCLUDES CHEYENNE VILLAGE CLIENTS, AND RECEIVES A MONTHLY ADMINISTRATIVE PAYMENT FROM THE DEPARTMENT OF HOUSING FOR ADMINISTRATIVE COSTS.

SUPPORTED LIVING SERVICES:

CONTRACTED SERVICES ARE PROVIDED ON AN HOURLY FEE-FOR-SERVICE BASIS. INDIVIDUALS HAVE FAMILY OR OTHER MEANS OF PRIMARY SUPPORT. HOURLY SUPPORT CAN INCLUDE HOME MAINTENANCE, COMMUNITY PARTICIPATION AND MENTORSHIP.

FORM 990, PART VI, SECTION B, LINE 11

THE FORM 990 IS PROVIDED TO ALL BOARD MEMBERS ANNUALLY. IT IS BOTH PROVIDED AND REVIEWED 1) IN THE BOARD ORIENTATION MANUAL FOR NEW MEMBERS AND 2) AT THE MONTHLY BOARD MEETING FOR ON-GOING MEMBERS.

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

THE BOARD OF DIRECTORS AND KEY EMPLOYEES ANNUALLY REVIEW THE POLICY AND DISCLOSE POSSIBLE CONFLICTS OF INTEREST. IF A CONFLICT OF INTEREST IS DETERMINED THE PERSON DOES NOT PARTICIPATE IN VOTING AS IT RELATES TO THE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15

THE HUMAN RESOURCE COMMITTEE OF THE BOARD OF DIRECTORS GATHERS RELEVANT DATA FROM PUBLISHED INDUSTRY SURVEYS AND DETERMINES PAY RANGES FOR EACH GRID AND POSITION ANNUALLY. EMPLOYEES ARE COMPENSATED BASED ON EXPERIENCE LEVEL AND CAPACITY OF THE ANNUAL BUDGET. THE BOARD OF DIRECTORS ANNUALLY APPROVES THE PAY GRID, SALARIES AND OVERALL BUDGET.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
CHEYENNE VILLAGE	84-6051921
FORM 990, PART VI, SECTION C, LINE 19	
AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUG	H THE

ORGANIZATION'S WEBSITE, GUIDESTAR AND UPON REQUEST. CONFLICT OF

INTEREST POLICY AND GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OV	ERSIGHT OF THE		
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICE	S	ATTACHMENT 1	
DESCRIPTION	GRANTS	EXPENSES	REVENUE
PROGRAM SUPPORT		460,702.	
SCC, SLS, FCG		490,239.	364,429.
MCLAUGHLIN LODGE & CAMP		49,243.	
TOTALS	-	1,000,184.	364,429.

	ATTACHME	NT 2
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
JA-GA-RY HOST HOME PROVIDERS 9480 GLIDER LOOP COLORADO SPRINGS, CO 80908	HOME HEALTH CARE	132,526.
STEF'S HOME CARE 5950 DRIFTER ST COLORADO SPRINGS, CO 80918	HOME HEALTH CARE	139,743.
JESSNESSCARE 2205 FERNWOOD DR. COLORADO SPRINGS, CO 80910	HOME HEALTH CARE	133,090.
DIANA ROE FIELDING HHP 2606 GREEN RIDGE DRIVE COLORADO SPRING, CO 80907	HOME HEALTH CARE	114,298.

Schedule O (Form 990 or 990-EZ) 2020		Page 2
Name of the organization		Employer identification number
CHEYENNE VILLAGE		84-6051921
	A	TTACHMENT 2 (CONT'D)
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTOR	. <u>S</u>
NAME AND ADDRESS	DESCRIPTION OF SEF	RVICES COMPENSATION

PEYTON PROVIDERS 20885 OASIS AVENUE PEYTON, CO 80831

HOME HEALTH CARE

108,511.

Schedule O (Form 990 or 990-EZ) 2020