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17205965187 From Shannon Spence

Check here if the organization is not required to attach Schedule B. You must also sign the declaration at the end of this letter.

EIN: 27.2844612

0425874015 Jan. 06, 2015 LTR 2695C 0 R 27-2844612 201406 67 00019534

CHERRY CREEK SCH DIST PARENT TEACHER COMM COUNCIL INC FINE RIDGE 6525 S WHEATLANDS PKWY AURORA CD 80016



DECLARATION

032151

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

Date

PTO Treasurer Title

17205965187 From Shannon Spence

EIN: 27.2844612

0425874015 Jan. 06, 2015 LTR 2695C 0 R 27-2844612 201406 67 00019534

CHERRY CREEK SCH DIST PARENT TEACHER COMM COUNCIL INC PINE RIDGE 6525 S WHEATLANDS PKWY AURORA CO 80016



DECLARATION

032151

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

1-27-15 Date

PTO Treasures.

Title

EIN: 27-2844619

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

<u> 2013</u>

Department of the Treasury Internal Revenue Service Name of the organization

Milacii to Form 390 or Form 390-EZ

Employer identification number CHERRY CREEK SCH DIST PARENT TEACHER COMM COUNCIL INC PINE RIDGE 27-2844612 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply 4 ☐ Mail solicitations e Solicitation of non-government grants ☐ Internet and email solicitations Phone solicitations g Special fundraising events **d** In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☑ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (or retained by) fundraiser listed in col (f) (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (Iv) Gross receipts (ii) Activity custody or control of contributions? (or retained by) organization or entity (fundraiser) from activity Yes No 2 3 5 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

EIN 27.2844612

	SUBIC I	Form 990 or 990-EZ) 2013				Page 2
Pa	rt II	Fundraising Events. Con				
	~	than \$15,000 of fundraising		and gross income on l	Form 990-EZ, lines 1 a	and 6b. List events with
***********		gross receipts greater tha	,			······
	1		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
•			Winter Event	Fall Dance	3	(add col. (a) through col (c))
			(event type)	(event typa)	(total number)	
Revenue	1	Gross receipts	13294.24	6035 55	9446,50	28776.29
<u>. بب</u>	2	Less: Contributions	0	0	٥	0
	3	Gross income (line 1 minus		0		<u>-</u>
	_	line 2) ,	13294.24	6035.55	9446,50	28776.29
	-			0000.03	3440,30	20770.23
	4	Çash prizes	0	0	0	0
	5	Noncash prizes	0	914.34	0	914.34
enses	6	Rent/facility costs	0	0	0	0
Orrect Expenses	7	Food and beverages .	0	1037 91	0	1037 91
Direc	8	Entertainment	0	200.00	0	200 00
	9	Other direct expenses .	11369 57	826.25	8925.16	21156.98
	10 11	Direct expense summary. Ac Net income summary. Subtra	act line 10 from line 3, c	olumn (ď)		23309.23 5467.06
ĮРа	irt III			red "Yes" to Form 99	0, Part IV, line 19, or	reported more
_		than \$15,000 on Form 9	QN-F7 line 6a			
	Τ —		Jo EZ, IIIC Ga.			
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			(c) Other gaming	
	1 2				(c) Other gaming	
Expenses		Gross revenue			(c) Other gaming	
ct Expenses	2	Gross revenue			(c) Other gaming	
Expenses	3 4	Gross revenue Cash prizes Noncash prizes Rent/facility costs			(c) Other gaming	
ct Expenses	2	Gross revenue Cash prizes Noncash prizes	(a) Bingo	bingo/progressive bingo		
ct Expenses	3 4	Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	bingo/progressive bingo		
ct Expenses	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo Yes % No	bingo/progressive bingo Yes% No		
ct Expenses	2 3 4 5	Gross revenue	(a) Bingo Yes % No Id lines 2 through 5 in c	bingo/progressive bingo Yes % No	☐ Yes% ☐ No	
ct Expenses	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo Yes % No Id lines 2 through 5 in c	bingo/progressive bingo Yes % No		
ct Expenses	2 3 4 5 6 7 8	Gross revenue	(a) Bingo Yes% No Id lines 2 through 5 in conditions 2 thro	bingo/progressive bingo Yes % No No olumn (d) ne 1, column (d) ming activities: in each of these states	☐ Yes% ☐ No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8	Gross revenue	(a) Bingo Yes% No Id lines 2 through 5 in conditions 2 thro	bingo/progressive bingo Yes % No olumn (d) ne 1, column (d) ming activities: in each of these states	☐ Yes %	col (a) through col (cl)
Direct Expenses	2 3 4 5 6 7 8 Er a Is b If	Gross revenue	Yes % No Id lines 2 through 5 in c y. Subtract line 7 from line ganization operates gail perate gaming activities	bingo/progressive bingo Yes % No No olumn (d)	☐ Yes% ☐ No	col (a) through col (e)) Yes No Yes No

Schedul	u G jForm 990 or 990-EZ) 2013 Page 3
11.	Does the organization operate gaming activities with nonmembers?
12	is the organization a grantor beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ff "Yes," enter name and address of the third party:
C.	

~	Address
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17	Mandatory distributions:
	is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
	
-	Schedule G (Form 990 or 990-EZ) 201

17205965187 From Shannon Spence EIN: 27-2844612

Schedu	le G GForm 990 or 990-EZ) 2013				Pag	ge 3
11.	Does the organization operate gaming activities with nonmembers?			Yes		No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other formed to administer charitable gaming?	entity		Yes	П	No
13	Indicate the percentage of gaming activity operated in:	1	_			
а	"	13a				%
b		13b				%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and				
	Name▶					
	Address►			,		
15a	Does the organization have a contract with a third party from whom the organization receives garevenue?			Yes		No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	е				
C.	amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:					
	Name >					
	Address ►	,				
16	Gaming manager information			`	•	
	Name▶					
	Gaming manager compensation ▶ \$					
	Description of services provided ▶			-		
	□ Director/officer □ Employee □ Independent contractor					
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming procee retain the state gaming license?		П	Yes	П	No
,b	Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year ▶ \$					
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to additional information (see instructions).	s (iii) a orovid	nd (le ar	v), ar 1y	nd	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
<b></b>						
	Schedule	G (Form	990	Or 990	.F7)	2012
***		- 4. 20.10		200		10

Check here if the organization is not required to attach Schedule B. You must also sign the declaration at the end of this letter.

5 / 9

0425874015 Jan. 06, 2015 LTR 2695C 0 R 27-2844612 201406 67 00019534

CHERRY CREEK SCH DIST PARENT TEACHER COMM COUNCIL INC PINE RIDGE 6525 S WHEATLANDS PKWY AURORA CO 80016



#### DECLARATION

032151

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to_the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Stair Fitajourell Signature of officer or trustee	1-27-15
Signature of officer or trustee	Date
PTO Treasures.	_
Title	<del></del>

EIN: d1-2844612

### SCHEDULE G (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundralsing or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2012

	<b>ZU13</b>	
	Open to Public	
donli	lication number	
27	7-2844612	
ŧΝ,	line 17.	

intema)	Revenue Service	➤ Information ab	out Schedule Q (Fo	rm 990 or 990	)-EZ) and its i	nstructions is at ww	w.irs.gov/term990.	Inspection
	f the organization					<del>_</del>	Employer identific	callon number
CHER	RY CREEK SCH	DIST PARENT TEA	CHER COMM CO	UNCIL INC	PINE RIDGE	<u> </u>	27-	2844612
Par						/ered "Yes" to F	orm 990, Part IV, I	ine 17.
	rom 98	00-EZ filers are n						
1_		_	in raised funds ti				theck all that apply.	
a	☐ Mail solicit	zations ad email solicitation	50			on of non-govern	_	
Þ	☐ Phone soli		is	t [		on of governmen	•	
c d		solicitations		g ⊻	) Special t	fundralsing events	3	
2a			ten or oral agre	ement with	any individ	tual (including of	ficers, directors, trus	toos
	ar key employ	rees listed in Form	990, Part VII) or	entity in co	onnection v	with professional	fundralsing services	Yes 🛮 No
b								ne fundraiser is to be
		at least \$5,000 by						,_,
	(i) Name and addre	no of Industria		(6D) Duct fun	draser have		(v) Amount paid to	(vi) Amount paid to
	or entity (fu		(il) Activity	custody o	r control of autions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
			ļ				col. (i)	G ganzanzan
				Yes	No	<u> </u>		
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Total					▶			
3	List all states	In which the orga	nization le regis	tered or lic	ensed to s	olicit contribution	ns or has been notifi	ed It is exempt from
	registration or	r licensing.						
Color	ado							
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								****************

EIN: 27.2844612

Schodule G	(Form 890 or 890-EZ) 2013	Page 2
Part II	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or	reported more

		gross receipts greater tha				
			(a) Event #1 Winter Event (svent type)	(b) Event #2 Fall Dance (event type)	(c) Other events  3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	13294.24	6035.55	9446.50	28776.29
"	2 3	Less: Contributions Gross income (line 1 minus	0	0	0	0
4	_	line 2)	13294.24	6035.55	9446.50	28776.29
	4	Cash prizes	0	0		0
	5	Noncash prizes	0	914.34	a	914.34
90206	6	Rent/facility costs	0	0	0	0
Direct Expenses	7	Food and beverages	0	1037.91	0	1037.91
Direc	8	Entertainment	0	200,00	0	200.00
	9	Other direct expenses .	11369.57	826.25	8925.16	21156.98
Pa	10 11 rt III	Direct expense summary. Ac Net Income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9	act line 10 from line 3, or organization answe	olumn (d)		23309.23 5467.06 reported more
Revenue			(a) Burgo	(b) Pull tabs/instant bingo/progressive blingo	(c) Other garning	(d) Total garning (add col. (a) through col. (c))
2	1		Į.	1		
98	<u>·</u>	Gross revenue				
ses	2	Cash prizes				
Expenses						
Direct Expenses	2	Cash prizes				
Direct Expenses	2	Cash prizes				
Direct Expenses	3	Cash prizes	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes	
Direct Expenses	2 3 4 5	Cash prizes	□ No	□ No	☐ Yes % ☐ No	
Direct Expenses	2 3 4 5	Cash prizes	No No dd lines 2 through 5 in c	No No olumn (d)	□ No	
9	2 3 4 5 6 7 8	Cash prizes	No  Id lines 2 through 5 in c y. Subtract line 7 from t rganization operates ga perate gaming activities	olumn (d)	□ No	
9	2 3 4 5 6 7 8 8 sis	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Act  Net garning income summar  Inter the state(s) in which the or  the organization licensed to or  "No," explain:	No  Id lines 2 through 5 in c y. Subtract line 7 from I ganization operates ga perate gaming activities gaming licenses revoked	No No olumn (d)	No	Yes No

EIN: 27.2844612

Scheduk	le G (Form 990 or 990-EZ) 2013	Pa	ge 3
	Does the organization operate gaming activities with nonmembers?	_	
13	Indicate the percentage of gaming activity operated in:	Yes [	
	The organization's facility		<del>%</del>
	An outside facility		70
	Name ►	<u></u>	
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives garning revenue?	7 Van [7	No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:	] 163 []	140
	Name >		
	Address►		
16	Gaming manager information:		
	Name▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	is the organization required under state law to make charitable distributions from the gaming proceeds to		
b	retain the state gaming license?	」Yes ∐	No
Part			
	Schedule Q (Form 9	90 or 990-EZ)	2013