

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

**2013**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990)

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CREATIVE CAPITAL FOUNDATION</b>		<b>D</b> Employer identification number <b>31-1605982</b>
	Doing Business As		<b>E</b> Telephone number <b>(212) 598-9900</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10038</b>		<b>G</b> Gross receipts \$ <b>9,647,321.</b>
<b>F</b> Name and address of principal officer: <b>RUBY LERNER</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>J</b> Website: <b>WWW.CREATIVE-CAPITAL.ORG</b>		<b>H(c)</b> Group exemption number <b>▶</b>	
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <b>▶</b>		<b>L</b> Year of formation: <b>1998</b> <b>M</b> State of legal domicile: <b>NY</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>CREATIVE CAPITAL SUPPORTS INDIVIDUAL ARTISTS' PROJECTS THROUGH GRANT AND CAREER DEVELOPMENT.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>20</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>20</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>30</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>20</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 4,218,184.	<b>Current Year</b> 9,182,897.
	<b>9</b> Program service revenue (Part VIII, line 2g)	272,330.	252,009.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	83,544.	98,062.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	141,286.	92,731.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,715,344.	9,625,699.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,461,967.	3,040,515.
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,047,126.	2,242,911.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>▶</b> <b>382,621.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,571,063.	1,744,395.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,080,156.	7,027,821.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-2,364,812.	2,597,878.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 13,345,776.	<b>End of Year</b> 16,241,362.
	<b>21</b> Total liabilities (Part X, line 26)	806,705.	888,110.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	12,539,071.	15,353,252.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	<b>RUBY LERNER, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>STACY CULLEN</b>		<b>03/24/15</b>	<input type="checkbox"/>	<b>P00974308</b>
Firm's name <b>▶ TAIT, WELLER &amp; BAKER LLP</b>			Firm's EIN <b>▶ 23-1144520</b>		
Firm's address <b>▶ 1818 MARKET STREET; SUITE 2400 PHILADELPHIA, PA 19103</b>			Phone no. <b>215.979.8800</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: CREATIVE CAPITAL SUPPORTS INDIVIDUAL ARTISTS' PROJECTS THROUGH GRANTS AND CAREER DEVELOPMENT SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 4,348,944. including grants of \$ 3,040,515. ) (Revenue \$ ) GRANTMAKING: IN FY 13-14 CREATIVE CAPITAL OPENED ITS ON-LINE APPLICATION PROCESS FOR AWARDS IN THE AREAS OF MOVING IMAGE AND THE VISUAL ARTS WHILE CONTINUING TO INVEST IN MULTI-YEAR RELATIONSHIPS WITH ARTISTS WHO WERE AWARDEDEES IN PAST YEARS. FUNDS USED IN THIS CATEGORY REPRESENT DIRECT SUPPORT TO ARTISTS, IN ADDITION TO THE COSTS ASSOCIATED WITH GRANTMAKING AND THE ADMINISTRATION OF GRANT FUNDS. 39 GRANTS WERE ALSO AWARDED THROUGH THE MULTI-ARTS PRODUCTIONS FUND AND 20 THROUGH THE ARTS WRITERS GRANT PROGRAM. BOTH OF THESE PROGRAMS GAVE FOLLOW UP FUNDS TO ARTISTS AND WRITERS AWARDED GRANTS IN PAST YEARS AS WELL.

4b (Code: ) (Expenses \$ 1,309,479. including grants of \$ ) (Revenue \$ ) ARTIST SERVICES: CREATIVE CAPITAL PROVIDES NON-MONETARY SUPPORT TO AWARDEES IN THE FORM OF CONSULTATIONS AND MEETINGS AT KEY MOMENTS IN THE LIVES OF FUNDED PROJECTS, ASSISTING WITH PLANNING, MARKETING AND DISTRIBUTION. IN FY 13-14, THE CREATIVE CAPITAL CORE PROGRAM HOSTED THEIR GRANTEE RETREAT WITH OVER 350 PARTICIPANTS. THE ARTS WRITERS GRANT PROGRAM CONTINUED TO PROVIDE A GROUP OF THEIR GRANT APPLICANTS WITH THE OPPORTUNITY TO MEET WITH ARTS WRITINGS PROFESSIONALS FOR ADVICE AND CONSULTATIONS ON THEIR WORK. THE MAP FUND AND DDPAA PROGRAMS ALSO PROVIDED PLANNING, MARKETING AND DISTRIBUTION ASSISTANCE TO THEIR GRANTEES AS WELL.

4c (Code: ) (Expenses \$ 725,761. including grants of \$ ) (Revenue \$ 252,009. ) ARTIST CAREER DEVELOPMENT: THE ARTIST CAREER DEVELOPMENT PROGRAM OFFERS SKILLS BUILDING WORKSHOPS AND WEBINARS TO CREATIVE CAPITAL GRANTEES IN THE SUBJECTS OF FUNDRAISING, PUBLIC RELATIONS, MARKETING, STRATEGIC PLANNING AND INTERNET SKILLS. THE PROGRAM ALSO OFFERS WORKSHOPS AND WEBINARS NATIONWIDE IN PARTNERSHIP WITH ARTS AGENCIES FOR NON-GRANTEE ARTISTS. IN FY 13-14, 90 OF THESE WORKSHOPS AND WEBINARS WERE OFFERED, REACHING 1,714 ARTISTS.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,384,184.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b> X	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b> X	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? If so, complete Schedule L, Part II .....		X
<b>27</b> 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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part 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

Main form area containing questions 1a through 14b with columns for 'Yes' and 'No' and input fields for numerical values.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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.		
	20		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	20		
<b>2</b>	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?	X	
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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, physical address, and telephone number of the person who possesses the books and records of the organization: **LESLIE SINGER - (212) 598-9900**  
**15 MAIDEN LANE, 18TH FLOOR, NEW YORK, NY 10038**

**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 year.

- 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, and 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(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 (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CATHARINE R. STIMPSON DIRECTOR	1.00	X					0.	0.	0.	
(2) SUNNY BATES VICE CHAIR	1.00	X		X			0.	0.	0.	
(3) ED COLLOTON TREASURER	1.00	X		X			0.	0.	0.	
(4) RONALD FELDMAN SECRETARY	1.00	X		X			0.	0.	0.	
(5) ARCHIBALD L. GILLIES DIRECTOR EMERITUS	1.00	X					0.	0.	0.	
(6) LISA HELLER DIRECTOR	1.00	X					0.	0.	0.	
(7) LEWIS HYDE DIRECTOR	1.00	X					0.	0.	0.	
(8) COLLEEN JENNINGS-ROGGENSACK DIRECTOR	1.00	X					0.	0.	0.	
(9) LYDA KUTH CHAIR	1.00	X		X			0.	0.	0.	
(10) RICHARD LINKLATER DIRECTOR	1.00	X					0.	0.	0.	
(11) JAMES SCHAMUS DIRECTOR	1.00	X					0.	0.	0.	
(12) PETER GELLES DIRECTOR	1.00	X					0.	0.	0.	
(13) JEFFREY SOROS DIRECTOR	1.00	X					0.	0.	0.	
(14) FRED WILSON DIRECTOR	1.00	X					0.	0.	0.	
(15) JOEL WACHS EX-OFFICIO	1.00	X					0.	0.	0.	
(16) WILLIAM K. BOWES DIRECTOR	1.00	X					0.	0.	0.	
(17) SUZI KEATS CORDISH DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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 (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RUBY LERNER EXECUTIVE DIRECTOR	40.00	X		X				207,378.	0.	23,848.
(19) DEBORAH RAPPAPORT DIRECTOR	1.00	X						0.	0.	0.
(20) STEPHEN REILY DIRECTOR	1.00	X						0.	0.	0.
(21) PAIGE WEST DIRECTOR	1.00	X						0.	0.	0.
(22) EVE STEELE DIRECTOR	1.00	X						0.	0.	0.
(23) WILLIAM ROSENZWEIG DIRECTOR	1.00	X						0.	0.	0.
(24) LESLIE SINGER CHIEF FINANCIAL OFFICER	40.00			X				139,723.	0.	17,709.
(25) FRANCES ALYSON POU DIRECTOR OF PDP PROGRAM	40.00					X		154,095.	0.	18,715.
(26) RACHEL FORD DIRECTOR OF DDPAA	40.00					X		100,818.	0.	10,852.
<b>1b Sub-total</b>								602,014.	0.	71,124.
<b>c Total from continuation sheets to Part VII, Section A</b>								131,400.	0.	17,126.
<b>d Total (add lines 1b and 1c)</b>								733,414.	0.	88,250.

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 **5**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 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.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	5,229.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	35,000.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,142,668.			
	g Noncash contributions included in lines 1a-1f: \$		4,972.			
	h Total. Add lines 1a-1f		9,182,897.			
	Program Service Revenue	2 a PROGRAM FEES	Business Code			
		711300	252,009.	252,009.		
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		252,009.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		93,650.		93,650.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses		21,569.		
		c Gain or (loss)		4,412.		
	d Net gain or (loss)		4,412.		4,412.	
	8 a Gross income from fundraising events (not including \$ 5,229. of contributions reported on line 1c). See Part IV, line 18	a	100.			
		b Less: direct expenses	b	53.		
c Net income or (loss) from fundraising events			47.		47.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a ADMINISTRATION FEE		900099	70,000.	70,000.		
b OTHER INCOME		900099	22,684.	22,684.		
c						
d All other revenue						
e Total. Add lines 11a-11d			92,684.			
12 Total revenue. See instructions.			9,625,699.	344,693.	0.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,597,350.	1,597,350.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	1,362,224.	1,362,224.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	80,941.	80,941.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	404,880.	315,459.	34,598.	54,823.
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	1,492,076.	1,162,539.	127,501.	202,036.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	64,327.	50,091.	5,526.	8,710.
9 Other employee benefits	142,711.	111,137.	12,251.	19,323.
10 Payroll taxes	138,917.	108,188.	11,919.	18,810.
11 Fees for services (non-employees):				
a Management				
b Legal	9,000.	7,200.	900.	900.
c Accounting	33,324.	26,660.	3,332.	3,332.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	25,981.		25,981.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	480,098.	467,440.	4,200.	8,458.
12 Advertising and promotion	13,380.	10,493.	1,266.	1,621.
13 Office expenses	99,792.	84,962.	5,617.	9,213.
14 Information technology	23,045.	20,663.	794.	1,588.
15 Royalties				
16 Occupancy	79,076.	68,955.	3,374.	6,747.
17 Travel	177,740.	159,931.	977.	16,832.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	106,508.	84,983.	14,835.	6,690.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,617.	42,234.	2,795.	5,588.
23 Insurance	9,716.	7,989.	838.	889.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>GRANTEE CONFERENCE</b>	396,123.	396,123.		
b <b>MISCELLANEOUS</b>	86,972.	65,599.	4,312.	17,061.
c <b>HONORARIUMS</b>	83,023.	83,023.		
d <b>ADMINISTRATION FEES</b>	70,000.	70,000.		
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	7,027,821.	6,384,184.	261,016.	382,621.
26 <b>Joint costs.</b> 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)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	708,547.	<b>1</b>	60,091.	
	<b>2</b> Savings and temporary cash investments .....	6,984,537.	<b>2</b>	9,141,590.	
	<b>3</b> Pledges and grants receivable, net .....	3,325,043.	<b>3</b>	4,258,180.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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 instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	83,691.	<b>9</b>	30,997.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 403,647.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 221,561.	27,802.	<b>10c</b> 182,086.	
	<b>11</b> Investments - publicly traded securities .....	2,197,756.	<b>11</b>	2,495,936.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	18,400.	<b>15</b>	72,482.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	13,345,776.	<b>16</b>	16,241,362.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	504,835.	<b>17</b>	578,388.	
	<b>18</b> Grants payable .....	301,870.	<b>18</b>	309,722.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	806,705.	<b>26</b>	888,110.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	2,862,377.	<b>27</b>	3,334,469.	
	<b>28</b> Temporarily restricted net assets .....	8,650,694.	<b>28</b>	10,992,783.	
	<b>29</b> Permanently restricted net assets .....	1,026,000.	<b>29</b>	1,026,000.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	12,539,071.	<b>33</b>	15,353,252.		
<b>34</b> Total liabilities and net assets/fund balances .....	13,345,776.	<b>34</b>	16,241,362.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,625,699.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,027,821.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,597,878.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,539,071.
5	Net unrealized gains (losses) on investments	5	216,303.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,353,252.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

Form 990 (2013)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> CREATIVE CAPITAL FOUNDATION	<b>Employer identification number</b> 31-1605982
--	---

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5314707.	6034804.	8831456.	4218184.	9182897.	33582048.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	5314707.	6034804.	8831456.	4218184.	9182897.	33582048.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						23913559.
6 <b>Public support.</b> Subtract line 5 from line 4.						9668489.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 .....	5314707.	6034804.	8831456.	4218184.	9182897.	33582048.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	48,110.	90,107.	88,418.	83,396.	93,650.	403,681.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	36,355.	30,908.	71,610.	75,590.	92,684.	307,147.
11 <b>Total support.</b> Add lines 7 through 10						34292876.
12 Gross receipts from related activities, etc. (see instructions) .....					12	1,147,243.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	28.19	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	27.70	%
16a <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b <b>33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

**PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:**

**EXPLANATION: THE ORGANIZATION MEETS THE 10% FACTS AND CIRCUMSTANCES TEST FOR THE FOLLOWING REASONS: (1) IT HAS A PUBLIC SUPPORT PERCENTAGE IN EXCESS OF THE 10% OF SUPPORT LIMITATION; (2) IT IS ORGANIZED AND OPERATED TO ATTRACT NEW AND ADDITIONAL PUBLIC OR GOVERNMENTAL SUPPORT ON A CONTINUOUS BASIS; (3) IT HAS A REPRESENTATIVE GOVERNING BODY; (4) IT PROVIDES FACILITIES OR SERVICES DIRECTLY FOR THE BENEFIT OF THE GENERAL PUBLIC ON CONTINUOUS BASIS; (5) MEMBERS OF THE PUBLIC HAVING SPECIAL KNOWLEDGE OR EXPERTISE, PUBLIC OFFICIALS OR COMMUNITY LEADERS PARTICIPATE IN OR SPONSOR PROGRAMS OF THE ORGANIZATION AND (6) IT MAINTAINS A DEFINITIVE PROGRAM FOR ACCOMPLISHING ITS CHARITABLE WORK IN THE COMMUNITY.**

**10% OF SUPPORT LIMITATION: THE ORGANIZATION HAS A PUBLIC SUPPORT PERCENTAGE OF 28.19% FOR THE YEAR ENDED 6/30/14 BASED ON AGGREGATE FINANCIAL INFORMATION FOR THE YEARS ENDED 6/30/09 THROUGH 6/30/14. THIS AMOUNT IS IN EXCESS OF THE 10% REQUIRED BY REGULATION SECTION 1.170A-(9)(E)(3)(I).**

**ATTRACTION OF ADDITIONAL PUBLIC SUPPORT: CREATIVE CAPITAL HAS A DEDICATED DEVELOPMENT DEPARTMENT OF THREE FULL-TIME AND TWO PART-TIME STAFF MEMBERS WHO WORK ON FUNDRAISING AND SOLICITATIONS FROM A DIVERSE BASE OF DONORS, IN ADDITION TO THE ONGOING DONOR CULTIVATION WORK OF OUR EXECUTIVE DIRECTOR. FUNDRAISING ACTIVITIES INCLUDE SPECIAL EVENTS, GRANT SUBMISSIONS TO ORGANIZATIONAL FUNDERS, CULTIVATION OF INDIVIDUAL DONORS, ANNUAL FUNDRAISING APPEAL, OUR COMMUNITY-SUPPORTED ARTIST AND OTHER FUNDRAISING CAMPAIGNS. OUR DONORS INCLUDE MAJOR FOUNDATIONS, FAMILY FOUNDATIONS, MAJOR INDIVIDUAL GIFTS AND SMALL CONTRIBUTIONS FROM OUR COMMUNITY OF ARTISTS AND ARTS PROFESSIONALS.**

**Part IV Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

REPRESENTATIVE GOVERNING BODY: CREATIVE CAPITAL'S BOARD OF DIRECTORS IS COMPRISED OF 23 INDIVIDUALS FROM ACROSS THE COUNTRY WHO HAVE SPECIALIZED KNOWLEDGE IN A WIDE VARIETY OF ARTISTIC DISCIPLINES- INCLUDING MOVING IMAGE, VISUAL AND PERFORMING ARTS, AND LITERATURE-AS WELL AS OTHER PROFESSIONS, SUCH AS HIGHER EDUCATION, BUSINESS, LAW, MARKETING AND VENTURE CAPITAL INVESTMENTS. ALL OF OUR BOARD MEMBERS SUPPORT CREATIVE CAPITAL'S MISSION OF PROVIDING FUNDING AND SERVICES TO A BROAD ARRAY OF ARTISTS ACROSS THE COUNTRY, BUT BOARD MEMBERS DO NOT MAKE THE SELECTION OF THE ARTIST SUPPORTED.

PROVISION OF FACILITIES OR SERVICES: CREATIVE CAPITAL'S PROFESSIONAL DEVELOPMENT PROGRAM, WHICH INCLUDES OUR ONGOING SERIES OF AFFORDABLE ONLINE WEBINARS, PROVIDES ARTISTS ACROSS THE COUNTRY WITH TRAINING IN BUSINESS PLANNING, BUDGETING, MARKETING, PROMOTION AND OTHER SKILLS THAT SUPPORT THEIR ENTREPRENEURSHIP AND CAREER DEVELOPMENT.

PARTICIPATION IN AND SPONSORING OF PROGRAMS: CREATIVE CAPITAL IS ONE OF THE FEW NATIONAL ORGANIZATIONS THAT AWARDS GRANTS TO INDIVIDUAL ARTISTS THROUGH AN OPEN APPLICATION PROCESS, AND WE RECEIVE 2,700-3,200 APPLICATIONS FROM ARTISTS FOR EACH GRANT DEADLINE. CREATIVE CAPITAL INVITES ARTS PROFESSIONALS AND SPECIALISTS IN CONTEMPORARY ARTISTIC PRACTICE TO PARTICIPATE IN OUR GRANTMAKING PROCESS. THESE OUTSIDE ART PROFESSIONALS REVIEW THE APPLICATIONS AND ULTIMATELY RECOMMEND THE GRANT RECIPIENTS FROM AMONG THESE SUBMISSIONS. WE ALSO INVITE MORE THAN 150 PROFESSIONALS IN THE ARTS AND OTHER FIELDS TO PARTICIPATE IN OUR ARTIST RETREAT, WHERE THEY SHARE THEIR KNOWLEDGE, SKILLS AND ADVICE WITH OUR AWARDEES.

**Part IV** Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

PROGRAM FOR ACCOMPLISHING CHARITABLE WORK: CREATIVE CAPITAL IS COMMITTED TO MAINTAINING OUR SIGNATURE GRANTMAKING PROGRAM, WHICH PROVIDES INDIVIDUAL ARTISTS WITH PROJECT SUPPORT OF UP TO \$50,000, COMPLEMENTED BY AN IN-DEPTH PROGRAM OF ADVISORY SERVICES THAT HELP OUR AWARDEES ACHIEVE THEIR GOALS. CREATIVE CAPITAL ALSO CONTINUES TO DEVELOP NEW WAYS TO OFFER CAREER DEVELOPMENT SERVICES TO ARTISTS BEYOND OUR AWARDEES, THROUGH OUR PROFESSIONAL DEVELOPMENT PROGRAM WORKSHOPS AND WEBINARS.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

**Name of the organization** CREATIVE CAPITAL FOUNDATION **Employer identification number** 31-1605982

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 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.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a 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.

b 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) Revenues included in Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

	0.
	15,000.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other **HELD FOR INVESTMENT**

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,278,482.	1,148,578.	1,137,928.	1,026,000.	1,026,000.
b Contributions					
c Net investment earnings, gains, and losses	171,874.	129,904.	10,650.	111,928.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,450,356.	1,278,482.	1,148,578.	1,137,928.	1,026,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  70.74 %
- c Temporarily restricted endowment  29.26 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		403,647.	221,561.	182,086.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				182,086.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 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	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	9,940,565.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	216,303.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	124,544.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	340,847.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	9,599,718.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	25,981.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	25,981.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	9,625,699.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	7,126,384.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	124,544.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	124,544.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,001,840.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	25,981.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	25,981.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	7,027,821.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

**EXPLANATION: TO GENERATE INCOME TO SUPPORT ARTISTS' PROGRAMS**

**PART X, LINE 2:**

**EXPLANATION: MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR EACH OF THE OPEN TAX YEARS (2011-2013) OR EXPECTED TO BE TAKEN IN CCF'S 2014 TAX RETURN AND HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.**

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization: **CREATIVE CAPITAL FOUNDATION**  
Employer identification number: **31-1605982**

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION.		53,000.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION.		17,941.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION.		10,000.
<b>3 a</b> Sub-total .....	0	0			80,941.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			80,941.





**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PROJECT/FOLLOW UP GRANTS/ EMERGING FIELDS	EAST ASIA AND THE PACIFIC	1	10,000.	CHECK PAYMENT	0.		
INITIAL GRANTS/ARTS WRITERS/FOLLOW UP SUPPORT/ VISUAL ARTS GRANT	EUROPE	3	53,000.	CHECK PAYMENT	0.		
PROJECT/FOLLOW UP GRANTS/ FILM/VIDEO	CENTRAL AMERICA AND THE CARIBBEAN	1	17,941.	CHECK PAYMENT	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2013

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:

EXPLANATION: WE MONITOR THE USE OF GRANT FUNDS THROUGH THE FUNDING REQUESTS AND FINAL REPORTS THAT WE RECEIVE FROM GRANTEES. IN ADDITION, THE ORGANIZATION RECEIVES INFORMATION ON A REGULAR BASIS FROM GRANTEES REGARDING THE STATUS OF THE FUNDED PROJECTS FROM THE INITIAL PHASE THROUGH PREMIERE AND BEYOND.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization **CREATIVE CAPITAL FOUNDATION** Employer identification number **31-1605982**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA STATE UNIVERSITY 1026 NORTH 9TH STREET PHOENIX, AZ 85006	86-0196696	501(C)(3)	40,000.	0.			MAP INITIAL PROJECT FUNDING.
WAKKA WAKKA PRODUCTIONS INC. 1 NORTH SIDE PIERS, #3G BROOKLYN, NY 11249	73-1697723	501(C)(3)	44,350.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG/FOLLOW UP SUPPORT.
BRAVA! FOR WOMENT IN THE ARTS 2781 24TH STREET SAN FRANCISCO, CA 94110	94-2609353	501(C)(3)	25,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT.
CIRCUIT NETWORK 499 ALABAMA STREET, #203 SAN FRANCISCO, CA 94110	94-2917575	501(C)(3)	39,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT.
HAKEAKALA INC. DBA THE KITCHEN 512 WEST 19TH STREET NEW YORK, NY 10011	13-2829756	501(C)(3)	30,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
CLARICE SMITH PEFORMING ARTS CENTER - 3800 CLARICE SMITH PERFORMING ARTS CENTER, UNIVERSITY OF MARYLAND, - COLLEGE PARK, MD	52-2197313	501(C)(3)	45,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **46.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLAPSABLE GIRAFFE INC. 251 PACIFIC STREET, #25 BROOKLYN, NY 11201	11-3279675	501(C)(3)	56,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
COMMUNITY MUSIC WORKS 1392 WESTMINSTER STREET PROVIDENCE, RI 02909	05-0507426	501(C)(3)	30,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
CORNERSTONE THEATER COMPANY 708 TRACTION AVE LOS ANGELES, CA 90013	95-4493498	501(C)(3)	45,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
EARSHOT JAZZ SOCIETY OF SEATTLE 3429 FREMONT PLACE, #309 SEATTLE, WA 98103	94-3051610	501(C)(3)	26,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
EASTSIDE ARTS ALLIANCE P.O. BOX 17008 OAKLAND, CA 94601	74-3073621	501(C)(3)	45,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
ELEVATOR REPAIR SERVICE 47 GREAT JONES, 3RD FLOOR NEW YORK, NY 10012	13-3787877	501(C)(3)	45,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
ARTSPORT PRODUCTIONS 609 SAINT FERDINAND ST NEW ORLEANS, LA 70117	72-1499547	501(C)(3)	30,000.	0.			FOLLOW UP SUPPORT.
EMPAC 110 8TH STREET TROY, NY 12180	14-1340095	501(C)(3)	24,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG./GEN OPP SUPPORT TO ARTIST.
FOUNDATION FOR INDEPENDENT ARTS 75 BROAD STREET, #304 NEW YORK, NY 10004	13-3082845	501(C)(3)	10,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG./GEN OPP SUPPORT TO ARTIST.

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GAMETOPHYTE, INC. 528 HANCOCK STREET, #3 BROOKLYN, NY 11231	01-0632725	501(C)(3)	45,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
HOME FOR CONTEMPORARY THEATRE & ART - 145 SIXTH AVE - NEW YORK, NY 10013	13-3449416	501(C)(3)	41,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
COLUMBIA MUSIC FESTIVAL ASSOCIATION - 914 PULASKI ST - COLUMBIA, SC 29201	57-0327881	501(C)(3)	0.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG/GEN OPP SUPPORT TO ARTIST.
COUNTER PULSE 1310 MISSION ST SAN FRANCISCO, CA 94103	94-2986114	501(C)(3)	0.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG/GEN OPP SUPPORT TO ARTIST.
DANCERS' GROUP 44 GOUGH ST, STE 201 SAN FRANCISCO, CA 94103	94-2879185	501(C)(3)	0.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG/GEN OPP SUPPORT TO ARTIST.
FORKLIFT DANCEWORKS PO BOX 1304 AUSTIN, TX 78767	01-0812720	501(C)(3)	30,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
FRACTURED ATLAS, INC. 248 WEST 35TH ST., 10TH FL NEW YORK, NY 10001	11-3451703	501(C)(3)	85,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG/GEN OPP SUPPORT TO ARTIST.
KHMER ARTS ACADEMY 375 REDONDO AVE, SUITE 156 LONG BEACH, CA 90028	01-0740113	501(C)(3)	10,000.	0.			MAP FOLLOW UP SUPPORT.
LOS ANGELES CONTEMPORARY EXHIBITS (LACE) - 6522 HOLLYWOOD BLVD - LOS ANGELES, CA 90028	95-3397305	501(C)(3)	27,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG/.

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES POVERTY DEPARTMENT P.O. BOX 26190 LOS ANGELES, CA 90026	95-4174562	501(C)(3)	10,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
MAPP INTERNATIONAL PRODUCTIONS 140 SECOND AVE STE #502 NEW YORK, NY 10003	20-4725265	501(C)(3)	43,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG/MAP FOLLOW UP SUPPORT.
MUSEUM OF CONTEMPORARY ART CHICAGO 220 EAST CHICAGO AVE CHICAGO, IL 60611	36-6154098	501(C)(3)	45,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
NEW YORK LIVE ARTS 219 WEST 19TH STREET NEW YORK, NY 10011	13-6206608	501(C)(3)	54,500.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
NOCHE FLAMENCA 168 WEST 86TH STREET, #9A NEW YORK, NY 10024	13-3946089	501(C)(3)	47,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
PERFORMANCE ZONE, INC. 161 SIXTH AVE., 14TH FLOOR NEW YORK, NY 10013	13-3357408	501(C)(3)	105,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
PORTLAND INSTITUTE FOR CONTEMPORARY ART - 415 SW 10TH AVE, SUITE 300 - PORTLAND, OR 97205	93-1177971	501(C)(3)	46,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
RED WING PERFORMING GROUP 29 WEST 15TH STREET, #1 NEW YORK, NY 10011	13-2913228	501(C)(3)	10,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
RIDGE THEATER 125 WEST 12TH STREET, #1C NEW YORK, NY 10011	13-3498560	501(C)(3)	46,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHADOWLIGHT PRODUCTIONS 22 CHATTANOOGA STREET SAN FRANCISCO, CA 94114	94-3216800	501(C)(3)	10,000.	0.			MAP FOLLOW UP SUPPORT TO ORG.
SITI COMPANY 520 8TH AVE, SUITE 310 NEW YORK, NY 10018	13-3730731	501(C)(3)	40,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
MIAMI LIGHT PROJECT, INC. PO BOX 1048 MIAMI, FL 33137-2028	65-0107810	501(C)(3)	0.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
PERFORMANCE ZONE, INC. DBA THE FIELD - 161 SIXTH AVE., 14TH FLOOR - NEW YORK, NY 10013	13-3357408	501(C)(3)	0.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG/GEN OPP SUPPORT TO ARTIST.
THE PLAY COMPANY 321 WEST 44TH ST, STE 802 NEW YORK, NY 10036	31-1630052	501(C)(3)	0.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
PROVIDENCE PRODUCTIONS INTERNATIONAL, INC. - 115 MONTAGUE ST, 8C - BROOKLYN, NY 11201	11-2532555	501(C)(3)	0.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
RAGAMALA DANCE 711 WEST LAKE ST, STE 309 MINNEAPOLIS, MN 55408	41-1747144	501(C)(3)	0.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
SO PERCUSSION 20 GRAND AVENUE, #205 BROOKLYN, NY 11205	20-4485651	501(C)(3)	43,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
SPRINGBOARD FOR THE ARTS 308 PRINCE STREET, SUITE 270 ST. PAUL, MN 55101	41-1690483	501(C)(3)	10,000.	0.			MAP FOLLOW UP SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CARPETBAG THEATRE P.O. BOX 3184 KNOXVILLE, TN 37927	23-7138914	501(C)(3)	10,000.	0.			MAP FOLLOW UP SUPPORT
THE FOUNDRY THEATER 140-142 SECOND AVE NEW YORK, NY 10003	13-3761711	501(C)(3)	10,000.	0.			MAP FOLLOW UP SUPPORT
THE JAZZ GALLERY P.O. BOX 153, LENOX HILL STATION NEW YORK, NY 10021	13-3948717	501(C)(3)	24,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
THEATER OOBLECK 6518 NORTH ROCKWELL CHICAGO, IL 60645	26-0043302	501(C)(3)	33,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
THE REBUILD FOUNDATION 6918 S.DORCHESTER AVE CHICAGO, IL 60637	27-1308845	501(C)(3)	10,000.	0.			FOLLOW UP SUPPORT.
THIN MAN DANCE INC 140 SECOND AVE, #501 NEW YORK, NY 10003	13-3922974	501(C)(3)	40,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
TICKLE THE SLEEPING GIANT 140 SECOND AVE, #404 NEW YORK, NY 10003	33-1020155	501(C)(3)	25,000.	0.			FOLLOW UP SUPPORT.
ABRONS ART CENTER 466 GRAND STREET NEW YORK, NY 10002	13-1562242	501(C)(3)	40,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
UNIQUE PROJECTS 246 WEST 38TH STREET, 4TH FLOOR NEW YORK, NY 10018	13-3085289	501(C)(3)	41,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOOLLY MAMMOTH THEATRE COMPANY 641 D STREET, NW WASHINGTON, DC 20004	52-1242900	501(C)(3)	40,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.
YERBA BUENA GARDENS FESTIVAL 760 HOWARD ST. SAN FRANCISCO, CA 94103	94-3368964	501(C)(3)	40,000.	0.			MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG.

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
INITIAL GRANT	19	589,000.	0.		
FOLLOW UP GRANTS	94	773,224.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**PART I, LINE 2:**

EXPLANATION: WE MONITOR THE USE OF GRANT FUNDS THROUGH THE FUNDING REQUESTS AND FINAL REPORTS THAT WE RECEIVE FROM GRANTEES. IN ADDITION, THE ORGANIZATION RECEIVES INFORMATION ON A REGULAR BASIS FROM GRANTEES REGARDING THE STATUS OF THE FUNDED PROJECTS FROM THE INITIAL PHASE THROUGH PREMIERE AND BEYOND.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2013**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

CREATIVE CAPITAL FOUNDATION

Employer identification number

31-1605982

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RUBY LERNER EXECUTIVE DIRECTOR	(i)	207,378.	0.	0.	14,516.	9,332.	231,226.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LESLIE SINGER CHIEF FINANCIAL OFFICER	(i)	139,723.	0.	0.	9,781.	7,928.	157,432.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FRANCES ALYSON POU DIRECTOR OF PDP PROGRAM	(i)	154,095.	0.	0.	10,787.	7,928.	172,810.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

CREATIVE CAPITAL FOUNDATION

Employer identification number

31-1605982

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: DIRECTORS PETER GILLES AND EVE STEELE ARE MARRIED TO EACH  
OTHER.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE FORM 990 IS REVIEWED AND APPROVED BY FINANCE/INVESTMENT  
COMMITTEE AND BOARD BEFORE FILING WITH THE IRS. IT IS ALSO REVIEWED BY  
LEGAL COUNSEL FOR RECOMMENDATIONS. THE EXECUTIVE DIRECTOR/PRESIDENT SIGNS  
THE FORM 990 AND ENSURES THAT IT IS FILED IN A TIMELY AND ACCURATE MANNER.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: ANY CONFLICT OF INTEREST IS DISCLOSED TO THE GOVERNING BODY  
AND MANAGEMENT WHO TAKE APPROPRIATE DISCIPLINE AND CORRECTIVE ACTION. THE  
DIRECTORS, OFFICERS AND GOVERNING BODY MEMBERS SIGN CONFLICT INTEREST  
ACKNOWLEDGEMENT FORMS.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE BOARD MEMBERS REVIEW AND APPROVE COMPENSATION OF  
DIRECTORS, OFFICERS AND KEY EMPLOYEES BY TAKING INTO CONSIDERATION CASH AND  
NONCASH COMPENSATION, PERFORMANCE EVALUATION, EXPERIENCE, AND MARKET DATA.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND  
FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13



Name of the organization  
CREATIVE CAPITAL FOUNDATION

Employer identification number  
31-1605982

EXPLANATION: THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES  
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, ITS FINANCIAL STATEMENTS AND  
SELECTION OF AN INDEPENDENT ACCOUNTANT.

Multiple horizontal lines for additional text or explanation.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>CREATIVE CAPITAL FOUNDATION</b>	Employer identification number (EIN) or <b>31-1605982</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>15 MAIDEN LANE, 18TH FLOOR</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10038</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) ..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**LESLIE SINGER**

• The books are in the care of **15 MAIDEN LANE, 18TH FLOOR - NEW YORK, NY 10038**  
Telephone No. **(212) 598-9900** Fax No. \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2015**.

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS REQUIRED IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **TAX DIRECTOR** Title Date