efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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

▶ Information about Form 990 and its instructions is at www IRS gov/form990

787.351

121,563

665,788

800.175

113,274

686,901

DLN: 93493355014047 OMB No 1545-0047

Open to Public Inspection

Department of the Treasure Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 09-01-2016 , and ending 08-31-2017 Name of organization CHERRY CREEK EDUCATION ASSOCIATION D Employer identification number B Check if applicable ☐ Address change 84-1533150 ☐ Name change Doing business as ☐ Initial return □eturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) 2851 S PARKER ROAD 1000 ☐ Amended return (303) 696-6265 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 305,466 Name and address of principal officer H(a) Is this a group return for SCOT KAYE ☐Yes ☑No subordinates? H(b) Are all subordinates ☐ Yes ☐No included? Tax-exempt status 501(c)(3) 4947(a)(1) or 501(c) (5) ◀ (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ L Year of formation 1969 M State of legal domicile CO K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities REPRESENT THE CHERRY CREEK TEACHER MEMBERSHIP Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 6 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . ${f b}$ Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 297,560 8 Contributions and grants (Part VIII, line 1h) . . 284,788 **9** Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 9.085 7.906 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 293,873 305,466 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 90,169 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 113,295 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . 132,117 194,184 245,412 284,353 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 48,461 21,113 Assets or d Balances **End of Year Beginning of Current Year**

Part II Signature Block

20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) .

Under penalties of perjury, I declare that I have examined this return, inclu-knowledge and belief, it is true, correct, and complete Declaration of prepa any knowledge

22 Net assets or fund balances Subtract line 21 from line 20 .

Sign Here

Signature of officer SCOT KAYE PRESIDENT Type or print name and title

Paid Preparer **Use Only** Print/Type preparer's name JENNIFER MALIAR CPA Preparer's signature JENNIFER MALIAR CPA Firm's name COMISKEY & COMPANY PC Firm's address ► 7900 E UNION AVE STE 150 DENVER, CO 802372705

May the IRS discuss this return with the preparer shown above? (see instru For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2016)				Page 2
Par	t IIII Statement	of Program Service	Accomplishments		
	Check if Sched	dule O contains a respons	e or note to any line in this Pa	art III	🗆
1	Briefly describe the o	rganızatıon's mıssıon			
REPR	ESENT THE CHERRY C	REEK SCHOOL DISTRICT	MEMBERS TO SUPPORT TEAC	HERS, MENTAL HEALTH AND NURSES	
_	B. I.I.				
2	-		program services during the		☐ Yes ☑ No
		r 990-EZ ? se new services on Sched			⊔ Yes ⊻ No
3	Did the organization				
-	services?	☐ Yes ☑ No			
		se changes on Schedule (□ res □ No
4				three largest program services, as mea	sured by expenses
	Section 501(c)(3) and expenses, and revent				
	expenses, and revent	de, il ally, for each progre	iiii service reported		
4a	(Code) (Expenses \$	7,124 including grants of	of \$) (Revenue \$)
	See Additional Data				
4b	(Code) (Expenses \$	including grants o	of \$) (Revenue \$)
		, (<u>-</u> p sheet t		,(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4c	(Code) (Expenses \$	including grants o	of \$) (Revenue \$)
	-				
	_				
4d		ces (Describe in Schedule	•		,
	(Expenses \$		ing grants of \$) (Revenue \$)
4e	Total program serv	/ice expenses ►	7,124		

Yes

Yes

12a

12b

13

14a

14b

15

16

17

18

19

Page 3

No

Νo

No

Nο

Nο

Νo

Nο

Nο

Nο

No

Nο

Nο

Νo

Nο

Nο

Νo

Nο

Nο

Νo

Nο

Nο

Nο

Nο

Form **990** (2016)

Part IV	Checklist of Required Schedules

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Yes 3 Section 501(c)(3) organizations.

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?

5

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?

6

7

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 🔒 . 8

Did the organization receive or hold a conservation easement, including easements to preserve open space, Did the organization maintain collections of works of art, historical treasures, or other similar assets? Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation 9

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 11a 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 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 11d

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

29

Part IV Checklist of Required Schedules (continued) Yes 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 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Nο 21

Page 4

Nο

Nο

Νo

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Form 990 (2016)

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 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

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? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

instructions for applicable filing thresholds, conditions, and exceptions)

orm	990 (2016)			Page :
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 15 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 16 16			
		<u>'</u>		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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			
L		<u> </u>	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	103	
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		10
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	7 a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	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		
	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
1	Section 501(c)(12) organizations. Enter]		
а	Gross income from members or shareholders]]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.22	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	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			
c	Enter the amount of reserves on hand]		
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

-01111	990 (2016)			Page
Par	TVI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	onse to li	ines
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15	5		
	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 12	L		
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	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more		103	
	members of the governing body?	7a	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal 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		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
		124		1110
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
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		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			l
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶CHERRY CREEK EDUCATION ASSOCIATION 2851 S PARKER ROAD 1000 AURORA, CO 80014 (303) 696-6265			

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organization no		ganızat	ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation from the organization							(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) ELIZA HAMRICK VICE UNIT	1 00	Х						0	0	0
(2) JENNIE CAMPBELL SECRETARY	1 00	х						0	0	0
(3) TOM ROSH TREASURER	1 00	Х						0	0	0
(4) MICHELLE ALLEN AREA DIRECTO	1 00	X						0	0	0
(5) KASEY ELLIS AREA DIRECTO	1 00	X						0	0	0
(6) SANDY CULBERTSON AREA DIRECTO	1 00	X						0	0	0
(7) ROSE DURAN AREA DIRECTO	1 00	X						0	0	0
(8) TAMMY HARDEN AREA DIRECTO	1 00	X						0	0	0
(9) JOLIE HENDRICKS AREA DIRECTO	1 00	Х						0	0	0
(10) SCOT KAYE PRESIDENT	40 00	Х		×				0	0	0
(11) KELCIE DEBOW AREA DIRECTO	1 00	Х						0	0	0
(12) TIMOTHY REYES AREA DIRECTO	1 00	Х						0	0	0
(13) KRISTIN CHANEY AREA DIRECTO	1 00	Х						0	0	0
(14) SENA BLACK AREA DIRECTO	1 00	Х						0	0	0
										Form 990 (2016)

Page 8

5

(B)

Description of services

Nο

(C)

Compensation

Form **990** (2016)

Part VII (A) (B) (D) (F) (C) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other is both an officer and a week (list from the from related compensation any hours director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest compensatemployee Former Individual trustee or director Officer organizations es employee related Institutional Trustee below dotted organizations line) • c Total from continuation sheets to Part VII, Section A . d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on 3 No he sum of reportable compensation and other compensation from the greater than \$150,000? If "Yes," complete Schedule J for such 4 Nο 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

from the organization. Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

4	For any in								
	organizatio	on	and	relat	ted o	orga	nıza	tion	s (
	ındıvıdual								

Section B. Independent Contractors

compensation from the organization >

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Part		I Statement of	Revenue									rage 3
		— Check ıf Schedul	le O contains a	a respo	onse or n	ote to any	/ line in	this Part VIII				<u> </u>
								(A) revenue	Relat exe fund	B) med or mpt ction enue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaig	ns	1a					1646	ilue		312-314
ons, Gifts, Grants Similar Amounts	ŀ	Membership dues		1b	<u> </u>	292,560						
ira 100	,	: Fundraising events		1c	<u> </u>							
S. C		I Related organizatio		1d	<u> </u>							
Sift la	`	Government grants (co		1e	<u> </u>							
<u>ا</u> ا	֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֡֓֓֡֓֡	All other contributions		1e	<u> </u> 							
ion S	'	and similar amounts n		1f		5,000						
Contributio and Other	١,	Noncash contribution	ons included									
Contributions, Gifts, Grants and Other Similar Amounts	-	in lines 1a-1f \$	ons meradea									
	h	Total.Add lines 1a-1	lf			>		297,560				
<u> 1</u>						Busines	s Code					
หม	2a			_								
Service Revenue	ь			_								
Ace	С			_								
ŞĘ.	d			_							+	+
E	e											
Program	f	All other program se	rvice revenue		L			l				
ΔŤ	g.	Fotal. Add lines 2a-2i	f		>							
		nvestment income (ii			ınterest,			2,801		2,801		
		imilar amounts) . Income from investm			and proc		`					+
		Royalties		-			•					
			(ı) Rea		(II) P	ersonal	 					
	6a	Gross rents										
	b	Less rental expenses					\dashv					
	С	Rental income or (loss)										
	d	Net rental income o	r (loss)			. •	-					
			(ı) Securit	ies	(11)	Other						
		Gross amount from sales of				5,10	15					
		assets other than inventory				3,10	,3					
	١.	•					_					
	b	Less cost or other basis and										
	c	sales expenses Gain or (loss)				5,10)5					
		Net gain or (loss)				•	┪	5,105		5,105		
	8a	Gross income from f	undraising eve									
Other Revenue		(not including \$ contributions reporte		of								
₹		See Part IV, line 18		а								
æ		Less direct expense		Ь								
her		Net income or (loss)			ents .	· •	_					
ŏ	94	Gross income from g See Part IV, line 19	aming activiti	es								
				а								
		Less direct expense		Ь								
		Net income or (loss) Gross sales of invent		activit	ies	•	_					
	108	returns and allowand										
				а								
		Less cost of goods s		b								
	С	Net income or (loss) Miscellaneous		invent		. ► ess Code						
	11		Revenue		Dusin	ess code	\dashv					
	Ь						-					+
	c											+
	`											
	<u>بر</u>	All other revenue .										+
		Total. Add lines 11a				•						+
		Total revenue. See				,						+
	- 2	iotai revenue. see	I I I SU UCUUIIS	• •		• •		305,466		7,906		Form 990 (2016)
												FOLID 330 (2016)

Forr	n 990 (2016)				Page 10
	rt IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	olete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			<u>.</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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 Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	90,169	2,305	87,864	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	Management				
ı	Legal				
•	: Accounting	14,646		14,646	
	Lobbying				
•	Professional fundraising services See Part IV, line 17				
1	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	169,828	353	169,475	
12	Advertising and promotion				
13	Office expenses	5,741	2,371	3,370	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,874		1,874	
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	2,095	2,095		
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)				
	а				
	b				
	с				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	284,353	7,124	277,229	0

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ► ☐ If following SOP 98-2 (ASC 958-720)

	3	Pleages and grants receivable, net		3	
	4	Accounts receivable, net	1,185	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	

13

14

15

16

17

18

19

20

21

23

24

26

27

28

29

30

31

32

33

34

Liabilities 22

Fund Balances

Assets or

Net

Investments-program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Intangible assets

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

	II of Schedule L		
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6	
7	Notes and loans receivable, net	7	
8	Inventories for sale or use	8	
9	Prepaid expenses and deferred charges	9	
10a	Land, buildings, and equipment cost or other		

(0		voluntary employees' beneficiary organizations Part II of Schedule L	` ,` ,		6		
ssets	7	Notes and loans receivable, net		7			
		Inventories for sale or use		8			
۷	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	10,038			
	b	Less accumulated depreciation	10b	8,035	1,367	10c	2,003
	11	Investments—publicly traded securities .		114,325	11	122,092	
	12	Investments—other securities, See Part IV, line		12			

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

800.175

113,274

113.274

686,901

686,901

800.175 Form **990** (2016)

787.351

121,563

121,563

665,788

665,788

787.351

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	٠,			. 🗆
_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			305,466
2	Total expenses (must equal Part IX, column (A), line 25)	2			284,353
3	Revenue less expenses Subtract line 2 from line 1	3			21,113
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			665,788
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			686,901
Par	t XIII 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 in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ 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 Sche	dule O			
3.	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Su	ado			

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

За

3b

Νo

Form **990** (2016)

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 84-1533150

Name: CHERRY CREEK EDUCATION ASSOCIATION

Form 990 (2016)

Form 990, Part III, Line 4a:

THE PRIME MISSION OF CHERRY CREEK EDUCATION ASSOCIATION IS TO REPRESENT THE INTERESTS OF THE MEMBER TEACHERS IN CONTRACT NEGOTIATIONS. CONTRACT MAINTENANCE, PROFESSIONAL GROWTH, LEGAL SERVICES AND GOVERNANCE OF OUR MEMBERSHIP

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

DLN: 93493355014047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

3

5

SCHEDULE C (Form 990 or 990-

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

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

 Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization CHERRY CREEK EDUCATION ASSOCIATION 84-1533150 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization fileForm 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-

Schedule C (Form 990 or 990-EZ) 2016

SCHEDULE C, PART I-A, LINE 1

activity

(b)

Amount

(a)

Yes

Nο

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? c Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 2 2 Yes Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? No Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b b Carryover from last year 2c c Total 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information Return Reference Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

LEGISLATIVE OUTREACH

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

As Filed Data -

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990,

DLN: 93493355014047 OMB No 1545-0047

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** CHERRY CREEK EDUCATION ASSOCIATION 84-1533150 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 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 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 private benefit? ☐ No Part II Conservation Easements. 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 2 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 20 C Number of conservation easements included in (c) acquired after 8/17/06, and not on a 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? 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? ☐ 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 SFAS 116 (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 SFAS 116 (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 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Par	11111	Organizations Ma	aintaining Coll	lections of A	rt, Histor	ical Tr	easures, o	r Other	Similar Asse	e ts (cont	inued)
3		g the organization's acq s (check all that apply)	juisition, accessior	n, and other rec	ords, check	any of t	he following	that are a	sıgnıfıcant use	of its col	lection
а		Public exhibition			d		Loan or exch	ange prog	ırams		
b		Scholarly research			e		Other				
c		Preservation for future	e generations								
4	Provi Part	de a description of the o	organization's coll	lections and exp	lain how th	ey furth	er the organi	zation's ex	kempt purpose	ın	
5		ng the year, did the orga ts to be sold to raise fur							ular [Yes	□ No
Pa	rt IV										
		Complete if the org X, line 21.	ganization answ	vered "Yes" on	Form 990), Part	IV, line 9, o	r reporte	ed an amount	on Forn	n 990, Part
1a		e organization an agent ded on Form 990, Part)		an or other inter	mediary for	r contrib	utions or oth	er assets	not [Yes	□ No
ь	If "Y	es," explain the arrange	ement in Part XIII	and complete t	he following	table			Amo	ount	
c	Begir	nning balance		ř	·			1c			
d	Addıt	tions during the year						1d			
е	Dıstr	ibutions during the year	r					1e			
f	Endır	ng balance						1f			
2a	Dıd t	he organization include	an amount on Fo	rm 990, Part X,	line 21, for	escrow	or custodial a	account lia	ability?	Yes	□ No
b	If "Ye	es," explain the arrange	ement in Part XIII	Check here if t	he explanat	on has	been provide	d in Part)	KIII		
Pa	rt V	Endowment Fund	ds. Complete ıf	the organizat	ion answe	red "Ye	s" on Form	990, Par	t IV, line 10.		
				(a)Current yea	ar (b) F	Prior year	(c)Two y	ears back	(d)Three years	back (e)	Four years back
1a	Beginr	ning of year balance .									
b	Contri	butions									
С	Net in	vestment earnings, gair	ns, and losses								
d	Grants	or scholarships	•								
е		expenditures for facilitie rograms	es								
		istrative expenses .									
g	End of	year balance									
2		ide the estimated percei	=	ent year end bal	ance (line 1	g, colun	nn (a)) held a	is			
а		d designated or quasi-e	endowment 🟲								
b		nanent endowment 🕨									
С		porarily restricted endov									
2-		percentages on lines 2a		•	nization than	.+	ld and admin	istored fo	r +h.a		
3а		here endowment funds nization by	not in the posses	sion or the orga	IIIZALION LNA	icale ile	iu anu aumin	istereu 10	i uie		Yes No
	(i) u	nrelated organizations								3a(i)	
		related organizations .								3a(ii)	
ь		es" on 3a(II), are the rel								3b	
4		ribe in Part XIII the inte			enaowment	runas					
Pa	rt VI	Land, Buildings, Complete if the org			Form 990	. Part I	V. line 11a.	See For	m 990. Part >	 Ine 10 	o .
	Descr	iption of property	(a) Cost or oth (investme	er basis (b)	Cost or other			umulated d			ook value
1a	Land										
	Buildir										
		nold improvements									
		nent									
						10	0,038		8,035		2,003
		lines 1a through 1e (Co	ı olumn (d) must ed	gual Form 990,	Part X, colu				· /		2,003

Part VII		nization ansv	vered 'Yes' on Form	1 990, Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b) Book value		lethod of valuation nd-of-year market value
	derivatives			
(3) Other (A)		_		
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related. Complete if the org	anızatıon anı	swered 'Yes' on For	m 990, Part IV, line 11c.
	See Form 990, Part X, line 13. (a) Description of investment	b) Book value		Method of valuation nd-of-year market value
(1)			Cost of e	mu-or-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. Complete if the organization answered 'Yes' or (a) Description	n Form 990, Pa	art IV, line 11d See F	orm 990, Part X, line 15 (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
		· · · · ·	 orm 990, Part IV, lii	► ne 11e or 11f.
1.	See Form 990, Part X, line 25. (a) Description of liability	(b) B	ook value	
(1) Federal II	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
/		+		
(7)				
(7)				
(7) (8) (9)	n (b) must equal Form 990, Part X, col (B) line 25)	•		

Return Reference

Schedule D (Form 990) 2015

Schedule D (Fo	orm 990) 2015 Supplemental Info	rmation (continued)	Page 5
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2016

efile GRAPH	IIC print	- DO NOT PROCESS	As Filed Data -		DLN	l: 93493355014047
SCHEDIII	ΕO	Supplement	tal Information	to Form 990 or 9	90-F7	OMB No 1545-0047
► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.					2016 Open to Public Inspection	
CHERRY CREEK EDUCATION ASSOCIATION				Employer iden 84-1533150	tification number	
990 Schedul	e O, Sup	plemental Informatio		Explanation		
Reference			•	Explanation		
FORM 990, PAGE 6, PART VI, LINE 6	THE MEN	MBERS ARE EMPLOYEES	S OF THE CHERRY CR	EEK SCHOOL DISTRICT		

Return Explanation
Reference

990 Schedule O. Supplemental Information

LINE 7A

FORM 990, THE MEMBERS ARE EMPLOYEES OF THE CHERRY CREEK EDUCATION ASSOCATION
PAGE 6,
PART VI.

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 7B

FORM 990, PAGE 6, PART VI.

Explanation Return Reference

FORM 990. THE 990 IS REVIEWED BY THE BOARD OF DIRECTORS ANY NECESSARY CHANGES ARE MADE AND DISCUSSED WITH CPA LINE 11B

PAGE 6. PART VI.

990 Schedule O. Supplemental Information

Return
Reference

Explanation

Explanation

FORM 990, GOVERNING DOCUMENTS, FINANCIAL STATEMENT AND FORM 990 ARE AVAILABLE BY REQUEST
PAGE 6,
PART VI,
LINE 19

990 Schedule O. Supplemental Information

Return Explanation Reference

990 Schedule O, Supplemental Information

FORM 990,	MEMBERSHIP EXPENSES - OTHER 353 0 0 VEHICLE EXPENSES 0 6,000 0 TRAINING EXPENSES 0 62,088
PART IX,	0 BANK CHARGES 0 277 0 COMMITTEE EXPENSES 0 6,948 0 MEMBERSHIP EXPENSES 0 44,122 0 NEGOTIA
LINE 11G	TIONS EXPENSES 0 4,624 0 SUBSEQUENT PAY/RELEASE DAYS 0 39,923 0 LEGAL POLITICAL ACTION 0 9
	98 0 PUBLIC RELATIONS 0.1.979 0 MISCELLANOUS EXPENSES 0.403.0 TEACHER RIGHTS 0.1.294.0 NEA

GRANT 0 819 0 TOTAL 353 169,475 0

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Name of the organization

WASHINGTON, DC 20036 (3) FRONT RANGE UNISERV UNIT

DENVER, CO 80014 84-0754715

4700 S YOSEMITE ST

84-6000861

2851 S PARKER ROAD SUITE 1000

(4) CHERRY CREEK SCHOOL DISTRICT

GREENWOOD VILLAGE, CO 80111

CHERRY CREEK EDUCATION ASSOCIATION

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Employer identification number

84-1533150

DLN: 93493355014047 OMB No 1545-0047

> Open to Public Inspection

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (c) (d) (f) (b) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)COLORADO EDUCATION ASSOCIATION **EDUCATION** 501C5 CO No 1500 GRANT ST N/A DENVER, CO 80203 84-0172608 (2) NATIONAL EDUCATION ASSOCIATION EDUCATION DC 501C5 No 1201 16TH ST NW N/A

EDUCATION

CO

CO

501C5

501C3

N/A

NA

No

No

Part III Identification of Related Organi one or more related organizations t	zations Taxable as a F reated as a partnership	Partnership during the ta	Complet ax year.	te if the org	ganızatıon ar	nswered "Ye	s" on Form	990,	Part I	V, line 34 b	ecau	se it l	nad					
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Direct Predominant Income(related, to unrelated, excluded from tax under sections 512-	Direct Predominant Income(related, excluded from tax under sections 512-	d, total incom	(g) Share of e end-of-year assets	Disprop	h) ortionate itions?		ode V-UBI General nount in box managir 20 of partner chedule K-1		ode V-UBI General of managing 20 of partner when the control of th		Code V-UBI General of managin 20 of partner?		(k) Percentag ownershij
					514)			Yes	No	lo l		No						
Part IV Identification of Related Organi because it had one or more related	zations Taxable as a (organizations treated as	Corporation s a corporation	or Trus	t Complete st during tl	e if the organ he tax year.	nization ans	wered "Yes	on F	orm 9	90, Part IV,	line	34						
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign untry)	Direc	(d) t controlling Ty entity (C	(e) /pe of entity corp, S corp, or trust)	(f) Share of total Income		(g) e of end- year assets	-of- Perce owne	n) ntage rship	(1	(I) ection 512(3) controll entity? Yes No					

Schedule K (Form 550) 2010			га	ge J
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or	36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity		1a		No
b Gift, grant, or capital contribution to related organization(s)		1 b	Yes	i
c Gift, grant, or capital contribution from related organization(s)		1c		No
d Loans or loan guarantees to or for related organization(s)		1d	\neg	No
e Loans or loan guarantees by related organization(s)		1e		No
f Dividends from related organization(s)		1 f		No
g Sale of assets to related organization(s)		1 g		No
h Purchase of assets from related organization(s)		1h	\neg	No
i Exchange of assets with related organization(s)		1i	\neg	No
j Lease of facilities, equipment, or other assets to related organization(s)		1j		No
k Lease of facilities, equipment, or other assets from related organization(s)		1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)		11	Yes	i
m Performance of services or membership or fundraising solicitations by related organization(s)		1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	Yes	
a. Sharing of paid employees with related organization(s)		10	Yes	

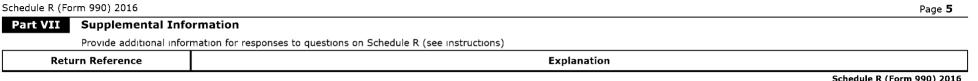
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1 q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds See Additional Data Table (a) Name of related organization **(b)** Transaction type (a-s) (d) Method of determining amount involved (c) Amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

· · · · · · · · · · · · · · · · · · ·		 										
(a) Name, address, and EIN of entity	(b) Primary activity	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
	ļ l	514)	Yes	No	ļ ,		Yes	No	ļ	Yes	No	
												<u> </u>
												·
									Schedul	e R (Form	1 990	D) 2016



Additional Data

FRONT RANGE UNISERV UNIT

FRONT RANGE UNISERV UNIT

FRONT RANGE UNISERV UNIT

CHERRY CREEK SCHOOL DISTRICT

(3)

(4)

(5)

(6)

Software ID: Software Version: **EIN:** 84-1533150 Name: CHERRY CREEK EDUCATION ASSOCIATION Form 990, Schedule R, Part V - Transactions With Related Organizations (a) (b) (c) Name of related organization Transaction Amount Involved (d) type(a-s) Method of determining amount involved (1) FRONT RANGE UNISERV UNIT ASSESSMENT

R

S

0

ASSESSMENT

ASSESSMENT

ASSESSMENT

PERCENT OF W-2

59,995

(1)	FRONT RANGE UNISERV UNIT	М	ASSESSMENT
(2)	FRONT RANGE UNISERV UNIT	N	ASSESSMENT

(1)	FRONT RANGE UNISERV UNIT	M
(2)	FRONT RANGE UNISERV UNIT	N