Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

A F	or th	e 2022 cal	endar year, or tax year beginning 07/01/2022 and ending		0	6/30/2023
Р.			C Name of organization		D Employ	yer identification number
	песк іта	applicable:	CHEYENNE VILLAGE			
	Addres	ss change	Doing business as		84-6	051921
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Teleph	one number
	Initial	return	6275 LEHMAN DRIVE		(719)592-0200
	Final r	eturn/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross	receipts \$
	Ameno	ded return	COLORADO SPRINGS, CO 80918			10,136,500.
	Applica	ation pending	F Name and address of principal officer: MARY DICE		s a group retur	rn for Yes X No
			6275 LEHMAN DRIVE, COLORADO SPRINGS, CO 80918		all subordinate	es included? Yes No
ī	Tax-ex	cempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 52	7 If	"No," attach	a list. See instructions.
J	Webs	ite: WV	WW.CHEYENNEVILLAGE.ORG	H(c) Grou	p exemption	number
K	Form	of organization	on: X Corporation Trust Association Other L Year of	f formation: 197	1 M Stat	te of legal domicile: CO
Pa	art I	Summ	nary			
			scribe the organization's mission or most significant activities: CHEYENNE VIL:	LAGE PROVI	DES S	ERVICES AND
ě				ELP PEOPLE		
Governance			ISABILITIES LEAD HAPPY, HEALTHY AND FULFILLING LIV	ES.		
ern	2	Check this			6 of its	net assets.
Ó	3	Number o	f voting members of the governing body (Part VI, line 1a)		1	1
⋖ŏ	4		f independent voting members of the governing body (Part VI, line 1b)			
Activities	5		ber of individuals employed in calendar year 2022 (Part V, line 2a)			
ξi	6		ber of volunteers (estimate if necessary)			
Ac	7a		elated business revenue from Part VIII, column (C), line 12			
			ated business taxable income from Form 990-T, Part I, line 11			-
				Prior Y		Current Year
	8	Contributi	ons and grants (Part VIII, line 1h)	69	6,404	. 457,936.
une	9		service revenue (Part VIII, line 2g)		5,503.	
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		3,239	
æ	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,944	
	12		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,090.	
	13		d similar amounts paid (Part IX, column (A), lines 1-3)	7,11	NON	
	14		vaid to or for members (Part IX, column (A), line 4)		NON	
	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	4 21	3,377	
Expenses			nal fundraising fees (Part IX, column (A), line 11e)	7,21	NON:	
ben			Iraising expenses (Part IX, column (D), line 25) 201, 554.		INOIN.	E NONE
Ä	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	4 52	1,948.	5,044,787.
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,325.	
	19		less expenses. Subtract line 18 from line 12		1,765.	
- S		Revenue	ess expenses. Subtract line 10 from line 12	Beginning of Cu		
ance	20	Total acce	oto (Port V. lino 16)		4,645.	+
\ss Bala	20		ets (Part X, line 16) lities (Part X, line 26)		•	
Net Assets or Fund Balances	21 22				1,990	-
	rt II		s or fund balances. Subtract line 21 from line 20	12,17	2,655.	. 12,535,406.
			rjury, I declare that I have examined this return, including accompanying schedules and staten	nents and to the	heet of my	v knowledge and helief it is
true	e, corre	ect, and com	plete. Declaration of preparer (other than officer) is based on all information of which preparer ha	s any knowledge.	best of my	y knowledge and belief, it is
Sig	n	Signature of	of officer	Dat	te	
Hei		o ignaturo c		24.		
		Type or pri	nt name and title			
		,,, ,		1.		PTIN
Paic	i	1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Chec		
	parer		I B MERZ JOULD 1144 01/19		employed	P00841439
	Only			Firm's EIN		84-1509584
		Firm's add		Phone no		719-630-1186
_			ss this return with the preparer shown above? See instructions			X Yes No
For	Pape	rwork Red	uction Act Notice, see the separate instructions.			Form 990 (2022)

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Pa	irt III	Statement of Program Service Accomplishments
_	Duintha	Check if Schedule O contains a response or note to any line in this Part III
1	•	escribe the organization's mission:
		NNE VILLAGE SERVES INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES
		AS AUTISM, CEREBRAL PALSY, DOWN SYNDROME, AND MENTAL RETARDATION
		PASO, TELLER, AND PARK COUNTIES. SEE SCHEDULE O FOR
		NUATION.
2	prior Fo	organization undertake any significant program services during the year which were not listed on the m 990 or 990-EZ?
		describe these new services on Schedule O.
3	services'	organization cease conducting, or make significant changes in how it conducts, any program
4		describe these changes on Schedule O. • the organization's program service accomplishments for each of its three largest program services, as measured by
7	expense	s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,845,015. including grants of \$) (Revenue \$ 2,787,013.)
	INDI	'IDUAL RESIDENTIAL SERVICES: INDIVIDUALS LIVING ALONE OR WITH
	A ROC	MMATE IN APARTMENT HOUSING ARE SUPPORTED IN HOUSEKEEPING,
	NUTRI	TION, FINANCIAL MANAGEMENT, SCHEDULING, ARRANGING
		PORTATION, HEALTH CARE AND BENEFITS COORDINATION, AND
		NAL SAFETY. SUPPORT PLANS ARE CREATED BASED ON INDIVIDUAL
	NEEDS	
	YEAR.	
4b	(Code: _) (Expenses \$912,678. including grants of \$) (Revenue \$910,797)
	GROUE	RESIDENTIAL SERVICES: TWO GROUP HOMES ARE STAFFED 24-HOURS A
	DAY,	365 DAYS A YEAR. EACH HOME PROVIDES A PRIVATE BEDROOM AND
	COMMO	N LIVING AREAS FOR FOUR TO SEVEN INDIVIDUALS. STAFF PROVIDES
	SUPPO	RT IN PERSONAL CARE, NUTRITION AND MEAL PREPARATION,
	FINAN	CIAL MANAGEMENT, HOME MAINTENANCE, TRANSPORTATION, HEALTH
	CARE	AND BENEFITS COORDINATION TO ENSURE THAT THE HEALTH AND
		Y NEEDS OF EACH INDIVIDUAL ARE MET.
		1 11220 OF 21101 1112 1121 1121
_	(0	\
4C	(Code: _) (Expenses \$3,787,129. including grants of \$) (Revenue \$4,762,312)
		HOMES: INDIVIDUALS CAN BE PLACED WITH A HOST FAMILY WHO
	PROVI	DES 24-HOUR SUPPORT. INDIVIDUALS HAVE A PRIVATE BEDROOM
	WITHI	N THE HOME AND ARE INCLUDED IN FAMILY ACTIVITIES. CHEYENNE
	VILLA	GE MONITORS THE HOME AND PROVIDES HEALTH CARE AND BENEFITS
	COORI	INATION.
_	041: -	anners comitees (December on Cabadula C.)
4 d	-	ogram services (Describe on Schedule O.) SEE SCHEDULE O
	(Expens	· · · · · · · · · · · · · · · · · · ·
	rotal pr	ogram service expenses 8,533,319.
JSA 2E1	020 1.000	Form 990 (2022

Form 990 (2022)
Part IV Checklist of Required Schedules

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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
-	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	х	
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	Х	
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	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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	
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? 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			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part	V Checklist of Required Schedules (continued)		·	-9
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	0.7		3.7
20	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
•	Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	X	
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 on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		
JSA	reportable gaming (gambling) winnings to prize winners?	1c	990	(2022)
2E1030	2.000	Form	330	(2022)

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OIIII	330 (2322)			age •
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 112			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
7 U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
-		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		- /\
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	C-		3.7
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C L		
_	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	7-	37	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		3.5
_	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			3.5
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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.			
	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		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand	140		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		37
	excess parachute payment(s) during the year?	15		X
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.	16		77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

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Part VI

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

Sect	ion A. Governing Body and Management					
					Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
ıa	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar					
_	committee, explain on Schedule O.	1b	18			
b	Enter the number of voting members included on line 1a, above, who are independent.					
2	Did any officer, director, trustee, or key employee have a family relationship or a business re		-	2		Х
_	any other officer, director, trustee, or key employee?					
3	Did the organization delegate control over management duties customarily performed by or ur			3		Х
	supervision of officers, directors, trustees, or key employees to a management company or other p			4	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			5		
5	Did the organization become aware during the year of a significant diversion of the organization's			6		X
6 7-	Did the organization have members or stockholders?			-		
7a	Did the organization have members, stockholders, or other persons who had the power to el			7a		Х
	one or more members of the governing body?			7 u		
b	Are any governance decisions of the organization reserved to (or subject to approval			7b		Х
	stockholders, or persons other than the governing body?			7.5		21
8	Did the organization contemporaneously document the meetings held or written actions und	епаке	n auring			
_	the year by the following:			8a	Х	
a	The governing body?			8b	X	
b	Each committee with authority to act on behalf of the governing body?			0.0	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte)	21
	on 211 one oo (17110 oo oo oo na 170 qui oo oo na 170 qui oo oo qui oo na 170 qui oo	<i></i>	10101140		Yes	No
10a	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					
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt prices.		-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	iiiig tii	C IOIIII: .			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests					
D	rise to conflicts?			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p					
·	describe on Schedule O how this was done	•	-	12c	Х	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review ar					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		- 1			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement			
	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 eva	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	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					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),		and 990-T	(sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap					
	X Own website X Another's website X Upon request Other (explain on Sc	hedule	e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	nents,	conflict of	inter	est p	olicy,
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's l	oooks	and record	S		
	THE ORGANIZATION 6275 LEHMAN DRIVE COLORADO SPRINGS, CO 80918					

719-592-0200

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

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

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

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for	box,	Position (do not check more to box, unless person is officer and a directool or of the control o				an tee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	icer	employee Key employee Officer		Former	1099-NEC)		
(1) TIMOTHY CUNNINGHAM	40.00									
CEO	NONE			Х				149,977.	NONE	28,253.
(2) MARY DICE	40.00									
CFO	NONE			Х				117,684.	NONE	24,261.
(3) JAMES CARA	1.00									
PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(4) ANN REEVERTS	1.00									
VICE PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(5) GARRY BUTCHER	1.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(6) LEA GEISER-HAYLER	1.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(7) ANN CESARE	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(8) RAYMOND DEENY	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(9) JAMES DODD	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(10) WILLIS JACKSON	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(11) VALERIE TERRILL	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(12) BOB WALLA	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(13) KEN BEACH	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(14) RANDY CASE	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE

CHEYENNE VILLAGE 84-6051921

Part VII Section A. Officers, Directors, 7	Trustees, Ke	y En	nplo	yee	es,	and H	ligł	nest Compensat	ed Employees (c	ontinue	ed)
(A)	(B)			(C	;)			(D)	(E)		(F)
Name and title	Average hours per week (list any hours for	box,	not ch unles	s per	more rson	e than or is both a or/truste	an	Reportable compensation from the	Reportable compensation from related organizations	am	timated ount of other pensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anization d related anizations
15) TRAVIS FANNING	1.00										
BOARD MEMBER	NONE	Х						NONE	NONE		NONE
16) MARK FIORE	1.00										
BOARD MEMBER	NONE	X						NONE	NONE		NONE
17) CHERRI FISCHER	1.00										
BOARD MEMBER	NONE	X						NONE	NONE		NONE
18) SARA QUALLS	1.00										
BOARD MEMBER	NONE	X						NONE	NONE		NONE
19) PAULA POLLET	1.00										
BOARD MEMBER	NONE	X						NONE	NONE		NONE
20) DAVID BROWN		-									
BOARD MEMBER	NONE	X						NONE	NONE		NONE
1b Sub-total	•	•					▶	267,661.	NONE		52,514.
c Total from continuation sheets to Part VII,	Section A						ightharpoonup	NONE	NONE		NONE
d Total (add lines 1b and 1c)							▶	267,661.	NONE		52,514.
2 Total number of individuals (including but no reportable compensation from the organizate		hose	liste	d ab	ove	e) who 2	re	ceived more than	\$100,000 of		
											Yes No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche	edule J for su	ch ina	lividu	ıal .			•			3	X
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	50,00	00?	If	"Yes,	" (nd other compens complete Schedu	sation from the le J for such	4	X
5 Did any person listed on line 1a receive	or accrue co	mpen	satio	on f	rom	n any	unr	related organization	on or individual		
for services rendered to the organization? <i>If</i> Section B. Independent Contractors										5	X
Complete this table for your five highest co	ompensated i	ndene	ende	nt o	conf	tractor	's t	hat received more	than \$100 000 o	f	
compensation from the organization. Repor											

(A) SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

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 ▶

Form 990 (2022) CHEYENNE VILLAGE 84-6051921 Page **9**

Part VIII Statement of Revenue

(A) (B) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants, and Other Similar Amounts Membership dues 5,079 c Fundraising events 1c 16,504. Government grants (contributions) . . All other contributions, gifts, grants, 436,353 and similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 1g |\$ Total. Add lines 1a-1f 457,936. **Business Code** Program Service Revenue 2a HOST HOMES 623990 4,762,312. 4,762,312 623990 2,787,013. 2,787,013 INDIVIDUAL RESIDENTIAL 623990 GROUP RESIDENTIAL 910,797. 910,797 623990 SUPPORTED LIVING SERVICES 166,272 166,272 SUPPORTED COMMUNITY CONNECTIONS 623990 207,426. 207,426 623990 101,905 101,905 All other program service revenue 8,935,725. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 158,938. 158,938 NONE 4 Income from investment of tax-exempt bond proceeds . 5 NONE (i) Real (ii) Personal Gross rents 6a **b** Less: rental expenses 6b Rental income or (loss) 6c NONE d Net rental income or (loss) . . NONE Gross amount from (i) Securities (ii) Other sales of assets 310,902. 254,824 other than inventory 7a b Less: cost or other basis Other Revenue 7b 309,211 20,947 and sales expenses . . 1,691. 233.877 c Gain or (loss) 7c 235,568. 235,568. d Net gain or (loss) 8a Gross income from fundraising events (not including \$ ___ of contributions reported on line 18,175 1c). See Part IV, line 18 8a 12,179 8b **b** Less: direct expenses 5,996. 5,996. c Net income or (loss) from fundraising events 9a Gross income from gaming NONE activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities. NONE Gross sales of inventory, less 10a returns and allowances NONE Net income or (loss) from sales of inventory. NONE **Business Code** Miscellaneous Revenue 11a d All other revenue Total. Add lines 11a-11d NONE 9,794,163. 8,935,725 400,502 12

JSA 2E1051 1.000 Form 990 (2022) CHEYENNE VILLAGE 84-6051921 Page **10**

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response 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
Grants and other assistance to domestic organizations		ехрензез	general expenses	ехрепзез
and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,				
trustees, and key employees	333,514.	74,590.	258,924.	
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	3,622,915.	3,091,379.	390,880.	140,656
8 Pension plan accruals and contributions (include	84,586.	70,811.	9,753.	4,022
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	283,135.	223,234.	47,506.	12,395
10 Payroll taxes	288,991.	219,551.	57,432.	12,008
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	NONE			
c Accounting	24,451.	21,272.	2,690.	489
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17.	NONE			
f Investment management fees	12,129.		12,129.	
9 Other. (If line 11g amount exceeds 10% of line 25, column				
(A), amount, list line 11g expenses on Schedule O.)	186,468.	120,587.	55,797.	10,084
12 Advertising and promotion	14,766.	11,662.	2,909.	195
13 Office expenses	84,395.	60,428.	15,307.	8,660
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	27,945.	19,938.	6,892.	1,115
17 Travel	71,932.	70,049.	1,883.	
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	19,000.	12,339.	6,050.	611
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	200,497.	187,394.	12,039.	1,064
23 Insurance	120,589.	88,473.	30,769.	1,347
24 Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A), amount, list line 24e expenses on Schedule O.)				
a CLIENT BENEFITS	4,196,420.	4,196,420.		
b REPAIRS AND MAINTENANCE	53,785.	47,089.	5,471.	1,225
c DUES & SUBSCRIPTIONS	24,210.	16,329.	4,019.	3,862
d TAXES AND LICENSES	4,385.	1,774.	2,605.	6
e All other expenses	3,815.		225	3,815
25 Total functional expenses. Add lines 1 through 24e	9,657,928.	8,533,319.	923,055.	201,554
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs				
from a combined educational campaign and				
fundraising solicitation. Check here if				
following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	875.	1	975.
	2	Savings and temporary cash investments	6,800,138.	2	6,422,758.
	3	Pledges and grants receivable, net	9,013.	3	1,462.
	4	Accounts receivable, net	536,068.	4	572,507.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
Ä	9	Prepaid expenses and deferred charges	47,463.	9	52,044.
	10 a	Land, buildings, and equipment: cost or other	·		
		basis. Complete Part VI of Schedule D 10a 5,435,619.			
	b	Less: accumulated depreciation	2,137,838.	10c	2,714,116.
	11	Investments - publicly traded securities SEE SCHEDULE .O	2,341,260.	11	2,561,978.
	12	Investments - other securities. See Part IV, line 11	861,990.	12	922,127.
	13	Investments - program-related. See Part IV, line 11	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	NONE		NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)	12,734,645.	16	13,247,967.
_	17	Accounts payable and accrued expenses	450,891.	17	526,089.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	200.	19	8,500.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	7,678.	21	49,193.
'n	22	Loans and other payables to any current or former officer, director,	7,070.	<u> </u>	10,100.
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ij		controlled entity or family member of any of these persons	NONE	22	NONE
Lia	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	NONE	24	NOINE
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
			102 221	25	100 770
	26	of Schedule D	103,221. 561,990.		128,779.
_	20	Total liabilities. Add lines 17 through 25	561,990.	26	712,561.
Ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	0 062 027	27	10 072 071
Bal	28	Net assets with donor restrictions.	9,863,827.	27	10,872,971.
b	20		2,308,828.	28	1,662,435.
Ξ		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
şts	30	Paid-in or capital surplus, or land, building, or equipment fund			
SS	31	Retained earnings, endowment, accumulated income, or other funds		30	
t A	32	Total net assets or fund balances	10 170 655	31	10 525 406
Ne			12,172,655.	32	12,535,406.
	33	Total liabilities and net assets/fund balances	12,734,645.	33	13,247,967. Form 990 (2022)

CHEYENNE VILLAGE 84-6051921

Form 990 (2022)

Part 2	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		9,7	94,	<u> 163</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,6	57 <u>,</u>	<u>928</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		1	36,	<u> 235</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1			<u>655</u> .
5	Net unrealized gains (losses) on investments	5		2	26,	<u>516</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	2,5	35,	<u>406</u>
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," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted or	ı 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	_		_		
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for		the			7.7
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_		۵.		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdıts .		3b	000	(0000)
				⊢orm	JJU	(2022)

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SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CHE	CYEI	NE VILLAGE					84-6	051921
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	ns.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated to section 170(b)(1)(A)(iv). (C)		a college or universit	y owne	d or ope	rated by a governme	ental unit described in
6		A federal, state, or local go	-	rnmental unit describe	d in sact	ion 170/	h\/1\/A\/ _V \	
7		An organization that norma	•			•		om the general nublic
'		described in section 170(b)	-	•	pport in	om a go	verninental unit of it	oni the general public
8		A community trust describe			Part II \			
9		An agricultural research org					Lin conjunction with a	land-grant college
Ū		or university or a non-land-	=			-	-	
		university:	grant conege or ag	grioditaro (oco motraol	10110). L	11101 1110 1	idirio, oity, drid otato o	i the college of
10	v	An organization that norma	lly receives (1) mo	ore than 331/3 % of its	sunnort	from cor	ntributions membersh	nin fees, and gross
		receipts from activities rela support from gross investmacquired by the organization	ted to its exempt finent income and union after June 30, 1	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	s; and (2) no more that s section 511 tax) from Part III.)	n 331/3 % of its
11		An organization organized	•	•	•		. , . ,	
12		An organization organized a	•	•				
		one or more publicly suppo	=			-		
		the box on lines 12a throug					•	
а			•	•	-		• , ,	
		the supported organization				ajority of	the directors or truste	ees of the
		supporting organization.	-					
b			•					
		control or management of		=	the sam	e person	s that control or mar	nage the supported
		organization(s). You must	•					
С								lly integrated with,
		its supported organization		•				
d		☐ Type III non-functionally					• •	• , ,
		that is not functionally into	-		-		•	d an attentiveness
		requirement (see instruct	•	=				U T III
е		☐ Check this box if the orga					•••	II, Type III
f	En	functionally integrated, or ter the number of supported			porting c	organizat	ion.	
,		ovide the following information	=					
9_		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	(1)	arre or supported organization	(11) = 111	(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
					162	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

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

Schedule A (Form 990) 2022

CHEYENNE VILLAGE 84-6051921

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

Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization fail	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sect	tion A. Public Support				•	•	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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).						
	Public support. Subtract line 5 from line 4						
	tion B. Total Support	(-) 2010	(h) 2040	(-) 2020	(4) 2024	(2) 2022	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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	ee instructions)				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sect	tion C. Computation of Public Sup					T T	
14	Public support percentage for 2022 (lin						<u>%</u>
15	Public support percentage from 2021						%
16a	331/3% support test - 2022. If the org						
	box and stop here. The organization qu	•	• • •	•			
b	331/3% support test - 2021. If the org						
47-	this box and stop here. The organization	-		_			
17a	10% or more and if the organization		=				
	10% or more, and if the organization Part VI how the organization meets					-	-
	organization			_	-		
h	10%-facts-and-circumstances test - 2						
D	15 is 10% or more, and if the organization		-				
	in Part VI how the organization meets					-	•
	organization			_	-		
18	Private foundation. If the organization						
-	instructions						

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Page **3**

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

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

Sec	tion A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	. ,	,		.,	,	
	received. (Do not include any "unusual grants.")	2,346,144.	921,579.	1,144,328.	696,404.	457,936.	5,566,391.
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	8,271,162.	8,521,070.	8,065,603.	8,515,503.	8,935,725.	42,309,063.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	40,530.	43,564.				84,094.
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						NONE
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						NONE
6	Total. Add lines 1 through 5	10,657,836.	9,486,213.	9,209,931.	9,211,907.	9,393,661.	47,959,548.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	95,076.	12,375.				107,451.
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	14,465.	5,912.				20,377.
С	Add lines 7a and 7b	109,541.	18,287.				127,828.
8	Public support. (Subtract line 7c from						
	line 6.)						47,831,720.
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	10,657,836.	9,486,213.	9,209,931.	9,211,907.	9,393,661.	47,959,548.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	111,883.	90,070.	253,386.	102,484.	158,938.	716,761.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
						1	NONE
	acquired after June 30, 1975	111 002	00.050	052.206	100 404	150.020	
	Add lines 10a and 10b	111,883.	90,070.	253,386.	102,484.	158,938.	716,761.
11	Add lines 10a and 10b	111,883.	90,070.	253,386.	102,484.	158,938.	716,761.
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether	111,883.	90,070.	253,386.			
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	111,883.	90,070.	253,386.	102,484. 31,944.	158,938. 5,996.	716,761.
	Add lines 10a and 10b	111,883.	90,070.	253,386.			
11	Add lines 10a and 10b	111,883.	90,070.	253,386.			37,940.
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	111,883.	90,070.	253,386.			
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11,				31,944.	5,996.	37,940. NONE
11 12 13	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	10,769,719.	9,576,283.	9,463,317.	31,944. 9,346,335.	5,996. 9,558,595.	37,940. NONE 48,714,249.
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for	10,769,719. the organization	9,576,283. on's first, second	9,463,317. , third, fourth, (31,944. 9,346,335. or fifth tax yea	5,996. 9,558,595. Ir as a section	37,940. NONE 48,714,249. 501(c)(3)
11 12 13 14	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here	10,769,719. the organizatio	9,576,283. on's first, second	9,463,317. , third, fourth, (31,944. 9,346,335. or fifth tax yea	5,996. 9,558,595. Ir as a section	37,940. NONE 48,714,249. 501(c)(3)
11 12 13 14	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for	10,769,719. the organizatio	9,576,283. on's first, second	9,463,317. , third, fourth,	31,944. 9,346,335. or fifth tax yea	5,996. 9,558,595. Ir as a section	37,940. NONE 48,714,249. 501(c)(3)
11 12 13 14 Sec	Add lines 10a and 10b	10,769,719. the organization	9,576,283. on's first, second ge ed by line 13, colum	9,463,317. , third, fourth,	31,944. 9,346,335. or fifth tax yea	9,558,595. Ir as a section	37,940. NONE 48,714,249. 501(c)(3)
11 12 13 14 Sec 15 16	Add lines 10a and 10b	10,769,719. the organization port Percenta column (f), dividuated	9,576,283. on's first, second ge ed by line 13, colune 15.	9,463,317. , third, fourth,	31,944. 9,346,335. or fifth tax yea	9,558,595. In as a section	37,940. NONE 48,714,249. 501(c)(3) 98.19%
11 12 13 14 Sec 15 16	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2022 (line 8 Public support percentage from 2021 Sche	10,769,719. the organization port Percenta, column (f), dividedule A, Part III, lin t Income Percent	9,576,283. on's first, second ge ed by line 13, colune 15	9,463,317. , third, fourth,	9,346,335. or fifth tax yea	9,558,595. In as a section	37,940. NONE 48,714,249. 501(c)(3) 98.19%
11 12 13 14 Sec 15 16 Sec	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2022 (line 8 Public support percentage from 2021 Schettion D. Computation of Investmen	10,769,719. the organization port Percentary column (f), dividuable A, Part III, lint t Income Percentary ne 10c, column (f)	9,576,283. on's first, second ge ed by line 13, colume 15 entage i), divided by line 1	9,463,317. , third, fourth, (9,346,335. or fifth tax yea	9,558,595. Ir as a section	37,940. NONE 48,714,249. 501(c)(3) 98.19% 98.30%
11 12 13 14 Sec 15 16 Sec 17 18	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2022 (line 8 Public support percentage from 2021 Schettion D. Computation of Investmen Investment income percentage for 2022 (lines)	10,769,719. the organization port Percentally, column (f), dividuated A, Part III, lingt Income Percental III, lingt III, ling	9,576,283. on's first, second ge ed by line 13, colun e 15 entage i), divided by line 1 III, line 17	9,463,317. , third, fourth, on (f))	9,346,335. or fifth tax yea	9,558,595. ar as a section 15 16 17 18	37,940. NONE 48,714,249. 501(c)(3) 98.19% 98.30% 1.47% 1.30%
11 12 13 14 Sec 15 16 Sec 17 18	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2022 (line 8 Public support percentage from 2021 Schetion D. Computation of Investmen Investment income percentage from 2021	the organization port Percenta column (f), dividentale A, Part III, lin t Income Percental ne 10c, column (f) Schedule A, Part ganization did n	9,576,283. on's first, second ge ed by line 13, colun e 15 entage i), divided by line 1 III, line 17 ot check the box	9,463,317. , third, fourth, on (f))	9,346,335. or fifth tax yea	9,558,595. r as a section 15 16 17 18 re than 331/3%,	37,940. NONE 48,714,249. 501(c)(3) 98.19% 98.30% 1.47% 1.30% and line
11 12 13 14 Sec 15 16 Sec 17 18 19 a	Add lines 10a and 10b	10,769,719. the organization port Percenta column (f), divided dule A, Part III, ling t Income Percenta ne 10c, column (f) Schedule A, Part ganization did no s box and stop	9,576,283. on's first, second ge ed by line 13, colune e 15 entage i), divided by line 1 III, line 17 ot check the box here. The organi	9,463,317. , third, fourth, on (f))	9,346,335. or fifth tax yea	9,558,595. r as a section 15 16 17 18 re than 331/3%, poported organizati	37,940. NONE 48,714,249. 501(c)(3) 98.19% 98.30% 1.47% 1.30% and line ion X
11 12 13 14 Sec 15 16 Sec 17 18 19 a	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supperbublic support percentage for 2022 (line 8 Public support percentage from 2021 Schettion D. Computation of Investmen Investment income percentage from 2021 (lines 131/3% support tests - 2022. If the or 17 is not more than 331/3%, check this	10,769,719. the organization port Percenta, column (f), dividedule A, Part III, lin t Income Percenta 10c, column (f) Schedule A, Part ganization did not soon anization did not	9,576,283. on's first, second ed by line 13, colune 15 entage i), divided by line 1 III, line 17 ot check the box here. The organicheck a box on	9,463,317. , third, fourth, on (f))	9,346,335. or fifth tax yea d line 15 is mo as a publicly su 9a, and line 16 is	9,558,595. In as a section 15 16 17 18 In the matter of the section of the	37,940. NONE 48,714,249. 501(c)(3) 98.19% 98.30% 1.47% 1.30% and line ion X 3%, and
11 12 13 14 Sec 15 16 Sec 17 18 19 a	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	port Percenta, column (f), dividedule A, Part III, lint Income Percenta (schedule A, Part ganization did not show and stop anization did not this box and stop this box and stop anization	9,576,283. on's first, second ge ed by line 13, colune 15 entage), divided by line 1 III, line 17 ot check the box here. The organicheck a box on op here. The org	9,463,317. , third, fourth, on (f)) 3, column (f)) c on line 14, and ization qualifies a line 14 or line 15 anization qualifies anization qualifies	9,346,335. or fifth tax yea d line 15 is mo as a publicly su a, and line 16 is as a publicly s	9,558,595. In as a section 15 16 17 18 Ire than 331/3%, poported organization is more than 331/3 supported organization is more than 331/3 supported organization is more than 331/3 supported organization.	37,940. NONE 48,714,249. 501(c)(3) 98.19% 98.30% 1.47% 1.30% and line ion X 3%, and ation

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Part IV **Supporting Organizations**

CHEYENNE VILLAGE

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

S

Secti	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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			

10a

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

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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 on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	44.		
Section	on B. Type I Supporting Organizations	11c		
500111	on on the result of the second		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	162	INO
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
2	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? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	$\overline{}$	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on	Nov. 20, 1970 (explain	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izations n	nust complete Sectio	ns A through E.
Se	ction 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		
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	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-functiona	lly integra	ted Type III supporting	g organization
	(see instructions).			- <i>-</i>

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organia	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide 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 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(n)	(ii)		(iii)

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

2022

Name of the organization		Employer identification number
CHEYENNE VILLAGE	<u></u>	84-6051921
Organization type (check on	ə): 	
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 priv	ate 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)(instructions.	7), (8), or (10) organization can check boxes for both the General F	ule and a Special Rule. See
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year or property) from any one contributor. Complete Parts I and II. Secontributions.	
Special Rules		
regulations under s 16b, and that rece	n described in section 501(c)(3) filing Form 990 or 990-EZ that mesections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A ived from any one contributor, during the year, total contributions unt on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Co	(Form 990), Part II, line 13, 16a, or of the greater of (1) \$5,000; or
contributor, during literary, or education	the year, total contributions of more than \$1,000 exclusively for record purposes, or for the prevention of cruelty to children or animal instead of the contributor name and address), II, and III.	eligious, charitable, scientific,
contributor, during contributions totale during the year for General Rule appli	the year, contributions exclusively for religious, charitable, etc., pured more than \$1,000. If this box is checked, enter here the total cor an exclusively religious, charitable, etc., purpose. Don't complete es to this organization because it received nonexclusively religious, more during the year	urposes, but no such ontributions that were received any of the parts unless the charitable, etc., contributions
=	t isn't covered by the General Rule and/or the Special Rules does /, line 2, of its Form 990; or check the box on line H of its Form 99	

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

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

Schedule B (Form 990) (2022)

Name of organization

CHEYENNE VILLAGE

CHEYENNE VILLAGE

Employer identification number 84-6051921

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	ELISABETH & MARK BRANDIN 1477 PORTOLA ROAD WOODSIDE, CA 94062	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	CARL W. AND CARRIE MAE JOSLYN CHARITABLE 2200 ROSS AVENUE, FLOOR 5 DALLAS, TX 75201	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	CREEL-HARISON FOUNDATION ATTEN MRS ROBBI 1301 GREENE STREET, SUITE 300 AUGUSTA, GA 30901	\$26,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	LUTHER T. MCCAULEY CHARITABLE TRUST 402 N. TEJON, SUITE 200 COLORADO SPRINGS, CO 80903	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	NORWOOD DEVELOPMENT GROUP, BRIAN G. 111 S TEJON STREET, SUITE 222 COLORADO SPRINGS, CO 80903	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	T. ROWE PRICE ATTEN JESSICA INENSEE		Person X

Name of organization

CHEYENNE VILLAGE

CHEYENNE VILLAGE

Employer identification number 84-6051921

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	THE DENVER FOUNDATION, JAVIER ALBERTO SO 1009 GRANT ST. DENVER, CO 80203		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	TONCRAY CHARITABLE TRUST - COLORADO STAT 1600 BROADWAY - 3RD FL DENVER, CO 80202		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	LYDA HILL 3764 CAMELROCK VIEW COLORADO SPRINGS, CO 80904		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	GARY LOO PO BOX 2337 COLORADO SPRINGS, CO 80919		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	KATHLEEN P. HIRONS 1440 8TH STREET #2105		Person X Payroll Noncash (Complete Part II for
	GOLDEN, CO 80401	·	noncash contributions.)
(a) No.	GOLDEN, CO 80401 (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

Name of organization

CHEYENNE VILLAGE

CHEYENNE VILLAGE

Employer identification number 84-6051921

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
		Total contributions	
13	ANITA & THOMAS SWITZER 1614 QUERIDA DR.	\$50,000.	Person X Payroll Noncash
	COLORADO SPRINGS, CO 80909-2539	,	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	ESTATE OF VICKIE C. HILTY		Person X Payroll
	4317 EDWINSTOWE AVE	\$30,000.	Noncash
	COLORADO SPRINGS, CO 80907-3938		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	COLORADO SPRINGS UTILITY - KANDY DRAKE		Person X
	PO BOX 1103, MAIL CODE 950	\$16,054.	Payroll Noncash
	COLORADO SPRINGS, CO 80947-0950		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4		Type of contribution
No.	Name, address, and ZIP + 4 VIRGINIA W. HILL FOUNDATION	Total contributions	Type of contribution Person X Payroll
No.	Name, address, and ZIP + 4 VIRGINIA W. HILL FOUNDATION 1700 LINCOLN - MAC #C7300-11M	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 16 (a)	Name, address, and ZIP + 4 VIRGINIA W. HILL FOUNDATION 1700 LINCOLN - MAC #C7300-11M DENVER, CO 80203 (b)	\$15,000.	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X
16 (a) No.	Name, address, and ZIP + 4 VIRGINIA W. HILL FOUNDATION 1700 LINCOLN - MAC #C7300-11M DENVER, CO 80203 (b) Name, address, and ZIP + 4	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
16 (a) No.	Name, address, and ZIP + 4 VIRGINIA W. HILL FOUNDATION 1700 LINCOLN - MAC #C7300-11M DENVER, CO 80203 (b) Name, address, and ZIP + 4 THE ANSCHUTZ FOUNDATION	\$15,000. (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll
(a) No.	Name, address, and ZIP + 4 VIRGINIA W. HILL FOUNDATION 1700 LINCOLN - MAC #C7300-11M DENVER, CO 80203 (b) Name, address, and ZIP + 4 THE ANSCHUTZ FOUNDATION 555 17TH ST #960 DENVER, CO 80202 (b)	\$ 15,000. (c) Total contributions \$	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 VIRGINIA W. HILL FOUNDATION 1700 LINCOLN - MAC #C7300-11M DENVER, CO 80203 (b) Name, address, and ZIP + 4 THE ANSCHUTZ FOUNDATION 555 17TH ST #960 DENVER, CO 80202 (b) Name, address, and ZIP + 4	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 VIRGINIA W. HILL FOUNDATION 1700 LINCOLN - MAC #C7300-11M DENVER, CO 80203 (b) Name, address, and ZIP + 4 THE ANSCHUTZ FOUNDATION 555 17TH ST #960 DENVER, CO 80202 (b) Name, address, and ZIP + 4 THE JOSEPH HENRY EDMONDSON FOUNDATION	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 VIRGINIA W. HILL FOUNDATION 1700 LINCOLN - MAC #C7300-11M DENVER, CO 80203 (b) Name, address, and ZIP + 4 THE ANSCHUTZ FOUNDATION 555 17TH ST #960 DENVER, CO 80202 (b) Name, address, and ZIP + 4	\$ 15,000. (c) Total contributions \$	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)

Name of organization
CHEYENNE VILLAGE

CHEYENNE VILLAGE

Employer identification number
84-6051921

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19	MIKE & KATIE TRAPP 855 BROADVIEW PL. COLORADO SPRINGS, CO 80904	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20	JIM & KATHY DEFRANCO 97 CROWN POINT PL. CASTLE ROCK, CO 80108-9002	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
21	CAREN LACY 3685 MOUNT HERMAN RD. MONUMENT, CO 80132	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

CHEYENNE VILLAGE

84-6051921

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Page 3

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

Name of or	rganization			Employer identification number				
	CHEYENNE VILLAGE			84-6051921				
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any ons completing Part e year. (Enter this in	one contributor. One contributor. One till, enter the total formation once. So	Complete columns (a) through (e) and of exclusively religious, charitable, etc.				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transf	_	ship of transferor to transferee				
(a) No								
(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) Transf	er of aift					
	Transferee's name, address, a		_	ship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transf and ZIP + 4	_	ship of transferor to transferee				

Schedule B (Form 990) (2022)

SCHEDULE 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.

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number CHEYENNE VILLAGE 84-6051921 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X.....\$_

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Schedule D (Form 990) 2022

following amounts required to be reported under FASB ASC 958 relating to these items:

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures, o	r Other Similar	Assets (d	continued)
3	Using the organization's acquisition	n, accession, and o	other recor	ds, check	cany of th	e following that	make sigr	ificant use of its
	collection items (check all that appl	ly):		_				
а	Public exhibition		d	Loan	or exchange	e program		
b	Scholarly research		е	Other				
С	Preservation for future gener	rations						
4	Provide a description of the organ	nization's collections	s and expla	ain how t	hey furthe	r the organization	n's exemp	t purpose in Part
	XIII.							
5	During the year, did the organization						_	
_	assets to be sold to raise funds rath		ained as pa	ert of the o	organizatio	n's collection?		Yes No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	•	es" on For	m 990, F	Part IV, line	e 9, or reported	an amour	nt on Form
12	Is the organization an agent, trust	too custodian or o	ther intern	andiary fo	or contribut	tions or other a	ecote not	
ıa	included on Form 990, Part X?							Yes X No
h	If "Yes," explain the arrangement in	n Part XIII and come	nlata tha fo	llowing tak	٠		L	Tes NO
b	ii res, explain the arrangement ii	Trancom,	piete trie io	ilowing tax)ic.		Amount	
С	Beginning balance				1c		7 till Odilit	
d	Additions during the year							
e	Distributions during the year							
f	Ending balance							
2a	Did the organization include an am					ustodial account	liability?	X Yes No
b	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the e	xplanation	has been p	rovided on Part >	(III	X
Pa	rt V Endowment Funds.							_
	Complete if the organiza	tion answered "Ye	es" on For	m 990, F	Part IV, line	e 10.		
		(a) Current year	(b) Pric	r year	(c) Two yea	ars back (d) Three	e years back	(e) Four years back
1a	Beginning of year balance	861,990.	1,0	40,654.	833,	092.	858,171.	858,525.
b	Contributions							
С	Net investment earnings, gains,							
	and losses	107,476.	-1	27,969.	246,	299.	10,810.	35,202.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	47,339.		50,695.	38,	737.	35,889.	35,556.
f	Administrative expenses							
g	End of year balance	922,127.		61,990.	1,040,		833,092.	858,171.
2	Provide the estimated percentage			e (line 1g,	column (a)) held as:		
a	Board designated or quasi-endowm Permanent endowment 100.000		%					
b	Term endowment %	00 %						
C	The percentages on lines 2a, 2b, a	and 2c should equal:	100%					
3a	Are there endowment funds not in			ation that	are held ar	nd administered f	or the	
• •	organization by:	ino poddoddion or ii	no organiza	ation that	aro noia ar	ia aammiotoroa i	01 1110	Yes No
	(i) Unrelated organizations							3a(i) X
	(ii) Related organizations							3a(ii) X
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	ed as require	ed on Sch	edule R?			3b
4	Describe in Part XIII the intended u	ises of the organiza	ition's endo	wment fur	nds.			
Pa	rt VI Land, Buildings, and Equ	ipment.	" -	000 1	D = =4 IV / II:=	- 44- O F	000 D-	
	Complete if the organization of property							Tt X, line 10. Book value
	Description of property		r other basis stment)		or other basis ther)	(c) Accumulated depreciation	(0) Book value
1a	Land		3,784.	3	39,603.			343,387.
b	Buildings			3,1	29,620.	1,568,176		1,561,444.
С	Leasehold improvements				16,803.	16,803	3.	
d	Equipment			1,3	44,508.	1,136,524		207,984.
	Other				501,301.			601,301.
Tota	I Add lines 1a through 1e (Column	(d) must squal Form	m QQA Part	Y columi	n (R) ling 1	Oc)	1	2 714 116

Schedule D (Form 990) 2022

Schedule D (F	Form 990) 2022 CHEYENNE VILLA	GE	8	4-6051921 Page
Part VII	Investments - Other Securities.			
	Complete if the organization answered	I "Yes" on Form 990), Part IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A) BENI	EFICIAL INTEREST IN TRUST	922,127.	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)	922,127.		
Part VIII	Investments - Program Related.			
	Complete if the organization answered	I "Yes" on Form 990), Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua 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.	<u> </u>		
	Complete if the organization answered	I "Yes" on Form 990), Part IV, line 11d. See Form 990	, Part X, line 15.
		scription	,	(b) Book value
(1)		·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	I "Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,
1.		tion of liability		(b) Book value
	al income taxes			(a) Doon tailed
_ ` '	ED VACATION PTO			128,779
(3)				120,119
(4)				
(5)				
(6)				
(7)				
(8)				
\-/				İ.

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 128,779. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1	10,028,921.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
C	Recoveries of prior year grants	1			
d	Other (Describe in Part XIII.) 2d 20,371.				
e	Add lines 2a through 2d	2e	246,887.		
3	Subtract line 2e from line 1	3	9,782,034.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		377027031.		
+ a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 12,129.				
a b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b	4c	12,129.		
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	9,794,163.		
Part			37.3272031		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		0.666.170		
1	Total expenses and losses per audited financial statements	1	9,666,170.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	-			
b	Prior year adjustments	-			
С	Other losses	-			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d	2e	20,371.		
3	Subtract line 2e from line 1	3	9,645,799.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				
_ C	Add lines 4a and 4b	4c	12,129.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	9,657,928.		
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I)+ \ /	line 4. Don't V. line		
2; Pari	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, r : XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn	nation			
SEE	SUPPLEMENTAL PAGE				

Part XIII Supplemental Information (continued)

SCH D, PART IV, LINE 2B

CUSTODIAL FUNDS: THE ORGANIZATION MAINTAINS SMALL CASH ACCOUNTS FOR PERSONS IN SERVICE.

SCH D, PART V, LINE 4

THE ORGANIZATION'S ENDOWMENT FUNDS ARE FOR THE PERPETUAL SUPPORT AND OPERATION OF THE CHEYENNE VILLAGE.

SCH D, PART X, LINE 2

THE ORGANIZATION 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.

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

SCH D, PART XI, LINE 2D

FUNDRAISING EVENT EXPENSES ARE REPORTED AS EXPENSES IN THE AUDITED FINANCIAL STATEMENT, AND RECLASSIFIED TO REVENUE FOR THE TAX RETURN. \$20,371

Part XIII Supplemental Information (continued)

SCH D, PART XII, LINE 2D

FUNDRAISING EVENT EXPENSES ARE REPORTED AS EXPENSES IN THE AUDITED FINANCIAL STATEMENT, AND RECLASSIFIED TO REVENUE FOR THE TAX RETURN. \$20,371

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form

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

OMB No. 1545-0047
2022
Open to Public

Name of the organization						Employer identification	on number
CHEYENNE VILLAGE						84-605192	21
	Activities. Complete if to a filers are not required to the filers are not required to the filers.	-			Yes" on Form 99	00, Part IV, line 1	7.
	e organization raised fund				activities. Check a	all that apply.	
a Mail solicitation	•	е	_	•	non-government g		
	nail solicitations	f			government grants		
c Phone solicitat		g			ising events		
d In-person solic	tations	-	_ ·		J		
2a Did the organization	n have a written or oral ag	reement with	h anv ind	dividual (in	cludina officers. d	irectors, trustees,	
or key employees li b If "Yes," list the 10	sted in Form 990, Part VII highest paid individuals o st \$5,000 by the organiza	I) or entity in or entities (fu	connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and address or entity (fundra			custody o	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		55 (.)	
1				110			
2							
3							
4							
5							
6							
7							
8							
9							
10							
	ich the organization is re sing.				contributions or	has been notified	it is exempt from

 Schedule G (Form 990) 2022
 CHEYENNE VILLAGE
 84-6051921
 Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	gross receipts greater than \$5,000	U.			
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				NONE	(add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts	11,508.	19,938.		31,446
2	Less: Contributions	7,340.	5,931.		13,271
	Gross income (line 1 minus				
	line 2)	4,168.	14,007.		18,175
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages	4,148.	5,136.		9,284
8	Entertainment				
9	Other direct expenses	1,183.	1,712.		2,895
10	Direct expense summary. Add lir	nes 4 through 9 in colu	umn (d)		12,179.
11	Net income summary. Subtract I	ine 10 from line 3, col	umn (d)		5,996
	\$15,000 on Form 990-EZ, lin	e 6a.	I		(d) Total gaming (add
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	Yes % No	Yes% No	Yes% No	
7	Direct expense summary. Add lin	nes 2 through 5 in colu	ımn (d)		
8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)		
I	s the organization licensed to con-	duct gaming activities	in each of these state	os?	Yes No
-					
	2 3 4 5 6 7 8 9 10 11 2 3 4 5 6 7 8 E	2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add line 11 Net income summary. Subtract International Subtract Internation	1 Gross receipts 11,508. 2 Less: Contributions 7,340. 3 Gross income (line 1 minus line 2) 4,168. 4 Cash prizes 5 Noncash prizes 7,500 and beverages 4,148. 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column of the column	1 Gross receipts	SHRIMP BOIL AUG (Generit typed) 1 Gross receipts

Schedule G (Form 990) 2022

12 Is for 13 Inc	bes the organization conduct gaming activities with nonmembers?		051921	Page 3
for 13 Inc	the organization conduct gaining activities with normic mode.		Yes	No
13 Inc	the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	rmed to administer charitable gaming?		Yes	No
- Th	dicate the percentage of gaming activity conducted in:			
a Th	e organization's facility	3a		%
	outside facility			%
	nter the name and address of the person who prepares the organization's gaming/special events books cords:	and		
Na	ame ▶			
Ad	ldress ▶			
	pes the organization have a contract with a third party from whom the organization receives gavenue?	_	Yes	No
b If "	'Yes," enter the amount of gaming revenue received by the organization ▶ \$ are	nd the	165	NO
	nount of gaming revenue retained by the third party > \$ 'Yes," enter name and address of the third party:			
Na	ame ▶			
Ad	ldress ▶			
16 Ga	aming manager information:			
Na	ame			
Ga	aming manager compensation ►\$			
De	escription of services provided			
	Director/officer Employee Independent contractor			
17 Ma	andatory distributions:			
a Is	the organization required under state law to make charitable distributions from the gaming proc	eeds to	1	
ret	tain the state gaming license?		Yes	No
b En	nter the amount of distributions required under state law to be distributed to other exempt organ	izations		
or	spent in the organization's own exempt activities during the tax year ▶ \$			
	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (in Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional (see instructions).			

Schedule G (Form 990 or 990-EZ) 2022

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022
Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

CHEYENNE VILLAGE

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

84-6051921

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain	10		
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
•				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
•	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the net earnings of:	C-		37
a	The organization?	6a		X
b	Any related organization?	6b		X
_				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7	v	
	payments not described on lines 5 and 6? If "Yes," describe in Part III	'	X	
8	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	• • • • • • • • • • • • • • • • • • • •			37
0	in Part III	8		Х
9	Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2022

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.

(A) Name and Title		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	
TIMOTHY CUNNINGHAM	(i)	149,727.	250.		6,535.	21,718.	178,230.	
1 CEO	(ii)							
	(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)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

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 J, LINE 7

TIMOTHY CUNNINGHAM, CEO, RECEIVED A BONUS DURING THE 2022 CALENDAR AT THE DISCRETION OF THE BOARD OF DIRECTORS.

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 84-6051921

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.

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.

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Name of the organization
CHEYENNE VILLAGE

84-6051921

INDIVIDUALS HAVE FAMILY OR OTHER MEANS OF PRIMARY SUPPORT. HOURLY SUPPORT CAN INCLUDE HOME MAINTENANCE, COMMUNITY PARTICIPATION, AND MENTORSHIP.

FORM 990, PART VI, LINE 4

THE ORGANIZATION'S BYLAWS WERE AMENDED TO ENABLE THE BOARD POSITION OF PRESIDENT TO BE ELIGIBLE TO SERVE TWO CONSECUTIVE TERMS, WITHOUT ANY EXTENUATING CIRCUMSTANCES.

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

THE RETURN IS REVIEWED AND APPROVED BY THE CEO AND THE CFO, PRIOR TO FILING WITH THE IRS.

AT THE FIRST MEETING OF THE FINANCE COMMITTEE, FOLLOWING THE FILING OF
THE 990 WITH THE IRS, THE COMPLETE FORM 990 IS PRESENTED. A COPY OF THE
FORM 990 IS PROVIDED (1) IN THE BOARD ORIENTATION MANUAL FOR NEW MEMBERS,
AND (2) AT A MONTHLY BOARD MEETING FOR ONGOING 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 A & B

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.

FORM 990, PART VI, SECTION C, LINE 19

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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Name of the organization Employer identification number
CHEYENNE VILLAGE 84-6051921

AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE, GUIDESTAR, AND UPON REQUEST. THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT.

THERE HAS BEEN NO CHANGE IN COMMITTEE OVERSIGHT OF THE AUDIT FROM PRIOR

YEARS.

Name of the organization Employer identification number

CHEYENNE VILLAGE 84-6051921

FORM	990,	PART	III,	LINE	4D	-	OTHER	PROGRAM	SERVICES
------	------	------	------	------	----	---	-------	---------	----------

DESCRIPTION		GRANTS	EXPENSES	REVENUE			
PROGRAM SERVICES			508,246.	101,905.			
SCC, SLS, FCG			416,736.	373,698.			
MCLAUGHLIN LODGE & CAMP			63,515.				
	TOTALS		988,497.	475,603.			
		==========	==========	==========			

Name of the organization Employer identification number CHEYENNE VILLAGE 84-6051921

FORM 990, PART VII-COMPENSATION OF THE 5 HIG		
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
STEF'S HOME CARE		
5950 DRIFTER ST		120 654
COLORADO SPRINGS, CO 80918	HOME HEALTH CARE	138,654.
B.H. DEAS & YOU 2		
7805 LINDSAY DR		
COLORADO SPRINGS, CO 80920	HOME HEALTH CARE	137,767.
,		,
LOVING HEART HELPING HANDS		
5630 FLINTRIDGE DR		
COLORADO SPRINGS, CO 80918	HOME HEALTH CARE	127,740.
ADAM ALEXIA HOST HOME		
4889 ESCANABA DR	HOME HEALTH CARE	101 (07
COLORADO SPRINGS, CO 80911	HOME HEALTH CARE	121,697.
MVP HOST HOME		
5227 SOLOAR RIDGE DR		
COLORADO SPRINGS, CO 80917	HOME HEALTH CARE	116,655.

Name of the organization

CHEYENNE VILLAGE

84-6051921

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION BOOK VALUE OR FMV

PUBLIC TRADED 2,561,978. FMV

TOTALS 2,561,978.

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