efile Public Visual Render ObjectId: 202421359349312507 - Submission: 2024-05-14

TIN: 84-1218299 OMB No. 1545-0047

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

		nue Service					Inspection
A F	or th	e 2022 c	elendar year, or tax year beginning 07-01-2022 ,and ending 06-30	-2023			
<b>B</b> Che	ck if a	applicable:	C Name of organization		D Employe	r identif	ication number
		change	CHERRY CREEK SCHOOLS FOUNDATION		84-12182	299	
O Na O Ini		,	Doing business as				
_		rn/terminated					
O Am	ende	d return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	e	E Telephone	number	
O Ap	plicati	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		<b>G</b> Gross rece	eipts \$ 1	,280,064
			F Name and address of principal officer:	<b>H(a)</b> Is this	a group retu	ırn for	
			JILL HENDEN 4700 SOUTH YOSEMITE STREET		linates?		☐Yes ✓No
			GREENWOOD VILLAGE, CO 80111	H(b) Are all include		S	☐ Yes ☐No
I Tax	-exer	mpt status:	<b>✓</b> 501(c)(3) □ 501(c) ( ) <b>◄</b> (insert no.) □ 4947(a)(1) or □ 527		" attach a lis	st. See	instructions.
J W	ebsit	te:▶ CCS	DFOUNDATION.ORG	H(c) Group	exemption r	number	•
<b>K</b> Forn	n of o	rganization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of format	tion: 1993	<b>M</b> State	of legal domicile: CO
	ud I	- Cum					
Pa	rt I	Sum Briefly des	mary cribe the organization's mission or most significant activities:				
Ф			OUR COMMUNITY TO THE CHERRY CREEK SCHOOL DISTRICT AND INNOVA	TIVE EDUCATI	ON.		
anc							
Ë	•						
Ŏ		Check thi	1 _ 1				
×			f voting members of the governing body (Part VI, line 1a)			3	22
Activities & Governance			if independent voting members of the governing body (Part VI, line 1b)			4	22
Ě			ber of individuals employed in calendar year 2022 (Part V, line 2a)			5	4
¥CT			ber of volunteers (estimate if necessary)		•	6 7a	25
•			ated business taxable income from Form 990-T, Part I, line 11			7a 7b	0
		Net uniter	aced business taxable income from 10th 1990 1, 1 arc 1, line 11		r Year	7.5	Current Year
	8	Contribut	ions and grants (Part VIII, line 1h)	1110	1,624,61	0	1,001,336
Revenue			service revenue (Part VIII, line 2g)				0
e Ae		_	nt income (Part VIII, column (A), lines 3, 4, and 7d )		32	25	6,460
œ	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-64,00	)5	63,213
	12	Total reve	nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,560,93	80	1,071,009
			d similar amounts paid (Part IX, column (A), lines 1-3 )		1,153,06	55	685,395
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)				0
88	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		227,10	00	284,325
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)				0
хbе	b	Total fundr	aising expenses (Part IX, column (D), line 25)				
Œ	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		67,59	6	68,302
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,447,76	51	1,038,022
	19	Revenue	ess expenses. Subtract line 18 from line 12		113,16	_	32,987
S Of				Beginning o	of Current Yea	ar	End of Year
set	20	Total asse	ets (Part X, line 16)		1,079,64	19	1,114,034
t As			lities (Part X, line 26)		14,00		3,114
Net Assets or Fund Balances			s or fund balances. Subtract line 21 from line 20		1,065,64	_	1,110,920

**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

					2024-05-14	
Sigr Here	י ון	gnature of officer			Date	
пег	311	L HENDEN EXECUTIVE DIRECTOR pe or print name and title				
 Pai	/ d	Print/Type preparer's name	Preparer's signature	Date 2024-05-14	Check if self-employed	PTIN P01260252
_	parer	Firm's name  JDS PROFESSIONAL	. GROUP	<b>.</b>	Firm's EIN ► 20	)-8019714
Use	Only	Firm's address ► 10303 E DRY CREEK	RD STE 400		Phone no. (303)	771-0123
		ENGLEWOOD, CO 8	30112			
May	the IRS disc	uss this return with the preparer sh	nown above? See Instructions.			✓ Yes □ No
For I	Paperwork	Reduction Act Notice, see the s	eparate instructions.	Cat. I	No. 11282Y	Form <b>990</b> (2022
			Page 2 —			
Form	990 (2022)	)				Page 2
Pa	rt III <b>St</b>	atement of Program Service	Accomplishments			_
1		eck if Schedule O contains a respon scribe the organization's mission:	se or note to any line in this Pa	rt III		🗸
THE (	CHERRY CRI INDIVIDUA	EEK SCHOOLS FOUNDATION WAS OLS TO ENHANCE EDUCATIONAL PROPAHOE COUNTY, DENVER.				
	- 1	,				
_	Didthe		h			
2	the prior F	ganization undertake any significan form 990 or 990-EZ? escribe these new services on Sche		ear which were not iis		🗆 Yes 🛂 No
3		ganization cease conducting, or ma		conducts, any progra	ım	
						. 🗆 Yes 🛂 No
4	Section 50	he organization's program service a b1(c)(3) and 501(c)(4) organization ue, if any, for each program service	is are required to report the amo			
4a	(Code: RAISING FL	) (Expenses \$ INDS TO FINANCE PROGRAMS IN THE ED	758,671 including grants of		5 ) (Revenue \$	)
4b	(Code:	) (Expenses \$	including grants of	· ¢	) (Revenue \$	)
70	(code.	) (Ехрепзез ф	including grants of	7	) (Revenue \$	,
4c	(Code:	) (Expenses \$	including grants of	· \$	) (Revenue \$	)
	<u> </u>					
4d		gram services (Describe in Schedul	-			
40	(Expenses	gram service expenses	ding grants of \$ 758.671	) (Revenue	\$	)

Form 990 (2022) Page **3** 

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	<b>Section 501(c)(3) organizations.</b> 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	-		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? If "Yes,"	8		No
_	complete Schedule D, Part III			
9	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? If "Yes," complete Schedule D, Part V	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	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	Yes	
	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
	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	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 📆	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	_	No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	21	Yes	

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Par	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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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	Yes	
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	<b>Section 501(c)(3) organizations.</b> 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	organization in rest, complete constant in the interest in the	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No

**1c** Form **990** (2022)

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orm	990 (2022)			Page 5
Pa	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?	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	,		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			

9/5/24,	12:00 PM Cherry Creek Schools Foundation - Full Filing- Nonprofit Explorer - ProPublic	ca		
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		<u> </u>
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	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	If les, complete form 6009.	F	orm <b>99</b>	<b>0</b> (2022)
				,
	Page 6			
Form	990 (2022)			Page <b>6</b>
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" resp	onse to	1
	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			<b>✓</b>
Se	ction A. Governing Body and Management	• •	• •	
	ction A. Governing body and Hanagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   22			
10				
	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  22			
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	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? 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	e.)	•
	· · · · · · · · · · · · · · · · · · ·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		-	
	conflicts?	12b	Yes	
	Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?		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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			

9/5/24,	12:00 PM	Cherry Cree	ek Sch	ools Foundatio	n - F	Full F	-iling-	Nor	profit Explorer -	ProPublica	
	in joint venture arrangements under appli status with respect to such arrangements		ax law,	, and take step	s to	safe •	eguaro •	the	e organization's e	exempt <b>16b</b>	
Se	ction C. Disclosure										
17	List the states with which a copy of this F	orm 990 is requ	uired t	o be filed▶	со						
18	Section 6104 requires an organization to 501(c)(3)s only) available for public inspe				A, if					section	
	Own website Another's website	e 🔽 Upon re	quest	Other (e	xpla	ain ir	n Sche	edule	e O)		
19	Describe in Schedule O whether (and if so policy, and financial statements available	to the public di	uring t	he tax year.		-			•		
20	State the name, address, and telephone r THE ORGANIZATION 4700 S YOSEMITE									ords:	
										F	orm <b>990</b> (2022
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				rage 7							
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Par	Compensation of Officers, I and Independent Contractor		ustee	es, Key Emp	loy	ees	, Hig	hes	st Compensat	ted Employee	es,
	Check if Schedule O contains a res		to any	line in this Par	t VII	١.					$\square$
Se	ction A. Officers, Directors, Trusto	ees, Key Em	ploye	es, and Hig	hes	st C	omp	ens	ated Employ	ees	
<b>1a</b> Coyear.	omplete this table for all persons required t	to be listed. Rep	oort co	mpensation fo	r the	e cal	endar	yea	ar ending with or	within the orga	nization's tax
• 1	List all of the organization's <b>current</b> office npensation. Enter -0- in columns (D), (E),					als o	r orga	niza	ations), regardle	ss of amount	
	ist all of the organization's <b>current</b> key en	. ,	•	•		def	inition	of '	"key employee."		
	ist the organization's five <b>current</b> highest										+100 000 6
	received reportable compensation (box 5 of rganization and any related organizations.	r Form W-2, Do:	хьог	Form 1099-MI:	SC,	ana/	or bo	ΧΙ	of Form 1099-NE	c) or more than	1 \$100,000 from
	ist all of the organization's <b>former</b> officers portable compensation from the organization				nsate	ed e	mploy	ees	who received m	ore than \$100,0	00
	ist all of the organization's <b>former direct</b>	•			e ca	pacit	ty as a	a for	mer director or	trustee of the	
-	ization, more than \$10,000 of reportable o	•		e organization	and	any	relat	ed c	rganizations.		
	he instructions for the order in which to list	•		zation compon	to	d 22		ont	officer director	or tructoo	
	Check this box if neither the organization network (A)	(B)	Jigailiz	(C)		u aii	y curi	ent	(D)	(E)	(F)
	Name and title	Average		ition (do not cl	neck				Reportable	Reportable	Estimated amount of
		hours per week (list		fficer and a dire				211	compensation from the	compensation from related	other
		any hours for related	악	Institutional	Ş.	Кеу ө	Highe emplo	Form	organization (W-2/1099-	organizations (W-2/1099-	compensation from the
		organizations below dotted	dire	Institutional Trustee;	icer	y en	ples	rmer	MISC/1099- NEC)	MISC/1099- NEC)	organization and related
		line)	ğ	ii ustee,		mployee	st oc	~	NLC)	NLC)	organizations
			trustee			уве	compensat e				
			99				ens				
							ated				
(1) PE	TER STAVENGER	1.00									
. ,			Х		Х				0	0	(
(2) VA	LENCIA CULBREATH	1.00	Х		X				0		
VICE (	CHAIR	•	^		^				O	0	
	NNIFER FEINGOLD	1.00			.,				0		
SECRE	TARY		Х		Х				U	0	
	AN BALAKAS	1.00	Х		х				0	0	(
TREAS		1.00		-	┢	_					-
PAST (	IIAN ROONEY CHAIR		Х		Х				0	0	(
. ,	CY ADAMS	1.00	Х								,
DIREC	TOR								U		
(7) TO	DDD BASS	1.00							0		
DIREC	TOR	<u> </u>	Х						0	0	Ί

9/5/24, 12:00 PM DIRECTOR	Cherry Creek Schools Foundation - Full Filing- Nonprofit Explorer - ProPublica										
(9) BREEZY CALDWELL DIRECTOR	1.00	х						0	0	0	
(10) JACKIE DEVINE DIRECTOR	1.00	х						0	0	0	
(11) CHARLES GILFORD III DIRECTOR	1.00	Х						0	0	0	
(12) AARON GREEN DIRECTOR	1.00	х						0	0	0	
(13) ANGELA GREEN GARLAND DIRECTOR	1.00	х						0	0	0	
(14) PIPER KNOLL DIRECTOR	1.00	х						0	0	0	
(15) TARA JOSEPH-LABRIE DIRECTOR	1.00	х						0	0	0	
(16) LISA MIXON DIRECTOR	1.00	х						0	0	0	
(17) JEANNE OH KIM DIRECTOR	1.00	х						0	0	0	

Form **990** (2022)

Form 990 (2022)

Page **8** 

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

(A) Name and title	(B) Average hours per week (list	one	(C) sition (do not che box, unless pe fficer and a dire	(E) Reportable compensation from related	(F) Estimated amount of other					
	any hours for related organizations below dotted line)		Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(18) MATTHEW PROPST	1.00	Х						0	0	0
DIRECTOR										
(19) AMISHA SINGH	1.00	Х						0	0	0
DIRECTOR (20) TINA SUNEJA										
(20) TINA SUNEJA DIRECTOR	1.00	x						0	0	0
(21) ZACARY TARDIFF DIRECTOR	1.00	хх						0	0	0
(22) RYAN TULLY DIRECTOR	1.00	x						0	0	0
(23) ERIN WILLIAMS DIRECTOR	1.00	x						0	0	0
(24) CHRISTOPHER SMITH SUPERINTENDE	1.00	х						0	0	0
(25) JILL HENDEN EXECUTIVE DI	40.00			х				112,270	0	3,869

5/24,	12:00 PM		Cherry Cree	ek Scho	ools Foundation	- Full	Filing-	- Non	profit Ex	plorer -	ProPubli	ca		
						4	1							
1b S	ub-Total					•	•							
	otal from continuation sheets to otal (add lines 1b and 1c)	•				<u>.</u>			112,270			_		3,869
2	Total number of individuals (include		ot limited to		isted ahove) wh	o rece	aived r	more	•	nn nnn				3,00.
	of reportable compensation from t				isted above, wi	10 100		11010	criair φ1					
													Yes	No
3	Did the organization list any <b>form</b> line 1a? <i>If "Yes," complete Schedu</i>				, key employee,	or hig	ghest (	comp	ensated • •	employ •	yee on •	3		No
4	For any individual listed on line 1a organization and related organization individual									n the		4		No
5	Did any person listed on line 1a reservices rendered to the organizat				•		_				for •	5		No
So	ction B. Independent Contr		, ,		•									INO
1	Complete this table for your five h	ighest con										mpensa	ation	
	from the organization. Report com	npensation (A		ndar ye	ear ending with	or wit	hin th	e org	anizatior	n's tax (B)	•	<del></del>	(0	``
	Na		iness address						Desc		f services		Comper	
								+						
												-+		
	otal number of independent contractory		uding but not	limite	d to those listed	abov	e) wh	o rec	eived mo	ore tha	n \$100,00	00 of		
	990 (2022) t VIII Statement of Reven													Page <b>9</b>
	Check if Schedule O cont	ains a resp	oonse or note	e to an	y line in this Pa	rt VIII		(B)			 (C)	$\div$	 (D	<u> </u>
					Total revenu	ie	f	elated exemple unction event	ot on	b	nrelated usiness evenue		Rever excluded x under 512 -	nue I from sections
] F	ederated campaigns 1	.a			1									
	ibutions,													
	<u> </u>	b												
Other Simila	or													
Arfioū 	Highraising events 1	l <b>c</b>												
<b>d</b> R	<del></del>	.d												
<b>e</b> G	overnment grants (contributions)	le_												
a	Il other contributions, gifts, grants, nd similar amounts not included bove	Lf_												
	959,336													
	oncash contributions included in nes 1a - 1f:\$	g												
h T	231,478 <b>otal.</b> Add lines 1a-1f		. ▶ 1.0	001,336	5									
Т			Business											
2	a					$\neg$								
nue						$\rightarrow$						-		
Second			1		I	1						1		

9/5/24, 12:0	00 PM				Cherry Creek Sch	hools Foundation - Ful	ll Filing- Nonprofit I	Explorer - ProPublica	
æ <u>–</u>									_
Service									
Sei									
Lam —									
Program									
	l other program	servio	ce revenue.						
9 т	otal. Add lines 2	2a-2f <b>.</b>		<b>•</b>					
<b>3</b> Inv	estment income	(inclu	ıding divide	nds, int	terest, and other	6.460			6.460
	ilar amounts) . come from invest				nd proceeds	6,460			6,460
	yalties					·			
,	,		(i) Rea		(ii) Personal	<u>'</u>			
<b>6</b> - 0		أيرا							
	ross rents ess: rental	6a				_			
	penses	6b							
	ental income · (loss)	6c							
	let rental income	or (l	oss)			<del>-</del>			
			(i) Securi	ties	(ii) Other				
	ross amount om sales of	7a							
as	sets other an inventory								
Ψ.	ss: cost or	7.							
	her basis and les expenses	7b							
ď.	ain or (loss)	7c							
ab	let gain or (loss)					-			
	oss income from fu								
	ot including \$ ntributions reported		42,000 of ne 1c).						
Se	ee Part IV, line 18			8a	272,268	3			
	ess: direct expen			8b	209,055	5			
<b>c</b> N∈	et income or (los	s) fro	m fundraisir	ng ever	nts 🕨	63,213			63,213
<b>9a</b> Gr	ross income from	gamin	g activities.						
Se	ee Part IV, line 19	•		9a					
	ess: direct expen			9b					
c Ne	et income or (los	s) fro	m gaming a	ctivitie	s	<del></del>			
<b>10a</b> Gr	ross sales of inve	entory	, less						
	turns and allowa			10a					
	ess: cost of good			10b		_			
C Ne	et income or (los	s) fro	m sales of i	nventoi	Business Code				
11a				ľ					
ь-									
Other Reve	enueMiscAmt								
<b>d</b> Al	l other revenue								
етс	<b>otal.</b> Add lines 1	1a-11	ld						
12 To	otal revenue. S	ee ins	structions .		· · · •	1,071,009			69,673

Form **990** (2022)

Form 990 (2022) Page **10** 

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses general expenses expenses expenses 629.320 629.320 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . 2 Grants and other assistance to domestic individuals. See 56,075 56,075 **3** Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 4 Benefits paid to or for members . . . . . . . . . Compensation of current officers, directors, trustees, and 121,911 26,821 14,629 80,461 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . . . . . . 142.520 31.354 17.102 94,064 **7** Other salaries and wages . **8** Pension plan accruals and contributions (include section 1,950 429 234 1,287 401(k) and 403(b) employer contributions) . . **9** Other employee benefits . . . . . . 17,944 3,948 **10** Payroll taxes . . . . . . 2,153 11.843 **11** Fees for services (non-employees): **a** Management . . . **b** Legal . . . . . . **c** Accounting .  $\boldsymbol{d}$  Lobbying . . . . . . . . . . e Professional fundraising services. See Part IV, line 17 3,203 3,203 **f** Investment management fees . . . g Other (If line 11g amount exceeds 10% of line 25, column 15,603 15,603 (A) amount, list line 11g expenses on Schedule O) 8,192 8,192 **12** Advertising and promotion . . . **13** Office expenses . . . . **14** Information technology . . . 15 Royalties . **16** Occupancy . . . . . 733 13.018 245 12.040 **17** Travel . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials **19** Conferences, conventions, and meetings . . . **20** Interest . . . . . **21** Payments to affiliates . . . . . **22** Depreciation, depletion, and amortization . 23 Insurance . 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a PROCESSING FEES 15.213 9,487 5.726 **b** OTHER 9,646 1,533 3,515 4,598 c SUPPLIES AND MATERIALS 3,427 754 411 2,262 d e All other expenses 1,038,022 758,671 78,377 200,974 25 Total functional expenses. Add lines 1 through 24e **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, 12:00 PM	Cherry Creek S	Schools Foundation - F	Full Filing- Nonprofit E	Explorer - ProPublica	
Check here ▶ ☐ if following SOP 98-2 (AS	C 958-720).				
_					Form <b>99</b>

						Form <b>990</b> (2022)
			——— Page 11 ————			
orm	990	(2022)				Page <b>11</b>
	art X	Balance Sheet				rage 11
		Check if Schedule O contains a response or not	e to any line in this Part IX			
		crock in concease of contains a response of the	as to any mile in the part of the	(A)		(B)
	1			Beginning of year		End of year
	1	Cash-non-interest-bearing		424,980	1	481,904
	2	Savings and temporary cash investments .	_	285,406	2	287,729
	3	Pledges and grants receivable, net	<u> </u>	45.054	3	8,061
	4	Accounts receivable, net	_	45,951	4	
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial contributor, or 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$ , and persons described in s	fied persons (as defined under		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
SS	9	Prepaid expenses and deferred charges		190	9	
7	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities .			11	
	12	Investments—other securities. See Part IV, line	11	323,122	12	313,468
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	22,872
	16	Total assets. Add lines 1 through 15 (must eq	ual line 33)	1,079,649	16	1,114,034
	17	Accounts payable and accrued expenses			17	3,114
	18	Grants payable		14,000	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
bilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons .	butor, or 35% controlled entity		22	
<u></u>	23	Secured mortgages and notes payable to unrela	_		22	
	24	Unsecured notes and loans payable to unrelated	· —		24	
	25	Other liabilities (including federal income tax, p	· —		25	
	25	and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D				
	26	<b>Total liabilities.</b> Add lines 17 through 25 .		14,000	26	3,114
ces		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	neck here 🕨 🗹 and			
lar	27	Net assets without donor restrictions		658,287	27	630,889
d Ba	28	Net assets with donor restrictions	📙	407,362	28	480,031
or Fund Balances	29	Organizations that do not follow FASB ASC complete lines 29 through 33.  Capital stock or trust principal, or current funds	·		29	
	30	Paid-in or capital surplus, or land, building or ed			30	
se	31	Retained earnings, endowment, accumulated in	· ·		31	
Net Assets	32	Total net assets or fund balances		1,065,649	32	1,110,920
Net	33	Total liabilities and net assets/fund balances .		1,079,649	33	1,114,034
-				1,010,040		1,111,304

Form **990** (2022)

Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<b>✓</b>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			.071,009
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,	.038,022
3	Revenue less expenses. Subtract line 2 from line 1	3			32,987
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,	.065,649
5	Net unrealized gains (losses) on investments	5			12,992
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			-708
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		1,	110,920
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 of separate basis, consolidated basis, or both:	n a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate tonsolidated basis, or both:	oasis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scheol	lule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Un Guidance, 2 C.F.R. Part 200, Subpart F?	iform	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red			
	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			F	orm <b>99</b>	0 (2022)
-orm	990 (2022)				
Ac	lditional Data		Returi	n to Fo	rm

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TIN: 84-1218299

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

OMB No. 1545-0047

2022

Open to Public Inspection

		he organization EK SCHOOLS FOUNDATION					Employer identific	ation number
							84-1218299	
	rt I	Reason for Public ation is not a private four	Charity State	<b>us</b> (All organization	s must comple	ete this part.) S	See instructions.	
1	n gannz	A church, convention of		•	<i>3</i> ,	, ,	(A)(i)	
2		A school described in se	,				(,,,(,,,	
3		A hospital or a cooperat			•	• •	:::>	
4			•	-			-	atau tha baanitalla
•		A medical research organisme, city, and state:	anization operati	ed iii conjunction with	a nospitai descr	ibed iii <b>section</b> 1	170(b)(1)(A)(III). E	iter the nospitars
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	perated by a gov	ernmental unit descril	oed in <b>section</b>
6		A federal, state, or loca	l government or	governmental unit de	scribed in <b>secti</b>	on 170(b)(1)(A	a)(v).	
7	<b>✓</b>	An organization that no section 170(b)(1)(A)			s support from a	a governmental u	nit or from the genera	al public described in
8		A community trust desc	ribed in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part 1	II.)		
9		An agricultural research non-land grant college of An organization that no	of agriculture. S	ee instructions. Enter	the name, city, a	and state of the o	college or university:	
		from activities related to investment income and 30, 1975. See <b>section</b>	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 organiz	ed and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		An organization organiz more publicly supported on lines 12a through 12	d organizations (	described in section 5	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a majo				
b		Type II. A supporting of management of the sup must complete Part I	organization sup oporting 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	nally integrate The organizatio	<b>d.</b> A supporting organing organic	ization operated fy a distribution	in connection with requirement and	th its supported orgar	
e		Check this box if the orgintegrated, or Type III r	ganization recei	ved a written determir	nation from the I		pe I, Type II, Type III	functionally
f	Ente	the number of supported	d organizations				<u> </u>	
g		de the following informat						
	(i) <sup>1</sup>	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		janization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
	•							
Tota			li .					
For F	aperv	work Reduction Act No or 990-EZ.	tice, see the I	nstructions for	Cat. No. 1128	5F	Schedule	A (Form 990) 2022
				Pa	ge 2 ———			
Schei	dule A	(Form 990) 2022			_			Daga <b>3</b>
	rt II	Support Schedule		zations Described ne box on line 5, 7,				

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

9/5/2	4, 12:00 PM	Cherry Cr	eek Schools Foun	dation - Full Filing	- Nonprofit Explore	er - ProPublica	
	r fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	( <b>d)</b> 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	722,285	1,238,659	986,025	1,624,610	1,001,336	5,572,915
2	Tax revenues levied for the organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities furnished by a governmental unit to						
4	the organization without charge	722,285	1,238,659	986,025	1,624,610	1,001,336	5,572,915
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by	722,263	1,238,639	966,025	1,624,610	1,001,330	5,572,915
	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						333,547
6	Public support. Subtract line 5 from line 4.						5,239,368
_	Section B. Total Support						<u> </u>
	lendar year	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
_	r fiscal year beginning in)	•	1,238,659	986,025			5,572,915
7 8	Amounts from line 4 Gross income from interest,	722,285	1,230,639	966,025	1,624,610	1,001,550	5,572,915
ŭ	dividends, payments received on securities loans, rents, royalties and	3,019	1,765	80	325	6,460	11,649
	income from similar sources						
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital	10,681	7,865	4,430			22,976
	assets (Explain in Part VI.)	10,001	7,003	1,130			22,570
11	<b>Total support.</b> Add lines 7 through 10						5,607,540
12	Gross receipts from related activities, e	etc. (see instruction	ons)			12	595,480
13	First 5 years. If the Form 990 is for the	ne organization's	first, second, third	, fourth, or fifth to	ax year as a sectio	on 501(c)(3) organ	ization, check
	this box and <b>stop here</b>					▶□	
9	Section C. Computation of Public						
14	Public support percentage for 2022 (lin	ie 6, column (f) d	ivided by line 11,	column (f))		14	93.430 %
15	Public support percentage for 2021 Sch					15	87.470 %
16	$_3$ 33 1/3% support test—2022. If the $_3$	organization did r	not check the box	on line 13, and lin	e 14 is 33 1/3% or	more, check this	
	and <b>stop here.</b> The organization qualif						
t	33 1/3% support test—2021. If the						
4-	box and stop here. The organization 10%-facts-and-circumstances test	qualifies as a pub	olicly supported or	ganization			• ·
1/8	and if the organization meets the "facts	s-and-circumstan	ces" test, check th	is box and <b>stop h</b>	ne 13, 10a, or 10b nere. Explain in Pa	rt VI how the orga	anization
	meets the "facts-and-circumstances" to	est. The organizat	tion qualifies as a	publicly supported	dorganization		▶□
b							
	more, and if the organization meets the		•				_
18	meets the "facts-and-circumstances" f <b>Private foundation.</b> If the organization	test. The organiza on did not check a	ation qualifies as a a box on line 13, 1	publicly supporte 6a. 16b. 17a. or 1	d organization .  . L7b, check this box	and see	🟲 🔾
	instructions						🕨 🗆
						Schedule A (	Form 990) 2022
			Page 3				
Sch	edule A (Form 990) 2022						Page <b>3</b>
	Part III Support Schedule for						
	(Complete only if you						er Part II. If
_	the organization fails to Section A. Public Support	to quality under	the tests listed	below, please of	complete Part II	.)	
	lendar year	(-) 2010	(b) 2010	(-) 2020	(4) 2021	(-) 2022	(6) Tatal
•	r fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.") .		1	1		1	
2	Gross receipts from admissions, merchandise sold or services		1			1	
	performed, or facilities furnished in		1			1	
	any activity that is related to the		1			1	
3	organization's tax-exempt purpose Gross receipts from activities that are	:	1	†	1	†	
_	not an unrelated trade or business		1			1	
	under section 513	-	+	1	-	<del>                                     </del>	

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	to or expended on its behalf		l	1	1		Ī		
5	The value of services or facilities						1		
	furnished by a governmental unit to the organization without charge								
6	<b>Total.</b> Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
h	3 received from disqualified persons Amounts included on lines 2 and 3						-		
U	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
	Add lines 7a and 7b								
8	<b>Public support.</b> (Subtract line 7c from line 6.)								
Se	ction B. Total Support	•		•	•	1			
	ndar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f)	Total	
(or f	iscal year beginning in)  Amounts from line 6	(.,	(=) ====	(3) = 3 = 3	(-)	(-)	- (-,		
10a	Gross income from interest,			†					
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,		1						
	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		1						
12	regularly carried on. Other income. Do not include gain or			1			-		
12	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,						-		
13	11, and 12.)								
14	First 5 years. If the Form 990 is for t	_			•				neck
	this box and <b>stop here</b>								ightharpoons
	ction C. Computation of Public Public support percentage for 2022 (lir	Support Perce	entage	column (f))		1 1			
15	Public support percentage for 2022 (III					15			
16						16			
17	ction D. Computation of Invest Investment income percentage for 20:			line 13, column (	(f))	17			
18	Investment income percentage from 2					18			
	33 1/3% support tests-2022. If the					_~	ne 17	is not	
	more than 33 1/3%, check this box and							<b>▶</b> □	
b	33 1/3% support tests—2021. If the							id line	18 is
	not more than 33 1/3%, check this box	and <b>stop here.</b>	The organization	qualifies as a pub	licly supported org	anization	🕨	<b>-</b> □	
20	Private foundation. If the organization	on did not check a	a box on line 14,	19a, or 19b, chec	k this box and see	instructions	!	▶ □	
						Schedule A (	Form	990)	2022
			Page 4						
Sched	dule A (Form 990) 2022							P	age <b>4</b>
Par	t IV Supporting Organization	S						•	<u> </u>
	(Complete only if you checked a	a box on line 12 o							
	box 12b, of Part I, complete Se 12d, of Part I, complete Section			12c, of Part I, co	omplete Sections A	, D, and E. If yoເ	ı chec	ked bo	X
Se	ction A. All Supporting Organiz		ompiete i di e v.)						
	caron yar yan supporting or game	410115						Yes	No
1	Are all of the organization's supported	organizations list	ed by name in th	e organization's g	overnina documen	ts?			
_	If "No," describe in Part VI how the se	upported organiza	ntions are designa						
	describe the designation. If historic an	d continuing relat	ionship, explain.			Ī	1		
2	Did the organization have any support								
	509(a)(1) or (2)? If "Yes," explain in <b>F</b>	<b>Part VI</b> how the o	rganization deter	mined that the su	ipported organizati	ion was			
	described in section $509(a)(1)$ or $(2)$ .						2		
3a	Did the organization have a supported	organization desc	cribed in section !	501(c)(4), (5), or	(6)? If "Yes," answ	ver lines 3b and			
	3c below.					ļ	За		
b	Did the organization confirm that each								
	the public support tests under section determination.	509(a)(2)? If "Yes	s," describe in <b>Pa</b>	<b>rt VI</b> when and h	now the organization	on made the			
						<u> </u>	3b		
С	Did the organization ensure that all su	pport to such orga	anizations was us	ed exclusively for	section 170(c)(2)	(B) purposes?			

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	ir res, explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		I
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> 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 <b>Part VI</b> 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		1
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 <b>Part VI</b> , 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	5a		
	amendment to the organizing document).			
b	<b>Type I or Type II only.</b> 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 othe than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .			
	organization's supported organizations: It Tes, provide detail in <b>Part VI.</b>	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 section 4958(c)(3)(C)).	l		
	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 <b>Part VI.</b>	9a		
	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting			
	organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	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 <b>Part VI</b> .			
		9с		
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)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether			-
	the organization had excess business holdings).	10b		$\vdash$
	Schedule A		000	202

Schedule A (Form 990) 2022 Page 5

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
	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 <b>Part VI</b> .	11c		
S	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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		

Section C. Type II Supporting Organizations

No Yes

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of

	each of the organization's supported organization(s)? If "No," describe in Part VI now	v contr	oi or management of the	$\vdash$		
	supporting organization was vested in the same persons that controlled or managed to	he sup	ported organization(s).	1		
Se	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 tax year, (i) a written notice describing the type and amount of support provided during Form 990 that was most recently filed as of the date of notification, and (iii) copies of the date of notification to the output provided?	ng the the or	prior tax year, (ii) a copy of the			
	documents in effect on the date of notification, to the extent not previously provided?			1		ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported	No," e	xplain in <b>Part VI</b> how the			
_	Decrees of the melationship described in the 2 above did the approximation/		. , ,	2	-	-
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization.			<u></u>		
	during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported	d orga	nizations played in this regard.	3		
Se	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 <b>(see instruct</b>	ions):		
a	O					
b	The organization is the parent of each of its supported organizations. Complete	e line	<b>3</b> below.			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how yo	u sup	ported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
а	Did substantially all of the organization's activities during the tax year directly further					
	supported organization(s) to which the organization was responsive? If "Yes," then in 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.	at the	se activities constituted	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization	anizati	on's involvement, one or more	20		
	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.	nese a	ctivities but for the	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
а	Did the organization have the power to regularly appoint or elect a majority of the offi	icers,	directors, or trustees of each of	3a		
	the supported organizations?If "Yes" or "No", provide details in <b>Part VI</b> .			<u> </u>		
	<ul> <li>Did the organization exercise a substantial degree of direction over the policies, progresupported organizations? If "Yes," describe in Part VI. the role played by the organizations?</li> </ul>			3b		
			Schedule A		1 990)	2022
	Page 6					
C-l	dula A (Farma 000) 2022					
	dule A (Form 990) 2022		<del></del>		F	Page <b>6</b>
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O					
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.				е	
	Section A - Adjusted Net Income			(B) Curr		ır
	•			(optio	onal)	
	Net short-term capital gain  Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross	6				
	income or for management, conservation, or maintenance of property held for production of income (see instructions)					
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
_	Section B - Minimum Asset Amount		(A) Prior Year	(B) Curr (optio	rent Yea onal)	ır
1	33 3	1				_
	tax year or assets held for part of year):  Average monthly value of securities	1 1a				
	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				

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 $\boldsymbol{d}$   $\boldsymbol{Total}$  (add lines 1a, 1b, and 1c)

e **Discount** claimed for blockage or other factors

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	(explain in detail in <b>Part VI</b> ):	Ī	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			Current Year
1	Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)	1		Current Year
1 2		1 2		Current Year
1 2 3	Adjusted net income for prior year (from Section A, line 8, Column A)			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2		Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)	2		Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3	3 4		Current Year

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

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 org excess of income from activity	anizations, in	
Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
<b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )	5	
6 Other distributions (describe in <b>Part VI</b> ). 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 details in <b>Part VI</b> ). See instructions	(provide 8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	
Section F - Distribution Allocations (i)	(ii)	(iii)

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

Section A, lines 1, 2, 3 Part IV, Section D, line		rcumstances Test  Explanation	
Section A, lines 1, 2, 3 Part IV, Section D, line Section D, lines 5, 6, a		rcumstances Test	
Section A, lines 1, 2, 3 Part IV, Section D, line Section D, lines 5, 6, a		voumentemens Toot	
Section A, lines 1, 2, 3 Part IV, Section D, line Section D, lines 5, 6, a			
Part VI Supplemental Inform	3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, es 2 and 3; Part IV, Section E, lines 10	, 11b, and 11c; Part IV, Section c, 2a, 2b, 3a and 3b; Part V, line	I, line 17a or 17b; Part III, line 12; Part IV, B, lines 1 and 2; Part IV, Section C, line 1; e 1; Part V, Section B, line 1e; Part V rt for any additional information. (See
Schedule A (Form 990) 2022			Page S
	P	Page 8 ———————————————————————————————————	
e Excess from 2022	·		Schedule A (Form 990) (2022
<b>d</b> Excess from 2021			
c Excess from 2020			
<b>b</b> Excess from 2019			
a Excess from 2018			
8 Breakdown of line 7:			
<b>7 Excess distributions carryov</b> 3j and 4c.	er to 2023. Add lines		
6 Remaining underdistributions fo lines 3h and 4b from line 1. If than zero, explain in Part VI.	the amount is greater		
If the amount is greater than z See instructions.	and 4a from line 2.		
<b>5</b> Remaining underdistributions fo			
	nd 4b from line 4.		

Additional Data Return to Form

Software ID: Software Version:

efile Public Visual Render	ObjectId: 202421359349312507 - Submission: 2024-05-14		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 inform	nation.	2022					
Name of the organization CHERRY CREEK SCHOOLS FOR	UNDATION	Employer i	identification number					
Organization type (check o	ne):	84-1218299	9					
Filers of:	Section:							
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a p	orivate foundation						
	☐ 527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	☐ 501(c)(3) taxable private foundation							
under sections 509(a received from any or 990, Part VIII, line 1h	described in section 501(c)(3) filing Form 990 or 990-EZ that ma()(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 de contributor, during the year, total contributions of the greater n, or (ii) Form 990-EZ, line 1. Complete Parts I and II.  described in section 501(c)(7), (8), or (10) filing Form 990 or 99 contributions of more than \$1,000 exclusively for religious, chaprevention of cruelty to children or animals. Complete Parts I, II	or 990-EZ), Part II, line 13 of (1) \$5,000 or (2) 2% of 0-EZ that received from a aritable, scientific, literary,	, 16a, or 16b, and that the amount on (i) Form ny one contributor,					
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 99 ributions <i>exclusively</i> for religious, charitable, etc., purposes, but, enter here the total contributions that were received during the lete any of the parts unless the <b>General Rule</b> applies to this or etc., contributions totaling \$5,000 or more during the year	it no such contributions tot le year for an <i>exclusively</i> r ganization because it rece	taled more than \$1,000. religious, 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 of ust answer "No" on Part IV, line 2, of its Form 990; or check the line 2, to certify that it doesn't meet the filing requirements of S	e box on line H of its Form	orm 990, 1 990-EZ					
For Paperwork Reduction Act N for Form 990, 990-EZ, or 990-PF		No. 30613X Sc	chedule B (Form 990) (2022)					
	Page 2 ———							
Schedule B (Form 990) (202	22)	Page <b>2</b>						
Name of organization		Employer identifi	cation number					

84-1218299

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		¢ pretricted	Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		_	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		_	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022
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Schedule B	(Form 990) (2022)		Page :
Name of orga	nization	Employer identification	
CHERRY CREE	EK SCHOOLS FOUNDATION	84-1218299	
	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(0)	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

-			\$			
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
-			\$			
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
-			\$			
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
-			\$			
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
-			\$_			
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
-			\$			
Schadula	B (Form 990) (2022)	Page 4		Page 4		
Name of or	rganization REEK SCHOOLS FOUNDATION			ntification number		
Part III	Exclusively religious, charitable, etc., conthan \$1,000 for the year from any one conorganizations completing Part III, enter the year. (Enter this information once. See insubset Use duplicate copies of Part III if additional specific processes in the control of the control o	tributor. Complete columns (a) the etotal of exclusively religious, chetructions.) ► \$	rough (e) and the following	ng line entry. For		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held		
-	Transferee's name, address, and	(e) Transfer of gift Transferee's name, address, and ZIP 4				
(a) No. from Part I	(b) Purpose of gift	c) Use of gift	(d) Descr	iption of how gift is held		
-						
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 R	telationship of transferor t	to transferee		
(a)	<del></del>		Ī			

**Additional Data** 

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ObjectId: 202421359349312507 - Submission: 2024-05-14

TIN: 84-1218299 OMB No. 1545-0047

#### 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.

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization **Employer identification number** CHERRY CREEK SCHOOLS FOUNDATION 84-1218299 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 2d historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . . . . ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 

	_		_
ı	ノコ		,

Sche	dule D	(Form 990) 2022											Page
Parl	III	Organizations M	aintaining Col	lections of Art,	Histori	cal Treas	sures, c	or Othe	r Similar	Assets	(contir	nued)	
3		the organization's acq (check all that apply):		n, and other record	ls, check a	any of the	following	that are	a significar	nt use of it	s colle	ction	
а		Public exhibition			d	Loa	in or exc	nange pro	ograms				
b		Scholarly research			е	Oth	ner						
С		Preservation for future	e generations										
4	Provid Part X	de a description of the KIII.	organization's col	lections and explai	n how the	y further t	he organ	ization's e	exempt pur	pose in			
5		g the year, did the orga s to be sold to raise fur								□ Y	es	□ <b>N</b>	o
Par	t IV	Escrow and Cust Complete if the ord line 21.			orm 990,	, Part IV,	line 9, c	r report	ed an am	ount on I	Form	990,	Part X
1a	Is the	e organization an agent led on Form 990, Part I	trustee, custodi X?	an or other interm	ediary for	contributio	ons or oth	ner assets	s not 	_ Y	es	□ <b>N</b>	o
b	If "Ye	s," explain the arrange	ement in Part XIII	and complete the	following	table:				Amount			<u> </u>
С	Begin	ning balance						1c					_
d	Additi	ions during the year .						1d					_
е	Distri	butions during the year	r					1e					_
f	Endin	g balance						1f					_
2a	Did th	ne organization include	an amount on Fo	orm 990, Part X, lin	e 21, for (	escrow or o	custodial	account l	liability?	Y	es		0
b	If "Ye	s," explain the arrange	ment in Part XIII	. Check here if the	explanati	on has bee	n provide	ed in Part	XIII	. 🗆			
Pa	rt V	Endowment Fund			000	D . T) (							
		Complete if the or	ganization ansv	(a) Current year		, Part IV, rior year		years back	(d) Three	years back	(e) F	nur vea	rs hack
а	Beginn	ing of year balance .		25,00		, ca.	(6)	years such	(4)	years sack	(0)	ou. yeu	10 back
b	Contrib	outions				325,000							
С	Net inv	estment earnings, gair	ns, and losses	-2,12	8	-1,459							
d	Grants	or scholarships											
		expenditures for facilition	es										
f	Admini	strative expenses .											
g	End of	year balance		22,87	2	323,123							
a		de the estimated perce I designated or quasi-e	ndowment 🕨	ent year end balan	ce (line 1g	յ, column (	a)) held	as:	•				
b	Perma	anent endowment 🕨											
С	Term	endowment 🕨											
	The p	ercentages on lines 2a		ıld equal 100%.									
а		nere endowment funds vization by:	not in the posses	ssion of the organiz	ation that	are held a	and admi	nistered f	or the			Yes	No
		nrelated organizations						1			a(i)	Yes	
b		elated organizations s" on 3a(ii), are the rel								3	a(ii) 3b		No
D		ibe in Part XIII the inte	3								30		
	t VI	Land, Buildings,	and Equipme	nt.									
	Doccri	Complete if the or	ganization ansv			, Part IV, basis (other			orm 990, f I depreciation			ok value	
	Descri	ption of property	(investme		ist or other	Dasis (Other	) ( <b>c)</b> Ac	cumulated	depreciation	1	( <b>a)</b> 600	ok value	=
а	Land												
b	Buildin	gs											
С	Leaseh	old improvements											
	Equipm	nent											
d													
e	Other	ines 1a through 1e. (C							•				

Schedule D (Form 990) 2022

Complete if the organization	ner Securities. anization answered "Yes" on F	orm 990. Part IV.	line 11b.See For	m 990. Part X. lin	e 12.
(a) Description of se	ecurity or category	(b) Book value		(c) Method of valua	tion:
(including name) (1) Financial derivatives .	e or security)		Cos	t or end-of-year mar	ket value
(2) Closely-held equity interests					
(3) Other(A) INVESTMENTS HELD BY ROSE CO	OMMUNITY F	313,4	68	С	
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990,	. , , , ,	313,4	68		
Part VIII Investments - Pro Complete if the org	<b>ogram Related.</b> <sub>l</sub> anization answered 'Yes' on F	orm 990, Part IV,	line 11c. See Fo	rm 990, Part X, lir	ne 13.
(a) De	escription of investment		(b) Book value	(c) Method Cost or end-of-y	of valuation: ear market value
(1)				<u> </u>	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990,	Part X, col.(B) line 13.)	•			
Part IX Other Assets.  Complete if the organization	anization answered 'Yes' on Fo	orm 990, Part IV,	line 11d. See For	m 990, Part X, lin	e 15.
	(a) Description				(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part X Other Liabilities.	1 990, Part X, col.(B) line 15.)		<u> </u>	•	
Complete if the orga	anization answered 'Yes' on Fo		line 11e or 11f.S	ee Form 990, Part	
1. (1) Federal income taxes	(a) Description	on of liability			(b) Book value

						<del></del>
						<del>-  </del> -
	Column (b) must equal Form 990, Part X, col.(B) line 25.)				•	
	ility for uncertain tax positions. In Part XIII, provide			•		·
organiz	ration's liability for uncertain tax positions under FIN	1 48 (ASC 740). Check her	e if the	text of the footnote has		
					Scneat	ıle D (Form 990) 2022
		Page 4				
		rage 4				
Schedu	le D (Form 990) 2022					Page <b>4</b>
Part					eturn.	
	Complete if the organization answered					
	Fotal revenue, gains, and other support per audited			• • • •	1	1,138,196
	Amounts included on line 1 but not on Form 990, Pa	,		10.000		
	Net unrealized gains (losses) on investments		2a	12,992		
	Donated services and use of facilities		2b	39,434		
	Recoveries of prior year grants		2c	47.064		
	Other (Describe in Part XIII.)		2d	17,964		70.200
	Add lines 2a through 2d		•	• • • • • •	2e	70,390
	Subtract line <b>2e</b> from line <b>1</b>		•	• • •	3	1,067,806
	Amounts included on Form 990, Part VIII, line 12, bu					
	Investment expenses not included on Form 990, Par	•	4a	3,203		
	Other (Describe in Part XIII.)		4b			2.202
	Add lines <b>4a</b> and <b>4b</b>			• • • •	4c	3,203
	Total revenue. Add lines 3 and 4c. (This must equal XII Reconciliation of Expenses per Aud				5	1,071,009
Part	Complete if the organization answered				Keturn	•
1	Total expenses and losses per audited financial state				1	1,092,925
2	Amounts included on line 1 but not on Form 990, Pa	rt IX, line 25:				
a i	Donated services and use of facilities		2a	39,434		
b i	Prior year adjustments		2b			
с (	Other losses		2c			
d (	Other (Describe in Part XIII.)		2d	18,672		
е /	Add lines 2a through 2d				2e	58,106
3 9	Subtract line <b>2e</b> from line <b>1</b>				3	1,034,819
4	Amounts included on Form 990, Part IX, line 25, but	not on line 1:		•		
<b>a</b> ]	investment expenses not included on Form 990, Par	t VIII, line 7b	4a	3,203		
<b>b</b> (	Other (Describe in Part XIII.)		4b			
c /	Add lines <b>4a</b> and <b>4b</b>				4c	3,203
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equa	l Form 990, Part I, line 18	B.) .		5	1,038,022
Part	XIII Supplemental Information					
Provid	de the descriptions required for Part II, lines 3, 5, ar	nd 9; Part III, lines 1a and	4; Pai	t IV, lines 1b and 2b; Part	V, line 4	; Part X, line 2; Part XI,
lines :	2d and 4b; and Part XII, lines 2d and 4b. Also comp	lete this part to provide a	ny add	tional information.		
	Return Reference			Explanation		
SCHED						FOR THE NONPROFIT. THE FU
		SHALL CONTINUE SO LON FUND CAN BE SERVED BY			THE FU	ND AND THE PURPOSES OF 1
SCHED	ULE D, PAGE 3, PART X	MANAGEMENT BELIEVES T	HAT T	HE FOUNDATION HAS APP		TE SUPPORT FOR ANY TAX
						S, AND AS SUCH, DOES NOT E FINANCIAL STATEMENTS. 1
		DRGANIZATION WOULD R	ECOGN	IZE FUTURE ACCRUED IN	TEREST	AND PENALTIES RELATED TO
		JNRECOGNIZED TAX BENE PENALTIES ARE INCURRED		ND LIABILITIES IN INCOM	ME TAX E	EXPENSE IF SUCH INTEREST
CHED		CHANGE IN BENEFICIAL IN		T -708 FUNDRAISING FX	PENSES	TO SCH G 18,672
		TINDBATCING EVENICES				

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

9/5/24, 12:00 PM

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TIN: 84-1218299

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.

OMB No. 1545-0047
2022

	rtment of the Treasury nal Revenue Service			Atta	ch to Form	n \$15,000 on Form 990-EZ, I 990 or Form 990-EZ. Instructions and the latest in			Open to Public Inspection				
	ne of the organization ERRY CREEK SCHOOLS	FOUNDAT	ION					Employer ide	ntification number				
								84-1218299					
Pa		-	<b>ties.</b> Complete if re not required t	_		answered "Yes" on Fo part.	orm 990,	, Part IV, line 1	.7.				
1	Indicate whether the	e organiza	tion raised funds th	nrough an	y of the fo	ollowing activities. Check	all that a	pply.					
а	☐ Mail solicitations		ent grants										
b	☐ Internet and ema	ail solicitat	citations <b>f</b> Solicitation of government grants										
c	Phone solicitation	าร			g	Special fundraisin	g events						
d	☐ In-person solicita	ations											
2a						vidual (including officers, in with professional fund		rvices?	es 🗆 No				
b	If "Yes," list the 10 h to be compensated a				draisers)	pursuant to agreements	under wh	ich the fundraise	er is				
(i)	Name and address of i or entity (fundraise		(ii) Activity	fundrai custo cont contrib	Did ser have ody or trol of outions?	(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				. ▶								
3	List all states in which licensing.	the organ	ization is registere	d or licens	sed to soli	cit contributions or has t	oeen notifi	ied it is exempt f	from registration or				
For	Paperwork Reduction A	ct Notice, s	see the Instructions	for Form			. 50083H	So	chedule G (Form 990) 2022				
Sch	edule G (Form 990) 20	122			—— Pa	ge 2 ————			Page <b>2</b>				

Part II 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.

		<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events
		ANNUAL GALA	GOLF TOURNAMENT		(add col. <b>(a)</b> through col. <b>(c)</b> )
		(event type)	(event type)	(total number)	
ue					
Revenue					
Re					
	1 Gross receipts	279,112	35,156		314,268
	2 Less: Contributions	40,000	2,000		42,000
	<b>3</b> Gross income (line 1 minus line 2)	239,112	33,156		272,268
	<b>4</b> Cash prizes	10,800			10,800
S	5 Noncash prizes	46,079			46,079
use	6 Rent/facility costs	12,135	19,309		31,444
xpe	<b>7</b> Food and beverages	73,726	206		73,932
Direct Expenses	8 Entertainment	7,250			7,250
ë	9 Other direct expenses	34,388	5,162		39,550
	<b>10</b> Direct expense summary. Add lines 4 t	hrough 9 in column (d)			209,055
	<b>11</b> Net income summary. Subtract line 10	from line 3, column (d)			63,213
Pai	t III Gaming. Complete if the orga	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
1120	on Form 990-EZ, line 6a.				
Revenue		(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
eve			371 3		
	1 Gross revenue				
enses	2 Cash prizes				
beu	<b>3</b> Noncash prizes				
ĘŽ					
Direct	4 Rent/facility costs				
Ω	<b>5</b> Other direct expenses				
		☐ Yes <u>%</u>	☐ Yes%	☐ Yes <u>%</u>	
	<b>6</b> Volunteer labor	☐ No	☐ No	☐ No	
	<b>7</b> Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
			(1)	·	
	8 Net gaming income summary. Subtract	line / from line 1, colum	n (d)		
9	Enter the state(s) in which the organizati				O O
a b	Is the organization licensed to conduct gas If "No," explain:				☐ Yes ☐ No
-					
10a	Were any of the organization's gaming lic				
tua b	If "Yes," explain:				☐ Yes ☐ No
					J
			-		chedule G (Form 990) 2022

J- -

Sche	edule G (Form 990) 2022					Page <b>3</b>
11	Does the organization conduct ga	iming activities with nonmember	s?		· · O Yes	□ No
12	Is the organization a grantor, ber formed to administer charitable of	neficiary or trustee of a trust or a jaming?	member of a partnership or other e	entity 		□No
13	Indicate the percentage of gamir	g activity conducted in:				<b>□ 110</b>
а	The organization's facility .				13a	%
b	An outside facility			[	13b	%
14	Enter the name and address of t	ne person who prepares the orga	nization's gaming/special events boo	oks and rec	cords:	
	Name •					
	Address					
15a			m the organization receives gaming 		· · □ Yes	□No
b		ning revenue received by the org	anization 🕨 \$			
С	If "Yes," enter name and address	of the third party:				
	Name					
	Address					
16	Name •					
	Description of services provided	·				
	☐ Director/officer	Employee	☐ Independent contrac			
17	Mandatory distributions:					
а	Is the organization required unde	er state law to make charitable di	stributions from the gaming proceed	ds to	· · □ Yes	□ No
b		required under state law distributed activities during the tax year	uted to other exempt organizations of		⊖ res	□ NO
Par	rt IV Supplemental Infor	mation. Provide the explanat	ions required by Part I, line 2b, licable. Also provide any additio			
	Return Reference		Explanation			
			·	Schedul	le G (Form 990) 2	2022
Δα	dditional Data				Peturn	to Form

**Software ID:** 

Software Version

9/5/24, 12:00 PM Cherry Creek Schools Foundation - Full Filing- Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202421359349312507 - Submission: 2024-05-14 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. Part II 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 (e) Amount of non-(f) Method of valuation (h) Purpose of grant (q) Description of organization (book, FMV, appraisal, other) (if applicable) ncash assistance or government (1) CHERRY CREEK SCHOOLS 4700 SOUTH YOSEMITE STREET HELICOPTER HULL TO SUPPORT PROGRAM GOV 136,000 NBV 84-1218299 493,320 GREENWOOD VILLAGE, CO 2 • 1 Enter total number of other organizations listed in the line 1 table . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2022 — Page 2 — Schedule I (Form 990) 2022 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III 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 56,075 (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. Part IV

Return Reference Explanation

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. SCHEDULE I, PAGE 1, PART I, LINE

Schedule I (Form 990) 2022

**Additional Data** 

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Software ID: Software Version: SCHEDULE M

(Form 990)

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ObjectId: 202421359349312507 - Submission: 2024-05-14

**Noncash Contributions** 

TIN: 84-1218299

OMB No. 1545-0047

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

	ment of the Treasury I Revenue Service	► Go to <u>www.irs.</u>	g <u>ov/Form</u>	990 for the latest informa	tion.			Open t	o Pub ectior	
	e of the organizat	ion				Emplo	ver ident	tification n		
	RY CREEK SCHOOLS					-	-			
	wh T. Trunca	of Duomoutus				84-12	18299			
Pa	rt I Types	of Property	T	4.5		1				
			(a) Check if applicable	( <b>b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1q	r		( <b>d)</b> d of determinantion (determinantion)		ts
1	Art—Works of art				±9					
	Art—Historical tre									
3	Art—Fractional in	nterests								
4	Books and public	ations								
5	Clothing and hou goods	sehold								
6	Cars and other v	ehicles								
	Boats and planes									
	Intellectual prope	•								
	Securities—Public									
10	Securities—Close									
11	Securities—Partn or trust interest									
12	Securities—Misce	ellaneous								
13	Qualified conserve contribution—Hi structures	istoric								
14	Qualified conserv									
	contribution—Of									
15	Real estate—Res									
16 17	Real estate—Con Real estate—Oth									
18	Collectibles .									
19	Food inventory		Х	1	26,86	5 FMV				
20	Drugs and medic			1	20,00	J 111V				
21	Taxidermy	* *								
22	Historical artifact									
23	Scientific specim	ens								
24	Archeological art	ifacts								
25	Other ▶ ( SUPPL	IES )	X	1	9,39	9 FMV				
	GALA		Х	1	13,13	5 FMV				
	Other ► ( SUPPLI			120	46,07	O EM)/				
27	Other ► ( AUCTION HELICO		X	130	136,00	_				
28	Other ► ( HULL )			1	130,00	UNDV				
29				ation during the tax year for 3, Part IV, Donee Acknowledo		29				
							<u>I</u>		Yes	No
30a	hold for at least		ne date of th	y contribution any property r ne initial contribution, and wh				must		
	parposes for the	s silare notating perio	· ·				•	30a		No
b	If "Yes," describ	e the arrangement i	in Part II.							
31	Does the organi	zation have a gift ac	cceptance p	olicy that requires the review	of any nonstandard contri	ibutions	s?	31	Yes	1
	contributions?		nird parties	or related organizations to so	olicit, process, or sell nonce	sh • •		32a		No
b	If "Yes," describ									
33	If the organizati describe in Part	•	amount in o	column (c) for a type of prope	erty for which column (a) is	s check	ed,			
For P	aperwork Reduction	on Act Notice, see the	e Instruction	ns for Form 990.	Cat. No. 51227J		Sched	lule M (Forn	n 990)	(2022

34/38

9/5/24, 12:00 PM

Schedule M (Form 990) (2022)

raye 🚣

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II 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

Schedule M (Form 990) (2022)

**Additional Data** 

**Return to Form** 

#### Software ID: **Software Version:**

efile Public Visual Render

ObjectId: 202421359349312507 - Submission: 2024-05-14

TIN: 84-1218299

# **SCHEDULE 0**

(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 www.irs.gov/Form990 for the latest information.

Inspection

Name of the organization CHERRY CREEK SCHOOLS FOUNDATION **Employer identification number** 

84-1218299

Return Reference	Explanation
FORM 990 - ORGANIZATIO MISSION	THE CHERRY CREEK SCHOOLS FOUNDATION WAS ORGANIZED IN 1993 FOR THE PURPOSE OF ATTRACTING FUNDING INBOM BUSINESS, INDUSTRY, AND INDIVIDUALS TO ENHANCE EDUCATIONAL PROGRAMS AND ACTIVITIES FOR THE STUDENTS OF THE CHERRY CREEK SCHOOL DISTRICT NUMBER 5, ARAPAHOE COUNTY, DENVER.
FORM 990, PAGE 6, PART VI, 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, PAGE 6, PART VI, LINE 11B	THE COMPLETE 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, PAGE 6, PART VI, 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, PAGE 6, PART VI, 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 TO DISCUSSION IS DOCUMENTED IN THE BOARD MINUTES. THE LAST YEAR THIS PROCESS WAS COMPLETED WAS 2023.
FORM 990, PAGE 6, PART VI, LINE 19	THE FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.
FORM 990, PART XI, LINE 9	CHANGE IN BENEFICIAL INTEREST -708 FUNDRAISING EXPENSES TO SCH G 18,672 FUNDRAISING EXPENSES TO SCHEDULE G -18,672 TOTAL -708
	stian Act Nation and the Instructions for Earm 000 or 000 E7 Cat No. 51056V Schodula O /Form 000\ 2022

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

Cat. No. 51056K

Schedule O (Form 990) 2022

**Additional Data** 

**Return to Form** 

**Software ID: Software Version:**  **SCHEDULE R** 

efile Public Visual Render ObjectId: 202421359349312507 - Submission: 2024-05-14

TIN: 84-1218299

OMB No. 1545-0047

**Related Organizations and Unrelated Partnerships** 

(FORM 990) Department of the Treasury		►c	Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  ► Attach to Form 990.  Foo to www.irs.gov/Form990 for instructions and the latest information.  Open to Publising Spection													С		
Internal Revenu	Attach to Form 990.  Formula Treaspy Formula T	ction																
		TION												incatio	ii iiuiiibe			
Part II Identification of Related Tax-Exempt Organization (a)  Name, address, and EIN (if applicable) of disregarded entity (a)  Name, address, and EIN (if applicable) of disregarded entity (a)  Name, address, and EIN of related organization during the total (a)  Name, address, and EIN of related organization during the total (a)  Name, address, and EIN of related organization during the total (a)  Name, address, and EIN of related organization during the total (a)  Schedule R (Form 990) 2022  Part III Identification of Related Organizations Transcription of related organizations treated as a (a)  Name, address, and EIN of related organizations treated organization during the total (a)  Name, address, and EIN of related organizations treated organization during the total (a)  Name, address, and EIN of related organization during the total (a)  Name, address, and EIN of related organization during the total (a)  Name, address, and EIN of related organization during the total (a)  Name, address, and EIN of related organization during the total (a)  Name, address, and EIN of related organization during the total (a)  Name, address, and EIN of related organization during the total (a)  Name, address, and EIN of related organization during the total (a)  Name, address, and EIN of related organization during the total (a)  Name, address, and EIN of related organization during the total (a)  Name, address, and EIN of related Organizations Transcription during the total (a)  Name, address, and EIN of related Organization during the total (a)  Name, address, and EIN of related Organizations Transcription during the total (a)  Name, address, and EIN of related Organization during the total (a)  Name, address, and EIN of related Organization during the total (a)  Name, address, and EIN of related Organization during the total (a)  Name, address, and EIN of related Organization during the total (a)  Name, address, and EIN of related Organization during the total (a)  Name, address, and EIN of related Organization during th	mplete if t	he organ	ization answ	ered "Yes	" on Fo	rm 990,	Part IV,											
	Name, address, and	(a) d EIN (if applicable) of disre	garded entity			<b>(b)</b> Primary ac	tivity		domicile (state		<b>(d)</b> Total income	: End	(e) End-of-year assets		!	Direct cont		
Part II					. Comple	ete if the org	anization	answer	ed "Yes	" on For	m 990, Pa	art IV, lir	ne 34 l	oecause	it had o	one or m	nore	
(a)			,			Legal domicile (state Exe		e Exem	mpt Code section Public		blic charity	charity status Di		Direct controlling		Section (13) co	g) 512(b introlled tity?	
					SCHOOL		(	0	GOV					N/A				No
												N/A						
For Paper	work Reduction A	ct Notice, see the Ins	tructions f	or Form 99	0.		Ca	t. No. 50	135Y		l l			Sch	edule R	(Form 9	90) 20	)22
				— Page 2	2 ——							_						
Schedule R	(Form 990) 2022			_													Pan	ıe <b>2</b>
	Identification							e organi	ization a	answere	d "Yes" oı	n Form 9	990, Pa	art IV, li	ne 34, l	ecause		
-	one or more rel		eated as a					, I	(f)	(a)		(h)	-	(i)	(	i)	(	k)
Name, address, and EIN of		Primary	Legal domicile (state or foreign	controlling	Predomi income(re unrelat excluded fr under sec	inant elated, ted, rom tax ections	Share of total	Share of end-of- year	allo	oprtionate cations?	ar be Sch (Fo	de V-UBI nount in ox 20 of edule K-1	General or managing partner?		Perce	entage ership		
Part IV											answere	ed "Yes"	on For	m 990,	Part IV,	line 34	İ	
		IN of	organizatio (b) Primary a	)	l do	(c) Legal omicile	Direct o	ng the ta d) ontrolling tity	Type of (C cor	entity Sh	(f) nare of total income	Share o	f end- ear	(h Percei owne	ntage	Section contro	(i) n 512(b) olled ent	(13) ity?
						or foreign ountry)			or tru			asse	ets			Yes		No

/5/24, 12:00 PM				Full Filing- No			
					1		
					1	Schedule F	R (Form 990) 2022
	Dec	~~ ?					
	raç	ge 3 —————					
Schedule R (Form 990) 2022							Page <b>3</b>
Part V Transactions With Related Orga	nizations. Comple	te if the organization	answered "Yes	" on Form 990.	Part IV. line 34, 35	h. or 36.	
			ranswerea res	011101111 330,	rait IV, iiie 51, 55	5, 01 50.	Yes No
<b>Note.</b> Complete line 1 if any entity is listed in							Tes No
1 During the tax year, did the organization engage	e in any of the followin	g transactions with one	or more related o	rganizations listed	in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) roya		•					1a No
<b>b</b> Gift, grant, or capital contribution to related of	rganization(s)						1b Yes
c Gift, grant, or capital contribution from related	d organization(s) .						1c Yes
d Loans or loan guarantees to or for related org	anization(s)						1d No
e Loans or loan guarantees by related organizat	` '						1e No
57 - Cate of guillet						<del>-</del>	
<b>f</b> Dividends from related organization(s)							1f No
- · · · · · · · · · · · · · · · · · · ·							
g Sale of assets to related organization(s).							
h Purchase of assets from related organization(	-						<u> </u>
i Exchange of assets with related organization(s							1i No
j Lease of facilities, equipment, or other assets	to related organizatior	n(s)					1j No
k Lease of facilities, equipment, or other assets	from related organiza	tion(s)					1k No
I Performance of services or membership or fun	draising solicitations fo	or related organization(:	s)				1l No
m Performance of services or membership or fun	draising solicitations b	v related organization(s	5)				1m No
n Sharing of facilities, equipment, mailing lists, o	=		-				1n Yes
Sharing of paid employees with related organ							1o Yes
Sharing of paid employees with related organi	12411011(5)						10 103
							4 4
<b>p</b> Reimbursement paid to related organization(s							1p Yes
<b>q</b> Reimbursement paid by related organization(s	s) for expenses						1q No
r Other transfer of cash or property to related o	. ,						1r No
<b>s</b> Other transfer of cash or property from relate	d organization(s) .						1s No
2 If the answer to any of the above is "Yes," see	the instructions for in	formation on who must	complete this line	, including covere	d relationships and tr	ansaction thresholds.	
	(a)			(b)	(c)	(d)	
	ated organization			Transaction type (a-s)	Amount involved		
Name of rela	ica organization					riction of determining	g amount involved
Name of rela	acca organization			B Eype (a-s)	629,320	CASH, NBV	
Name of rela	occu o gamzation			В		CASH, NBV	
Name of relations Name of relations Name of relations (1) CHERRY CREEK SCHOOLS	nee organization				629,320 111,833		
Name of rela  (1)CHERRY CREEK SCHOOLS  (2)CHERRY CREEK SCHOOLS	ned organization			В		CASH, NBV	
Name of relations (1) CHERRY CREEK SCHOOLS (2) CHERRY CREEK SCHOOLS	acc organization			С	111,833	CASH, NBV	
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chedule R (Form 990) 2022  Part VI Unrelated Organizations Taxa rovide the following information for each entity tax ras not a related organization. See instructions regardate.	ble as a Partnershed as a partnership the riding exclusion for cel	nip. Complete if the crough which the organiz retain investment partner (c) Legal Predominant income state or (related,	ation conducted meships.  (e)  Are all partners section 501(c)(3)	wered "Yes" on lore than five percontage of total end-	Form 990, Part IV, ent of its activities (ng) (h)	CASH, NBV  CASH  CASH  Schedule F  Schedule F  Code V-UBI amount in male amount i	R (Form 990) 2022 Page 4 gross revenue) that
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Schedule R (Form 990) 2022														Page <b>5</b>
Part VII Supplemental Info														
Provide additional infor	mation for responses	to question	ns on Sche	dule R. See i	nstructions									
Return Reference	<u> </u>					E	xplanatio	n				Calcadad	I- D (F	n 990) 2022
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