ObjectId: 202211339349303031 - Submission: 2022-05-13

TIN: 84-1218299

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Inspection

A E	r the 2020 e	 alendar year, or tax year beginning 07-01-2020 , and endir	na 06-20	-2021					
		C Name of organization	ig 06-30)-2021 	D Employer id	lentif	ication number		
_	ck if applicable: dress change	CHERRY CREEK SCHOOLS FOUNDATION					icación number		
	me change				84-1218299	J			
	ial return	Doing business as							
_	I return/terminated	Number and street (or DO hav if mail is not delivered to street address)	Doom/quit	<u> </u>	E Telephone nu	mber			
	ended return plication pending	Number and street (or P.O. box if mail is not delivered to street address) 4700 SOUTH YOSEMITE STREET NO 273	Room/suit	te	(720) 554-4429				
_ ``	, ,	City or town, state or province, country, and ZIP or foreign postal code		b	(720) 331				
		GREENWOOD VILLAGE, CO 80111			G Gross receipt	:s \$ 1	,119,040		
		F Name and address of principal officer:		H(a) Is this	a group return	for			
		JILL HENDEN 4700 SOUTH YOSEMITE STREET NO 273		subord			□ _{Yes} ✓ _{No}		
		GREENWOOD VILLAGE, CO 80111		H(b) Are all			☐ Yes ☐No		
I Tax	-exempt status:	✓ 501(c)(3)	527	include If "No,"	u r ' attach a list.	(see			
J W	ebsite: ► WW	/W.FOUND.CCSD.K12.CO.US/FOUNDATION			exemption nur				
				L Year of format	ion: 1993 M 9	State	of legal domicile: CO		
K Forn	n of organization:	Corporation ☐ Trust ☐ Association ☐ Other ►		ca. ocac	2330	Juice	or regar dormener co		
Pa		mary			•				
		scribe the organization's mission or most significant activities: THE CHERRY CREEK SCHOOL DISTRICT.							
Governance									
na									
Vel	2 Check thi	s hav							
9	_	of voting members of the governing body (Part VI, line 1a)				3	20		
×8	4 Number of	of independent voting members of the governing body (Part VI, line		4	18				
Activities &	5 Total num	nber of individuals employed in calendar year 2020 (Part V, line 2a)			5	3			
ΠM	6 Total num	nber of volunteers (estimate if necessary)			6	50			
Ac	7a Total unre	elated business revenue from Part VIII, column (C), line 12			7a	0			
	b Net unrel	ated business taxable income from Form 990-T, line 39				7b	0		
				Prio	r Year		Current Year		
g)	8 Contribut	ions and grants (Part VIII, line 1h)			1,238,659		1,022,350		
Revenue	9 Program	service revenue (Part VIII, line 2g)	•		0		0		
Sev.	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	•		1,765		80		
	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-115,409		-29,569		
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line	e 12)		1,125,015		992,861		
	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)			715,775		634,598		
	14 Benefits	paid to or for members (Part IX, column (A), line 4)	•		0		0		
88	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines	5-10)		132,159		203,961		
SUS	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)			0		0		
Expenses	b Total fundr	aising expenses (Part IX, column (D), line 25)							
Œ	17 Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)			130,577		66,210		
	-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			978,511		904,769		
	19 Revenue	less expenses. Subtract line 18 from line 12	•		146,504		88,092		
Net Assets or Fund Balances				Beginning o	f Current Year		End of Year		
set	20 Total asse	ets (Part X, line 16)			901,434		956,828		
t Ag	21 Total liab	ilities (Part X, line 26)			35,300		2,602		
ξĒ	22 Net asset	s or fund balances. Subtract line 21 from line 20			866,134		954,226		

Signature Block

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

		2022-05-12											
Sign	Sig	nature of officer					Date	_					
	JIL												
	Тур	oe or print name and ti	itle										
		Print/Type preparer	's name	Preparer's signature	!	Date 2022-05-12	Check if	PTIN P00492291					
-		Firm's name Cl	LIFTONLARSONALLE	EN LLP									
		Firm's address > 83	 390 F CRESCENT PA	RKWAY SUITE 600			Phone no (30)	3) 779-5710					
	-						Thone no. (50.	3,773 3710					
Sign Here Signature of officer													
. 0	uper work	Accuration Act No	rtice, see the se	parate manacion.		Cat. I	NO. 112021	FOITH 990 (2020					
				Pa	ige 2 ———								
Fa	000 (2020)												
	• •		gram Service	Accomplishment	<u> </u>			Page 2					
Гаі		_		-									
1				e or note to any line	III UII3 FAILIII .	<u></u>							
				GRAMS AND ACTIVIT	IES FOR THE STUI	DENTS OF TH	E CHERRY CR	EEK SCHOOL DISTRICT					
2	· ·	-	, -		ring the year whic	n were not lis	ted on						
	•												
3	•				in how it conducts	s any progra	m						
•	· ·	_				, any progra		. Yes 🗸 No					
	If "Yes," de	escribe these chang	ges on Schedule C).									
4													
					rt the amount of g	rants and allo	ocations to oth	hers, the total expenses,					
			, 13 1 11										
4a	•	, ,	•	•		•		573,423)					
	RAISING FU	INDS TO FINANCE PRO	GRAMS IN THE EDU	CATIONAL AREAS OF BA	ASIC NEEDS, TECHNO	LOGY AND ENR	ICHMENTS.						
4b	(Code:) (E	Expenses \$	includi	ng grants of \$) (Revenue \$)					
40	(Codo:) /E	-vnancas #	includi	og grants of ¢) (Payanua ¢	,					
4C	(Code:) (=	:xperises \$	inciudii	ig grants or \$) (Revenue \$)					
4d		-		=									
	• •	•) (Revenue s	5)					
4e	i otai pro	gram service exp	enses 🕨	705,999				Enum 000 /2020					

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Par	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 2	11b		No
	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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
	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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		No
13		13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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	21	Yes	_

government on Part IX, column (A), line 17 II res, complete Schedule 1, Parts 1 and 11

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Pai	Checklist of Required Schedules (continued)			
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	Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule 1</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
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		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M **	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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 $2 \cdot . \cdot .$	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	U No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		103	110

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
(gambling) winnings to prize winners?	1c	Yes	
	F	orm 99	0 (2020)

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	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		No
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			

14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
		F	orm 99	0 (2020)
			01111 99	0 (2020)
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Form	990 (2020)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	o" respo	onse to	lines
	Check if Schedule O contains a response or note to any line in this Part VI			~
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 20			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	$ \hbox{ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . } \\$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h		

Se	ection 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.						
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.						
20							
		Form 990 (2020)					
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Form	990 (2020)	Page 7					
Pai	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated E and Independent Contractors	mployees,					
	Check if Schedule O contains a response or note to any line in this Part VII	🗆					
Se	ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
1a Co	omplete this table for all persons required to be listed. Report compensation for the calendar year ending with or withi	n the organization's tax					

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

(A)	(B)			(C))			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	tha pers	Position (do than one person is be and a director or director		t che ox, u n an or/tr	unless n officer rustee)		Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W-2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
(1) JILL HENDEN	40.00	0	stee			sated		102 207		20.057
EXECUTIVE DIRECTOR				Х				103,307	0	20,050
(2) BRIAN ROONEY CHAIRMAN	1.00	Х		х				0	0	(
(3) PETER STAVENGER VICE CHAIRMAN	1.00	Х		х				0	0	(
(4) STEVE TOPALIAN PAST CHAIR	1.00	х		х				0	0	(
(5) DAVE FISHER TREASURER	1.00	х						0	0	(
(6) DAVID ALLEN SECRETARY	1.00	х						0	0	(
(7) MARI ABRAMS DIRECTOR	1.00	х						0	0	(
(8) KACY ADAMS DIRECTOR	1.00	х						0	0	1
(9) MICHELLE AUSTIN	1.00									

9/5/24, 12.12 PIVI	Cherry Creek Schools Foundation - Full Filling- Nonprolit Explorer - ProPublica											
DIRECTOR		Х						0	0	0		
(10) RYAN BALAKAS DIRECTOR	1.00	Х						0	0	0		
(11) TODD BASS DIRECTOR	1.00	Х						0	0	0		
(12) BEN BURROWS DIRECTOR	1.00	х						0	0	0		
(13) VALENCIA CULBREATH DIRECTOR	1.00	Х						0	0	0		
(14) JACKIE DEVINE DIRECTOR	1.00	х						0	0	0		
(15) JENNIFER FEINGOLD DIRECTOR	1.00	х						0	0	0		
(16) CHARLES GILFORD III DIRECTOR	1.00	Х						0	0	0		
(17) AARON GREEN DIRECTOR	1.00	Х						0	0	0		

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Form 990 (2020)

Page 8

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

Part VII Section A. Officers, Directors	s, Trustees, K	ey Em	ploy	ees	, an	d Hig	jhes	st Compensated	Employees (con	tinued)
(A) Name and title	(B) Average hours per week (list any hours		ne bo	ox, ι n of or/t	t che unles ficer	ss pers	son	compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W-2/1099- MISC)	organization and related organizations
(18) ROBERT MALARKEY DIRECTOR	1.00	×						0	0	0
(19) LISA MIXON DIRECTOR	1.00	×						0	0	0
(20) JESSE RAMIREZ DIRECTOR	1.00	×						0	0	0
AL OUR TANK								<u> </u>		

	, 12:12 PM		Cherry Creek Sch	nools Foundation - Fu	III Filing- Nonprofit	Explorer - ProPublica	a		
	วนต-างtar Total from continuation shee	 te to Part VII		· · [+		
	Total (add lines 1b and 1c)				103,307	0)		20,050
2	Total number of individuals (ir of reportable compensation fr	ncluding but no	ot limited to those		ceived more than s	\$100,000			
3	Did the organization list any f	ormer officer,	director or trustee	e, key employee, or h	nighest compensate	ed employee on		Yes	No
4	line 1a? If "Yes," complete Sc. For any individual listed on lin					-	3		No
•	organization and related organization individual	nizations great					4		No
5	Did any person listed on line is services rendered to the organ		•	•	-		5		No
Se	ection B. Independent Co	ntractors							
1	Complete this table for your fi from the organization. Report						pensa	ation	
		(A Name and busi			De	(B) escription of services		(C Comper	
							\pm		
_							\pm		
	Total number of independent co		uding but not limite	ed to those listed abo	ove) who received	more than \$100,000) of		
	compensation from the organiza	icion P 0					F	orm 99	0 (2020
				- Page 9					
Form	n 990 (2020)								Page S
Pa	Statement of Re								
	Check if Schedule O	contains a resp	oonse or note to ar	ny line in this Part VII (A)	(B)	(C)		 (D))
				Total revenue	Related or exempt function	Unrelated business revenue		Rever excluded x under	
	derated campaigns	1a			revenue			512 -	514
rants	derated campaigns	<u> Ia</u>							
.51	ā	1b							
, Gifts,	undraising events 99,850	1c							
= €	lated organizations	1d							
tribu	vernment grants (contributions)	1e							
Ω.	35,300 and other contributions, gifts, grants,	1							
	and similar amounts not included above	1f							
	887,200	1							
	Noncash contributions included in lines 1a - 1f:\$	1g							
h ·	47,414 Total. Add lines 1a-1f		1 022 25	0					
\vdash			1,022,350 Business Code				\neg		
l	2a								
enne	;						+		
Reve	,						+		
rvice	:						igapha		
Š	1								

4, 12:12 PM		Cherry Creek Schools F	oundation - Full Filing-	Nonprofit Explorer - P	roPublica
E .					
f All other program	service revenue.				
	2a-2f ▶				
	e (including dividends	, interest, and other			
similar amounts)		<u> </u>	80		
	stment of tax-exempt	i			
5 Royalties		•			
	(i) Real	(ii) Personal			
6a Gross rents	6a				
b Less: rental expenses	6b				
c Rental income or (loss)	6c				
d Net rental incom	e or (loss)				
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a				
b Less: cost or other basis and sales expenses	7b				
c Gain or (loss)	7c				
d Net gain or (loss)				
(not including \$	8	b 126,179	-33,999		-33
t Net income of (io	ss) from fundraising (events	33,333		33
Gross income from See Part IV, line 1		a			
b Less: direct expe					
	ss) from gaming activ				
10a Gross sales of inv returns and allow	ventory, less				
b Less: cost of goo	ds sold 10				
	ss) from sales of inve				
	eous Revenue	Business Code	4.426		
11a _{RETURN} OF UNS	PENT GRAN	900099	4,430		4
b		1			
с		4			
-					
d All other revenue					
e Total. Add lines	11a-11d		4,430		
12 Total revenue.	See instructions	🕨 🗀	992,861	0	0 -29
					-29

Form 990 (2020) 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 or note to any line in this Part IX (B) (D) (C) Do not include amounts reported on lines 6b, (A) Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses 1 Grants and other assistance to domestic organizations and 570,098 570,098 domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See 64,500 64,500 Part IV, line 22 . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 4 Benefits paid to or for members . 27,136 23,744 96,881 46.001 Compensation of current officers, directors, trustees, and 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 42,279 107,080 30,161 34,640 **7** Other salaries and wages . . 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . **9** Other employee benefits . . . 10 Payroll taxes **11** Fees for services (non-employees): 30,612 7,458 4,658 18,496 a Management . . . **b** Legal . . . **c** Accounting . **d** Lobbying e Professional fundraising services. See Part IV, line 17 **f** Investment management fees . g Other (If line 11g amount exceeds 10% of line 25, column 2.303 648 637 1.018 (A) amount, list line 11g expenses on Schedule O) **12** Advertising and promotion . **13** Office expenses **14** Information technology . 15 Rovalties . **16** Occupancy . . . **17** Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . **19** Conferences, conventions, and meetings . **20** Interest 21 Payments to affiliates **22** Depreciation, depletion, and amortization . 23 Insurance . 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 33,295 23,552 a SUPPLIES b c d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 904,769 705,999 67,424 131,346 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).

Form **990** (2020)

Balance Sheet

Part X

		Check if Schedule O contains a response or not	e to any line in this Part IX			\square
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		607,594	1	663,974
	2	Savings and temporary cash investments .	[285,288	2	285,368
	3	Pledges and grants receivable, net		190	3	
	4	Accounts receivable, net			4	7,486
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, subscontrolled entity or family member of any of the	tantial contributor, or 35% ese persons		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in section $4958(f)(1)$			6	
2	7	Notes and loans receivable, net			7	
ssets	8	Inventories for sale or use	[8	
ĄS,	9	Prepaid expenses and deferred charges		8,362	9	
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities .			11	
	12	Investments—other securities. See Part IV, line	11		12	
	13	Investments—program-related. See Part IV, line	_{: 11}		13	
	14	Intangible assets	-		14	
	15	Other assets. See Part IV, line 11	-		15	
	16	Total assets. Add lines 1 through 15 (must eq.	<u> </u>	901.434	16	956,828
	17	Accounts payable and accrued expenses	•	001,101	17	2,102
			· · · ·		18	500
	18	Grants payable	_			300
19		Deferred revenue	• •		19	
	20	Tax-exempt bond liabilities		20		
SS	21	Escrow or custodial account liability. Complete F		21		
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons .		22		
Ξ	23	Secured mortgages and notes payable to unrela	ited third parties		23	
	24	Unsecured notes and loans payable to unrelated	·	35,300	24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25 .		35,300	26	2,602
nces		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	neck here 🕨 🔽 and			
ala	27	Net assets without donor restrictions	· · · · · · <u> </u>	547,463		595,453
9	28	Net assets with donor restrictions		318,671	28	358,773
Net Assets or Fund Balances	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	· .		29	
2	30	Paid-in or capital surplus, or land, building or ec	<u> </u>		30	
se	31	Retained earnings, endowment, accumulated in	` `		31	
As	32	Total net assets or fund balances	· · · · · · · · · · · · · · · · · · ·	866,134	32	954,226
let	33		<u> </u>	901,434	33	956,828
~	33	Total liabilities and net assets/fund balances .		901,404	33	· · · · · · · · · · · · · · · · · · ·
			———— Page 12 —————			Form 990 (2020)
		(2020)				Page 12
Pa	art XI	Reconcilliation of Net Assets				_
		Check if Schedule O contains a response or n	ote to any line in this Part XI .	<u> </u>	<u>.</u>	<u>O</u>
1	Tota	al revenue (must equal Part VIII, column (A), line	12)		1	992,861
2	Tota	al expenses (must equal Part IX, column (A), line	25)		2	904,769

9/5/24,	, 12:12 PM Cherry Creek Schools Foundation - Full Filing- Nonprofit Explorer	- ProPub	ica		
3	Revenue less expenses. Subtract line 2 from line 1	3			88,092
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			866,134
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			C
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)	10			954,226
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				✓
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:	d on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separal consolidated basis, or both:	e basis,			
	✓ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the recaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	uired	3b		
				orm 99	0 (2020)
F	000 (2020)				
	ditional Data		Returi	n to Fo	orm

Software ID:

ObjectId: 202211339349303031 - Submission: 2022-05-13

TIN: 84-1218299

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2020

ormation. Open to Public Inspection

		he organization					Employer identific	ation number	
CHER	KY CREI	EK SCHOOLS FOUNDATION					84-1218299		
	rt I	Reason for Public					See instructions.		
_	rganiz	ration is not a private fou		•	<i>,</i>	, ,			
1		A church, convention o	f churches, or as	ssociation of churches	described in se	ction 170(b)(1)	(A)(i).		
2		A school described in s	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990 or 990-EZ).)			
3		A hospital or a coopera	tive hospital ser	vice organization desc	ribed in sectio i	170(b)(1)(A)(iii).		
4		A medical research org name, city, and state:	anization operat	ed in conjunction with	a hospital desc	ribed in section :	170(b)(1)(A)(iii). E	nter the hospital's	
5		An organization operate 170(b)(1)(A)(iv). (C			rsity owned or	operated by a gov	ernmental unit descril	oed in section	
6		A federal, state, or loca	al government or	governmental unit de	scribed in sect	ion 170(b)(1)(A	ı)(v).		
An organization that normally receives a substantial part of its support from a governmenta section 170(b)(1)(A)(vi). (Complete Part II.)							nit or from the genera	al public described in	
8		A community trust des	cribed in sectio	170(b)(1)(A)(vi).	(Complete Part	II.)			
9		An agricultural research non-land grant college						ege or university or a	
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
11		An organization organization	zed and operated	d exclusively to test fo	r public safety.	See section 509	(a)(4).		
12		An organization organizemore publicly supporte in lines 12a through 12	d organizations (described in section 5	09(a)(1) or s	ection 509(a)(2). See section 509(a		
а		Type I. A supporting o organization(s) the pov complete Part IV, Se	ver to regularly a	appoint or elect a majo	ontrolled by its ority of the dire	supported organizetors or trustees of	zation(s), typically by of the supporting orga	giving the supported nization. You must	
b		Type II. A supporting management of the support of	organization sup	ervised or controlled i ation vested in the sar					
c		Type III functionally supported organization	integrated. A	supporting organizatio				ted with, its	
d		Type III non-functio functionally integrated. instructions). You must	nally integrate The organizatio	d. A supporting organing generally must satis	ization operated fy a distributior	d in connection wing requirement and	th its supported orgar		
e		Check this box if the or integrated, or Type III				IRS that it is a Ty	pe I, Type II, Type III	functionally	
f	Enter	the number of supporte	•		•				
g		de the following informa	_						
		Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
			1						
	aperv	work Reduction Act No or 990-EZ.	tice, see the I	nstructions for	Cat. No. 1128	35F \$	Schedule A (Form 9	90 or 990-EZ) 2020	
				Do	ge 2 ———				
				—— Pa	gc 2				
Sche	dule A	(Form 990 or 990-EZ) 2	020					Page 2	
Pa	rt II			rations Described ne box on line 5, 7,					

If the organization failed to qualify under the tests listed below, please complete Part III.)

9/5/2	4, 12:12 PM	Cherry Cr	eek Schools Foun	dation - Full Filing	- Nonprofit Explore	er - ProPublica	
(о	r fiscai year beginning in) 🚩	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	591,302	738,825	722,285	1,238,659	986,025	4,277,096
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 5	Total. Add lines 1 through 3 The portion of total contributions by	591,302	738,825	722,285	1,238,659	986,025	4,277,096
3	each person (other than a						
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						235,519
6	shown on line 11, column (f) Public support. Subtract line 5 from						4,041,577
_	line 4.						4,041,37
	Section B. Total Support lendar year	(-) 2016	(b) 2017	(a) 2019	(d) 2019	(2) 2020	(f) Total
-	r fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	` '	(e) 2020	(f) Total
7 8	Amounts from line 4 Gross income from interest,	591,302	738,825	722,285	1,238,659	986,025	4,277,096
J	dividends, payments received on securities loans, rents, royalties and income from similar sources	14	382	3,019	1,765	80	5,260
9	Net income from unrelated business activities, whether or not the						
10	business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets		12,914	10,681	7,865	4,430	35,890
11	(Explain in Part VI.) Total support. Add lines 7 through 10						4,318,246
12	Gross receipts from related activities, e	etc. (see instruction	ons)			12	410,072
13	First 5 years. If the Form 990 is for the	-			•		ization, check
_	this box and stop here			<u> </u>		▶∪	
	Section C. Computation of Public Public support percentage for 2020 (lin		_	column (f))		14	93.590 %
15						15	89.860 %
	33 1/3% support test—2020. If the						
Ŀ	and stop here. The organization qualif 33 1/3% support test—2019. If the						
178	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets to	— 2020. If the org	ganization did not s-and-circumstanc	check a box on ling es" test, check thi	ne 13, 16a, or 16b is box and stop he	, and line 14 ere. Explain	▶□
t	organization		rganization did no	t check a box on l tances" test, chec		or 17a, and line p here.	▶□
18	supported organization						▶□
	instructions						
					Schedu	le A (Form 990 o	or 990-EZ) 2020
			Page 3				
Sch	edule A (Form 990 or 990-EZ) 2020						Page 3
	Part III Support Schedule for (Complete only if you the organization fails t	checked the bo	x on line 10 of I	Part I or if the o	rganization faile		er Part II. If
_	Section A. Public Support	.o quality under	the tests listed	below, please o	complete rait II.	• /	
Ca	lendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	r fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	1					

9/5/24,	12:12 PM	Cherry Cre	ek Schools Foun	dation - Full Filing	- Nonprofit Explore	r - ProPublica			
4	organization's benefit and either paid					I			
	to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to								
	the organization without charge								
	Total. Add lines 1 through 5			1					
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
c	13 for the year. Add lines 7a and 7b			1					
	Public support. (Subtract line 7c								
	from line 6.)								
	ction B. Total Support	ı	1		T	T			
	ndar year iscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f)	Total	
` 9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
	income from similar sources Unrelated business taxable income								
b	(less section 511 taxes) from								
	businesses acquired after June 30,								
С	1975. Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for t	he organization's	first, second, thi	d, fourth, or fifth	tax year as a secti	on 501(c)(3) or	ganizat	ion,	
	check this box and stop here							. ▶	
Se	ction C. Computation of Public	Support Perce	entage						
15	Public support percentage for 2020 (lin		•			15			
16	Public support percentage from 2019 S					16			
	ction D. Computation of Invest Investment income percentage for 20			line 13 column	(f))	1471			
17 18	Investment income percentage for 20.	-				17 18			
	331/3% support tests—2020. If the						ne 17 i	s not	
	nore than 33 $1/3\%$, check this box and s	-							
b	33 1/3% support tests—2019. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 i	/3 % a n	d line	18 is
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a pub	olicly supported org	anization	. ▶(
20	Private foundation. If the organization	on did not check a	a box on line 14,	19a, or 19b, chec	ck this box and see	instructions	1	▶ □	
					Schedul	e A (Form 990	or 99	0-EZ)	2020
			Page 4						
Sched	lule A (Form 990 or 990-EZ) 2020							Р	age 4
Par	t IV Supporting Organization	s							
	(Complete only if you checked								
	box 12b, of Part I, complete Se 12d, of Part I, complete Section			(12C, 01 Part 1, CC	ompiete Sections A	, D, and E. If yo	u checi	kea bo	X
Se	ction A. All Supporting Organiz	ations							
								Yes	No
1	Are all of the organization's supported								
	If "No," describe in Part VI how the st describe the designation. If historic an			ated. If designated	d by class or purpo	se,			
_	acserbe the designation. If historic all		азнытр, схріаін.				1		
2		-							
	Did the organization have any support 509(a)(1) or (2)? If "Yes " explain in F	ed organization th							
	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2).	ed organization th					2		
2-	509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2).	ed organization the o	organization detei	mined that the su	upported organizati	on was	2		
3a	509(a)(1) or (2)? If "Yes," explain in F	ed organization the o	organization detei	mined that the su	upported organizati	on was			
	509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2). Did the organization have a supported 3c below.	ed organization the of the control o	organization deter	mined that the su	upported organizati	on was ver lines 3b and	-		
3a b	509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each the public support tests under section	ed organization the art VI how the organization design	organization deter cribed in section ization qualified (Finite f that the substitution f	(c)(4), (5), or (6)	ion was ver lines 3b and and satisfied			
	509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each	ed organization the art VI how the organization design	organization deter cribed in section ization qualified (Finite f that the substitution f	(c)(4), (5), or (6)	ion was ver lines 3b and and satisfied			

Section C. Type II Supporting Organizations

Yes

No

1	y or the directors or trustees or ol or management of the	1		<u> </u>				
	supporting organization was vested in the same persons that controlled or managed to	пс зар	ported organization(3).					
Se	ction D. All Type III Supporting Organizations				Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the the or	prior tax year, (ii) a copy of the		res	NO		
	documents in effect on the date of notification, to the extent not previously provided?			1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported	No," e	xplain in Part VI how the					
			. ,	2		<u> </u>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.							
Se	ction E. Type III Functionally-Integrated Supporting Organizations							
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):				
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.					
c	The organization supported a governmental entity. Describe in Part VI how yo	u supi	ported a government entity (see	instru	ctions)			
2	Activities Test. Answer lines 2a and 2b below.				Vac	NI-		
-	Did substantially all of the organization's activities during the tax year directly further	the ex	compt nurnoses of the		Yes	No		
a	supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp	Part \	/I identify those supported how the organization was					
	responsive to those supported organizations, and how the organization determined the substantially all of its activities.	at the	se activities constituted	2a				
b	Did the activities described in line 2a, above constitute activities that, but for the organ of the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in the organization of th	' expla	in in Part VI the reasons for					
	organization's involvement.							
3	Parent of Supported Organizations. Answer lines 3a and 3b below.							
a	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of							
	the supported organizations? If "Yes" or "No", provide details in Part VI .		- d		-	<u> </u>		
D	Did the organization exercise a substantial degree of direction over the policies, progra supported organizations? <i>If "Yes," describe in Part VI. the role played by the organizations?</i>			3b	-	 -		
			Schedule A (Form 990		90-EZ)	2020		
	Page 6 ————							
Sche	dule A (Form 990 or 990-EZ) 2020				P	Page 6		
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	zations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.				е			
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	r		
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	r		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1						
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c				_		

1d

Cherry Creek Schools Foundation - Full Filing- Nonprofit Explorer - ProPublica

d Total (add lines 1a, 1b, and 1c)

9/5/24, 12:12 PM

		J	!!!	
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
_				
	Section C - Distributable Amount			Current Year
1	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A)	1		Current Year
1 2		1 2		Current Year
1 2 3	Adjusted net income for prior year (from Section A, line 8, Column A)			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2		Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2		Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	3 4		Current Year

- Page 7 -

Schedule A (Form 990 or 990-EZ) 2020

Page **7**

Schedule A (Form 990 or 990-EZ) 2020

ection D - Distributions	Current Year				
Amounts paid to supported organizations to accomplish	exempt purposes		1		
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2		
Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons	3		
4 Amounts paid to acquire exempt-use assets	4				
5 Qualified set-aside amounts (prior IRS approval required	5				
6 Other distributions (describe in Part VI). See instructio	ns		6		
7 Total annual distributions. Add lines 1 through 6.	7				
B Distributions to attentive supported organizations to wh details in Part VI). See instructions	8				
9 Distributable amount for 2020 from Section C, line 6	9				
LO Line 8 amount divided by Line 9 amount	10				
Section E - Distribution Allocations (see instructions)					
1 Distributable amount for 2020 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required <i>explain in Part VI</i>). See instructions.					
3 Excess distributions carryover, if any, to 2020:					
a From 2015					
b From 2016					
c From 2017				·	
d From 2018					
e From 2019					
f Total of lines 3a through e					
g Applied to underdistributions of prior years					
h Applied to 2020 distributable amount					
 h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) 					
h Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions)					
h Applied to 2020 distributable amount i Carryover from 2015 not applied (see					

Additiona	al Data					Return to Form
					Schedule A (F	orm 990 or 990-EZ) 2
Retu	rn Reference			Explanation	Calcadada A (000 000 ==\
		T				
		i de	no Ana Oncumsta			
		Fac	ts And Circumsta	nces Test		
	structions).	o, and rait v, Section	L, IIIIC3 Z, J, AIIU U	. Also complete this pa	Te for any addition	aormadon. (See
Pa	rt IV, Section D, lines 2 ection D, lines 5, 6, and	and 3; Part IV, Section	E, lines 1c, 2a, 2b	, 3a and 3b; Part V, lin	e 1; Part V, Sectio	n B, line 1e; Part V
						Part III, line 12; Part I\ Part IV, Section C, line 1
hedule A (For	m 990 or 990-EZ) 2020		——— Page 8			Pa
					Schedule A (Fo	orm 990 or 990-EZ) (2
	m 2020					
	m 2018 m 2019					
	m 2017					
	m 2016					
3j and 4c. Breakdown of	of line 7:					
	ributions carryover to	2021. Add lines				
lines 3h an	inderdistributions for 20 d 4b from line 1. If the explain in Part VI . See	amount is greater				
2020, if any	inderdistributions for ye y. Subtract lines 3g and unt is greater than zero, tions.	4a from line 2.				
Remaining u						
	Subtract lines 4a and 4	b from line 4.				

https://projects.propublica.org/nonprofits/organizations/841218299/202211339349303031/full

efile Public Visual Rer	nder Objec	tld: 202211339349	9303031 - Subm	ission: 2022-05-	13		TIN: 84-1218299	
Schedule B		Schedule of Contributors						
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.							2020	
Name of the organization CHERRY CREEK SCHOOL		<u> </u>				Employer id	lentification number	
Organization type (ch	eck one):					84-1218299		
Filers of:	Sectio	n:						
Form 990 or 990-EZ		4/->/						
		1(c)() (enter nur	, -					
		47(a)(1) nonexem	າpt charitable trເ	ıst not treated as	s a private founda	ıtion		
	□ 52	☐ 527 political organization						
Form 990-PF	□ 50	1(c)(3) exempt pri	ivate foundation	l				
	<u> </u>	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	□ 50	1(c)(3) taxable pri	ivate foundation					
contributions. Special Rules For an organization under sections received from a 990, Part VIII, li For an organization during the year, purposes, or for this box is che purpose. Don't religious, charitation.	ation described 509(a)(1) and any one contribu- ine 1h, or (ii) F ation described total contributant the prevention ation described contributions ecked, enter he complete any able, etc., contributions	I in section 501(c)(170(b)(1)(A)(vi), the utor, during the year orm 990-EZ, line 1 in section 501(c)(cions of more than of cruelty to child in section 501(c)(exclusively for relieve the total contributions totaling \$\frac{1}{2}\$	(3) filing Form 9 hat checked Sclear, total contrib 1. Complete Pail (7), (8), or (10) \$1,000 exclusing dren or animals (7), (8), or (10) figious, charitablibutions that we see the General R \$5,000 or more	per	at met the 33 ¹ /3% 1990 or 990-EZ), Pater of (1) \$5,000 or 990-EZ that reconstrained in the second	support test of art II, line 13, or (2) 2% of the eived from any or tific, literary, of the eived from any or tributions total exclusively recause it received.	16a, or 16b, and that he amount on (i) Form y one contributor, reducational y one contributor, led more than \$1,000. ligious, charitable, etc ved nonexclusively	
Caution: An organizati 990-EZ, or 990-PF), bu or on its Form 990PF, F 990-EZ, or 990-PF).	ıt it must answ	er "No" on Part IV	/, line 2, of its Fo	orm 990; or chec	k the box on line	H of its Form		
For Paperwork Reduction for Form 990, 990-EZ, or 9		the Instructions	C	at. No. 30613X	Sched	ule B (Form 990	, 990-EZ, or 990-PF) (2020	
			Paç	ge 2 ————				
Schedule B (Form 990,	, 990-EZ, or 99	90-PF) (2020)					Page 2	
Name of organization					Empl	oyer identifica	ation number	

84-1218299

Part I Contributors	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
RESTRICTED			Person
		© DECEDICATED	Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		_	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		_	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		_	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
		Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2020
	Page 3		
Schedule B	(Form 990, 990-EZ, or 990-PF) (2020)		Page
Name of orga	nization	Employer identification	
	EK SCHOOLS FOUNDATION	84-1218299	
Part II (a)	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(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)	(b)	<u>'</u>	(c)	(d)
No. from Part I	Description of noncash	property given	FMV (or estimate) (See instructions)	Date received
-			\$	
(a) No. from	(b)		(c)	(d)
Part I	Description of noncash	property given	FMV (or estimate) (See instructions)	Date received
-			\$	
			, ,	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			\$	
			Schedule B (For	rm 990, 990-EZ, or 990-PF) (2020)
		Page 4		
		Page 4 ————		
Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)			Page 4
	rganization REEK SCHOOLS FOUNDATION		Employer ide	ntification number
			84-1218299	
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter th year. (Enter this information once. See ins	tributor. Complete columns (a) the total of exclusively religious, ch	rough (e) and the following	ng line entry. For
	Use duplicate copies of Part III if additional s			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held
_				_
		(e) Transfer of gift		
	Transferee's name, address, and	ZIP 4 F	Relationship of transferor	to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held
_				
		(e) Transfer of gift	Relationship of transferor	to transferee
			Colationarily of transieror	o nansioiee
(a)	-		1	
(u <i>)</i>		I		

Additional Data

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Software ID: Software Version:

ObjectId: 202211339349303031 - Submission: 2022-05-13

TIN: 84-1218299

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

	tment of the Treasury at Revenue Service		Attach to Form 9				_	_	n to Public
	me of the organ	Go to <u>www.irs.gov/Forms</u>	190 tor instruction	ıs a	na the latest info			entification	spection
	ERRY CREEK SCHOO					-	•	cation	IDCI
D-		institute Maintainine Banan Advis			C:!		218299		
Ра		izations Maintaining Donor Advisete if the organization answered "Yes				or Acc	ounts.		
	Соттра	the organization answered Tes	(a) Donor				(b) Fund	ls and other	accounts
1	Total number at	end of year							
2	Aggregate value	e of contributions to (during year)							
3	Aggregate value	e of grants from (during year)							
4	Aggregate value	e at end of year							
5		ration inform all donors and donor advisors property, subject to the organization's excl					funds are		Yes 🗌 No
6	charitable purpo	ation inform all grantees, donors, and dor oses and not for the benefit of the donor o ?	or donor advisor, or	for	any other purpose of	be use conferr	d only for ing imper	r missible	Yes 🗆 No
Pa		rvation Easements. ete if the organization answered "Yes	" on Form 990, P	art :	IV, line 7.				
1	Purpose(s) of co	conservation easements held by the organi	zation (check all th	at ap	oply).				
	Preservati	ion of land for public use (e.g., recreation	or education)		Preservation of an	histor	ically imp	ortant land	area
	Protection	n of natural habitat			Preservation of a	certifie	d historic	structure	
	Preservati	ion of open space							
2		2a through 2d if the organization held a q ne last day of the tax year.	ualified conservatio	n co	ntribution in the for	rm of a		ation at the End o	of the Year
а	Total number of	f conservation easements				2a			
b	Total acreage re	estricted by conservation easements				2b			
c	Number of cons	servation easements on a certified historic	structure included i	n (a)	2c			
d		servation easements included in (c) acquire in the National Register	ed after 7/25/06, a	nd n	ot on a historic	2d			
3	Number of constax year ▶	servation easements modified, transferred	, released, extingui	shed	I, or terminated by	the or	janizatior	n during the	
4	Number of state	es where property subject to conservation	easement is locate	d ►					
5		nization have a written policy regarding the nt of the conservation easements it holds?				of viola	itions,	☐ Yes	□ No
_	Staff and volun	teer hours devoted to monitoring, inspect	ing handling of viol	atio	ns, and enforcing co	onserv	ation ease		
6	>	tee. Heart acrosses to memoring, mapeer		G C. O					.9 ,
7	Amount of expe	enses incurred in monitoring, inspecting, h	nandling of violation	s, aı	nd enforcing conser	vation	easemen	ts during the	e year
8		servation easement reported on line 2(d) a 0(h)(4)(B)(ii)?				70(h)(4)(B)(i)	☐ Yes	□ No
9	balance sheet,	scribe how the organization reports conse and include, if applicable, the text of the f n's accounting for conservation easements	ootnote to the orga	n its niza	revenue and expertion's financial state	nse sta ements	tement, a that des	and cribes	
Par	t III Organi	izations Maintaining Collections o	of Art, Historica			er Si	milar As	ssets.	
		ete if the organization answered "Yes							
1a	historical treasu	tion elected, as permitted under FASB ASC ures, or other similar assets held for public ext of the footnote to its financial stateme	exhibition, educat	ion,	or research in furth				
b	historical treasu	tion elected, as permitted under FASB ASC ures, or other similar assets held for public onts relating to these items:							
((i) Revenue includ	ded on Form 990, Part VIII, line 1					> \$		
		d in Form 990, Part X							
2	If the organizat	tion received or held works of art, historica ints required to be reported under FASB AS	al treasures, or othe	er sii	milar assets for fina			ide the	
а	Revenue include	led on Form 990, Part VIII, line 1					. ▶\$		
b		l in Form 990, Part X · · · · · · · ·							

Cat. No. 52283D

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

Schedule D (Form 990) 2020

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- 1	U -	2	, ,

	dule D (Form		aintaining Col	lections of Art	Histori	cal Tro	acurac	or Other	Similar A	scote /	continu	ed)	Pag
				n, and other record									
		k all that apply):		,	•	_		,					
	Public	exhibition			d		oan or exc	change prog	ırams				
	Schol	arly research			e		ther						
		rvation for future	e generations										
			-	lections and expla	in how the	y furthe	r the orgai	nization's ex	kempt purp	ose in			
	Part XIII.												
				receive donations be maintained as						☐ Y €	es C	□No	,
ľ		nplete if the or	todial Arrange ganization answ	ments. vered "Yes" on F	orm 990	, Part I\	/, line 9,	or reporte	d an amo	unt on F	orm 99	90, P	art
	Is the organincluded on	nization an agent Form 990, Part	t, trustee, custodi X?	an or other interm	ediary for	contribu	tions or ot	her assets	not 	□ Y €	es C	□ No)
	If "Yes," ex	plain the arrange	ement in Part XIII	and complete the	following	table:				Amount			-
					-			1c					-
	Additions du	uring the year .						1d					-
	Distribution	s during the yea	r					1e					_
	Ending bala	ince						1f					_
	Did the orga	anization include	an amount on Fo	rm 990, Part X, lir	ne 21, for	escrow o	r custodia	l account lia	ability?	. 🗆 Ye	es (□ No	,
	If "Yes," exp	plain the arrange	ement in Part XIII.	. Check here if the	explanati	on has b	een provid	led in Part)	KIII	. \square			
1	rt V End	lowment Fun	ds.		-		<u> </u>						
	Com	nplete if the or	ganization ansv	vered "Yes" on F					I. D. =1				
	Reginning of	year balance .		(a) Current year	(b) F	rior year	(c) Iwo	years back	(d) Three y	ears back	(e) Fou	r years	s ba
	Contributions	•											
		ent earnings, gair	ns, and losses										
		nolarships											
		•											
	Other expend												
	Other expend and programs												
,	and programs												
	and programs	s ve expenses .											
	and programs Administrativ End of year b Provide the	s ve expenses . palance	ntage of the curre	ent year end balan	ce (line 1	g, columi	n (a)) held	as:					
	and programs Administrativ End of year b Provide the Board desig	s ve expenses . palance estimated perce	ntage of the curre	ent year end balan	ce (line 1	g, columi	n (a)) held	as:					
	and programs Administrativ End of year b Provide the Board desig	s ye expenses . palance estimated perce gnated or quasi-e endowment	ntage of the curre	ent year end balan	ce (line 1	g, columi	n (a)) held	as:					
	and programs Administrativ End of year b Provide the Board desig Permanent o	s ve expenses . valance estimated perce pated or quasi-e endowment wment	ntage of the curre		ce (line 1	g, columi	n (a)) held	as:					
	and programs Administrativ End of year b Provide the Board desig Permanent of Term endow The percent Are there er	s ve expenses	entage of the currendowment				, , ,		rthe		Γ ν	·	No
	and programs Administrativ End of year b Provide the Board desig Permanent of Term endow The percent Are there er organization	s	entage of the currendowment Inc. 7, 2b, and 2c should not in the posses	ld equal 100%. sion of the organiz			, , ,		r the	. 3		'es	No
	and programs Administrativ End of year b Provide the Board desig Permanent of Term endow The percent Are there er organizatior (i) Unrelate	expenses	entage of the currendowment	ld equal 100%. sion of the organiz	zation tha		, , ,		r the		a(i)	es	No
	and programs Administrativ End of year b Provide the Board desig Permanent of Term endow The percent Are there er organizatior (i) Unrelate (ii) Related	es expenses . collance estimated perceunated or quasi-eendowment . comment . comment . comment . comment . comment . comment funds	entage of the currendowment	ld equal 100%. sion of the organiz	zation tha	are held	d and adm		r the	. 3	a(i)	es	No
	Administrative End of year be Provide the Board desig Permanent of Term endow The percent Are there er organization (i) Unrelated If "Yes" on 3	estimated percentages on lines 2andowment funds on by: ed organizations organizations are expenses.	entage of the currendowment Inc. 2, 2b, and 2c shound in the posses 3, 2b, and 2c shound in the posses 4, 2b, and 2c shound in the posses	ld equal 100%. sion of the organia	zation tha d on Sche	are held	d and adm		r the 	. 3	a(i) a(ii)	es	No
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r	Administrative End of year be Provide the Board designermanent of Term endown The percent Are there erorganization (i) Unrelated (ii) Related If "Yes" on and Describe in t VI Lan Com Description of Land Buildings	expenses	entage of the currendowment a, 2b, and 2c shou not in the posses lated organization ended uses of the and Equipment ganization answ (a) Cost or oth	Id equal 100%. sion of the organization is listed as require organization's enditation. The series (b) Co	zation tha d on Sche dowment	dule R?	d and adm	inistered fo	 m 990, Pa	art X, lin	a(i) a(ii) 3b		
I	and programs Administrative End of year be Provide the Board designer endown The percent Are there endoganization (i) Unrelated (ii) Related If "Yes" on and Describe in t VI Lan Com Description of Land Buildings . Leasehold im	estimated percentage of property palance estimated percentage or quasi-estimated or quasi-estimated or quasi-estimated or quasi-estimated or ganizations organizations or	entage of the currendowment a, 2b, and 2c shou not in the posses lated organization ended uses of the and Equipment ganization answ (a) Cost or oth	Id equal 100%. sion of the organization is listed as require organization's enditation. The series (b) Co	zation tha d on Sche dowment	dule R?	d and adm	inistered fo	 m 990, Pa	art X, lin	a(i) a(ii) 3b		
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Schedule D (Form 990) 2020 Page 3

(a) Description of security or category (including name of security)	(b) Book value		d of valuation: -year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
B)			
C)			
D)			
E)			
F)			
(G)			
(н)			
(I)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV, line	11c. See Form 990, F	Part X, line 13.
(a) Description of investment	·	(b) Book value	(c) Method of valuation: Cost or end-of-year marke value
(2)			
(3)			
(4)			
(5)			
(6)			
7)			
8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		>	
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, F	Part IV, line	11d. See Form 990, Pari	
(a) Description			(b) Book value
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
X7			

(b) Book value (a) Description of liability

	9 , ,	
(1) Federal income taxes		
(2)		
3)		
(4)		
(5)		
(6)		
(7)		
8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	>	J
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fool	tnote to the organization's financial statements that r	eports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

— Раде 4 *—* Schedule D (Form 990) 2020 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements . 1,122,710 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains (losses) on investments 2b 39,320 b Donated services and use of facilities . . . 2c c Recoveries of prior year grants d 2d Add lines 2a through 2d . 39,320 3 1,083,390 3 Subtract line **2e** from line **1** Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a а -90,529 Add lines 4a and 4b . . . 4с -90,529 Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) . . . 992,861 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1,034,618 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 39,320 а 2a 2b b Other losses . 2c c 90,529 Add lines **2a** through **2d** . . 2e 129,849 Subtract line 2e from line 1 . . 3 904,769 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a O 4c c

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

> Return Reference **Explanation**

PART X, LINE 2:

THE FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE INTERNAL REVENUE SERVICE HÀS DÉTERMINED THAT THE FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). AS OF JUNE 30, 2021, THE IRS HAS NOT PROPOSED ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL CHANGE TO THE FOUNDATION'S FINANCIAL POSITION.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

904,769

Additional Data Return to Form

Software ID: Software Version:

ObjectId: 202211339349303031 - Submission: 2022-05-13

TIN: 84-1218299 OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

2020

	tment of the	e Treasury Service			Atta	ch to Form	1990 or Form 990-EZ. instructions and the latest i			Open to Public Inspection	
		organization EK SCHOOLS	FOUNDAT	TON					Employer ide	entification number	
									84-1218299		
Pa	rt I		_	•	_		answered "Yes" on F	orm 990,	, Part IV, line 1	.7.	
_	To discut			re not required			•	11 414 -			
1	_	te wnether the il solicitations	e organiza	tion raised funds t	nrougn an		ollowing activities. Check Solicitation of nor				
a		ernet and ema	ail colicitat	tions			Solicitation of nor	_	-		
	_	one solicitation		LIOTIS			_		grants		
C)			g Special fundraising events							
d		person solicita									
2a	Did the or key	e organization employees lis	have a w ted in For	ritten or oral agree m 990, Part VII) o	ement with r entity in	n any indi connection	vidual (including officers on with professional fund	, directors Iraising sei		es 🗆 No	
b						draisers)	pursuant to agreements	under wh			
	to be o	compensated a	it least \$5	,000 by the organ	ization.						
(i) N) Name and address of individual (ii) Activity or entity (fundraiser)			(ii) Activity) Did ser have	(iv) Gross receipts from activity		nount paid to etained by)	(vi) Amount paid to (or retained by)	
		, (. ,		custody or control of		, , , , , , , , , , , , , , , , , , , ,	fundra	niser listed in col. (i)	organization	
						nutions?					
					103	140					
Γota	ıl					. ▶					
	_ist all s		the orgar	nization is registere	ed or licen	sed to so	icit contributions or has	been notifi	ied it is exempt	from registration or	
			=======	=========		:======			=========		
or F	aperwo	rk Reduction A	ct Notice,	see the Instruction	s for Form	990 or 99	0-EZ. Cat. No	. 50083H	Schedule G	(Form 990 or 990-EZ) 2020	
						D:	age 2 ————				

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II 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.

Schedule G (Form 990 or 990-EZ) 2020

Page 2

		(a)Event #1 INVEST IN	(b) Event #2 GOLF TOURNAMENT	(c)Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
er.					
Revenue					
~					
	1 Gross receipts	170,475	21,555		192,030
	2 Less: Contributions	99,175	675		99,850
	3 Gross income (line 1 minus line 2)	71,300	20,880		92,180
	4 Cash prizes				
S	5 Noncash prizes	35,650			35,650
Direct Expenses	6 Rent/facility costs	9,474	20,880		30,354
쯊	7 Food and beverages	3,475	1,757		5,232
ect	8 Entertainment	5,900			5,900
ā	9 Other direct expenses	33,446	15,597		49,043
	10 Direct expense summary. Add lines 4 t				126,179
Pai	11 Net income summary. Subtract line 10 t III Gaming. Complete if the orga			V line 19 or reported	-33,999 more than \$15,000
1 (11	on Form 990-EZ, line 6a.	anization answered Te		v, inte 13, or reported	1
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
ž	1 Gross revenue				
enses	2 Cash prizes				
찚	3 Noncash prizes				
Direct Exp	4 Rent/facility costs				
LI	5 Other direct expenses				
	6 Volunteer labor	□ Yes%_ □ No	□ Yes <u>%</u> □ No	☐ Yes%☐ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)		
9 a b	Enter the state(s) in which the organization Is the organization licensed to conduct gas If "No," explain:	aming activities in each of	these states?		
					Ī
10a b	Were any of the organization's gaming lic If "Yes," explain:	enses revoked, suspende	d or terminated during the	e tax year?	☐ Yes ☐ No
				Sahadula C (Form 990 or 990-F7) 2020

raye .

12 Is the form 13 Indi a The b An 14 Ente Nam Add 15a Doe reve b If " a a a a b A a b A a a b A a a a a b a a a b a a	outside facility	ciary or trustee of a trust or a ning? activity conducted in:	a member of a particle in the organization of	artnership or o	other en	titiy			□ No	
form 13	med to administer charitable gar licate the percentage of gaming a corganization's facility	ning?	anization's gamin om the organizat ganization ► \$	g/special eve	ents book		13b ecords:	Yes	□ No	%
a The b And 14 Ente Nan Add 15a Doe reve b If " amo	e organization's facility outside facility	person who prepares the organic with a third party from who is a grevenue received by the organic by the third party \$ the third party:	anization's gamin anization's gamin om the organiza 	g/special eve	ents book	ks and re	13b ecords:			%
b An of Andon Add 15a Doe reve b If "" amo	outside facility	person who prepares the organic with a third party from who have the organic prevenue received by the organic by the third party \$ the third party:	anization's gamin anization's gamin om the organiza 	g/special eve	ents book	ks and re	13b ecords:			%
Nan Add 15a Doe reve b If "\ amo	dress dress dress of the dress	person who prepares the organic vith a third party from who have the organic vithe organic vithe third party *	om the organization ganization \$\$	ig/special eve	ents book	ks and re	ecords:			
Add 15a Doe reve b If "	me dress dress dress described a contraction have a contraction dress," enter the amount of gaming ount of gaming revenue retained Yes," enter name and address of the contraction has been described by the contraction have a contraction have	act with a third party from who is a constant of the orgonial party solution of the orgonial party solution of the third party:	om the organiza 	tion receives (gaming					
Add 15a Doe reve b If "\"	dress es the organization have a contratenue?	act with a third party from who is a constant of the third party:	om the organiza · · · · · · · · · · · · · · · · · · ·	tion receives (gaming					
15a Doe reve b If "	es the organization have a contragenue?	act with a third party from who	om the organiza · · · · · ganization ► \$ _	tion receives (gaming 					
b If "\ amo	Yes," enter the amount of gamin ount of gaming revenue retained Yes," enter name and address of	g revenue received by the orgon by the third party \$ the third party:	ganization ► \$ _					· 🗆 Yes	□No	
b If "\amo	Yes," enter the amount of gamin ount of gaming revenue retained Yes," enter name and address of	g revenue received by the orgoing by the third party \(\bigs \) \(\bigs \) the third party:	ganization ► \$ _							
c If "	me									
	me 🕨									
Nar										
Add	dress 🕨									
Nan	ming manager information: me ming manager compensation	5								
Des	scription of services provided									
	Director/officer	☐ Employee		ndependent o	contracto	or				
a Is t	ndatory distributions: the organization required under s ain the state gaming license?					s to		· 🗆 Yes	□ Na	
	er the amount of distributions re the organization's own exempt ac			empt organiza	ations or	r spent		∪ Yes	∪ INO	
Part IV	Supplemental Informa	tion. Provide the explana, 15c, 16, and 17b, as app	tions required							s.
	Return Reference		<u> </u>	Explanati						
				p		Sched	lule G (I	Form 990 or	· 990-EZ)	2020

Software ID:

Coftware Version:

9/5/24, 12:12 PM Cherry Creek Schools Foundation - Full Filing- Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202211339349303031 - Submission: 2022-05-13 TIN: 84-1218299 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Open to Public Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for the latest information. Employer identification number CHERRY CREEK SCHOOLS FOUNDATION 84-1218299 General Information on Grants and Assistance 1 Yes ☐ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (h) Purpose of grant (e) Amount of non-(q) Description of organization grant (book, FMV, appraisal, other) (if applicable) noncash assistance or assistance or government (1) CHERRY CREEK SCHOOLS 4700 SOUTH YOSEMITE STREET 570,098 TO SUPPORT PROGRAM CHERRY CREEK N/A N/A 84-1218299 SCHOOLS EXPENSES. GREENWOOD VILLAGE, CO 2 • Enter total number of other organizations listed in the line 1 table $\boldsymbol{.}$ For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2020 — Page 2 — Schedule I (Form 990) 2020 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed (c) Amount of (b) Number of (d) Amount of (e) Method of valuation (book (f) Description of noncash assistance (a) Type of grant or assistance FMV, appraisal, other) recipients cash grant noncash assistance (1) SCHOLARSHIPS 23 64,500 0 N/A N/A (1) (2) (3) (4) (5) (6)

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

Return Reference Explanation

(7)

GRANT FUNDS ARE PROVIDED TO CHERRY CREEK SCHOOLS AS NEEDED TO SUPPORT PROGRAM ACTIVITIES THROUGHOUT THE YEAR. SCHOLARSHIPS AND GRANTS ARE AWARDED TO STUDENTS BASED ON CRITERIA AS DEFINED IN THE SCHOLARSHIP AND GRANT APPLICATIONS BY A DESIGNATED REVIEW COMMITTEE. PART I, LINE 2:

Schedule I (Form 990) 2020

Additional Data Return to Form

> Software ID: Software Version:

ObjectId: 202211339349303031 - Submission: 2022-05-13

TIN: 84-1218299

OMB No. 1545-0047

SCHEDULE M Noncash Contributions (Form 990)

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Name of the organization CHERRY CREK SCHOOLS FOUNDATION Calcase Calcase	to Publi ection	-				ion.	tne latest informat	Form9	►Go to <u>www.irs.go</u>	ment of the Treasury Il Revenue Service	
Part I Types of Property (a) Check if Number of contributions or applicable items contributed in applicable items contributed in applicable items contributed in applicable items contributed in anounts reported on form 990, Part VIII, line in anounts reported in anounts reported by securities—Publicable securities—Publicable securities—Publicable securities—Publicable securities—Publicable securities—Partnership, LLC, or trust interests 1 Securities—Publicable securities—Partnership, LLC, or trust interests 2 Securities—Publicable securities—Partnership, LLC, or trust interests 3 Called trust reported in anounts rep		_		Emplove					ion		
Part I Types of Property (a) Check if applicable Check if appli											
Ca) Chock if Number of Contributions or applicable with the Contribution or applicable with the Contribution or applicable with the Contribution of Sorm 990, Part VIII, line with the Contribution amounts reported on Form 990, Part VIII, line with the Contribution of Sorm 990, Part VIII, line 1990,			9	34-12182						·	_
Check if applicable applicable items contributions or applicable items contributed or form 900, Part VIII, line applicable items contributed or form 990, Part VIII, line 190 and 190				1					of Property	rt I Types o	Par
2 Art—Historical treasures 3 Art—Fractional interests . 4 Books and publications . 5 Clothing and household goods . 6 Cars and other vehicles . 7 Boats and planes		etermi	lethod of de	non	ted on	Noncash contribu amounts reported Form 990, Part VII	r of contributions or	neck if	ï		
3 Art—Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities—Publicly traded 10 Securities—Publicly traded 11 Securities—Protective with the securities—Publicly traded 12 Securities—Partnership, LLC, or trust interests 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other 15 Real estate—Residential 16 Real estate—Commercial 17 Real estate—Commercial 18 Collectibles 19 Food inventory 10 Drugs and medical supplies 11 Taxidermy 10 Drugs and medical supplies 11 Taxidermy 12 Historical artifacts 13 Scientific specimens 14 Archeological artifacts 15 Scientific specimens 16 Ala AUC 17 Galt AUC 18 Other + (ITEMS) 19 Other + (ITEMS) 10 Other + (ITEMS) 10 Other + (ITEMS) 10 Other + (ITEMS) 11 Taxidermy 12 Drugs and indical supplies or the second of the property of the second of the public of the second									t [Art—Works of art	1 /
4 Books and publications 5 Clothing and other vehicles 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities—Publicly traded 10 Securities—Publicly traded 11 Securities—Partnership, LLC, or trust interests 12 Securities—Biscellaneous 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other 15 Real estate—Residential 16 Real estate—Residential 17 Real estate—Other 18 Collectibles 19 Food inventory 10 Drugs and medical supplies 11 Taxidermy 10 Trugs and medical supplies 11 Taxidermy 12 Historical artifacts 13 Scientific specimens 14 Archeological artifacts 15 Other + (TIEMS) 16 Other + (TIEMS) 17 Other + (TIEMS) 18 Other + (TIEMS) 19 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed form 9283, Part IV, Donee Acknowledgement 19 Dest the organization three vears from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 10 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 10 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 11 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 11 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 12 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 13 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 14 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?									easures .	Art—Historical tre	2 /
5 Clothing and household goods 6 Cars and other vehicles									nterests	Art—Fractional in	3 /
goods Cars and other vehicles Boats and planes Boats and										•	
6 Cars and other vehicles 7 Boats and planes											
8 Intellectual property 9 Securities—Pollicly traded . 10 Securities—Partnership, LLC, or trust interests 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Other . 14 Qualified conservation contribution—Other . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . 18 Collectibles . 19 Food inventory . 19 Toyling and medical supplies . 21 Taxidermy . 21 Historical artifacts . 22 Archeological artifacts . 23 Scientifies specimens . 24 Archeological artifacts . 25 Scientifies (ITEMS) . 26 Other ▶ (SUPPLIES) . 27 X 11 6,406 FMV 28 Other ▶ (———————————————————————————————————	-									5	
8 Intellectual property 9 Securities—Pollicly traded . 10 Securities—Partnership, LLC, or trust interests 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Other . 14 Qualified conservation contribution—Other . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . 18 Collectibles . 19 Food inventory . 19 Toyling and medical supplies . 21 Taxidermy . 21 Historical artifacts . 22 Archeological artifacts . 23 Scientifies specimens . 24 Archeological artifacts . 25 Scientifies (ITEMS) . 26 Other ▶ (SUPPLIES) . 27 X 11 6,406 FMV 28 Other ▶ (———————————————————————————————————									s 	Boats and planes	7 E
10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other 15 Real estate—Residential									F	-	
11 Securities—Partnership, LLC, or trust interests									cly traded .	Securities—Public	9 9
or trust interests 2 Securities—Miscellaneous									ely held stock .	Securities—Close	10
13 Qualified conservation contribution—Historic structures											11 5
contribution—Historic structures									-		
contribution—Other									istoric	contribution—Hi	
16 Real estate—Commercial											14
17 Real estate—Other									idential	Real estate—Res	15
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Drugs and medical supplies . Taxidermy									<u> </u>		
21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts GALA AUC X 25 Other ▶ (ITEMS) X 26 Other ▶ (SUPPLIES) X 1										•	
Historical artifacts									-		
23 Scientific specimens										•	
Archeological artifacts											
GALA AUC 25 Other ► (ITEMS) 26 Other ► (SUPPLIES) 27 Other ► (Other ► (SUPPLIES) 28 Other ► (-		
26 Other ► (SUPPLIES) X 1 6,406 FMV 27 Other ► ()				FMV	35,650		174	Х	AUC	GALA A	
27 Other ► (FMV	6,406		1	Х		`	
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?					•						
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?											
hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 10				29					s 8283 received by the	Number of Forms	29
hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 10	Yes										
b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 Contributions?							contribution, and wh	te of the	three years from the	hold for at least	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	+	30a						ırt II.	e the arrangement in	If "Yes," describ	b
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		31		outions?	ard contrib	v of any nonstandard	it requires the reviev	tance po	ization have a gift acc	Does the organi	31
b If "Yes," describe in Part II.		32a				•	•	-	ization hire or use thir	Does the organi	
									e in Part II.	If "Yes," describ	b
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				checked,	ımn (a) is	erty for which columr	c) for a type of prop	unt in co	•	_	33

Page 2 Schedule M (Form 990) (2020)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

	.,
Return Reference	Explanation
PART I, COLUMN (B):	COLUMN B IS REPORTING THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) (2020)

Additional Data

Return to Form

Software ID: Software Version:

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ObjectId: 202211339349303031 - Submission: 2022-05-13

TIN: 84-1218299OMB No. 1545-0047

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

• Attach to Form 990 or 990-EZ.

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

2020
Open to Public

Inspection

Name of the organization
CHERRY CREEK SCHOOLS FOUNDATION

Employer identification number

	84-1218299
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	PER ARTICLE 5, SECTION 2 OF THE ORGANIZATIONS BYLAWS, THE EXECUTIVE COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE BOARD BETWEEN MEETINGS. ALL DECISIONS WILL BE CONFIRMED AND APPROVED AT THE NEXT REGULARLY SCHEDULED BOARD MEETING.
FORM 990, PART VI, SECTION B, LINE 11B	THE COMPLETE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE, THE EXECUTIVE DIRECTOR AND THE ACCOUNTANT. THEY WILL APPROVE IT AND DISTRIBUTE IT TO THE ENTIRE BOARD. THE REVIEW GENERATES THE APPROVAL THE EXECUTIVE DIRECTOR NEEDS TO SIGN THE 990 FOR SUBMISSION TO THE IRS. THE BOD INCLUDES SEVERAL CPA'S.
FORM 990, PART VI, SECTION B, LINE 12C	ALL STAFF AND BOARD MEMBERS ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY. FOR BOARD MEMBERS, IF A CONFLICT AROSE ON AN ISSUE THAT THE FOUNDATION NEEDED TO VOTE ON, THAT BOARD MEMBER WOULD NOT BE ALLOWED TO VOTE. ALL POTENTIAL CONFLICTS ARE BROUGHT TO THE EXECUTIVE COMMITTEE FOR REVIEW. DURING THE EDUCATOR INITIATIVE GRANT REVIEW PROCESS, A BOARD MEMBER IS NOT ALLOWED TO REVIEW GRANTS SUBMITTED BY A SCHOOL THAT THEY HAVE A PERSONAL CONNECTION TO, FOR EXAMPLE A CHILD THAT IS A STUDENT OR A SPOUSE THAT IS AN EMPLOYEE. DURING THE REVIEW PROCESS OF THE MONTE MOSES SCHOLARSHIP, ANY PERSONAL CONNECTIONS TO THE APPLICANT MUST BE DISCLOSED TO THE REVIEW COMMITTEE. IF THE CONFLICT ARISES DURING A BOARD MEETING, IT WOULD BE CAPTURED WITHIN THE MINUTES. DURING THE GRANT REVIEW PROCESS, THE AVERAGE SCORE CALCULATION IS ADJUSTED APPROPRIATELY TO EXCLUDE THE CONFLICTED MEMBER.
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD HOLDS FULL RESPONSIBILITY FOR THE COMPENSATION OF ALL CCSF EMPLOYEES. THE BOARD USES THE COLORADO NONPROFIT ASSOCIATION SALARY SURVEY AS A SALARY RANGE SOURCE TO DETERMINE THE EXECUTIVE DIRECTOR'S PAY AND RAISES ANNUALLY. ALL COMPENSATION RELATED DISCUSSION IS DOCUMENTED IN THE BOARD MINUTES. THE LAST YEAR THIS PROCESS WAS COMPLETED WAS 2021.
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.
FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING AND SELECTING AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2020

Additional Data

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