	-	EXTENDED Return of Organizat	TO MAY 17, 2			OMB No. 1545-0047
For	-	YU Under section 501(c), 527, or 4947(a)(1)				s) 2019
		of the Treasury Do not enter social security		-		Open to Public
Interr	al Reve	enue Service Go to www.irs.gov/Forms		d the latest		Inspection
AF	or th		L, 2019 and	lending J	UN 30, 2020	
	heck if pplicab	le:			D Employer identific	ation number
	Addre	98 CREATIVE CAPITAL FOUNDATIO	N			
	Name	ge Doing business as			31-160598	32
	Initial return	Number and street (or P.O. box if mail is not delivered t		Room/suite	E Telephone number	
	Final return termin	V IS MAIDEN DANE, IOTH FLOOR			(212) 598	
_	ated	City or town, state or province, country, and ZIP or	oreign postal code		G Gross receipts \$	7,409,273.
	Amen	NEW IORK, NI 10038			H(a) Is this a group ret	
	Applie tion pendi	F Name and address of principal officer: CHRIST	NE W. KUAN		for subordinates?	
		SAME AS C ABOVE			H(b) Are all subordinates inc	luded? Yes No
			sert no.) 4947(a)(1)	or 527	If "No," attach a I	ist. (see instructions)
		ite: WWW.CREATIVE-CAPITAL.ORG			H(c) Group exemption	
		forganization: X Corporation Trust Associatio	n 🔄 Other 🕨	L Year	of formation: 1998 M	State of legal domicile: NY
Pa	rt I					
e	1	Briefly describe the organization's mission or most signific	ant activities: CREA	TIVE C.	APITAL SUPPO	RTS
anc		INDIVIDUAL ARTISTS' PROJECTS				
Governance		Check this box 🕨 🛄 if the organization discontinued		sed of more	1 = 1	
NO NO		Number of voting members of the governing body (Part VI				16
8	4	Number of independent voting members of the governing	body (Part VI, line 1b)	AT T		DV 16
Activities &	5	Total number of individuals employed in calendar year 20	9 (Part V, line 2a)		5	27
ivit		Total number of volunteers (estimate if necessary)				29
Act		Total unrelated business revenue from Part VIII, column (C				0.
_	b	Net unrelated business taxable income from Form 990-T,	ine 39			
	•	Contributions and scents (Dart) (III line 1b)			Prior Year 4,879,251.	Current Year 6,042,702.
ne	8				228,461.	223,208.
Revenue			Δ		273,172.	268,974.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 70 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10			-62,063.	-7,060.
		Total revenue - add lines 8 through 11 (must equal Part VII			5,318,821.	6,527,824.
-		Grants and similar amounts paid (Part IX, column (A), lines			1,847,336.	1,923,715.
		Benefits paid to or for members (Part IX, column (A), line 4	x.		1,047,330.	0.
		Salaries, other compensation, employee benefits (Part IX,		C C C C C C C C C C C C C C C C C C C	2,134,201.	2,343,936.
nses		Professional fundraising fees (Part IX, column (A), line 11e			0.	0.
iee		Total fundraising expenses (Part IX, column (D), line 25)	▶ 540,2	91.		· ·
Exper		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24			1,849,181.	1,598,108.
		Total expenses. Add lines 13-17 (must equal Part IX, column			5,830,718.	5,865,759.
			ini (-y, inie 20)		-511,897.	662,065.
LC SS					ginning of Current Year	End of Year
anci	20	Total assets (Part X, line 16)			9,095,473.	9,973,990.
Net Assets or Fund Balances	21		••••••	012202202020	948,644.	1,185,193.
Net,	22	Net assets or fund balances. Subtract line 21 from line 20			8,146,829.	8,788,797.
	rtll				,,	
and the second second	A CONTRACTOR	alties of perjury, I declare that I have examined this return, includin	a accompanying schedule	s and stateme	nts, and to the best of my l	knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is bas				
	501100			and property		

Sign Here	CHRISTINE W. KUAN , PRESIDENT & EXECUTIVE DIRECTO	
Paid	Print/Type preparer's name HARRISON PEREIRA (Signed)"Harrison Pereira 04/16/	21 Check PTIN if self-employed P00746867
Preparer	Firm's name TAIT, WELLER & BAKER LLP	Firm's EIN > 23-1144520
Use Only	Firm's address 50 SOUTH 16TH STREET, SUITE 2900	Phone no. 215 - 979 - 8800
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	CREATIVE CAPITAL SUPPORTS INDIVIDUAL ARTISTS' PROJECTS THROUGH A AND CAREER DEVELOPMENT SERVICES.	AWARDS	
	AND CAREER DEVELOPMENT SERVICES.		
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes []	7
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Ves L	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 2	X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	vnancas	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp		
	revenue, if any, for each program service reported.	222.24	20
4a	(Code:) (Expenses \$ 4,481,968. including grants of \$ 1,923,715.) (Revenue \$ IN FY 20 CREATIVE CAPITAL FUNDED A NEW COHORT OF 35 AWARDEE ART]	223,20 ISTS.	18.
	THE ORGANIZATION CONTINUED TO INVEST IN MULTI-YEAR RELATIONSHIOF		ł
	ARTISTS WHO WERE AWARDEES IN PAST YEARS. CREATIVE CAPITAL CONTI		07
	PROVIDE NON-MONETARY SUPPORT TO AWARDEES IN THE FORM OF CONSULTA		
	AT KEY MOMENTS IN THE LIVES OF THE FUNDED PROJECTS BY ASSISTING		
	PLANNING, MARKETING AND DISTRIBUTION. IN FY 20, THE ORGANIZATIO)
	CONTINUED TO OFFER SKILLS BUILDING WORKSHOPS TO CREATIVE CAPITAL		
	AWARDEES AND NON-AWARDEEES IN THE SUBJECTS OF FINANCIAL PLANNING MARKETING AND WELLNESS. IN FY 20, 20 IN-PERSON WORKSHOPS WERE (
	MARKETING AND WELLNESS. IN FY 20, 20 IN-PERSON WORKSHOPS WERE OBSERVED THE COVID 19 CRISIS ALONG WITH 30 ONLINE WORKSHOPS REACHING)
	ABOUT 2,600 ARTISTS. THERE WERE ABOUT 10,000 VIEWINGS OF ONLINE		
	RECORDINGS OF THE ONLINE WORKSHOPS.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
	3		
	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
4c			
	Other program services (Describe on Schedule O.)		
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	}	
	Other program services (Describe on Schedule O.)) Form 990) (201

Form 990 (2019) CREATIVE CAPITAL FOUNDATION Part IV Checklist of Required Schedules

31-1605982 Page 3

If Yes, "complete Schedule A, Schedule of Contributors? 1 X 3 Did the organization enguine to complete Schedule B, Schedule of Contributors? 3 X 4 Section 50 (c)(3) organizations. Did the organization engage in lobbying activities, or have a section 50 (h) election in effect during the tax year? If Yes, "complete Schedule C, Part II 3 X 4 Section 50 (c)(3) organization and the organization engage in lobbying activities, or have a section 50 (h) election in effect during the tax year? If Yes, "complete Schedule C, Part II 4 X 5 Is the organization maxima and yours added tax orax visition functions are were ingit to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes, "complete Schedule D, Part II 6 X 7 Did the organization maxima funds coreas and in tax or thirds or accounts? If Yes, "complete Schedule D, Part II 7 X 9 Did the organization require of through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If Yes, "complete Schedule D, Part IV 9 X 9 Did the organization require an amount for lowing questions is "Yes," then complete Schedule D, Part X, III 10 X 10 Did the organization report an amount for investments - orber section of the stotal assets reported in Part X, IIII D, Yes, "complete Schedule D, Part VI 10 X <t< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></t<>				Yes	No
2 Is the organization enguine function located by Schedule of Contributors? 2 X 3 Did the organization enguine function located by the organization and the comparison activities on behalf of or in opposition to calcidates for public office? If "Yes," complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Both the organization engage in lobbying activities, or have a section 501(b) election in effect direct to inder oblig organization that receives membership dues, assessments, or similar anotation as other in first-endource schedule C, Part II 4 X 5 Is the organization asset to a first-bioted schedule C, Part II 5 X 6 Did the organization matchin and yonor adviced funds or any similar funds or account? If Yes, 'complete Schedule D, Part II 5 X 7 X To bit the organization matchin and threase, or histoin Start asset, or other similar assets 17, If Yes, 'complete Schedule D, Part II 7 X 8 Did the organization reque to through a related organization. Including gasettons is Yes, 'then complete Schedule D, Part IV. 8 X 9 Did the organization matchin and through a related organization. Nearbor to through a related organization correstricted endowments 10 X 11 If the organization report an amount for fund, buildings, and equipment in Part X, line 17. If Yes, 'complete	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect policial campaign activities on behalf of or in opposition to candidates for duble of the organization. But the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? If 'Yes, 'complete Schedule C, Part II 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? If 'Yes, 'complete Schedule C, Part II 4 X 5 Did the organization matrian and yoon avoided funds or any similar funds or accounts? If wites, 'complete Schedule D, Part II 6 X 7 Did the organization matrian collections of works of art, historical treasures, or other similar assets? If 'Yes, 'complete Schedule D, Part II 7 X 9 Did the organization reprint or funds) a networks of art, historical treasures, or other similar assets? If 'Yes, 'complete Schedule D, Part II 8 X 9 Did the organization report an amount for works of art, historical treasures, or other similar assets? If 'Yes, 'complete Schedule D, Part IV 9 X 10 Did the organization report an amount for works of art V. 10 X 10 X 11 If the organization report an amount for insetments - other securities in Part X, line 10? If 'Yes, 'complete Schedule D, Part V 10 X 10 X 10 D	~				
public office? If ''Yes,' complete Schedule C, Part I 3 X 4 Section 501(kg) organization. Did the organization engage in lobbying activities, or have a section 501(kg) election in effect 4 X 5 Is the organization a section 501(kg). or 501(kg) complex Schedule C, Part II 4 X 6 Is the organization asched schedule C, Part I 4 X 7 Id the organization asched schedule C, Part I 5 X 8 Did the organization mathain any doora advised tunds or any similar funds or account's If ''res,' complete Schedule D, Part I 8 X 7 Did the organization mathain any doora advised tunds or any similar funds or account's If ''res,' complete Schedule D, Part I 7 X 8 Did the organization mathain collections of works of art, historical tareasures, or other similar assets? If ''res,' complete Schedule D, Part I 8 X 9 Did the organization mathain condice crited counseling, debt management, cridit repair, of debt negations envices? 9 X 10 Did the organization, directly rough a related organization, hold assets in door-restricted endowments 10 X 11 If the organization report an amount for investments - othere ascurtites in Part X, line 13, this 15 % or more of its total			2	A	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 X 5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 89-197 // Yes, * complete Schedule C, Part // 5 X 6 Did the organization markina any doorn advised funds or any similar funds or accounts? // / Yes, * complete Schedule D, Part // 6 X 7 XX Bold the organization markina any doorn advised indus or any similar funds or accounts? // / Yes, * complete Schedule D, Part // 7 X 8 Did the organization markina funds or any similar funds or account faulting serves as a subcidia in for the assess or other similar assets? // / Yes, * complete Schedule D, Part // 7 X 10 Did the organization normation collections of works of at, historical treasures, or other similar assets? // / Yes, * complete Schedule D, Part // 8 X 10 Did the organization negret an amount in Part X. In 21, for escrew or custodial account liability, serve as a custodia in for a space. 10 X 11 The ''''''''''''''''''''''''''''''''''''	3				v
during the tax year? "Yes," complete Schedule C, Part II 4 X 5 is the organization a section S(16)(§) 501(§)(5) for S(16)(§) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II 6 X 6 Did the organization maritain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts for which donors have the right to the environment, historic laterase, or historic attratess, or complete Schedule D, Part II 7 X 7 X X 0 0 X 7 X 8 X 0 0 for each advised Schedule D, Part I 8 X 9 Did the organization indicetily or through a related organization, hold assets in donor-restricted endowments 7 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 11 If the organization report an amount for time, strengt in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 10 11	4		3		A
5 Is the organization action 501(c)(5), cor 501(c)(0), or 501(c)(0) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98197 if "Yes," complete Schedule C, Part II 6 X D Dd the organization marktan any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 6 X D Dd the organization marktan any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 X B Did the organization marktan any donor advised at At, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization marktan any donor advised at At, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization, report through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 9 X 10 D Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part V 11 X 11 D 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 167 If "Yes," complete Schedule D, Part V 111 X 111	-		4		x
similar amounts as defined in Revenue Procedure 98-199 // "Yes," complete Schedule <i>Q</i> , Part <i>II</i> 5 X Did the organization marinal may donor adviced funds or any similar funds or accounts? <i>If</i> "Yes," complete Schedule <i>D</i> , Part <i>I</i> 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic later asses, or historic attructures? <i>If</i> "Yes," complete Schedule <i>D</i> , Part <i>II</i> 7 X 8 Did the organization marinal noclections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule <i>D</i> , Part <i>II</i> 9 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</i> "Yes," complete Schedule <i>D</i> , Part <i>IV</i> 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? <i>If</i> "Yes," complete Schedule <i>D</i> , Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes," complete Schedule <i>D</i> , Part VI c Did the organization report an amount for investments - other securities in Part X, line 10? <i>If</i> "Yes," complete Schedule <i>D</i> , Part VI c Did the organization report an amount for the assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," complete Schedule <i>D</i> , Part VI c Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X. Ine 16? <i>If</i> "Yes," complete Schedule <i>D</i> , Part VI 11 <i>X</i> 12 Did the organization report an amount for the masset in Part X, line 15? <i>If</i> "Yes," complete Schedule <i>D</i> , 13 <i>X</i> 14 <i>X</i> 15 Did the organization report an amount for the tassets in Part X, line 15? <i>If</i> "Yes," complete Schedule <i>D</i> , 14 <i>X</i> 15 Did the organization report an amount fo	5				
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain any donor advised of at, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II. 8 X 9 Did the organization negation advised of any totation treasures, or other similar asset? If "Yes," complete Schedule D, Part II. 8 X 10 Did the organization, answer to any of the flobword or edid treasures, or other association services? 9 X. 10 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 10 X 10 Did the organization report an amount for investments - orber securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 114 X 111 Did the organization report an amount for investments - program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 114 <t< td=""><td>Ŭ</td><td></td><td>5</td><td></td><td>х</td></t<>	Ŭ		5		х
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part // 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account lability, serve as a custodial nor amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 8 X 9 Did the organization directly or through a related organization, hold assets in donorestricted endowments 10 X 11 If the organization directly or through a related organization, hold assets in donorestricted endowments 10 X 12 Ub the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 13 X Did the organization report an amount for investments - organ related in Part X, line 10? If "Yes," complete Schedule D, Part X 11 X 14 X Ithe organization report an amount for investments - organ related in Part X, line 12? If "Yes," complete Schedule D, Part X <	6		- T		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 X 8 Did the organization maintain collections of works of art, historical ressures, or other similar asset? // ''Yes,' complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrew 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? 9 X 10 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts on listed organization, epot an amount for land, buildings, and equipment in Part X, line 10? // ''yes,' complete Schedule D, Part V 10 X 10 Did the organization report an amount for investments - other securities in Part X, line 10? // ''yes,' complete Schedule D, Part VII 11a X 11a X 11a X 11a X 11b Did the organization report an amount for investments - other securities in Part X, line 10? // ''yes,' complete Schedule D, Part VII 11a X 11b Did the organization report an amount for other assets in Part X, line 10? // ''yes,' complete Schedule D, Part VII 11a X 11c Did t			6		х
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV. 8 X 9 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII 11a X 12 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 167 If "Yes," complete Schedule D, Part VIII 11a X 13 Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X 11e X 14 Did the organization cobort an amount for investments - other assets in Part X, line 167 If "Yes," complete Schedule D, Part X 11e X 15 Did the organization amount for other as	7				
 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 11 The organization sawer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Did the organization subtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11 Did the organization sobian separate, independent audited financial statements for the tax year? 11 Yes," and if the organization answerd "No" to line 12a, then completing Schedule D, Part X 12a X 13 Is the organization answerd and the organization answerd and the organization answerd with the IA (ASC 7407)? If "Yes," complete Schedule D, Part X 14a Did the organization neport on Part X, column (A), line 37, mor			7		Х
9 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-estricted endowments 9 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V. 10 X 12 If the organization report an amount for land, buildings, and equipment in Part X, line 12? // "Yes," complete Schedule D, Part V. 11 11 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VI 11 11 X 14 X It de organization report an amount for investments - orgram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X 11 X 15 Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X 114 X 16 Did the organization subari to file H4 (SC 7:40?) // "Yes," complete Schedule D, Part X 114 X 17 Did the organizatio	8				
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial nor amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? y 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments y 11 If the organization report an amount for land, buildings, and equipment in Part X, line 127, the 'res,' complete Schedule D, Part V y 12 Did the organization report an amount for investments - other securities in Part X, line 127, the 'res,' complete Schedule D, Part V y 13 Did the organization report an amount for investments - other securities in Part X, line 137, the 'res,' complete Schedule D, Part VI y 14 X inte Y inte 2 Did the organization report an amount for investments - program related in Part X, line 137, the 'res,' complete Schedule D, Part VI inte X 2 Did the organization report an amount for other assets in Part X, line 158, or more of its total assets reported in Part X, line 167, the 'res,' complete Schedule D, Part X inte X 2 Did the organization subality in Part X, line 148 (SO 7 A07) 'res,' complete Schedule D, Part X inte 3 Did the organization on the oreparest on consolidated financial s		Schedule D, Part III	8		Х
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or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a X 20a X 21 X	b				
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foreign organization? //f "Yes," complete Schedule F, Parts // and /V 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? // "Yes," complete Schedule F, Parts // and /V 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? // "Yes," complete Schedule G, Part / 16 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? // f "Yes," complete Schedule G, Part // 17 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // f "Yes," 18 X 20a Did the organization operate one or more hospital facilities? // f "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 X	15		140	**	
 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 18 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</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a IX 20b 2 20b 2 20b 2 20c 20c 3 20c 2 20c 2 20c 2 20c 2 20c 2 20c 2 20c 3 20c 2 20c 3 20c 3 20c 3 20c 4 20c 4 20c 4 20c 4 20c 4 20c 5 20c 4 20c 5 20c 4 20c 5 20c 5 20c 6 20c 7 2	15		15		х
or for foreign individuals? /f "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? /f "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 19 X 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 20a X 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? /f "Yes," complete Schedule I, Parts I and II 20a 21	16				
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column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part / 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 18 X 19 Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 19 X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? /f "Yes," complete Schedule I, Parts I and II 201 X	17				
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 19 X 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? /f "Yes," complete Schedule I, Parts I and II 21 X	010		17		Х
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20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? /f "Yes," complete Schedule I. Parts I and II 21 X	19				
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domestic government on Part IX, column (A), line 1? /f "Yes," complete Schedule I. Parts I and II			20b		
domodalo gorommente en ri arene, comprete controlare ri rato rano ni ratto rano ni regiona ante ano ni regiona ante ano ni regiona ante ano ni regiona ante ano ni regiona ante ante ante ante ante ante ante an	21			v	
					2010

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Form 990 (2019) CREATIVE CAPITAL FOUNDATION Part IV Checklist of Required Schedules (continued)

31-1605982 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
~ .	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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):		ASS.	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? /f			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? /f			
	"Yes," complete Schedule L, Part IV	28c	v	<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		<u></u>
32		32		х
33	Schedule N, Part II	52		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
01	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Des	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		Ver	
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 245	Constant of	Yes	No
			A COL	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	A DA		
С	(gambling) winnings to prize winners?	10	ACCEPTION OF	Contraction of the
932004	01-20-20		990	(2019)
302004	4			

2019.05091 CREATIVE CAPITAL FOUNDATI 3155.001

Form	990 (2019) CREATIVE CAPITAL FOUNDATION 31-1605 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) 31-1605	982	Р	age 5
	etatemente negataring ether ninge and rax compliance (continued)		Yes	No
29	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	200	res	NO
20	filed for the calendar year ending with or within the year covered by this return 2a 27		N. Star	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
5	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions)	20	12	1520
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1000000000	x
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.0		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	14	1703	a state
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		120	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	100.00	10-1-1-1-C
9	Sponsoring organizations maintaining donor advised funds.		S. TR	1.200
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	Carles	Second State State
10	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on Part VIII, line 12			S.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them.)	12a		Contraction of the second
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	128	Le tes	Reference
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year12b		A.S.	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	104		S. S. Serie
	Enter the amount of reserves the organization is required to maintain by the states in which the	all the		107.00%
D	organization is licensed to issue qualified health plans	1		
	Enter the amount of reserves on hand			
с 14а		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
10	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	13 C	1	138
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	841	DOVE	

Form 990 (2019)

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			_
Sec	Check if Schedule O contains a response or note to any line in this Part VI			X
			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	6	100	
	If there are material differences in voting rights among members of the governing body, or if the governing		1	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
10.2	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1	1466	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?		Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		A. Market	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	38		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LESLIE SINGER - (212) 598-9900	10		
	15 MAIDEN LANE, 18TH FLOOR, NEW YORK, NY 10038			
			990	1001

Form 990 (31-1605982	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
	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. See instructions for the order in which to list the persons above.

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	box	not c	Pos heck ss pe	more rson i	than o	one nan	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated snd		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) STEPHEN REILY	1.00									
CO-CHAIR	1.00	X		X				0.	0.	0.
(2) COLLEEN JENNINGS-ROGGENSACK	1.00									
CO-CHAIR		X		X				0.	0.	0.
(3) BILL FOULKES	1.00									
TREASURER	1 00	X	-	X				0.	0.	0.
(4) ANNIE HAN	1.00									
SECRETARY	1 00	X	-	X		-		0.	0.	0.
(5) LYDA KUTH	1.00								0	0
PAST CHAIR	1 00	X	-					0.	0.	0.
(6) SUNNY BATES	1.00	x						0.	0.	0
DIRECTOR (7) JANE BROWN	1.00	X	-			-	-	0.	0.	0.
(7) JANE BROWN DIRECTOR	1.00	x						0.	0.	0.
(8) REGINALD BROWNE	1.00	^	-	-	-		-	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(9) MICHELLE COFFEY	1.00	A	-	-	-		-	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(10) HASAN ELAHI	1.00	A	-	-			-	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(11) ALEJANDRO GONZALEZ	1.00	A		-	-		-	0.	0.	<u>.</u>
DIRECTOR	1.00	x						0.	0.	0.
(12) ROSE KUO	1.00						-			
DIRECTOR	1.00	x						0.	0.	0.
(13) PENNY LANE	1.00									
DIRECTOR		x						0.	0.	0.
(14) JEFFREY SOROS	1.00									
DIRECTOR		x						0.	0.	0.
(15) JOEL WACHS	1.00									
EX-OFFICIO		x						0.	0.	0.
(16) PAIGE WEST	1.00									
DIRECTOR		x						0.	0.	0.
(17) SUSAN R. DELVALLE	40.00									
PRESIDENT & EXECUTIVE DIRE				Х				230,593.	0.	27,400.
932007 01-20-20					-					Form 990 (2019)

7

Form 990 (2019) CREATIVE	CAPITAL	. F	OU	ND	DAT	IO	N		31-16	0598	2	Page 8
Part VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			1 than c is both	one n an	(D) Reportable compensation	(continued) (E) Reportable compensation from related		(F) Estima amour	ated nt of	
о 	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		oth ompen from organiz and rel organiza	sation the ation lated
(18) LESLIE SINGER	40.00			_				1.61 0.54				
CHIEF OPERATIONS OFFICER (19) MICHAEL GIBBONS	40.00			X	-	\vdash		161,251.	().	22,	546.
DIRECTOR OF MARKETING & COMMUNICATIO	40.00					x		101,795.	ſ).	18	384.
(20) MARIANNA SCHAFFER DIRECTOR OF ARTIST INITIATIVE	40.00					x		139,540.).		192.
(21) KERRI SCHLOTTMAN	40.00							100,010.		<u></u>	141	172.
DIRECTOR OF INSTITUTIONAL ADV.					_	x		128,182.	().	15,	578.
										+		
											-	
										_		
1b Subtotal								761,361.).	96,	100.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0.761,361.).	96,	$\frac{0.}{100.}$
2 Total number of individuals (including but n compensation from the organization ►			liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			5
	*** * * *										Ye	s No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si		22			1	18	-		5	3	3	x
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportabl	e co	mpe	ensat	tion	and	oth	er compensation from the	ne organization			
5 Did any person listed on line 1a receive or a	15 DOM 10 DOM											1 1 m 2 m
rendered to the organization? If "Yes, " com	plete Schedule	e J fo	or su	ich p	oers	on .				. 5	5	X
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mpensated ind	epe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comper	nsation	from	
the organization. Report compensation for												
(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Com	(C) pensat	ion
2 Total number of independent contractors (ir	acluding but p	ot lin	niter	tot	thos	e lie	ted	above) who received mo	ore than		No.	the set
 Statistical number of independent contractors in \$100,000 of compensation from the organiz 			intec		C)	lou			For	m 990) (2019)

8

Form 990 Part VI			ITAL FOUNI	DATION		31-1605	982 Page
		Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluder from tax under sections 512 - 51
ontributions, Gifts, Gran Id Other Similar Amoun	b c d f g	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f 1	13,300. 59,470. 5,969,932. 25,297. ►	6,042,702.			
Program Servic Revenue	b c d e f	PROGRAM FEES All other program service revenue		223,208.	223,208.		
3 4 5		Total. Add lines 2a-2f Investment income (including dividends, inter other similar amounts) Income from investment of tax-exempt bond Royalties	proceeds	223,208. 140,978.			140,978
7 a	b c d a b	Gross rents (i) Real Gross rents (i) Real Gross rental expenses (i) Ge Rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses (i) 874,38	(ii) Personal				
Other Rev 8 8	d a	Net gain or (loss) Gross income from fundraising events (not including \$ 13,300. of contributions reported on line 1c). See Part IV, line 18	-	127,996.			127,996
9 a 9 a 10 a	c a b c a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	▶ 0a 0b 0a	-7,060.			-7,060
	a b c d	Net income or (loss) from sales of inventory All other revenue	Business Code				
2 12 32009 01-2	_	Total Add lines 11a-11d	Net State	6,527,824.	223,208.	0.	261,914 Form 990 (20

Form 990 (2019) CREATIVE CAPITAL FOUNDATION Part IX Statement of Functional Expenses

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Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon			(0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	58,500.	58,500.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,855,215.	1,855,215.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	10,000.	10,000.	A State State of State	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	458,633.	248,062.	122,475.	88,096.
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	1,548,436.	837,505.	413,500.	297,431.
8	Pension plan accruals and contributions (include			12 12 N	
	section 401(k) and 403(b) employer contributions)	54,360.	29,329.	14,762.	10,269.
9	Other employee benefits	138,419.	74,726.	37,442.	26,251.
10	Payroll taxes	144,088.	77,807.	38,904.	27,377.
11	Fees for services (nonemployees):				
а	Management				
	Legal	15,253.	8,389.	3,814.	3,050.
с	Accounting	35,909.	19,750.	8,977.	7,182.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
		20,623.		20,623.	
	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A) amount, list line 11g expenses on Sch 0.)	700,454.	575,149.	106,841.	18,464.
12	Advertising and promotion	18,270.	15,515.	918.	1,837.
13	Office expenses	48,348.	32,869.	6,807.	8,672.
14	Information technology	79,093.	63,693.	10,267.	5,133.
15	Royalties				
16	Occupancy	311,113.	264,633.	15,493.	30,987.
17	Travel	116,758.	87,320.	18,375.	11,063.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	72,475.	49,714.	21,812.	949.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,905.	5,662.	690.	553.
23	Insurance	11,726.	9,226.	1,800.	700.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	HONORARIUMS	121,117.	121,117.		
b	AWARDEE CONFERENCE	37,787.	37,787.		
c					
d					
	All other expenses	2,277.			2,277.
25		5,865,759.	4,481,968.	843,500.	540,291.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (2019)

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Form 990 (2019)

Form 990 (2019) Part X Balance Sheet CREATIVE CAPITAL FOUNDATION

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Pa		Balance Sneet					
		Check if Schedule O contains a response or	note to any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments			2,593,180.	2	2,742,694.
	3	Pledges and grants receivable, net			621,942.	3	1,676,757.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren	t or former offi	icer, director,		100	
		trustee, key employee, creator or founder, su	ubstantial conti	ributor, or 35%		1.2.1	
		controlled entity or family member of any of	these persons			5	
	6	Loans and other receivables from other disquark	ualified person	s (as defined		の方法	
		under section 4958(f)(1)), and persons descri				6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		L		8	
۹	9	Prepaid expenses and deferred charges			66,091.	9	66,091.
	10a	Land, buildings, and equipment: cost or othe	1 1	100 555			
		basis. Complete Part VI of Schedule D	10a	482,575.			
	b	Less: accumulated depreciation		479,634.	2,595.		2,941.
	11	Investments - publicly traded securities			5,757,583.	11	5,431,425.
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets			E4 000	14	E4 000
	15	Other assets. See Part IV, line 11			54,082.	15	54,082.
	16	Total assets. Add lines 1 through 15 (must equal line 33)			9,095,473. 611,208.	16	9,973,990. 491,894.
	17	Accounts payable and accrued expenses			337,436.	17	387,031.
	18	Grants payable			337,430.	18	306,268.
	19	Deferred revenue				19	500,200.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	A STATE OF THE STA
es	22	Loans and other payables to any current or f				a data	
Liabilities		trustee, key employee, creator or founder, su				00	
-iat		controlled entity or family member of any of		TOPID OF THE COMPART COURSE AND COMPARED		22	
-	23	Secured mortgages and notes payable to un				23 24	
	24	Unsecured notes and loans payable to unrela		- Per and a first of the second se		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on li					
		(0) 11 D				25	
	26	Total liabilities. Add lines 17 through 25			948,644.	26	1,185,193.
	20	Organizations that follow FASB ASC 958,				20	
S		and complete lines 27, 28, 32, and 33.					
nce	27	Net assets without donor restrictions			731,102.	27	1,259,149.
sala	28	Net assets with donor restrictions			7,415,727.	28	7,529,648.
B	20	Organizations that do not follow FASB AS				al the second	AND THE WAY
Fur		and complete lines 29 through 33.				NER I	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur	nds		A REAL PROPERTY AND A REAL	29	
ets	30	Paid-in or capital surplus, or land, building, o				30	
Ass	31	Retained earnings, endowment, accumulated				31	
et	32	Total net assets or fund balances		DEVELOPMENT OF A DEVELo	8,146,829.	32	8,788,797.
_					9,095,473.		9,973,990.

Form 990 (2019)

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Form	990 (2019) CREATIVE CAPITAL FOUNDATION	31-1	505982	Pad	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,527	, 83	24.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,865		
3	Revenue less expenses. Subtract line 2 from line 1	3			65.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,146	, 8	29.
5	Net unrealized gains (losses) on investments	5	-10),0	97.
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 on Schedule O)	9	-10),0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	8,788	, 7	97.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		S. S. S.		a second
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		Mar.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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:		State of the second		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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: X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
•	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
U.	Act and OMB Circular A-133?	-	3a		Х
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
-	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	2019)

				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.						OMB No. 1545-0047
		of the Treasury nue Service			Attach to Form 990 or F	orm 990-	EZ.			Open to Public
		the organizati		Go to www.irs.gov	/Form990 for instruction	ons and th	ne latest in	nformation.	E	Inspection
INdi	ne or	the organizati								identification number
P	rt I	Reason	for Public (Charity Status	AL FOUNDATION	N malata th	in nort \ C	o in otra ation	3	1-1605982
	C. S.							e instructions	S.	
	organ				For lines 1 through 12, cl	•				
1	H				n of churches described			1)(A)(I).		
2	H				Attach Schedule E (Form					
3	H				nization described in se			0.00		
4				ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state								
5					lege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
				Complete Part II.)						
6					nental unit described in			•••		
7	X			1. The second se	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general i	oublic described in
				omplete Part II.)						
8	\square	and the second second second			1)(A)(vi). (Complete Part					
9		-			in section 170(b)(1)(A)(75.5
			or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
		university:								
10	\square	a construction of the second second		the second s	than 33 1/3% of its supp					a second s
					t to certain exceptions,					
					(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.
0000000				mplete Part III.)						
11	\square	•	• • • • • • • • • • • • • • • • • • •		vely to test for public sat	• • • • • • • • • • • • • • • • • • • •				een meering and a second second
12					vely for the benefit of, to					
		•			d in section 509(a)(1) o					Check the box in
	_	7	-		supporting organization		and the second second second			- h de a
а					upervised, or controlled					
					gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		¬ ~		complete Part IV, Se						
b					or controlled in connect				CALCULATE AND A	
					inization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		7		t complete Part IV,		1				
C				•	g organization operated				ly integrate	d with,
			-		. You must complete F				ted evenesis	antion (a)
C				•	orting organization oper					
					ation generally must sati				an attentiv	veness
			3	and Barris and an and	nplete Part IV, Sections				U. Turne III	
e					vritten determination from			турет, туре	II, Type III	
					nally integrated supporting					
		er the number of		•	d organization(s)					
		i) Name of suppo		about the supporte (ii) EIN	(iii) Type of organization		anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization			(described on lines 1-10	in your govern Yes	No	support (see in	structions)	support (see instructions)
					above (see instructions))					
						1				
-										
Tota	al			the first state of the	Martin Constanting	or a desired	1.1.1			
-										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 CREATIVE CAPITAL FOUNDATION 31-1605 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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(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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6284690.	4471323.	4123078.	4879251.	6042702.	25801044.
2	Tax revenues levied for the organ-						
	ization'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	Total. Add lines 1 through 3	6284690.	4471323.	4123078.	4879251.	6042702.	25801044.
5	The portion of total contributions			The Statement of		Manage 1 199	
	by each person (other than a	Section 1		Constant and the	Same and the second		
	governmental unit or publicly			States and States	The second second		
	supported organization) included			Mar Base			
	on line 1 that exceeds 2% of the	Contena (Sector Charles		
	amount shown on line 11,	Participation of the second		South States			
	column (f)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					17057070.
6	Public support. Subtract line 5 from line 4.	South Call					8743974.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	6284690.	4471323.	4123078.	4879251.	6042702.	25801044.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	132,712.	124,344.	135,422.	163,477.	140,978.	696,933.
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 VI.)	77,488.	55,161.				132,649.
11	Total support. Add lines 7 through 10		AGE, TOTAL DAY		A PARTICIPAL DE LA PART		26630626.
12	Gross receipts from related activities,						,333,790.
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
0.00	organization, check this box and stor	here	aantaga				
	tion C. Computation of Publi						22.02
	Public support percentage for 2019 (li					14	32.83 %
	Public support percentage from 2018					15	32.79 %
16a	33 1/3% support test - 2019. If the c	•					
	stop here. The organization qualifies				line 15 is 20 1/20/		
b	33 1/3% support test - 2018. If the c						
	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the "fac				•		
	meets the "facts-and-circumstances"						
D	10% -facts-and-circumstances test						
	more, and if the organization meets the organization meets the "facts-and-circ						
10	Private foundation. If the organizatio		-	S			
18	rivate foundation. If the organizatio	in ulu not check a l	JUX UIT III 10 13, 102	a, 100, 17a, 01 170	, check uns box al	a see instructions	

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 CREATIVE CAPITAL FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses				1		
	acquired after June 30, 1975				1		
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a section	501(c)(3) organiza	ition,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (li	ine 8, column (f), d	ivided by line 13, c	olumn (f)		15	%
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	19 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from a	2018 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2019. If the	organization did n	ot check the box of	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	' is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organizat	tion	
b	33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	re than 33 1/3%, ar	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th	his box and see inst	tructions	
93202	3 09-25-19				Sche	edule A (Form 990	or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 CREATIVE CAPITAL FOUNDATION Part IV Supporting Organizations

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1

2

3a

3b

3c

4a

Yes No

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

Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer* (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? /f "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? /f "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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932024 09-25-19

4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 CREATIVE CAPITAL FOUNDATION Part IV Supporting Organizations (continued)

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2

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	and the second	the la	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			

tax year? /f "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? /f "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed
 Image: Control of the support of the support

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1 Kar	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	(Sector	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	- Carl	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1 2 1	1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		EV48
	significant voice in the organization's investment policies and in directing the use of the organization's		The state
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1284	
	supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

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- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990 or 990-EZ) 2019

2a

2b

3a

3b

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	dule A (Form 990 or 990-EZ) 2019 CREATIVE CAPITAL FOUNDA			1-1605982 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			art VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):		Sales and the second	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other	1213		
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7	<i></i>	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2	States - Contraction	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ted Type III supporting organ	nization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 201		
Part V True III Man French	 1 500/ 1/01	0

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	2		
7	Total annual distributions. Add lines 1 through 6.		2	
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-	THE PROPERTY		THE THE THE
	able cause required- explain in Part VI). See instructions.			30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3	Excess distributions carryover, if any, to 2019			
а	From 2014	- Alter - Antonia	SUL CONTRACTOR	PH SHE
b	From 2015			
с	From 2016		一、"我们是一个问题"的。	
d	From 2017			
е	From 2018		ALCONTRACT PROPERTY	
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount	N. States		
c	Remainder. Subtract lines 4a and 4b from 4.		ALC: NEW YORK	
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater	和此 發作 如此		
	than zero, explain in Part VI. See instructions.	ALC: CARLO LAR		
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			A
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015	A Market Market		
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019	ALL	A REAL PROPERTY AND A REAL	

Schedule A (Form 990 or 990-EZ) 2019

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

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST: 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 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 32.83% FOR THE YEAR ENDED 6/30/20 BASED ON AGGREGATE FINANCIAL INFORMATION FOR THE YEARS ENDED 6/30/15 THROUGH 6/30/20. 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 FOUR STAFF MEMBERS WHO WORK ON FUNDRAISING AND
SOLICITATIONS FROM A DIVERSE BASE OF DONORS, IN ADDITION TO THE ONGOING
DONOR CULTIVATION WORK OF OUR PRESIDENT & 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.
932028 09-25-19
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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

REPRESENTATIVE GOVERNING BODY: CREATIVE CAPITAL'S BOARD OF DIRECTORS IS COMPRISED OF 16 VOTING MEMBERS 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 WORKSHOP 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 THE AND SPONSORING OF PROGRAMS: CREATIVE CAPITAL IS ONE OF THE FEW NATIONAL ORGANIZATIONS THAT GIVES AWARDS GRANTS TO INDIVIDUAL ARTISTS THROUGH AN OPEN APPLICATION PROCESS. CREATIVE CAPITAL RECEIVED ABOUT 4,000 APPLICATIONS FRM ARTISTS WITH OUR LAST AWARD DEADLINE. CREATIVE CAPITAL INVITES ARTS PROFESSIONALS AND SPECIALISTS IN CONTEMPORARY ARTISTIC PRACTICE TO PARTICIPATE IN OUR AWARDMAKING PROCESS. THESE OUTSIDE ART PROFESSIONALS REVIEW THE APPLICATIONS AND ULTIMATELY RECOMMEND THE AWARD RECIPIENTS FROM AMONG THESE SUBMISSIONS. WHEN WE CONVENE OUR ARTIST RETREAT MORE THAN 125 PROFESSIONALS IN THE ARTS AND OTHER FIELDS ARE INVITED TO PARTICIPATE AND SHARE THEIR KNOWLEDGE, SKILLS Schedule A (Form 990 or 990-EZ) 2019 932028 09-25-19 21

Schedule A (Form 990 or 990-EZ) 2019 CREATIVE CAPITAL FOUNDATION

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

AND ADVICE WITH OUR AWARDEES.

PROGRAM FOR ACCOMPLISHING CHARITABLE WORK: CREATIVE CAPITAL IS COMMITTED

TO MAINTAINING OUR SIGNATURE AWARDMAKING 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

WORKSHOPS AND WEBINARS WHICH HAVE REACHED OVER 20,000 ARTISTS IN OVER 800

CREATIVE COMMUNITIES.

Schedule A (Form 990 or 990-EZ) 2019

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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

CF	REATIVE CAPITAL FOUNDATION	31-1605982
Organization type (check of	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., *set is charitable, etc., contributions* totaling \$5,000 or more during the year for an *exclusively* set is the set is charitable, etc., *set is charitable, etc., contributions* totaling \$5,000 or more during the year for an *exclusively* set is the set is the set is the set is the set is charitable, etc., *set is charitable, etc., contributions* totaling \$5,000 or more during the year for an *exclusively* set is the s

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Page 2

Employer identification number

31-1605982

CREATIVE CAPITAL FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution ANDY WARHOL FOUNDATION FOR THE VISUAL 1 ARTS Person X Payroll 65 BLEECKER ST, 7TH FLOOR 2,827,969. Noncash \$ (Complete Part II for NEW YORK, NY 10012 noncash contributions.) (a)(b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 DORIS DUKE CHARITABLE FOUNDATION Х Person Payroll 650 FIFTH AVENUE, 19TH FLOOR \$ 359,159. Noncash (Complete Part II for NEW YORK, NY 10019 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 TOBY FUND X Person Payroll 1422 EUCLID 200,000. Noncash \$ (Complete Part II for CLEVELAND, OH 44115 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 TIDES FOUNDATION/LAMBENT FOUNDATION X Person Payroll 55 EXCHANGE PLACE SUITE 402 598,653. Noncash (Complete Part II for NEW YORK, NY 10005 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 5 STEPHEN REILY X Person C/O COMMUNITY FOUNDATION OF Payroll 325 MAIN STREET, STE 1110 LOUISVILLE, 124,507. Noncash \$ (Complete Part II for noncash contributions.) LOUISVILLE, KY 40202 (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 THE SURDNA FOUNDATION X Person Payroll 200 MADISON AVE 1,195,693. Noncash \$ (Complete Part II for NEW YORK, NY 10017 noncash contributions.) 923452 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

24

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2019)
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Name of organization

Page 3

CREATIVE CAPITAL FOUNDATION

31-1605982

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

923453 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019.05091 CREATIVE CAPITAL FOUNDATI 3155.001

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Name of or	ganization				Employer identification number
CREATI	IVE CAPITAL FOUNDATION				31-1605982
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	tons to organizations described the following	bed in section 50	01(c)(7), (8), or (10) th	hat total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$*	1,000 or less for t	the year. (Enter this info. onc	e.) ► \$
(a) No.	32. 1979	space is needed.			
from Part I	(b) Purpose of gift	(c) Use of gi	ift	(d) Desc	ription of how gift is held
F		(e) Transfe	er of gift		
ŀ	Transferee's name, address, a	nd ZIP + 4	R	elationship of trar	nsferor to transferee
(a) No.		L			
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held
F		(e) Transfe	r of gift		
ŀ	Transferee's name, address, a	nd ZIP + 4	R	elationship of trar	nsferor to transferee
			·		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held
		(e) Transfe	r of gift		
	Transferee's name, address, a	ad 71D + 4	P	alationship of trar	sferor to transferee
F	fransieree s hame, audress, a			elationship of trai	
	·				
(a) No. from					
Part I	(b) Purpose of gift	(c) Use of git	n	(d) Desc	ription of how gift is held
		(e) Transfe	r of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of trar	sferor to transferee
	· · · · · · · · · · · · · · · · · · ·				
923454 11-06-	19			Schedule I	3 (Form 990, 990-EZ, or 990-PF) (2019)

11430416 758275 3155.000

26 2019.05091 CREATIVE CAPITAL FOUNDATI 3155.001

Page 4

~~		Cumulana ant				OMB No. 1545-0047
			al Financial Statements		ľ	2010
(FOI)	n 990)	Part IV. line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b).		2019
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9	Attach to Form 990. 90 for instructions and the latest informa	tion.		Open to Public Inspection
Nam	e of the organizati			T	Employer	identification numbe
		CREATIVE CAPITAL FO			3:	1-1605982
Pa			d Funds or Other Similar Funds o	or Acc	counts.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(h) Eurode and	other accounts
	Total number at or	ad of year	(a) Donor advised funds	a)) Funds and	other accounts
1		nd of year f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5			writing that the assets held in donor advised	d funds		
	are the organizatio	on's property, subject to the organization's	exclusive legal control?			Yes N
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed onl	у	
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose co	onferrin	g	
De	impermissible priv					Yes N
Par			anization answered "Yes" on Form 990, Pa	art IV, li	ne 7.	
1	<u> </u>	servation easements held by the organization	11.27	. Islandarul		and band success
		of land for public use (for example, recrea f natural habitat	tion or education) Preservation of a Preservation of a			
		of open space		a cerune	su historic s	ructure
2	The second s		ied conservation contribution in the form of	f a cons	servation ea	sement on the last
_	day of the tax year				San Contain	t the End of the Tax Yea
а				[2a	
b		detect has a second			2b	
с	Number of conserv	vation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conserv	vation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure	e		
					2d	94
3		vation easements modified, transferred, rele	eased, extinguished, or terminated by the o	organiza	ation during	the tax
	year					
4 5		where property subject to conservation eas tion have a written policy regarding the per				
5		orcement of the conservation easements it				Yes N
6			handling of violations, and enforcing conservation			
	•					5 ,
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on ease	ments durin	ig the year
	▶\$					
8			e satisfy the requirements of section 170(h)			
						Yes No
9			on easements in its revenue and expense st			
			ote to the organization's financial statemen	nts that	describes th	ne
Par		ounting for conservation easements.	Art, Historical Treasures, or Oth	er Sir	nilar Ass	ets.
		the organization answered "Yes" on Form				
1a			B, not to report in its revenue statement and	d balan	ce sheet wo	orks
	•		lic exhibition, education, or research in furt			
	service, provide in	Part XIII the text of the footnote to its finan	cial statements that describes these items.			
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	alance s	heet works	of
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in furthe	rance o	of public ser	vice,
		ng amounts relating to these items:				
0.022400	(ii) Assets include	d in Form 990, Part X				
2			asures, or other similar assets for financial g	gain, pr	ovide	
121	• • • • • • • • • • • • • • • • • • •	ants required to be reported under FASB A			• •	
					► \$ ► \$	
-		eduction Act Notice, see the Instructions				ule D (Form 990) 201
	10-02-19	caucion Act notice, see the instructions			Coneu	201 201 201
93203	10-02-10		27			

	Image: dule D (Form 990) 2019 CREATIVE Image: the transmission of transmission of the transmission of the transmission of the transmission of tran	E CAPITAL F			r Othe		31-16 r Assets			ge 2
3	Using the organization's acquisition, accession									
	collection items (check all that apply):					-				
а	Public exhibition	d	Loan or ex	change progra	am					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further	the organizatio	on's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	of art, historical tre	asures, or othe	er similar	rassets				
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's c	ollection?				Yes		No
Pa	t IV Escrow and Custodial Arrange		ete if the organizat	ion answered	"Yes" or	Form 990), Part IV,	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1 a	Is the organization an agent, trustee, custodia							_	_	
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table:							
								Amount		
	Beginning balance									
d	Additions during the year					<u>1d</u>				
е	Distributions during the year									
f	•					<u> </u>				
	Did the organization include an amount on Fo	and the second second					∟	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.									
I ai	TV Endowment Funds. Complete if		international and the second sec			Countral Linear				
	Designing of each balance	(a) Current year	(b) Prior year			(d) Three		(e) Four		
1a	Beginning of year balance	1,820,895.	1,796,411	. 1,003	5,758.	1,4	98,718.	1,	467,1	33.
b	Contributions	10 700	24 494	11/	0 652		07 040		21 5	0.5
c	Net investment earnings, gains, and losses	-12,788.	24,484		0,653.	1	87,040.		31,5	85.
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses							-		
g	End of year balance	1,808,107.	1,820,895		5,411.	1,6	85,758.	1,	498,7	18.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:						
	Board designated or quasi-endowment		_%							
	Permanent endowment ► 56.74	%								
с	Term endowment 43.26									
	The percentages on lines 2a, 2b, and 2c should	Sale Manager and								
3a	Are there endowment funds not in the posses	sion of the organizat	tion that are held a	and administer	ed for th	ne organiza	ation			
	by:									No
	(i) Unrelated organizations							3a(i)		<u>x</u>
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat			·				3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipme				-					
	Complete if the organization answered									
-	Description of property	(a) Cost or ot basis (investm		st or other s (other)		ccumulate	d	(d) Book	value	
1a	Land				A Call	(And the second	R			
	Buildings									
	Leasehold improvements									
d	Equipment		4	82,575.		479,63	34.	2	2,94	1.
	Other									
Total	. Add lines 1a through 1e. (Column (d) must ec	ual Form 990. Part X	K. column (B). line	10c.)					,94	_
							Schedule	D (Form	990) 2	019

932052 10-02-19

Schedule D (Form 990) 2019 CREATIVE (Part VII Investments - Other Securities. CREATIVE CAPITAL FOUNDATION

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
8)			
(9)			
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets.			
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets.	on Form 990, Part IV, line *	11d. See Form 990, Part X, line 15.	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line * Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes"	Description		
(9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (a) (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description		
9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		
(9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		
(9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description		
(9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		
(9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		
(9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		
(9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		
(9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2019

932053 10-02-19

31-1605982 Page 3

Sche	dule D (Form 990) 2019 CREATIVE CAPITAL FOUNDATION			31-3	1605982 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements	s With F	Revenue per Re	turn.	4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	6,487,104.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			THE SE	
а	Net unrealized gains (losses) on investments	2a	-10,097.	53.	
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-10,000.		
е	Add lines 2a through 2d			2e	-20,097.
3	Subtract line 2e from line 1			3	6,507,201.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			18 SC	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20,623.	in the	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	20,623.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,527,824.
Pa	t XII Reconciliation of Expenses per Audited Financial Statement	ts With	Expenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	5,845,136.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			19.33	
а	Donated services and use of facilities	2a		No.	
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	5,845,136.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			State.	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20,623.		
b	Other (Describe in Part XIII.)				
с	Add lines 4a and 4b			4c	20,623.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,865,759.
Pa	t 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:

TO GENERATE INCOME TO SUPPORT ARTISTS' PROGRAMS

PART X, LINE 2:

MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR EACH OF THE OPEN TAX YEARS

(2017-2019) OR EXPECTED TO BE TAKEN IN CCF'S 2020 TAX RETURN AND HAS

CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD

REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

TRANSFER OF ARTIST RELIEF FUNDS

-10,000.

Schedule D (Form 990) 2019

932054 10-02-19

Schedule D (Form 990) 2019 CI Part XIII Supplemental Informat	REATIVE CAPITAL	FOUNDATION	31-1605982 Page 5
Supplemental Informat	ion (continued)		
-			
Y			
-			
			Schedule D (Form 990) 2019
932055 10-02-19		21	
		31	

SCHEDULE F			ivities Outside the Ur			OMB No. 1545-0047
(Form 990)	Complete if	the organizatio	n answered "Yes" on Form 990, Part	IV, line 14b, 1	5, or 16.	2019
Department of the Treasury Internal Revenue Service	► Go to	www.irs.gov/Fo	Attach to Form 990. https://www.and.com/page/2016/2016/2016/2016/2016/2016/2016/2016	information.		Open to Public Inspection
Name of the organization					Employer id	entification number
CREATIVE CAPIT	AL FOINDA	TON			31-160	5982
Part I General Int	formation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answer	ed "Yes" on
Form 990, Par				olo il allo olgui		
1 For grantmakers. Do	bes the organization	n maintain record	ds to substantiate the amount of its gra	ints and other a		
the grantees' eligibilit	y for the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	tance?	X Yes No
2 For grantmakers. De	pooribo in Dort V th		procedures for monitoring the use of its			
United States.	escribe in Fart V the	e organization s	procedures for monitoring the use of its	s grants and ot	ner assistance	outside the
	(The following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)	1.232020112012222222010	e specific type (s) in the regior	investments
		in the region			(0)	in the region
			GRANTS TO RECIPIENTS			
EUROPE	0	0	LOCATED IN REGION.			10,000.
	-					
		·				
-						
3 a Subtotal	A second s	0			1	10,000.
b Total from continuation sheets to Part I		0				0.
c Totals (add lines 3a						
and 3b)	0	0		The second second		10,000.

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

Schedule F (Form 990) 2019

932071 10-12-19

Schedule F (Form 990) 2019

CREATIVE CAPITAL FOUNDATION

31-1605982

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
and the second								
			ecognized as charities by the t ion 501(c)(3) equivalency letter		recognized as tax-ex			
3 Enter total number of			(-)(-)	******				

Schedule F (Form 990) 2019

CREATIVE CAPITAL FOUNDATION Schedule F (Form 990) 2019

31-1605982

Page 3

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

Part III can be duplicated if	additional space is neede				1		
(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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PROJECT/FOLLOW UP GRANTS/							
EMERGING FIELDS	EUROPE	0	0.	CHECK PAYMENT	0.		
							9
					11		

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 CREATIVE CAPITAL FOUNDATION Part IV Foreign Forms

X No X No X No
X No
X No
XNo
X No
X No
X No

Schedule F (Form 990) 2019

932074 10-12-19

Schedule F (Form 990) 2019 CREATIVE CAPITAL FOUNDATION

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. See instructions.

PART I, LINE 2:

WE MONITOR THE USE OF AWARD FUNDS THROUGH THE FUNDING REQUESTS AND FINAL

REPORTS THAT WE RECEIVE FROM AWARDEES. IN ADDITION, THE ORGANIZATION

RECEIVES INFORMATION ON A REGULAR BASIS FROM AWARDEES REGARDING THE

STATUS OF THE FUNDED PROJECTS FROM THE INITIAL PHASE THROUGH PREMIERE AND

BEYOND.

Schedule F (Form 990) 2019

11430416 758275 3155.000

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" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.								
Name of the organization			3.gov/ronn55010	The latest morn			Inspection Employer identification number		
The second	CAPITAL F	OUNDATION					31-1605982		
Part I General Information on Grants a	nd Assistance								
1 Does the organization maintain records									
criteria used to award the grants or assis 2 Describe in Part IV the organization's pro-	stance?	oring the use of grant	funda in the United	Ctatao			X Yes No		
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990 Part	IV line 21 for any		
recipient that received more than s	-					cs off off 550, 1 ar			
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 noncash assistance	(h) Purpose of grant or assistance		
KCHUNG RADIO 2001 N. EASTERN AVENUE LOS ANGELES, CA 90032	81-2437303	501(C)(3)	8,500.	0.			PROJECT FUNDING		
SUSTAINABLE NATIVE COMMUNITIES COLLABORATIVE - 2501 W. Z1A ROAD, UNIT 10211 - SANTA FE, NM 10211	46-4776159	501(C)(3)	10,000.	0.			INITIAL & INFRASTRUCTURE FUNDING		
NOT AN ALTERNATIVE, INC. 9719 SW 180TH STREET VASHON, WA 98070	20-4018630	501(C)(3)	15,000.	0.			INITIAL & INFRASTRUCTURE FUNDING		
FOUNDATION FOR INDEPENDENT ARTISTS, INC 75 BROAD STREET, SUITE 304 - NEW YORK, NY 10004	13-3082845	501(C)(3)	10,000.	0.			PROJECT FUNDING		
INTERFAITH WORKING GROUP 6757 GREENE STREET PHILADELPHIA, PA 19119	23-2842734	501(C)(3)	15,000.	0.			INITIAL & INFRASTRUCTURE FUNDING		
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	and a second	1 4 - h 1 -	e line 1 table				<u> </u>		

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

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019) CREATIVE CAPITAL FOUNDATION

31-1605982

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance
INITIAL GRANT	53	1,146,500.	0.	THROUGH PANEL PROCESS	
FOLLOW UP GRANTS	72	708,715.	٥.	THROUGH OTHER PROCESS	
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	

PART I, LINE 2:

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.

932102 10-26-19

		0	nastion Information	T a				
	COMPENSATION Compensation Information				OMB No. 1545-0047			
(F0	orm 990)		ectors, Trustees, Key Employees, and Highest compensated Employees		201	Q		
			on answered "Yes" on Form 990, Part IV, line 23.					
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information			C	Open to Public Inspection				
	ne of the organization	Go to www.irs.gov/For	m990 for instructions and the latest information.	Employer iden	entification number			
	ine of the organization	CREATIVE CAPITAL	FOUNDATION	31-160				
Pa	art I Questions Re	garding Compensation	100000000000000000000000000000000000000	01 100	0002			
		<u> </u>			Y	es No		
1a	Check the appropriate b	ox(es) if the organization provided	any of the following to or for a person listed on Form	990.				
			relevant information regarding these items.	,	Lan St			
	First-class or charte		Housing allowance or residence for perso	nal use				
	Travel for companie	ons	Payments for business use of personal re		的 图 杨			
	Tax indemnification	and gross-up payments	Health or social club dues or initiation fee	S		R TES		
	Discretionary spend	ling account	Personal services (such as maid, chauffer	ur, chef)				
b	If any of the boxes on lin	e 1a are checked, did the organiza	tion follow a written policy regarding payment or		THE F	The second		
	reimbursement or provis	ion of all of the expenses described	d above? If "No," complete Part III to explain		1b			
2	Did the organization requ	uire substantiation prior to reimburg	sing or allowing expenses incurred by all directors,					
	trustees, and officers, inc	cluding the CEO/Executive Director	r, regarding the items checked on line 1a?		2			
						T Hall		
3	Indicate which, if any, of	the following the organization user	d to establish the compensation of the organization's	3				
	CEO/Executive Director.	Check all that apply. Do not check	any boxes for methods used by a related organizati	on to				
	establish compensation	of the CEO/Executive Director, but	explain in Part III.		States -			
	Compensation com	mittee	X Written employment contract			1 200		
	Independent compe	ensation consultant	Compensation survey or study					
	Form 990 of other of	organizations	X Approval by the board or compensation of	ommittee				
						1		
4	During the year, did any	person listed on Form 990, Part VI	I, Section A, line 1a, with respect to the filing					
	organization or a related	organization:						
а		ment or change-of-control paymen			4a	X		
b			nqualified retirement plan?		4b	X		
C			mpensation arrangement?		4c	X		
	If "Yes" to any of lines 4a	a-c, list the persons and provide the	e applicable amounts for each item in Part III.					
-		501(c)(4), and 501(c)(29) organiza	NAME AND A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTIONO					
5			, did the organization pay or accrue any compensation	'n		a Sile		
	contingent on the revenu				Ea	X		
					5a	X		
b					5b	•		
c	If "Yes" on line 5a or 5b,		, did the organization pay or accrue any compensatio	20		3 3 9		
0	contingent on the net ea		, and the organization pay or accrue any compensation					
-					6a	x		
a	Any related organization	2			6b	X		
D	If "Yes" on line 6a or 6b,							
7			, did the organization provide any nonfixed payments			PRO LA DE SA		
'			, did the organization provide any homixed payments		7	x		
8			accrued pursuant to a contract that was subject to the		S. 61 12	and the second		
0	The second s				8	x		
9			table presumption procedure described in					
5					9			
I HA		tion Act Notice, see the Instruction		Schedule	J (Form 9	90) 2019		

932111 10-21-19

Schedule J (Form 990) 2019

31-1605982

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 on 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 aren't 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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) SUSAN R. DELVALLE	(i)	230,593.	0.	0.	16,142.	11,258.	257,993.	0.
PRESIDENT & EXECUTIVE DIRE	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LESLIE SINGER	(i)	161,251.	0.	0.	11,288.	11,258.	183,797.	0.
CHIEF OPERATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARIANNA SCHAFFER	(i)	139,540.	0.	0.	1,050.	11,142.	151,732.	0.
DIRECTOR OF ARTIST INITIATIVE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)				/			
	(i)							
×	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)			2				
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019	CREATIVE	CAPITAL	FOUNDATION
Part III Supplemental Information			

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

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

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

OMB No. 1545-0047

2019

Open to Public

31	-1	60)59	82

Name of the organization

CREATIVE CAPITAL FOUNDATION

Pa	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods		Republic States					
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	25,297.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ())							
29	Number of Forms 8283 received by the organiza		a de la compañía de esta de la compañía de la com					
	for which the organization completed Form 8283	3, Part IV, L	Jonee Acknowledg	ement 29			Vee	Nie
00-	During the second did the second station reaction has			exteri in Deut I. lines 1 through	h 00 that it		Yes	No
30a	During the year, did the organization receive by must hold for at least three years from the date						No.	
						200	191.431	х
L.	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.					30a	Capital State	
р 31	Does the organization have a gift acceptance po	olicy that re	quires the review of	of any nonstandard contribut	ions?	31	A COM	х
	Does the organization have a gift acceptance pe		2		ions?			
ord	v					32a		х
	contributions?		••••••			UL.a		

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2019

932141 09-27-19

				FOUNDATION
Part II	Supplemental	Information.	Provide the info	rmation required by P

31-1605982 Page 2

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

	43		100 - 1000
932142 09-27-19	 		Schedule M (Form 990) 2019
one synthesis second			
		ne nela sub contrate en rente festalar	
÷			

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2019.05091 CREATIVE CAPITAL FOUNDATI 3155.001

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury 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.

Form 990 or 990-EZ or to provide any additional information
Attach to Form 990 or 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number 31-1605982

20

OMB No. 1545-0047

19

Internal Revenue Service Name of the organization

CREATIVE CAPITAL FOUNDATION

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ARTS WRITERS GRANT PROGRAM MADE 20 NEW GRANTS TO ARTS WRITERS. THE

PROGRAM ALSO CONTINUTED TO PROVIDE A GROUP OF GRANT APPLICANTS WITH THE

OPPORTUNITY TO MEET VIRTUALLY WITH ARTS WRITING PROFESSIONALS FOR

ADVICE AND CONSULTATIONS ON THEIR WORK.

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

THE FORM 990 IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE. IT IS ALSO

REVIEWED BY LEGAL COUNSEL FOR RECOMMENDATIONS. THE FINAL VERSION IS SHARED

WITH THE FULL BOARD. THE PRESIDENT AND EXECUTIVE DIRECTOR SIGNS THE FORM

990 AND ENSURES THAT IT IS FILED IN A TIMELY AND ACCURATE MANNER.

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

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:

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. THE

BOARD MEMBERS ARE VOLUNTEERS AND ARE NOT COMPENSATED FOR THEIR TIME.

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

2019.05091 CREATIVE CAPITAL FOUNDATI 3155.001

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization CREATIVE CAPITAL FOUNDATION	Employer identification number 31-1605982
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND F	INANCIAL
STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER FEES:	
PROGRAM SERVICE EXPENSES	575,149.
MANAGEMENT AND GENERAL EXPENSES	106,841.
FUNDRAISING EXPENSES	18,464.
TOTAL EXPENSES	700,454.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	700,454.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFER OF ARTIST RELIEF FUNDS	-10,000.
FORM 990 , PART XII, 2C	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILI	TY FOR
OVERSIGHT OF THE AUDIT, ITS FINANCIAL STATEMENTS AND SELEC	TION OF AN
INDEPENDENT ACCOUNTANT.	×
	•
	1)
932212 09-06-19 Sched	lule O (Form 990 or 990-EZ) (2019)

932212 09-06-19