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TIN: 84-1218299OMB No. 1545-0047

Form **990**

Department of the Treasury

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

0004

2021

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

ZUZ I

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

Open to Public Inspection

Internal	Reven	nue Service					Inspection
A F	or th	e 2021 c	alendar year, or tax year beginning 07-01-2021 , and ending 06-3	0-2022			
O Add	dress me ch	-	C Name of organization CHERRY CREEK SCHOOLS FOUNDATION Doing business as		D Employer 84-12182		ication number
O Init		eturn rn/terminated	Doing business as				
		d return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	iite	E Telephone	number	
O Ap	olicati	ion pending	4700 SOUTH YOSEMITE STREET 273		(720) 55	4-4429	
			City or town, state or province, country, and ZIP or foreign postal code GREENWOOD VILLAGE, CO 80111		G Gross rece	eipts \$ 1,	,676,628
		ľ	F Name and address of principal officer:	H(a) Is	this a group retu	ırn for	
			JILL HENDEN 4700 SOUTH YOSEMITE STREET 273		ubordinates?		□Yes ✓No
			GREENWOOD VILLAGE, CO 80111		re all subordinate cluded?	S	☐ Yes ☐No
I Tax	-exer	mpt status:	✓ 501(c)(3) □ 501(c)() ◀ (insert no.) □ 4947(a)(1) or □ 527	If	"No," attach a lis		
J W	ebsit	te:▶ WW	W.CCSDFOUNDATION.ORG	H(c) G	roup exemption n	ıumber	•
K Forn	n of o	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other	L Year of f	formation: 1993	M State	of legal domicile: CO
Pa	ırt I	Sumi	mary				
			cribe the organization's mission or most significant activities:				
æ	!	CONNECT	OUR COMMUNITY TO THE CHERRY CREEK SCHOOL DISTRICT AND INNOV	ATE EDUCA	ATION.		
aŭ							
Activities & Governance							
ò	_		s box 🕨 🗆			1 -	l
9			of voting members of the governing body (Part VI, line 1a)			3	23
SS	4		if independent voting members of the governing body (Part VI, line 1b) .			4	23
Ĭ	5		ber of individuals employed in calendar year 2021 (Part V, line 2a)			5	4
Œ	6		ber of volunteers (estimate if necessary)			6	75
٩			elated business revenue from Part VIII, column (C), line 12		•	7a	0
	b	Net unrel	ated business taxable income from Form 990-T, Part I, line 11	<u> </u>		7b	0
					Prior Year		Current Year
9			ions and grants (Part VIII, line 1h)		1,022,35	_	1,624,610
Revenue		_	service revenue (Part VIII, line 2g)			0	0
æ			nt income (Part VIII, column (A), lines 3, 4, and 7d)			30	325
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-29,56		-64,005
	_		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		992,86	_	1,560,930
			d similar amounts paid (Part IX, column (A), lines 1-3)		634,59) 8	1,153,065
		-	paid to or for members (Part IX, column (A), line 4)			0	0
88			other compensation, employee benefits (Part IX, column (A), lines 5–10)		203,96	51	227,100
Expenses			nal fundraising fees (Part IX, column (A), line 11e)			0	0
άx			aising expenses (Part IX, column (D), line 25) ▶169,896			Д	
ш			penses (Part IX, column (A), lines 11a-11d, 11f-24e)		66,21	١0	67,596
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		904,76	<u>59</u>	1,447,761
	19	Revenue	less expenses. Subtract line 18 from line 12		88,09)2	113,169
Ces				Beginn	ning of Current Yea	ar	End of Year
sets	20	Total acco	ets (Part X, line 16)		956,82	28	1,079,649
AB			lities (Part X, line 26)	-	2,60		14,000
Net Assets or Fund Balances			s or fund balances. Subtract line 21 from line 20		954,22	_	1,065,649
_					JJ ./LL	-	2,000,010

Part II 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.

	Siz	gnature of officer				2023-05-04 Date	
Sign Here						Date	
	711	L HENDEN EXECUTIVE DIRECTOR pe or print name and title					
	<u>''</u>	Print/Type preparer's name	Preparer's	signature	Date		PTIN
Paid	t				2023-05-04	self-employed	P01408585
	parer	Firm's name CLIFTONLARSONA	LLEN LLP			Firm's EIN 🕨 41	-0746749
Use	Only	Firm's address ▶ 8390 E CRESCENT	PARKWAY SUITE	600		Phone no. (303)	779-5710
		GREENWOOD VILL	AGE, CO 80111				
May t	he IRS disc	cuss this return with the preparer s	shown above? (see instructions)			. 🗸 Yes 🗆 No
For P	aperwork	Reduction Act Notice, see the	separate inst	ructions.	Cat. N	lo. 11282Y	Form 990 (2021
				Page 2			
Form	990 (2021)					Page
Par	t III St	atement of Program Servic	e Accomplis	hments			
	Ch	eck if Schedule O contains a respo	nse or note to	any line in this Part III .			🗆
1	•	scribe the organization's mission:					
		EEK SCHOOLS FOUNDATION WAS LS TO ENHANCE EDUCATIONAL PR					
		RAPAHOE COUNTY, DENVER.					
2	Did the or	ganization undertake any significa	nt program ser	vices during the year whi	ich were not lis	ted on	
_		Form 990 or 990-EZ?		- ,			🗆 Yes 💟 No
		escribe these new services on Sch					
3	Did the or	ganization cease conducting, or m	ake significant	changes in how it conduc	cts, any progra	m	
							. 🗆 Yes 🛂 No
_	•	escribe these changes on Schedule					
4	Section 50	he organization's program service 01(c)(3) and 501(c)(4) organizatio ue, if any, for each program servic	ns are required				
4a	(Code:) (Expenses \$	1,196,494	including grants of \$		(Revenue \$	0)
	KAISING FU	JNDS TO FINANCE PROGRAMS IN THE E	DUCATIONAL ARE	EAS OF BASIC NEEDS, TECHN	IOLOGY AND ENK	ICHMENTS.	
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
	-						
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
	-						
	-						
							_
4d	Other pro	gram services (Describe in Schedu	le O.)				
	(Expenses	s \$ inclu	uding grants of	\$) (Revenue s	\$)
4e	Total pro	gram service expenses	1,196,4	94			

———— Page 3 ——

Form 990 (2021) Page **3**

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? If "Yes," complete Schedule C, Part 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 Rev. Proc. 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? <i>If "Yes," complete Schedule D,</i> 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	Yes	
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? If "Yes," complete Schedule D, Part VII	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
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏	11f		No
	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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	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,	17		No
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	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	

Form **990** (2021)

- Page 4

Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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 J</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? <i>If "Yes," complete Schedule L,</i> 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 the 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			-
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28b 28c		No 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? If "Yes," complete Schedule R, Part 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	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>	Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		1 65	140

Form **990** (2021)

Page 5 -

orm	990 (2021)			Page 5
Par	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	Yes	
3a	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)?	4a		No
b	If "Yes," enter the name of the foreign country: \[\] See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		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	
С	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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			

13124,	12.07 FW CHERY CITER SCHOOLS FOUNDATION LADIGIES - FTOT USIN	,a		_
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		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
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes." complete Form 6069.	17		
	If res, complete rorm 6005.	F	orm 99	0 (2021)
	Page 6 ———————————————————————————————————			
Form	990 (2021)			D 6
	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	-		
	Check if Schedule O contains a response or note to any line in this Part VI			<u> </u>
_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 1a 23		. 05	
	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 23			
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	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	$ \label{lem:policy} Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: $			
а	The governing body?	8a	Yes	
	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? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	•	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe on Schedule O the process, if any, used by the organization to review this Form 990	12-	V	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	conflicts?	12b	Yes	
C	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 on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
		. —		. ——

	if Schedule O contains a response or note to any line in this Part VII		
	Independent Contractors	loyees,	
990 (2021)			Page 7
	Page 7		
		Form	990 (2021)
Describe in S	chedule O whether (and if so, how) the organization made its governing documents, conflict of interest		
501(c)(3)s o	nly) available for public inspection. Indicate how you made these available. Check all that apply.		
List the state	s with which a copy of this Form 990 is required to be filed		
ction C. Dis	closure		
in joint ventu	re arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt	16b	
12:07 PM	Cherry Creek Schools Foundation - Full Filing- Nonprofit Explorer - ProPublic	a	
	If "Yes," did to in joint ventus status with restatus with restatus with restatus the state. Section 6104 501(c)(3)s or Own web Describe in Spolicy, and fir State the name JILL HENDE 1990 (2021)	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?	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?

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours	pers	n on on is	e bo both	t cho x, u h an	eck m Inless Office Justee	er	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/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) PETER STAVENGER	1.00	Х		Х				0	0	0
CHAIRMAN		Α		^				S .	G	
(2) VALENCIA CULBREATH	1.00	Х		Х				0	0	0
VICE CHAIR		^		^				o d	0	
(3) DAVID ALLEN	1.00	Х		Х				0	0	0
SECRETARY		Α		^					9	
(4) RYAN BALAKAS	1.00	Х		Х				0	0	0
TREASURER		^		^				0	U	
(5) BRIAN ROONEY	1.00	Х		Х				0	0	0
PAST CHAIR		^		^				0	U	
(6) MARI ABRAMS	1.00	Х						0	0	0
DIRECTOR (TILL 08/2021)		X							0	U
(7) KACY ADAMS	1.00							0	0	0
DIRECTOR		Х								0
(8) MICHELLE AUSTIN	1.00									

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DIRECTOR		Х						0	0	0			
(9) TODD BASS DIRECTOR	1.00	х						0	0	0			
(10) BEN BURROWS DIRECTOR	1.00	х						0	0	0			
(11) JACKIE DEVINE DIRECTOR	1.00	х						0	0	0			
(12) JENNIFER FEINGOLD	1.00	Х						0	0	0			

1.00

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Form **990** (2021)

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Page 8

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

Form 990 (2021)

Part VII

DIRECTOR

(13) CHARLES GILFORD III

DIRECTOR

(16) TARA JOSEPH-LABRIE

(14) AARON GREEN

(15) PIPER KNOLL DIRECTOR

DIRECTOR

(17) LISA MIXON

DIRECTOR

DIRECTOR

Page 8

0

0

0

0

0

Comparizations Companizations Comp	(A) Name and title	(B) Average hours per week (list any hours	than d	ne bo	ox, ι n of	t cho unles ficer	and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
1.00 X 0 0 0		below dotted	Individual trustae or director	Truste	Officer	Key employee	Highest compensated employee	Former			
DIRECTOR (19) MATT PROPST	` '	1.00	V						0	0	0
1.00 X 0 0 0 0 0 0 0 0		•••	^						U	U	U
1.00		1.00	хх						0	0	0
1.00	(20) AMISHA SINGH	1.00	Х						0	0	0
DIRECTOR 1.00 X 0 0 0 (22) ZACARY TARDIFF 1.00 X 0 0 0 DIRECTOR 1.00 X 0 0 0 DIRECTOR 0 0 0 0 0 (24) ERIN WILLIAMS 1.00 X 0 0 0 DIRECTOR 0 0 0 0 0 (25) JILL HENDEN 40.00 X 102,000 0 3,030		1.00							0	0	
1.00 X 0 0 0 0 0 0 0 0	DIRECTOR	•••	^						U	U	U
(23) RYAN TULLY		1.00	X						0	0	0
(24) ERIN WILLIAMS	(23) RYAN TULLY	1.00	Х						0	0	0
DIRECTOR		1.00									
	DIRECTOR		×						0	0	0
	` '				Х				102,000	0	3,030

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			+					+		
			+							
			+ + +							
1b Sub-Total				<u> </u>						
c Total from continuation sheets to d Total (add lines 1b and 1c)	Part VII, Section		i		:	102,000		0		3,03
2 Total number of individuals (includ of reportable compensation from the			isted above) v	vho rec	eived moi	e than \$1	00,000	•		
									Yes	No
3 Did the organization list any forme line 1a? If "Yes," complete Schedul	•				_	npensated	employee on	3		No
For any individual listed on line 1a, organization and related organizati individual							n the			
				•				4		No
5 Did any person listed on line 1a rec services rendered to the organization	on? <i>If "Yes," com</i>		•		_			5		No
Section B. Independent Contra Complete this table for your five hi		ed indepen	dent contracto	re that	received	more than	\$100 000 of co	mnenc	ation	
from the organization. Report com	pensation for the						n's tax year.	יייוטפווסי		
Nan	(A) ne and business add	ress				Desc	(B) ription of services		(C Compen	
2 Total number of independent contrac compensation from the organization		ıt not limite	d to those list	ed abo	ve) who r	eceived m	ore than \$100,00	00 of		
			Page 9 —						Form 99 0	0 (2021
Form 990 (2021)										Page '
Part VIII Statement of Revenu										
Check if Schedule O conta	ins a response or	r note to an		Part VIII				<u> </u>		
			(A) Total reve	nue	Relat exe fund	B) ed or mpt ction enue	(C) Unrelated business revenue		(D) Reven excluded x under s 512 - !	iue from sections
Federated campaigns 1	<u> </u>							ı		
Contributions, Sifts, Grants, and Membership dues 1	.									
DtherAmt										
Argo Tungdraising events 1	<u> </u>									
183,428 d Related organizations	<u>1</u>									
e Government grants (contributions)	<u> </u>									
f All other contributions, gifts, grants, and similar amounts not included above	<u>f</u>									
1,441,182 g Noncash contributions included in										
lines 1a - 1f:\$	<u> </u>									
67,999 h Total. Add lines 1a-1f		1,624,610)							
	Busi	ness Code								
2a										

4, 12:07 PM			Cherry Creek Schools	Foundation - Ful	l Filing- Nonprofit Ex	plorer - ProPublica	
ē ,							
Program Service Reven							
9							
<u> </u>							
ະກຸ 							
E .							
<u> </u>							
f All other program	service revenue						
9 Total. Add lines	2a-2f	. •					I
3 Investment income	e (including divid	ends, inte	erest, and other	225			
similar amounts)			,	325			3
4 Income from inves			_ i —				
5 Royalties	(i) Re		(ii) Personal				
	(1) (4)	ai	(II) Personal				
6a Gross rents	6a						
b Less: rental expenses	6b						
c Rental income	0.0						
or (loss)	6c						
d Net rental incom	e or (loss)		• • •			u.	
	(i) Secu	rities	(ii) Other				
7a Gross amount	7a						
from sales of assets other							
than inventory							
b Less: cost or other basis and	7b						
sales expenses	 	-					
c Gain or (loss)	7c						
d Net gain or (loss			• • •				
Gross income from f (not including \$	fundraising events 183,428 of						
contributions reporte	ed on line 1c).						
See Part IV, line 18		8a	51,693				
b Less: direct expe		8b	115,698				
c Net income or (lo	ss) from fundrais	ing even	ts	-64,005			-64,0
See Part IV, line 19	9	9a					
b Less: direct expe	nses	9b					
c Net income or (lo		activities	>				
10aGross sales of inv returns and allow	entory, less						
		10a					
b Less: cost of good		10b					
C Net income or (lo	eous Revenue	inventor	Business Code				
11a	ious Revenue		Business code				
		-					
] ~							
_							
С							
d All other revenue					_		
e Total. Add lines :	11a-11d						
12 Total revenue.	See instructions		🕨 📙				
1			_	1,560,930	0	0	-63,6

Part IX

Statement of Functional Expenses

- Page 10 **-**

Form 990 (2021) Page **10**

	Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organizatio	ns must complete col	umn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			\square
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,097,815	1,097,815	,	·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	55,250	55,250		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	109,576	20,397	28,557	60,622
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	117,524	11,064	33,571	72,889
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):				
a	Management	20,159	3,784	5,882	10,493
Ŀ	Legal				
•	Accounting				
c	l Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	418		418	
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,220	246	607	1,367
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
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				
	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.)				
	a SUPPLIES	44,799	7,938	12,336	24,525
	b				
	с				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,447,761	1,196,494	81,371	169,896
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

4, 12:07 PM C	herry Creek So	chools Foundation - F	Full Filing- Nonprofit E	Explorer - ProPublica	
Check here ▶ ☐ if following SOP 98-2 (ASC 9	58-720).				
_					F

				•		Form 990 (2021)
			Page 11			
Form	990	(2021)				Page 11
	art X	Balance Sheet				Page 11
	A1 C 7 C		a to see the set IV			
		Check if Schedule O contains a response or not	e to any line in this Part ix	(A)		(B)
				Beginning of year		End of year
	1	Cash-non-interest-bearing		663,974	1	424,980
	2	Savings and temporary cash investments .	[285,368	2	285,406
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	[7,486	4	45,951
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, subs controlled entity or family member of any of the		5		
	6	Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in so	fied persons (as defined under		6	
40	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
SS	9	Prepaid expenses and deferred charges			9	190
A	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	323,122
	12	Investments—other securities. See Part IV, line	11		12	
	13	Investments—program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	956,828	16	1,079,649	
	17	Accounts payable and accrued expenses		2,102	17	
	18	Grants payable		500	18	14,000
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
10	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
ilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril				
Liab		or family member of any of these persons .			22	
	23	Secured mortgages and notes payable to unrela	ted third parties	"	23	
	24	Unsecured notes and loans payable to unrelated	third parties		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 .		2,602	26	14,000
or Fund Balances		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	neck here 🕨 🗹 and			
ala	27	Net assets without donor restrictions		595,453	27	658,287
d B	28	Net assets with donor restrictions		358,773	28	407,362
r Fur	25	Organizations that do not follow FASB ASC complete lines 29 through 33.	·	-		
0 9	29	Capital stock or trust principal, or current funds	_		29	
set	30	Paid-in or capital surplus, or land, building or eq		30		
ASS	31	Retained earnings, endowment, accumulated in	come, or other funds		31	<u> </u>
Net Assets	32	Total net assets or fund balances		954,226	32	1,065,649
Z	33	Total liabilities and net assets/fund balances .		956,828	33	1,079,649

Form **990** (2021)

Pa	rt XI Reconcilliation of Net Assets				- 3 -
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,560,930
2	Total expenses (must equal Part IX, column (A), line 25)	2			,447,761
3	Revenue less expenses. Subtract line 2 from line 1	3			113,169
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			954,226
5	Net unrealized gains (losses) on investments	5			-1,746
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			0
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		1,	,065,649
Pa	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:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on 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 reviewed separate basis, consolidated basis, or both:	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	<u> </u>
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	✓ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired			
	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			F	orm 99 0	0 (2021)
orm	990 (2021)				
Ac	lditional Data		Returr	to Fo	rm

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TIN: 84-1218299

OMB No. 1545-0047

2021

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

		he organization					Employer identific	ation number
СПЕКІ	RY CREI	EK SCHOOLS FOUNDATION					84-1218299	
	rt I	Reason for Public					See instructions.	
_	organız	zation is not a private four		•	<i>J</i> ,	,	/A\/\\	
1		A church, convention of	•			, ,, ,	(A)(ı).	
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990).)		
3		A hospital or a cooperat	ive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
4		A medical research organame, city, and state:	nization operat	ed in conjunction with	a hospital descr	ibed in section	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	perated by a gov	ernmental unit descril	oed in section
6		A federal, state, or local	government or	governmental unit de	scribed in section	on 170(b)(1)(<i>A</i>	()(v).	
7	✓	An organization that not section 170(b)(1)(A)			s support from a	a governmental ι	init or from the genera	al public described in
8		A community trust desc	ribed in sectior	170(b)(1)(A)(vi).	(Complete Part I	II.)		
9		An agricultural research non-land grant college o						ege or university or a
10		An organization that not from activities related to investment income and 30, 1975. See section 9	o its exempt fur unrelated busin	nctions—subject to cer less taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organize	ed and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		An organization organize more publicly supported on lines 12a through 12	l organizations (described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	ganization oper er to regularly a	rated, supervised, or cappoint or elect a majo	ontrolled by its s	supported organi	zation(s), typically by	
b		Type II. A supporting of management of the sup must complete Part I	organization sup porting organiza	ervised or controlled i ation vested in the sar				
C		Type III functionally supported organization(integrated. A s	supporting organizatio				ted with, its
d		Type III non-function functionally integrated. instructions). You mus	The organizatio	n generally must satis	fy a distribution	requirement and		
е		Check this box if the orgintegrated, or Type III n	on-functionally			RS that it is a Ty	pe I, Type II, Type III	functionally
f		r the number of supported					· · · · · · · · <u> </u>	
g		de the following informati Name of supported	ion about the su	upported organization((iii) Type of		anization listed	(v) Amount of	(vi) Amount of
	(1)	organization	(II) LIN	organization (described on lines 1- 10 above (see instructions))		ning document?		other support (see instructions)
					Yes	No		
			·					
Tota	l							
		work Reduction Act Not or 990-EZ.	tice, see the I	nstructions for	Cat. No. 1128	5F	Schedule	A (Form 990) 2021
				Pa	ge 2 ———			
Sche	dule A	(Form 990) 2021			50 =			Dogo 3
	rt II	Support Schedule		zations Described ne box on line 5, 7,				

Section A. Public Support

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

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

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9/5/24,	12:07 PM to or experiment offices behalf	Cherry Cre	eek Schools Foun	dation - Full Filin	ng- Nonprofit Explo	orer - ProPublica	_		
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
b	3 received from disqualified persons Amounts included on lines 2 and 3			†					
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Se	ction B. Total Support	l	1						
Cale	ndar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f)	Total	
(or f	iscal year beginning in) Amounts from line 6	(4) 2017	(2) 2010	(6) 2013	(4) 2020	(6) 2021	- (.,	Total	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
D	(less section 511 taxes) from businesses acquired after June 30, 1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business activities not included on line 10b, whether or not the business is								
12	regularly carried on. Other income. Do not include gain or loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for t	=			-		_		neck
	this box and stop here								▶∪
<u>Se</u>	ction C. Computation of Public Public support percentage for 2021 (lin	ne 8, column (f)	entage divided by line 13	, column (f)) .		15			
16	Public support percentage from 2020 S					16			
Se	ction D. Computation of Invest								
17	Investment income percentage for 20					17			
18	Investment income percentage from 2					18			
19a	33 1/3% support tests-2021. If the							_	
h	more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the	d stop here. The e organization did	organization qua I not check a box	lifies as a public on line 14 or lin	ly supported orga e 19a. and line 16	nization S is more than 33	l _{1/3} % ar	► U	18 is
U	not more than 33 1/3%, check this box							_	10 .0
20	Private foundation. If the organization								
						Schedule A			2021
			Page 4						
Sched	lule A (Form 990) 2021							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	ections A and C. I	f you checked box						
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 sudescribe the designation. If historic an	upported organiz	ations are designa						
2	Did the organization have any support	ed organization t	hat does not have	an IRS determ	ination of status u	ınder section	1		
_	509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2).						2		
3a	Did the organization have a supported	organization des	scribed in section	501(c)(4), (5), (or (6)? <i>If "Yes." aı</i>	nswer lines 3b and	-		
	3c below.	J		(-)(-)/(-)/(-)/	(-,		3a		
b	Did the organization confirm that each the public support tests under section determination.								
						(2) (2)	3b		
С	Did the organization ensure that all su If "Yes," explain in Part VI what contr					2)(B) purposes?	L_		

				•
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by			
	amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If</i> "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
	organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
	the organization had excess business holdings).	10b		
	Schedule A	(Forn	1 990)	2021
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	Page 5			
Sche	dule A (Form 990) 2021			age 5
	t IV Supporting Organizations (continued)			age 3
	capper and a same community		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
		-		•
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit	-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting		Yes	No
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2	Yes	No

CII	anortina	organization	MAC VA	cted in the	cama	narcone that	CONTROLLER	or managed	the cunnorted	organization(s).
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5	ection D. All Type III Supporting Organizations				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of	the fif	th month of the organization's		163	140
•	tax year, (i) a written notice describing the type and amount of support provided during	ng the	prior tax year, (ii) a copy of the			
	Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?		ganization's governing			
				1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the					
	organization maintained a close and continuous working relationship with the supported organization(s).					
3	By reason of the relationship described in line 2 above, did the organization's support	ad ara	anizatione have a cignificant	2		
3	voice in the organization's investment policies and in directing the use of the organization					
	during the tax year? If "Yes," describe in Part VI the role the organization's supporte	d orga	nizations played in this regard.	3		
S	ection 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 i	ons):		
	The organization satisfied the Activities Test. Complete line 2 below.					
	b The organization is the parent of each of its supported organizations. Complete	e line :	3 below.			
	The organization supported a governmental entity. Describe in Part VI how yo	u supp	ported a government entity (see	instru	ctions)	
					•	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
	a Did substantially all of the organization's activities during the tax year directly further	the ex	empt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in	Part \	/I identify those supported			
	organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the					
	substantially all of its activities.			2a		
	b Did the activities described on line 2a, above constitute activities that, but for the org					
	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 t					
	organization's involvement.			2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
	a Did the organization have the power to regularly appoint or elect a majority of the off	icers, d	directors, or trustees of each of	3a		
	the supported organizations? If "Yes" or "No", provide details in Part VI.					
			b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.					
	supported organizations: If Tes, describe in Fart VI. the role played by the organiza	ation ii	3	3b		
	supported organizations: 11 Tes, describe in Part VI. the Fole played by the organization	ation ii	n this regard. Schedule A		1 990)	2021
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		_	1	
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		C	urrent Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	ntegrat		
			Schedule A (F	Form 990) 2021

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Schedule A (Form 990) 2021

Page **7**

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	
(;;)		/iii)

10 Line o amount divided by Line 3 amount		10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
	•	•	•

		i	i
c Remainder. Subtract lines 4a and 4b fr	om line 4.		
5 Remaining underdistributions for years 2021, if any. Subtract lines 3g and 4a if the amount is greater than zero, exp. See instructions.	rom line 2.		
6 Remaining underdistributions for 2021. lines 3h and 4b from line 1. If the amothan zero, explain in Part VI . See inst	unt is greater		
7 Excess distributions carryover to 20 3j and 4c.	22. Add lines		
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			
Schedule A (Form 990) 2021	——————————————————————————————————————		Page
Part VI Supplemental Information. Section A, lines 1, 2, 3b, 3c, 4 Part IV, Section D, lines 2 and	Page 8 Provide the explanations required by Part b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11: 3; Part IV, Section E, lines 1c, 2a, 2b, 3a nd Part V, Section E, lines 2, 5, and 6. Also	c; Part IV, Section B, lines 1 a and 3b; Part V, line 1; Part V,	or 17b; Part III, line 12; Part IV, nd 2; Part IV, Section C, line 1; Section B, line 1e; Part V
Part VI Supplemental Information. Section A, lines 1, 2, 3b, 3c, 4 Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; a	Provide the explanations required by Part b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11: 3; Part IV, Section E, lines 1c, 2a, 2b, 3a	c; Part IV, Section B, lines 1 a and 3b; Part V, line 1; Part V, o complete this part for any ac	nd 2; Part IV, Section C, line 1; Section B, line 1e; Part V
Part VI Supplemental Information. Section A, lines 1, 2, 3b, 3c, 4 Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; a instructions).	Provide the explanations required by Part b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11 3; Part IV, Section E, lines 1c, 2a, 2b, 3a nd Part V, Section E, lines 2, 5, and 6. Also	c; Part IV, Section B, lines 1 a and 3b; Part V, line 1; Part V, o complete this part for any ac	or 17b; Part III, line 12; Part IV, nd 2; Part IV, Section C, line 1; Section B, line 1e; Part V
Part VI Supplemental Information. Section A, lines 1, 2, 3b, 3c, 4 Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; a instructions).	Provide the explanations required by Part b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11: 3; Part IV, Section E, lines 1c, 2a, 2b, 3a nd Part V, Section E, lines 2, 5, and 6. Also Facts And Circumstances	c; Part IV, Section B, lines 1 a and 3b; Part V, line 1; Part V, o complete this part for any action and action and action and action and action are set at the section and action and action are set at the section and action are set at the section are set at the sec	or 17b; Part III, line 12; Part IV, nd 2; Part IV, Section C, line 1; Section B, line 1e; Part V dditional information. (See
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Part VI Supplemental Information. Section A, lines 1, 2, 3b, 3c, 4 Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; a instructions). Return Reference SCHEDULE A, PART II, LINE 10,	Provide the explanations required by Part b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11: 3; Part IV, Section E, lines 1c, 2a, 2b, 3a nd Part V, Section E, lines 2, 5, and 6. Also Facts And Circumstances	c; Part IV, Section B, lines 1 a and 3b; Part V, line 1; Part V, o complete this part for any action and action and action and action and action are set at the section and action and action are set at the section and action are set at the section are set at the sec	or 17b; Part III, line 12; Part IV, nd 2; Part IV, Section C, line 1; Section B, line 1e; Part V dditional information. (See

Additional Data Return to Form

Software ID: Software Version:

efile Public Visual Render	ObjectId: 202301259349302460 - Submission: 2023-05-05		TIN: 84-1218299				
Schedule B	Schedule of Contributors		OMB No. 1545-0047				
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF. ► Go to <u>www.irs.gov/Form990</u> for the latest information	ı.	2021				
Name of the organization CHERRY CREEK SCHOOLS FO	UNDATION	Employer i	dentification number				
Organization type (check o	one):	84-1218299)				
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private	foundation					
	527 political organization	Touridation					
F 000 DF	☐ 501(c)(3) exempt private foundation						
Form 990-PF		ndation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	☐ 501(c)(3) taxable private foundation						
under sections 509(a	described in section 501(c)(3) filing Form 990 or 990-EZ that met the a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 ne contributions of the greater of (1))-EZ), Part II, line 13	, 16a, or 16b, and that				
990, Part VIII, line 1	n, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	ψο,οσο οι (2) 2 π οι	and amount on (i) i oim				
during the year, total	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ contributions of more than \$1,000 exclusively for religious, charitable prevention of cruelty to children or animals. Complete Parts I, II, and	e, scientific, literary,	ny one contributor, or educational				
during the year, cont If this box is checked purpose. Don't comp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ inibutions <i>exclusively</i> for religious, charitable, etc., purposes, but no st, enter here the total contributions that were received during the year oldete any of the parts unless the General Rule applies to this organization, contributions totaling \$5,000 or more during the year	uch contributions tot r for an e <i>xclusively</i> r ation because it rece	aled more than \$1,000. eligious, charitable, etc., eived <i>nonexclusively</i>				
990-EZ, or 990-PF), but it m	at isn't covered by the General Rule and/or the Special Rules doesn'nust answer "No" on Part IV, line 2, of its Form 990; or check the box, line 2, to certify that it doesn't meet the filing requirements of Sched	on line H of its Form	rm 990, ı 990-EZ				
For Paperwork Reduction Act N for Form 990, 990-EZ, or 990-PF		13X S c	chedule B (Form 990) (2021)				
	——————————————————————————————————————						
Schedule B (Form 990) (202	21)	Page 2					
Name of organization		Employer identific	cation number				

84-1218299

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional sp.	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		\$ RESTRICTED	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
		<u> </u>	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
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2021)
	Page 3		
Schedule R	(Form 990) (2021)		Page 3
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)	1
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) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
Schadula	B (Form 990) (2021)	———— Page 4 —————		Page 4
Name of or	rganization REEK SCHOOLS FOUNDATION		Employer ide	Page 4 ntification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See insume Use duplicate copies of Part III if additional seconds.)	tributor. Complete columns (a) the e total of exclusively religious, ch structions.) ► \$	rough (e) and the following	ng line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	iption of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor t	o transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	iption of how gift is held
-				
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor t	o transferee
(a)				

No. from Part I	(b) Purpose of gift		ls Foundation - Full Filing- Nonp (c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Relation		nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	I ZIP 4	(e) Transfer of gift Relations	ship of transferor to transferee	
				Schedule B (Form 990) (20	

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ObjectId: 202301259349302460 - Submission: 2023-05-05

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		Attach to Form					-	1 to Public
	me of the organ	► Go to <u>www.irs.gov/Form</u>	990 for instruction	ons a	nd the latest info		on. oloyer iden		spection
	ERRY CREEK SCHOO					'	-	cation	u.iibei
D-					C::!		1218299		
Ра		izations Maintaining Donor Advisete if the organization answered "Yes				or Acc	ounts.		
	33p.s				ised funds		(b) Funds	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		ation inform all donors and donor advisor oroperty, subject to the organization's exc					funds are th	_	Yes 🗌 No
6	charitable purpo	ation inform all grantees, donors, and donoses and not for the benefit of the donor	or donor advisor, o	r for	any other purpose of				Yes 🗆 No
Pa		rvation Easements. ete if the organization answered "Yes	s" on Form 990,	Part	IV, line 7.				
1	Purpose(s) of co	onservation easements held by the organ	ization (check all t	hat a	pply).				
	Preservati	ion of land for public use (e.g., recreation	or education)		Preservation of an	histor	ically impor	tant land a	area
	Protection	of natural habitat			Preservation of a	certifie	d historic st	tructure	
	Preservati	ion of open space							
2		2a through 2d if the organization held a cone last day of the tax year.	qualified conservati	ion co	ontribution in the for	rm of a			of the Year
а	Total number of	conservation easements				2a			
b	Total acreage re	estricted by conservation easements				2b			
С	Number of cons	servation easements on a certified historic	structure included	l in (a	a)	2c			
d		ervation easements included in (c) acquir in the National Register	red after 7/25/06,	and n	ot on a historic	2d			
3	Number of constax year ▶	servation easements modified, transferred	d, released, extingu	uishe	d, or terminated by	the or	ganization o	during the	
4	Number of state	es where property subject to conservation	n easement is locat	ed 🕨					
5		ization have a written policy regarding the nt of the conservation easements it holds				of viola		☐ Yes	□ No
_	Staff and volun	teer hours devoted to monitoring, inspect	ting, handling of vi	olatio	ns. and enforcing co	onserv			
6	>		9, 9		,				.9 ,
7	Amount of expe	enses incurred in monitoring, inspecting, l	handling of violatio	ns, a	nd enforcing conser	vation	easements	during the	e year
8		servation easement reported on line $2(d)$ $0(h)(4)(B)(ii)$?				70(h)(4)(B)(i)	☐ Yes	□ No
9	balance sheet,	scribe how the organization reports conse and include, if applicable, the text of the n's accounting for conservation easement	footnote to the org						
Par		izations Maintaining Collections		al Tı	easures, or Oth	er Si	milar Ass	ets.	
		ete if the organization answered "Yes			•				
1a	historical treasu	tion elected, as permitted under FASB ASG ures, or other similar assets held for publi ext of the footnote to its financial stateme	ic exhibition, educa	ition,	or research in furth				
b	historical treasu	tion elected, as permitted under FASB ASC ures, or other similar assets held for publi nts relating to these items:							
(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, historic nts required to be reported under FASB A	al treasures, or oth	ner si	milar assets for fina			e the	
а	Revenue include	ed 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) 2021

----- Page 2 ------

	Organizations Maint Using the organization's acquisititiems (check all that apply):		tions of Art, H	listorical	T		046	. C:!l	A /		
a b				iistoricai	ı reas	sures, c	or Otne	r Similar <i>i</i>	Assets (col	ntinued)	
b	items (check all that apply).	ion, accession, a	and other records,	check any	of the	following	that are	a significant	use of its c	ollection	
	Public exhibition			d [Loa	an or exc	nange pro	ograms			
С	Scholarly research			e [Oth	ner					
	Preservation for future ger	nerations									
	Provide a description of the orga Part XIII.	nization's collect	tions and explain h	now they fu	rther t	he organ	ization's (exempt purp	oose in		
	During the year, did the organiza assets to be sold to raise funds r								☐ Yes		No
Part	Escrow and Custodia Complete if the organi line 21.			m 990, Pa	rt IV,	line 9, c	r report	ed an amo	unt on For	m 990,	Part X,
	Is the organization an agent, tru included on Form 990, Part X? .								☐ Yes		No
b	If "Yes," explain the arrangemen	nt in Part XIII an	d complete the fol	lowing tab	e:				Amount		_
c	Beginning balance						1c				_
d,	Additions during the year						1d				_
e i	Distributions during the year						1e				<u> </u>
f	Ending balance						1 f				_
2a	Did the organization include an a	amount on Form	990, Part X, line 2	21, for esci	ow or	custodial	account l	iability?	. 🗆 Yes		ło
b j	If "Yes," explain the arrangemen	nt in Part XIII. Ch	neck here if the ex	planation l	as bee	en provide	ed in Part	XIII	. \square		
Part	t V Endowment Funds.										
	Complete if the organi							(n = 1			
1a B	seginning of year balance		(a) Current year	(b) Prior	/ear	(c) Iwo	years back	(a) Three y	ears back (e) Four year	irs back
	Contributions	· · -	325,000								
	let investment earnings, gains, a	and losses	-1,459								
	Grants or scholarships	103363	-								
	Other expenditures for facilities	-									
	nd programs										
f A	dministrative expenses		418								
g Er	nd of year balance	🗆	323,123								
2	Provide the estimated percentag		•	(line 1g, co	lumn ((a)) held	as:				
a ^l	Board designated or quasi-endov		0.000 %								
b	Permanent endowment	0 %									
	Term endowment ► 0 %										
	The percentages on lines 2a, 2b,		•		اماما		.:	. L la .			
	Are there endowment funds not organization by:	in the possessio	ii oi tile organizati	ion that are	i neiu a	anu aumi	iisterea i	or the		Yes	No
	(i) Unrelated organizations .								3a(i)	No
	(ii) Related organizations								3a(i	i)	No
	If "Yes" on 3a(ii), are the related		•						. 3b		
	Describe in Part XIII the intende		ganization's endow	vment fund	s.						
Part	: VI Land, Buildings, and Complete if the organi		ed "Ves" on For	m 990 Pa	rt I\/	line 11a	See Fo	rm 990 P	art X line	10	
D		(a) Cost or other (investment)		or other bas				depreciation		Book valu	e
1a La	and										
b B	uildings					1					
	easehold improvements					1					
	quipment					1					
	Other										
	. Add lines 1a through 1e. (Colun	mn (d) must equ	al Form 990, Part	X, column	(B), lin	ne 10(c).)		>			0

art VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990) Part I\/	line 11h See Fo	m 990 Part ∨	line 12
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of va	luation:
) Financial derivatives				
) Closely-held equity interests	-			
)				
al. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Investments - Program Related. Complete if the organization answered 'Yes' on Form 990		line 11c. See Fo	rm 990, Part X,	line 13.
(a) Description of investment		(b) Book value	(c) Meth	od of valuation: ıf-year market valı
)				
)				
)				
)				
)				
)				
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
art IX Other Assets.		ing 11d Soc Fee	m aan bart V	lino 15
Complete if the organization answered 'Yes' on Form 990 (a) Description	, rail IV, l	ilie 110. See FOI	III 330, PAFE X,	(b) Book valu
)				
)				
)				
)				
)				
)				
)				
)				
vtal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				
(, , , , , , , , , , , , , , , , , , ,	•		-	

	12:07 PM Cher	ry Creek Schools Foundat	ion - Fι	ıll Filing- Nonprofit Explor	er - ProP	ublica
Total.	(Column (b) must equal Form 990, Part X, col.(B) line 25.)				-	
2. Lial	oility for uncertain tax positions. In Part XIII, provid	e the text of the footnote t	o the o	rganization's financial stat	ements t	hat reports the
organi	zation's liability for uncertain tax positions under FI	N 48 (ASC 740). Check he	re if the	text of the footnote has	oeen prov	vided in Part XIII $\ \square$
					Schedu	le D (Form 990) 2021
		———— Page 4 ——				
Sched	ule D (Form 990) 2021					Page 4
Par	<u> </u>	lited Financial Statem	ents	With Revenue ner Ro	eturn	rage 4
ran	Complete if the organization answered				cui III.	
1	Total revenue, gains, and other support per audited	financial statements .			1	1,712,209
2	Amounts included on line 1 but not on Form 990, Page 1	art VIII, line 12:				
а	Net unrealized gains (losses) on investments .		2a	-1,746		
b	Donated services and use of facilities		2b	28,771		
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.)		2d			
e	Add lines 2a through 2d		•		2e	27,025
3	Subtract line 2e from line 1				3	1,685,184
4	Amounts included on Form 990, Part VIII, line 12, b	out not on line 1:				
а	Investment expenses not included on Form 990, Pa	rt VIII, line 7b .	4a	418		
b	Other (Describe in Part XIII.)		4b	-124,672		
С	Add lines 4a and 4b		•		4c	-124,254
5	Total revenue. Add lines 3 and 4c. (This must equa	l Form 990, Part I, line 12.) .		5	1,560,930
Part					Return.	
	Complete if the organization answered		t IV, li	ne 12a.	_	1 600 706
	Total expenses and losses per audited financial stat				1	1,600,786
	Amounts included on line 1 but not on Form 990, Pa	art IX, line 25:	l a-	20.771		
	Donated services and use of facilities		2a	28,771		
	Prior year adjustments		2b			
	Other losses		2c			
	Other (Describe in Part XIII.)		2d		-	20.771
	Add lines 2a through 2d		•		2e	28,771
3	Subtract line 2e from line 1				3	1,572,015
	Amounts included on Form 990, Part IX, line 25, bu		A=	110		
	Investment expenses not included on Form 990, Pa	rc vIII, line /b	4a	418		
	Other (Describe in Part XIII.)		4b	-124,672		101.05
С	Add lines 4a and 4b		•		4c	-124,254
_	Total expenses. Add lines 3 and 4c. (This must equ	al Form 990, Part I, line 18	3.) .		5	1,447,761
Part	XIII Supplemental Information					
Part Provi	XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, a				V, line 4;	Part X, line 2; Part XI,
Provi	XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, a 2d and 4b; and Part XII, lines 2d and 4b. Also com			tional information.	V, line 4;	Part X, line 2; Part XI,
Provi lines	de the descriptions required for Part II, lines 3, 5, a 2d and 4b; and Part XII, lines 2d and 4b. Also com	plete this part to provide a	ny addi	tional information. Explanation		
Provi lines	XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, a 2d and 4b; and Part XII, lines 2d and 4b. Also com	plete this part to provide a	ny addi	tional information. Explanation		Part X, line 2; Part XI,

Schedule D (Form 990) 2021

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ObjectId: 202301259349302460 - Submission: 2023-05-05

TIN: 84-1218299OMB No. 1545-0047

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Fundraising or Gaming Activities

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

2021

organization entered more than \$15,000 on Form 990-EZ, line 6a. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Open to Public Inspection		
Nan CHE	ne of the organization RRY CREEK SCHOOLS	FOUNDAT	TON					Employer ide	ntification number
CITE	INCT CREEK SCHOOLS	TOONDA	1014					84-1218299	
Pa		_	ties. Complete if are not required t	_		answered "Yes" on F part.	orm 990,	, Part IV, line 1	7.
1	Indicate whether the	e organiza	tion raised funds tl	nrough an	y of the fo	ollowing activities. Check	all that a	pply.	
а	☐ Mail solicitations				e	Solicitation of nor	n-governm	ent grants	
b	☐ Internet and ema	ail solicita	tions		f	Solicitation of gov	ernment o	grants	
С	Phone solicitation	ns			g	Special fundraisir	g events		
d	☐ In-person solicita	ations							
2a						vidual (including officers		rvices2	es 🗆 No
b	If "Yes," list the 10 h to be compensated a				idraisers)	pursuant to agreements	under wh		
(i) Name and address of individua or entity (fundraiser)			(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) siser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
Tot	al								
	List all states in which licensing.	the orgar	nization is registere	d or licens	sed to sol	icit contributions or has	been notifi	ied it is exempt f	rom registration or
For	Paperwork Reduction A	ct Notice,	see the Instructions	for Form	990 or 99	O-EZ. Cat. No	. 50083H	So	chedule G (Form 990) 2021
					—— Pa	ge 2 —————			

Schedule G (Form 990) 2021 Page **2**

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

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		ANNUAL GALA	GOLF EVENT	(total number)	col. (c))
		(event type)	(event type)	(total number)	
1115210					
Revenue					
eve					
ă					
	1 Gross receipts	196,298	38,823		235,121
	2 Less: Contributions	148,535	34,893		183,428
	line 2) . `	47,763	3,930		51,693
	4 Cash prizes	7,500			7,500
SS	5 Noncash prizes	28,398			28,398
Sus	6 Rent/facility costs	12,680	19,140		31,820
ă	7 Food and beverages	10,385	1,393		11,778
Direct Expenses	8 Entertainment	5,500			5,500
Ö	9 Other direct expenses	20,842	9,860		30,702
	10 Direct expense summary. Add lines 4 th	rough 9 in column (d)			115,698
	11 Net income summary. Subtract line 10 f	from line 3, column (d)		•	-64,005
Par	rt III Gaming. Complete if the orga on Form 990-EZ, line 6a.	nization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
е	on roini 950 EZ, inic our		(b) Pull tabs/Instant		(d) Total gaming (add col.
Revenue		(a) Bingo	bingo/progressive bingo	(c) Other gaming	(a) through col.(c))
Rev					-
	1 Gross revenue				
enses	2 Cash prizes				
EX EX EX EX EX EX EX EX EX EX EX EX EX E	3 Noncash prizes				
ぜ	4 Rent/facility costs				
Direct					
	5 Other direct expenses		□ V 0′		
	6 Volunteer labor	Yes%	☐ Yes%_	☐ Yes%	
	Volunteer labor	☐ No	□ No	□ No	
	7 Direct expense summary. Add lines 2 th	rough 5 in column (d)		•	
	8 Net gaming income summary. Subtract	line 7 from line 1, column	n (d)		
9	Enter the state(s) in which the organization	on conducts gaming activi	itios		
э a	Is the organization licensed to conduct ga				☐ Yes ☐ No
b	If "No," explain:				
					1
10a	Were any of the organization's gaming lice				
b	If "Yes," explain:				——————————————————————————————————————
				Schedule G (Form 990) 2021

raye .

Sche	dule G (Form 990) 2021						ı	Page 3
11	Does the organization conduct gaming	activities with nonmemb	ers?			☐ Yes	□No	
12	Is the organization a grantor, beneficiar formed to administer charitable gaming					Yes		
13	Indicate the percentage of gaming activ	rity conducted in:				_ 163	_ 110	
а	The organization's facility				13a			%
b	An outside facility				13b			%
14	Enter the name and address of the pers	son who prepares the org	anization's gaming/spe	cial events books and re	cords:			
	Name							
	Address							
15a	Does the organization have a contract verenue?	vith a third party from w	hom the organization re	ceives gaming		□ Ves	□No	
b	If "Yes," enter the amount of gaming reamount of gaming revenue retained by	venue received by the o	rganization 🟲 \$			○ 163	_ NO	
С	If "Yes," enter name and address of the	third party:						
	Name •							
	Address							
16	Gaming manager information: Name Gaming manager compensation \$							
	Description of services provided							
	☐ Director/officer	☐ Employee	☐ Indepe	endent contractor				
17 a b	Mandatory distributions: Is the organization required under state retain the state gaming license? Enter the amount of distributions requires					Yes	□No	
-	in the organization's own exempt activi			organizations or spent				
Par	Supplemental Informatio III, lines 9, 9b, 10b, 15b, 15							s.
	Return Reference		Ex	planation				
				Schedu	le G (Fo	rm 990) 20	021	
Ac	lditional Data					Return t	o Form	n

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9/5/24. 12:07 PM Cherry Creek Schools Foundation - Full Filing- Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202301259349302460 - Submission: 2023-05-05 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 (book, FMV, appraisal, other) (if applicable) noncash assistance or assistance or government (1) CHERRY CREEK SCHOOLS 4700 SOUTH YOSEMITE STREET TO SUPPORT PROGRAM CHERRY CREEK 1,097,815 0 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) 2021 — Page 2 — Schedule I (Form 990) 2021 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 recipients cash grant noncash assistance FMV, appraisal, other (1) SCHOLARSHIPS 26 55,250 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) 2021

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ObjectId: 202301259349302460 - Submission: 2023-05-05

TIN: 84-1218299

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

▶Go to www.irs.gov/Form990 for the latest information. **Open to Public** Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** CHERRY CREEK SCHOOLS FOUNDATION 84-1218299 Part I Types of Property (d) (a) (b) (c) Check if Number of contributions or Noncash contribution Method of determining items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1g Art—Works of art . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household aoods Cars and other vehicles . . 6 Boats and planes Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . 12 Securities-Miscellaneous . . Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . 15 Real estate—Residential . Real estate—Commercial . . 16 Real estate—Other . . . 17 Collectibles 18 19 Food inventory . . . Drugs and medical supplies . 20 21 Taxidermy Historical artifacts . . . 22 23 Scientific specimens . . 24 Archeological artifacts . Other ▶ (SUPPLIES) 39,601 FMV 25 AUCTION 130 28,398 FMV 26 Other ▶ (ITEMS) Other ▶ (_ 27 29 Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 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 30a No **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 No 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a No **b** If "Yes," describe in Part II. 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. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 512271 Schedule M (Form 990) (2021)

Page 2 -

Page 2 Schedule M (Form 990) (2021)

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) (2021)

Additional Data

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ObjectId: 202301259349302460 - Submission: 2023-05-05

TIN: 84-1218299 OMB No. 1545-0047

SCHEDULE O (Form 990)

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.

2021

Inspection

Name of the organization
CHERRY CREEK SCHOOLS FOUNDATION

Employer identification number

84-1218299

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	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 OFFICERS, DIRECTORS, COMMITTEE MEMBERS AND EMPLOYEES 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 2022.
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 OVERSIGHT AND SELECTION OF 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) 2021

Additional Data

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