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

OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

► Do not enter social security numbers on this form as it may be made public. Open to Public Inspection

		enue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest informati	on. ∏		opootio			
A F	or the	2018 calend	J	lune 30	, 20 19	_			
В	Check if a	pplicable	C Name of organization	D Emp	loyer ide	entification number	đ		
	Address	change	Cherry Creek School District Parent Teacher Community Council Inc.		84	41488959			
	Name cha	ange	Number and street (or P O. box, if mail is not delivered to street address)	E Telep	hone nu	mber	_		
=	Initial retu		5455 S Tempe St		720	)-886-3300			
=		m/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou	up Exen	nption	_		
=	Amended Application	on pending	Aurora, CO 80015		nber 🕨	•			
_		ting Method				the organization is no	 >t		
	Vebsite	•				ch Schedule B	_		
JT	ax-exer	npt status (che		-		-EZ, or 990-PF).	•		
		organization					_		
		•	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets			_		
(Par	t II, col	lumn (B)) are \$	5500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> \$	58084	4		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	nstruc	ctions	for Part I)	_		
			the organization used Schedule O to respond to any question in this Part I			,	1 /		
?	1		ons, gifts, grants, and similar amounts received	-	1	34187	<u>-</u> -•		
7	2		ervice revenue including government fees and contracts		2	0	<u> </u>		
?	3	-	ip dues and assessments		3		0		
	4	Investment			4		5		
	5a		unt from sale of assets other than inventory	· o	- 15		_		
	b			•					
	c		or other basis and sales expenses		5c	0	)		
	6		d fundraising events:		, m - pt		-		
	a	_	ome from gaming (attach Schedule G if greater than		14				
Pe				٥	7				
Revenue	ь		me from fundraising events (not including \$ of contributions						
ě	~		aising events reported on line 1) (attach Schedule G if the						
Œ	ŀ		h gross income and contributions exceeds \$15,000)   6b	14832					
	c		t expenses from gaming and fundraising events 6c	13945	2 mg/h	-			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub		1 2 7 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		line 6c)							
	7a	Gross sales	s of inventory, less returns and allowances   7a	9065	17/2		-		
	b		of goods sold	6410	111/100				
	c	Gross profi	t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	2655	j		
	8	-	nue (describe in Schedule O)	1	8	0	<u> </u>		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶ Ì	9	37729	,		
-	10		sımılar amounts paid (lıst in Schedule O)		10	31830	,		
J.	<u> </u>	Benefits pa	lid to or for members	Ì	11	0	j		
S	12	Salaries, ot	her compensation, and employee কিন্তিনিষ্ঠ ত্তি	[	12	0	ī		
S	13	Professiona	al fees and other paythents to independent contractors 2	[	13	0	ī		
8	14	Occupancy	al fees and other portion is to independent contractors 2	]	14	0	<u> </u>		
誕	15	Printing, pu	blications, postage, and shipping	1	15	0	_ )		
8	16	Other avna	nees (describe in Schooling Citer	1	16	613	-		
-6	17	Total expe	nses. Add lines 10 through 16	. ▶ Ì	17	32443	-		
W	112 113 14 15 16 17 18 19 20 21	Excess or (	nses. Add lines 10 through 16		18	5286	_		
.g	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree	with			-		
<b>3</b>			r figure reported on prior year's return)	[	19	0	j		
<b>(3</b> )	20		ges in net assets or fund balances (explain in Schedule O)		20	0	-		
\ <b>z</b> }	21		or fund balances at end of year. Combine lines 18 through 20	. •	21	5286	-		
لسخ						5 000 E7 (0010)	-		

Form	990-EZ (2018)					Page 2
Pa	rt II Balance Sheets (see the instructions t	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u> 🗅</u>
`			Ĺ	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	-5784	22	5286
23	Land and buildings		[	0	23	0
24	Other assets (describe in Schedule O)		[	0	24	0
25	Total assets		[	-5784	25	5286
26	Total liabilities (describe in Schedule O)		[	0	26	0
27	Net assets or fund balances (line 27 of column		<b>—</b>	-5784	27	5286
Par	t III Statement of Program Service Accom			Part III)		
	Check if the organization used Schedule					Expenses
Wha						ured for section
	, , , , ,					c)(3) and 501(c)(4) nizations, optional for
	cribe the organization's program service accomplis neasured by expenses. In a clear and concise m				other	
	ons benefited, and other relevant information for ea		s services provided	, the number of		-,
	Technology Courts					
28	rechnology Grants					
	(Outside the control of the control				00-	400
21		includes foreign gra	ırıts, cneck nere .	<u> ▶ Ц</u>	28a	13970
29	Teacher Classroom Grants					
		·	••••••••			
		includes foreign gra	ints, check here .	<u> ▶ 🛄 </u>	29a	8675
30	Teacher Classroom Supplies					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u></u> . ▶ 🔲 📗	30a	4702
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	▶ 🗆 🖠	31a	4483
32	Total program service expenses (add lines 28a t	hrough 31a)		🕨	32	31830
	t IV List of Officers, Directors, Trustees, and Key				struct	tions for Part IV)
	Check if the organization used Schedule					🗀
		(b) Average	(c) Reportable ?1	(d) Health benefits,		
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and		stimated amount of her compensation
	<del>-</del>	devoted to position	(If not paid, enter -0-)	deferred compensation		ner compensation
Rebr	ecca Macdonald				1	
	ident	5	<b>1</b>	[	,[	0
	a Gesualdo		<del></del>	<del>-                                    </del>	+	
	President	5	o			•
			<u> </u>		<u>'</u>	0
	y Babi	3			.	•
	etary		0		<u>'</u>	
	ten Withycombe	2				
Trea	surer				<u> </u>	0
					1	
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			-			
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<b></b>	•••••••••••••••••••••••••••••••••••••••		-			
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	Part	· · · · · · · · · · · · · · · · · · ·			_
_	<del>-</del>	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	Yes	No
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	-
	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	-	
	С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		V
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>\</b>
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 27a		<u> </u>	
	b	Did the organization file Form 1120-POL for this year?	37b	28424	
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	Contract Con	<u>*</u>
	b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	1 /2	166	
	39	Section 501(c)(7) organizations. Enter.	1	7	ž
	a	Initiation fees and capital contributions included on line 9			, S
	b 40-	Gross receipts, included on line 9, for public use of club facilities	- ``#	Many!	,
•	40a	section 4911 ► ; section 4912 ► ; section 4955 ►	1, 18		y
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	1, 44	**	<i>`</i>
		that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	**************************************		
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			*
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	,	
	41	List the states with which a copy of this return is filed ▶ CO			
•	42a		720-88		) 
	h	Located at ► 5455 S. Tempe St, Aurora, CO ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	800 T	Yes	No
	_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	···
		If "Yes," enter the name of the foreign country ▶		777	ŝ
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	,	,	
	С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		
•	<b>4</b> 3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here	• •	. •	• [
4	14a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	, gar 1, [-1, 1	· /
		Did the organization receive any payments for indoor tanning services during the year?	44c	1 (2°	V
4	l5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		<u> </u>
		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," Form 990 and Schedule R may need to be completed instead of			,
	_	Form 990-EZ. See instructions	45b		~

Form 9	90-EZ (2	2018)							Page 4
	-,	•						Ye	s No
46		the organization engage, directly or in							
	to ca	andidates for public office? If "Yes," c		, Part I <u>.</u> .	· <u>·</u> ·			16	V
Part	VI	Section 501(c)(3) Organizations							
		All section 501(c)(3) organizations	s must answer que	stions 47-49b a	nd 52, ai	nd complete	the table	s for i	nes
		50 and 51.							
		Check if the organization used Sch	nedule O to respond	I to any question	ın this Pa	rt VI	<u>.</u>		□
			<del>-</del>					Ye	s No
47		the organization engage in lobbying		section 501(h) ele	ction in e	ffect during t	he tax	T	
	year	? If "Yes," complete Schedule C, Part	:11				[4	17	1
48	Is the	e organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," comple	ete Sched	ule E	[4	18	V
49a		he organization make any transfers to					4	9a	V
b	If "Ye	es," was the related organization a se	ction 527 organizatio	on?			4	9b	
50		plete this table for the organization's							
	emp	loyees) who each received more than	\$100,000 of comper	nsation from the o	rganızatıo	n. If there is n	one, enter	"None	."
			(b) Average	(c) Reportable		Health benefits,	(.) 5		
	(a	) Name and title of each employee	hours per week	compensation	henefit	outions to employ plans, and deferi		nated am compens	
			devoted to position	(Forms W-2/1099-MI	SC) (	compensation			
					1				
f	Total	number of other employees paid ove	er \$100,000	. ▶					
51		plete this table for the organization's			ent contra	actors who ea	ach receiv	ed mo	re than
	\$100	,000 of compensation from the organ	nization. If there is no	ne, enter "None."					
	(a)	Name and business address of each independe	ent contractor	<b>(b)</b> Type of	service		(c) Compen	sation	
	_			_ <del></del>					
	_		<del></del> _	<del>_</del> _					
	T-2-1		atom on the war atom						
		number of other independent contract				<del></del>			
52		the organization complete Schedul		, ,, ,	J		. —		NI.
	<del></del>	oleted Schedule A	<u> </u>				<u>_</u>		No
		of perjury, I declare that I have examined this re id complete Declaration of preparer (other than					/ Knowledge	and belie	t, it is
		, proceedings of property fortion trials				T	_		
Sign	]	Signature of officer				Date	<del>.</del>		
Here						Date			
пеге	.?:	Kathinere Muench, Treasurer Type or print name and title		<del></del>					
		<del></del>	Preparer's signature	<del></del>	Date	<del> </del>	D . PTI	<u>.                                    </u>	
Paid		Print/Type preparer's name	. reparer a signature		Jane	Check self-em	L_J #	•	
Prep			L		<u> </u>	self-em	pioyea		
Use (	Only	Firm's name				Firm's EIN ▶			
Mary	O IDC	Firm's address   discuss this return with the property	shown shows? See ::	netructions.		Phone no	<b>N</b> (1) 1		No.
iviay tr	らってり	discuss this return with the preparer	SHOWH ADOVE! See II	เอเเนตเบทร		<u> </u>	► 🗹 Y	es 📙	No

?1

# SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Che	Cherry Creek School District Parent Teacher Community Council Inc. 84-1488959							
	Reason for Public Cha						ons.	
The	organization is not a private found	ation because it	s: (For lines 1 through	n 12, che	ck only o	ne box.)		
1	A church, convention of church						$\sim (\lambda$	
2	A school described in <b>section</b>		· ·			• •	f <b>y</b> \	
3	A hospital or a cooperative ho						<i>O</i> ,	
4	A medical research organizati		onjunction with a hos	pital des	cribed in	section 170(b)(1)(A)	(iii). Enter the	
	hospital's name, city, and stat					•••••		
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned (	or operat	ed by a governmen	tal unit described in	
6	A federal, state, or local gover	nment or govern	imental unit described	lın secti	on 170(b	)(1)(A)(v).		
7	☐ An organization that normally			port fron	n a govei	rnmental unit or fror	n the general public	
	described in section 170(b)(1)	<b>)(A)(vi).</b> (Comple	te Part II.)					
8	A community trust described i	in section 170(b	)(1)(A)(vi). (Complete	Part II.)				
9	☐ An agricultural research organ	ızatıon describe	d in <b>section 170(b)(1</b> )	(A)(ix) or	erated in	conjunction with a	land-grant college	
	or university or a non-land-grauniversity:	ant college of ag	riculture (see instruction	ons). Ent	er the nar	ne, city, and state o	f the college or	
10	☑ An organization that normally	receives. (1) moi	e than 331/3% of its s	upport fr	om contri	butions, membershi	p fees, and gross	
	receipts from activities related support from gross investmen	to its exempt tu	inctions—subject to c irelated business taxa	ertain ex ble incor	ceptions, ne (less s	and (2) no more that ection 511 tax) from	in 331/3% of its husinesses	
	acquired by the organization a	ifter June 30, 19	75. See <b>section 509</b> (a	a)(2). (Co	mplete P	art III.)	Daomioocco	
11	An organization organized and							
12	An organization organized and	operated exclus	sively for the benefit o	f, to perf	orm the f	unctions of, or to ca	rry out the purposes	
	of one or more publicly support	orted organization	ns described in sect	ion 509(a	a)(1) or s	ection 509(a)(2). Se	e section 509(a)(3).	
	Check the box in lines 12a thro	ough 12d that de	scribes the type of su	porting (	organizati	on and complete line	es 12e, 12f, and 12g.	
а	☐ <b>Type I.</b> A supporting organ	nization operated	d, supervised, or conti	olled by	its suppo	rted organization(s),	typically by giving	
	the supported organization							
	supporting organization. Y	ou must compl	ete Part IV, Sections	A and B				
b	☐ <b>Type II.</b> A supporting orga	nization supervis	sed or controlled in co	nnection	with its	supported organizat	on(s), by having	
	control or management of							
	organization(s). You must				•			
С	☐ Type III functionally integ	rated. A suppor	ting organization ope	rated in c	onnectio	n with, and function	ally integrated with,	
	its supported organization						, ,	
d	☐ Type III non-functionally	i <b>ntegrated.</b> A su	pporting organization	operate	d in conn	ection with its supp	orted organization(s)	
	that is not functionally inte							
	requirement (see instruction							
е	☐ Check this box if the organ	uzation received	a written determination	on from t	he IBS th	at it is a Type I Type	e II Type III	
_	functionally integrated, or						5 II, 1 J PO III	
f	Enter the number of supported of							
g	Provide the following information							
	(i) Name of supported organization	(n) EIN	(III) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
	., .,	',	(described on lines 1-10		ur governing ment?	support (see	other support (see	
			above (see instructions))	docu	ment	instructions)	instructions)	
				Yes	No	ĺ		
(A)								
/D\							-	
(B)								
(C)								
		_						
(D)								
\_, 								
(E)					[			
Total					I			

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Page	۰
Paue	- 4

Schedule A (Form 990 or 990-EZ) 2018

Par							
	(Complete only if you checked the						ality under
01	Part III. If the organization fails to	quality und	er the tests II	sted below, p	lease comple	ete Part III.)	<u> </u>
	on A. Public Support	4.10044	410015	( ) 0040	1 1 0017	15,0010	(0 T-1-1
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(é) 2018	(f) Total
1	Gifts, grants, contributions, and				1		
	membership fees received. (Do not	l	ł	ł	/		
	include any "unusual grants.")		<b></b>	<b></b>			
2	Tax revenues levied for the						
	organization's benefit and either paid		1			1	
	to or expended on its behalf			<u> </u>		ļ	
3	The value of services or facilities				/		
	furnished by a governmental unit to the		Į				
	organization without charge						<del>_</del> _
4	Total. Add lines 1 through 3						
5	The portion of total contributions by		]			)	
	each person (other than a			1			
	governmental unit or publicly			1			
	supported organization) included on				ļ	ļ ,	
	line 1 that exceeds 2% of the amount			/		•	
•	shown on line 11, column (f)		<u> </u>	it			<del></del>
6 Socti	Public support. Subtract line 5 from line 4 on B. Total Support	<u> </u>		L	<u> </u>	<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 20,15	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(a) 2014_	(D) 20/15	(6) 2010	( <b>u)</b> 2017	(e) 2016	(i) Total
8	Gross income from interest, dividends,		<del>/</del>	<del> </del>			<del></del>
0	payments received on securities loans,		/				
	rents, royalties, and income from		/				
	sımılar sources			ł	}	! !	
9	Net income from unrelated business		<del>/</del>				
	activities, whether or not the business	/					
	is regularly carried on	/					
10	Other income. Do not include gain or						
	loss from the sale of capital assets	/					
	(Explain in Part VI.)	/		1			
11	Total support. Add lines 7 through 10	/					
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for th						
	organization, check this box and stop her	<i><sup>r</sup></i> e	<u>.</u> .	<u> </u>	<u> </u>	<u></u>	<u> </u>
Secti	on C. Computation of Public Suppor					<u> </u>	
14	Public support percentage for 2018 (line 6			1, column (f))		14	%
15	Public support percentage from 2017/Sch					15	%
16a	331/3% support test-2018. If the organiz						
	box and stop here. The organization qual	-	•	-			· · • 🗖
b	331/3% support test — 2017. If the organization						
	this box and <b>stop here.</b> The organization	•		_			▶ 🛚
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization me						
	Part VI how the organization/meets the "f	acts-and-circ		_	zation qualifies	as a publicly	supported -
	organization						📙
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization members are the transfer of the organization members and the organization members are the transfer of the organization members are the organization of the organization members are the organization of the organization organization organization organization organization organization o						
	supported organization	ieers the Taci	is-and-circum	sianices lest.	me organizati	on quailles as	
18	Private foundation./if the organization did	not check a	hov on line 13	16a 16b 17a	or 17b check	k this hovend	· · - 🗆
10	instructions						
		<del></del>	· · · · ·	<u> </u>		edule A (Form 990	
	<i>a</i>				301	LULIO A IFUIII 330	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support	,					
Caler	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	65994	63713	65781	56252	58084	309,824
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
-	organization's tax-exempt purpose	0	0	0	0	_ 0	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
.4	Tax revenues levied for the						
-5	organization's benefit and either paid to						
	or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities			l			
	furnished by a governmental unit to the				_		_
•	organization without charge	0	0	0	0	50004	200004
6 70	<b>Total.</b> Add lines 1 through 5	65994	63713	65781	56252	58084	309824
7a	received from disqualified persons .		0	٥	٥		0
		0	<u>_</u>		0	0	
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000	Ì					
	or 1% of the amount on line 13 for the year	ا ا	o	٥	0	ام	0
С	Add lines 7a and 7b			0	0	- 0	
8	Public support. (Subtract line 7c from	and the contraction of the contraction	y Leaff Le Contra Legisle of Allien	MR NO. LEST S. WALL. F.	56252	Carl call asides Mil.	
	line 6.)	65994	63713	65781	56252	58084	309824
Secti	on B. Total Support	15 21 (41 4/2)	, 4 6 2 2.	74		76.1 2 101 466 V	
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	65994	63713	65781	56252	58084	309824
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.	0	0	0	0	0	0
b	Unrelated business taxable income (less	1					
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business					i	
	activities not included in line 10b, whether	ا	ا			أو	
40	or not the business is regularly carried on	0	0	0	0		
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,	<del></del> 4					
	and 12.)	65994	63713	65781	56252	58084	309824
14	First five years. If the Form 990 is for the						
• •	organization, check this box and stop he	· ·	· ·		-		` ' : ' _
Section	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line	<u>-</u>		3, column (f))		15	100 %
16	Public support percentage from 2017 Scl		-			16	100 %
Section	on D. Computation of Investment In	come Percer	ntage				- <del></del>
17	Investment income percentage for 2018 (	line 10c, colum	n (f), divided b	y line 13, colur	nn (f))	17	0 %
18	Investment income percentage from 2017					18	0 %
19a	331/3% support tests-2018. If the organ						
	17 is not more than 331/3%, check this box					_	
b	331/3% support tests—2017. If the organiz						
	line 18 is not more than 331/3%, check this	-	=	-	•	•	=
20	Private foundation. If the organization di	<u>d not check a b</u>	oox on line 14,	19a, or 19b, c	heck this box a	and see instruc	tions ▶ 🔲

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **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.)

		Yes	No
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B)	3c		
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or ty	7		
?	8		
e d	9a		
h	9b		3//3
it	9c		
n d	10a		
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Part	V` Supporting Organizations (continued)			
			Yes	No
11`	Has the organization accepted a gift or contribution from any of the following persons?			獲用
а	F		Pint.	
	below, the governing body of a supported organization?	11a		
b	· · · · · · · · · · · · · · · · · · ·	11b		ļ
<u> </u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
	Databased as the state of the second state of	1 Febr. 1	Yes	No
1	Did the 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	1. E. A.	<b>M</b>	ZE,
	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.	4	19. 7 19h7 s	Z.F.A
2	Did the organization operate for the benefit of any supported organization other than the supported	11/11/25 (12)	<i>1944     </i> 4%	F. 247779
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			ž-27
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	Ph ( 1947 t )	12:14////.3
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1/1/2/2		
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
		101 2200	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1000		MARKET.
_		<b>1</b> € 10 \$34. 16	W. DE Z1	WhA. 1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		ginggy) Westler	77.3
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		12.2.4/
3	By reason of the relationship described in (2), did the organization's supported organizations have a		OLINE	#DEMA
·	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	llesse telliles	<u> </u>
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruc	tions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (s	_		
2	Activities Test. Answer (a) and (b) below.	· · · · · · · · · · · · · · · · · · ·	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Chillie L	See Elle	Fin Min
	•	2a	% , MK	1011 1100
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		恋愛	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.		70.7	W. S.
2		2b	W. 6."2.	1531 MA
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	Georgia :	The First
L			<b>系掌</b>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nıza	tions must complete Section	
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		(1) · · · · · · · · · · · · · · · · · · ·	
a Average monthly value of securities	1a	<del></del>	
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):		· 李·蒙·蒙·蒙·西·泰·蒙·南·南·	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		<u> </u>
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .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 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	養養等等者養物的養養計	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	Complete the State of the State	
4 Enter greater of line 2 or line 3.	4	2002年	
5 Income tax imposed in prior year	5	They be to the said that the till to the transition	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporting	organization (see

Part	V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continued)	
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex- organizations, in excess of income from activity	empt purposes of supp	orted	
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	· · · · · · · · · · · · · · · · · · ·		
6	Other distributions (describe in Part VI). See instructions.		<del></del>	
7	Total annual distributions. Add lines 1 through 6.	<u> </u>		<u> </u>
8	Distributions to attentive supported organizations to which	th the organization is re	sponsive	
-	(provide details in Part VI). See instructions.	<del></del>		
9	Distributable amount for 2018 from Section C, line 6	<del></del>		
10_	Line 8 amount divided by line 9 amount		<del></del>	
Sect	ion E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1_	Distributable amount for 2018 from Section C, line 6	Market Market Market St. St. St. Salah	The Manual of State of the Stat	
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.	第一种的 第二种 电影 医全部		
_3_	Excess distributions carryover, if any, to 2018	第一个位置的 第二章		
a	From 2013		and property of the second	
<u> </u>	From 2014	The state of the s	The Partie Str. Sur See Charles See See S.	Ar Bouri L. H. Fried Z. S. Man & S.
С	From 2015	aline Su All horins Thrown is 1800. I	Programme State State State State State Second	STATE OF SECTION
d	From 2016	falo die Alberta falo di santi la contra		
е	From 2017	Martin son State Marin Marin State Malling of	1964年三年第二年	
f	Total of lines 3a through e		微學者學德亞學學	
<u>g</u> _	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount	为中华美国学家2008年1	Marie To the Age of the Control of t	
<u>i</u>	Carryover from 2013 not applied (see instructions)		The Market of the Market St.	
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		Many Marie Ville State State State	ka ka seri sun statika katika katika
4	Distributions for 2018 from			
	Section D, line 7.	The Collection of the Collecti	PASSAMON PROBLEM SERVICES	The Marie State State State State
<u>a</u>	Applied to underdistributions of prior years	AND		Maria Maria Maria Pari Barra Maria Maria Million
<u>b</u>	Applied to 2018 distributable amount	為學學學學學		
<u>C</u> _	Remainder. Subtract lines 4a and 4b from 4.	11. A		
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.	Alines Source Source	S and ST defense at a chief with the second state of the	And Supplement and American
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in		种类态品等种种	
	Part VI. See instructions.	Miskins Proposition of the Miller Willer		the amounts for the the three transfer to the
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7	· 经基本的基本的		The state of the s
а	Excess from 2014	r, tha fill of the state of the	Land on Containing the State	SV Mar Marketter of the Second
b	Excess from 2015	HALL THE SELECTION PROSESSOR SHELL	comment that we want to	ELLE FEBRUARY AND
С	Excess from 2016	A la San Markha Markha Mas Mar sa	Little College To Golden	<b>以對方於我的基本。基本的關</b>
d	Excess from 2017		治疗病毒物(治症病)	<b>光彩及多些星态机</b>
е	Excess from 2018	<b>深多洲海洲海</b> 海滨	的研究的政治不是的一种	<b>的现在分词的</b>

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Cherry Creek School District Parent Teacher Community Council Inc.	84-1488959	
Form 990-EZ-Part I, Line 10-Grants and similar amounts paid includes: 5th Grade Continuation Ceremony, Film Grant, Field Trips,		
Math Facts Mania, Young America Literacy Program, STEM Grant		
Form 990-EZ-Part I, Line 16 Other expense include: bank charges, council dues, PTO child care fees, P	TO manager dues, PTO supplies,	
PTO printing and tax expenses, Sam's Club membership		
·		
Form 990-EZ-Part III, Line (28-31): funding to support student activities, community events, and after school programs for all students.		
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