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Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2008

Open to Public  
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements.

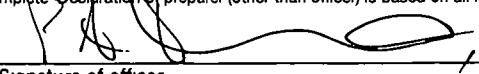
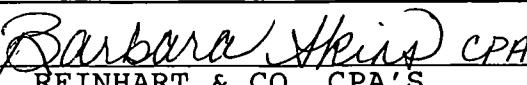
A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable		C Name of organization <b>CREATIVE HEALTH SERVICES, INC.</b>		D Employer identification number <b>23-1522060</b>	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type See Specific Instructions		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>11 ROBINSON STREET</b>	
				City or town, state or country, and ZIP + 4 <b>POTTSTOWN, PA 19464</b>	
F Name and address of principal officer: <b>ANDY TRENTACOSTE</b> <b>SAME AS C ABOVE</b>					
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4941(a)(1) or <input type="checkbox"/> 527					
J Website: ► <b>CREATIVEHS.ORG</b>					
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			L Year of formation <b>1957</b> M State of legal domicile <b>PA</b>		

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE QUALITY BEHAVIORAL HEALTHCARE DESIGNED TO EMPOWER AND PROMOTE WELLNESS FOR</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 <b>14</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 <b>14</b>	
	5 Total number of employees (Part V, line 2a)	5 <b>129</b>	
	6 Total number of volunteers (estimate if necessary)	6 <b>0</b>	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a <b>0.</b>	
b Net unrelated business taxable income from Form 990-T, line 34	7b <b>0.</b>		
Revenue	8 Contributions and grants (Part VIII, line 1h)	322,125. <b>388,186.</b>	
	9 Program service revenue (Part VIII, line 2g)	8,282,125. <b>8,231,075.</b>	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,022. <b>5,151.</b>	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	141,264.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,654,272. <b>8,765,676.</b>	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	93,317. <b>89,350.</b>	
	14 Benefits paid to <del>or for members</del> (Part IX, column (A), line 4)	4,000,649. <b>4,516,140.</b>	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>13,285.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,696,557. <b>3,971,851.</b>	
	18 Total expenses. Add lines 13-17 (must equal Part X, column (A), line 25)	7,790,523. <b>8,577,341.</b>	
	19 Revenue less expenses. Subtract line 18 from line 12	863,749. <b>188,335.</b>	
Net Assets or Fund Balances	Beginning of Year	End of Year	
	20 Total assets (Part X, line 16)	9,332,453. <b>9,292,620.</b>	
	21 Total liabilities (Part X, line 26)	5,740,169. <b>5,512,001.</b>	
	22 Net assets or fund balances Subtract line 21 from line 20	3,592,284. <b>3,780,619.</b>	

## Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	 Signature of officer <b>ANDY TRENTACOSTE, EXECUTIVE DIRECTOR</b> Type or print name and title			
	Date <b>1/11/10</b>			
Paid Preparer's Use Only	Preparer's signature ►  REINHART & CO, CPA'S 109 EAST PHILADELPHIA AVE BOYERTOWN, PA 19512	Date <b>1-8-10</b>	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions) <b>EIN ►</b>
				Phone no ► <b>(610) 367-2028</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**Part III Statement of Program Service Accomplishments (see instructions)**

1 Briefly describe the organization's mission:  
**TO PROVIDE QUALITY BEHAVIORAL HEALTHCARE DESIGNED TO EMPOWER AND PROMOTE WELLNESS FOR INDIVIDUALS, FAMILIES AND COMMUNITIES TO RESIDENTS OF MONTGOMERY, CHESTER, BERKS AND OTHER SURROUNDING COUNTIES.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  
 If "Yes", describe these new services on Schedule O.  Yes  No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  
 If "Yes", describe these changes on Schedule O.  Yes  No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  
 Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:  ) (Expenses \$ **1,610,691**. including grants of \$  ) (Revenue \$  )  
**MENTAL HEALTH OUTPATIENT: THIS PROGRAM IS COMPRISED OF ADULT SERVICES, CHILDREN'S SERVICES AND STUDENT ASSISTANCE PROGRAMS. THE MISSION OF THE ADULT AND CHILDREN'S PROGRAMS IS TO HELP CLIENTS DEAL WITH THE STRESS AND DEMANDS OF LIVING IN TODAY'S SOCIETY. THE STUDENT ASSISTANCE COMPONENT FOCUSES ON HELPING "AT RISK" CHILDREN FROM AREA SCHOOL DISTRICTS.**

4b (Code:  ) (Expenses \$ **1,693,796**. including grants of \$  ) (Revenue \$  )  
**CHILDREN'S SERVICES (DAY TREATMENT): THE STUDENT ASSISTANCE PROGRAM PROVIDES SERVICES THROUGHOUT THE SCHOOL YEAR TO SEVEN SCHOOL DISTRICTS AND ONE LOCAL PRIVATE SCHOOL. SERVICES INCLUDE OUTPATIENT COUNSELING, WRAP-AROUND SERVICES AND OTHER APPROPRIATE INTERVENTIONS. THE WRAP-AROUND PROGRAM IS OFFERED TO CHILDREN AGE 21 YEARS AND YOUNGER. CHILDREN REFERRED TO THIS PROGRAM REEIVE AN INITIAL SCREENING BY A MENTAL HEALTH CASE MANAGER, AND TYPICALLY REQUIRE THE INTENSIVE INVOLVEMENT OF A BEHAVIOR SPECIALIST, A MOBILE THERAPIST AND THE THERAPEUTIC SUPPORT STAFF.**

4c (Code:  ) (Expenses \$ **694,455**. including grants of \$  ) (Revenue \$  )  
**ADULT RECOVERY SUPPORT TEAM: RECOVERY COACHING BLENDS INTENSIVE CASE MANAGEMENT AND RESOURCE COORDINATION. SERVICES ARE DELIVERED THROUGH A TEAM-BASED APPROACH AND MOVE THE FOCUS TO RECOVERY SUPPORT. COACHES ARE TRAINED AND SKILLED IN ENGAGEMENT, RELATIONSHIP BUILDING SKILLS, DECISION MAKING SKILLS AND IN WELLNESS MANAGEMENT PRACTICES. WHILE FUNCTIONS OF LINKING AND ACCESSING ARE RETAINED, RELATIONSHIP AND SKILL BUILDING FUNCTION ARE PRIMARY. TEAMS WILL SUPPORT CONSUMERS WHO ARE IN EARLY STAGES OF RECOVERY AND CONSUMERS WHO HAVE GAINED SUBSTANTIAL ABILITIES TO MANAGE THEIR ILLNESS AND THEIR RECOVERY. SERVICES ARE DELIVERED WITH AN UNDERSTANDING THAT SERVICE AND TREATMENT ARE A MEANS TO AN END, THAT END IS RECOVERY AND WELLNESS.**

4d Other program services. (Describe in Schedule O.)  
 (Expenses \$ **3,288,800**. including grants of \$  ) (Revenue \$  )

4e Total program service expenses ► \$ **7,287,742**. (Must equal Part IX, Line 25, column (B))

## Part IV: Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5 X	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the U.S.? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14a X 14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16 X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20 X	
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24a X 24b 24c 24d	
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a X	
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b X	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27 X	

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

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	X
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 contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36	<b>Section 501(c)(3) organizations.</b> 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

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## Part V · Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable

1a	118		Yes	No
1b	0			
1c			X	

1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

2a	129		Yes	No
2b	X			
3a			X	

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

4b If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?

6a Did the organization solicit any contributions that were not tax deductible?

6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 **Organizations that may receive deductible contributions under section 170(c).**

7a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?

7b If "Yes," did the organization notify the donor of the value of the goods or services provided?

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7d If "Yes," indicate the number of Forms 8282 filed during the year

7e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?

7h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?

8 **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

9 **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**

9a Did the organization make any taxable distributions under section 4966?

9b Did the organization make a distribution to a donor, donor advisor, or related person?

10 **Section 501(c)(7) organizations.** Enter: N/A

10a Initiation fees and capital contributions included on Part VIII, line 12

10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 **Section 501(c)(12) organizations.** Enter: N/A

11a Gross income from members or shareholders

11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b

**Part VI** **Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a	14	
1b	14	
2	X	
3	X	
4	X	
5	X	
6	X	
7a	X	
7b	X	
8a	X	
8b	X	
9a	X	
9b	X	
10	X	
11	X	

1a Enter the number of voting members of the governing body  
 1b Enter the number of voting members that are independent  
 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?  
 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  
 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  
 5 Did the organization become aware during the year of a material diversion of the organization's assets?  
 6 Does the organization have members or stockholders?  
 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  
 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  
 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.  
 a The governing body?  
 b Each committee with authority to act on behalf of the governing body?  
 9a Does the organization have local chapters, branches, or affiliates?  
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  
 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990  
 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

**Section B. Policies**

	Yes	No
12a	X	
12b	X	
12c	X	
13		X
14	X	
15a	X	
15b	X	
16a		X
16b		

12a Does the organization have a written conflict of interest policy? If "No," go to line 13  
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  
 13 Does the organization have a written whistleblower policy?  
 14 Does the organization have a written document retention and destruction policy?  
 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  
 a The organization's CEO, Executive Director, or top management official?  
 b Other officers or key employees of the organization?  
 Describe the process in Schedule O. (see instructions)  
 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► **PA**  
 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website    Another's website    Upon request  
 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  
 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► \_\_\_\_\_  
**RANDY REBER, CHIEF FINANCIAL OFFICER - (484) 941-0500**  
**11 ROBINSON STREET, POTTSTOWN, PA 19464**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter **-0-** in columns (D), (E), and (F) if no compensation was paid.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
HENRY POLLAK PRESIDENT	5.00						0.	0.	0.
WALTER F GADZICKI, JR DIRECTOR	0.50						0.	0.	0.
SYLVIA LANDIS DIRECTOR	0.50						0.	0.	0.
ANTHONY BRASACCHIO SECRETARY/TREASURER	1.00						0.	0.	0.
KAREN BALDWIN DIRECTOR	0.50						0.	0.	0.
HAROLD BAUMAN DIRECTOR	0.50						0.	0.	0.
CHARLES DANIELS DIRECTOR	0.50						0.	0.	0.
JOHN DUFF DIRECTOR	0.50						0.	0.	0.
JOAN ROBIN ROBB DIRECTOR	0.50						0.	0.	0.
JOHN J DURKIN DIRECTOR	0.50						0.	0.	0.
MARK BAILEY DIRECTOR	0.50						0.	0.	0.
CHRIS MUDRICK ASSISTANT TREASURER	1.00						0.	0.	0.
AMY WOLF DIRECTOR	0.50						0.	0.	0.
ANDREW P. TRENTACOSTE EXECUTIVE DIRECTOR	37.50	X	X				179,686.	0.	26,492.

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

**1b Total**

179,686.

0. 26,492.

**2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization**

1

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SMJ CONTRACTORS, INC., 1050 BEN FRANKLIN HIGHWAY, DOUGLASSVILLE, PA 19518	GENERAL CONTRACTOR	501,790.
FORMCRAFTER INTERIORS 712 HENDERSON BLVD, FOLCROFT, PA 19033	INTERIOR FURNISHINGS	231,853.
PEYMAN KHOSKGAVAR, MD 403 STRAFFORD AVENUE, STRAFFORD, PA 19087	MEDICAL CONTRACTED SERVICES - PYSCOLOG	150,930.

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 178,203.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 209,983.				
	g Noncash contributions included in lines 1a-1f \$					
	<b>h Total. Add lines 1a-1f</b>		<b>388,186.</b>			
Program Service Revenue	2 a FEES FOR SERVICE	Business Code 624100	8,212,027.	8,212,027.		
	b MISCELLANEOUS FEES	624100	19,048.	19,048.		
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>		<b>8,231,075.</b>			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		16,218.	16,218.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real 141,264.	(ii) Personal			
	b Less: rental expenses					
	c Rental income or (loss)	141,264.				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis and sales expenses					
c Gain or (loss)	11,067.					
d Net gain or (loss)	<11,067. >					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b Less: direct expenses	b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	Business Code					
11 a						
b						
c						
d All other revenue						
<b>e Total. Add lines 11a-11d</b>						
<b>12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e</b>		<b>8,765,676.</b>	<b>8,377,490.</b>	<b>0.</b>	<b>0.</b>	

**Part IX: Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	89,350.	89,350.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	179,686.	85,351.	85,351.	8,984.
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	3,424,296.	2,783,586.	640,710.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	32,000.	25,473.	6,527.	
9 Other employee benefits	620,099.	480,894.	137,880.	1,325.
10 Payroll taxes	260,059.	215,397.	43,975.	687.
11 Fees for services (non-employees):				
a Management				
b Legal	24,544.		24,544.	
c Accounting	18,954.		18,954.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	7,350.		7,350.	
g Other	2,408,996.	2,369,824.	39,172.	
12 Advertising and promotion	33,649.	21,308.	12,341.	
13 Office expenses	573,677.	436,510.	135,795.	1,372.
14 Information technology	15,290.		15,290.	
15 Royalties				
16 Occupancy	323,105.	238,907.	83,356.	842.
17 Travel	131,452.	124,033.	7,344.	75.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,147.	8,714.	433.	
20 Interest	199,521.	199,521.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	205,735.	205,735.		
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a SUBSCRIPTIONS	10,842.	2,067.	8,775.	
b MISCELLANEOUS EXPENSES	9,589.	1,072.	8,517.	
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	8,577,341.	7,287,742.	1,276,314.	13,285.
26 Joint Costs. Check here ► <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X | Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	171,760.	1	326,681.
	2 Savings and temporary cash investments	1,413,013.	2	759,042.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,405,618.	4	1,085,425.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	8,162,779.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	1,134,386.	10c	7,028,393.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	93,043.	15	93,079.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	9,332,453.	16	9,292,620.
Liabilities	17 Accounts payable and accrued expenses	733,036.	17	580,293.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,197,133.	23	4,121,708.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	810,000.	25	810,000.
	26 Total liabilities. Add lines 17 through 25	5,740,169.	26	5,512,001.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,571,221.	27	3,762,830.
	28 Temporarily restricted net assets	21,063.	28	17,789.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,592,284.	33	3,780,619.
	34 Total liabilities and net assets/fund balances	9,332,453.	34	9,292,620.

## Part XI | Financial Statements and Reporting

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

    b Were the organization's financial statements audited by an independent accountant?

    c If "Yes" to lines 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

    b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

OMB No 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**2008**  
Open to Public  
Inspection

Name of the organization

**CREATIVE HEALTH SERVICES, INC.**

Employer identification number  
**23-1522060**

**Part 1 Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 

a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	136,247.	183,315.	117,713.	322,125.	388,186.	1147586.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	136,247.	183,315.	117,713.	322,125.	388,186.	1147586.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						1147586.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	136,247.	183,315.	117,713.	322,125.	388,186.	1147586.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,818.	23,446.	35,275.	50,022.	157,482.	272,043.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	<62,650.>	10,039.	10,280.			<42,331.>
11 Total support. Add lines 7 through 10						1377298.
12 Gross receipts from related activities, etc. (see instructions)	12					36,297,576.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	83.32	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	102.33	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>	

**Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)****Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

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

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

<b>19a 33 1/3% support tests - 2008.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <b>►</b> <input type="checkbox"/>
<b>b 33 1/3% support tests - 2007.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <b>►</b> <input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <b>►</b> <input type="checkbox"/>

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

CREATIVE HEALTH SERVICES, INC.

Employer identification number  
23-1522060

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/>	Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a <input type="checkbox"/> Held at the End of the Year
b Total acreage restricted by conservation easements	2b <input type="checkbox"/>
c Number of conservation easements on a certified historic structure included in (a)	2c <input type="checkbox"/>
d Number of conservation easements included in (c) acquired after 8/17/06	2d <input type="checkbox"/>
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____	
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs

e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes  No

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

1a Beginning of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► \_\_\_\_\_ %  
 c Term endowment ► \_\_\_\_\_ %

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

	Yes	No
3a(i)		
3a(ii)		

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

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

**Part VI: Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	443,750.			443,750.
b Buildings	6,814,971.		915,554.	5,899,417.
c Leasehold improvements	160,361.		44,045.	116,316.
d Equipment	587,534.		69,802.	517,732.
e Other	156,163.		104,985.	51,178.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)			►	7,028,393.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Col (b) should equal Form 990, Part X, col (B) line 12 ) ►

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

Total. (Col (b) should equal Form 990, Part X, col (B) line 13) ►

**Part IX Other Assets.** See Form 990, Part X, line 15.

**Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)**

**Part X** **Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount	
Federal income taxes		
<b>REFUNDABLE ADVANCE</b>	<b>810,000.</b>	

In Part XIV, provide the text of the footnote to the organization's financial statements.

810,000

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI | Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,765,676.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	8,577,341.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	188,335.
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net). Add lines 4-8	9	0.
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	188,335.

**Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements	1	8,765,676.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	8,765,676.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	8,765,676.

**Part XIII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements	1	8,577,341.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Losses reported on Form 990, Part IX, line 25	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	8,577,341.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	8,577,341.

**Part XIV | Supplemental Information**

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

OTHER ASSETS INCLUDE VEHICLES OWNED BY THE ORGANIZATION.

**2** Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
LIVING EXPENSES INCLUDING BUT NOT LIMITED TO: RENT; HEAT; ELECTRIC; UTILITIES; GROCERIES; FURNISHINGS AND RECREATIONAL ACTIVITIES.	54	89,151.	0.		

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE I, PART I, LINE 2: INDIVIDUALS RECEIVING ASSISTANCE ARE CLIENTS RECEIVING SERVICES UNDER THE VARIOUS PROGRAMS OFFERED BY CREATIVE HEALTH SERVICES, SPECIFICALLY COMMUNITY RESIDENTIAL REHABILITATION AND FAMILY BASED. CASE MANAGERS EVALUATE THE SPECIFIC NEEDS OF THE INDIVIDUALS AND FAMILIES.**

## Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

**2008**

Open to Public Inspection

Name of the organization

CREATIVE HEALTH SERVICES, INC.

Employer identification number  
23-1522060

### Part I Questions Regarding Compensation

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

Yes

No

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

1b

2

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

**a** Receive a severance payment or change of control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

4a

X

4b

X

4c

X

#### Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?  
**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

5a

X

5b

X

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?  
**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

6a

X

6b

X

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

7

X

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

8

X

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

Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990 Part VII.

DO NOT USE THIS FORM FOR AN APPEAL

**Part III** Supplemental Information

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

**PART I, LINE 4B: CEO, ANDY TRENTACOSTE - \$11,500 NONQUALIFIED DEFERRED COMPENSATION PLAN.**

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

## **Transactions with Interested Persons**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.  
► To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, lines 38a or 40b.

**2008**  
**Open To Public  
Inspection**

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**Name of the organization**

**Employer identification number**  
**23-1522060**

## CREATIVE HEALTH SERVICES, INC.

**Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► \$

**Part II      Loans to and/or From Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

**Total** ► \$9,000.00

### **Part III Grants or Assistance Benefiting Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

Part IV | Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

To be completed by organizations that answered 'Yes' on Form 550, Part IV, lines 20a, 20b, 3, 20c					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CFO (HUSBAND)	NURSE/EE (WIFE)	0.			X

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

**Schedule L (Form 990 or 990-EZ) 2008**

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

CREATIVE HEALTH SERVICES, INC.

Employer identification number  
23-1522060

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

INDIVIDUALS, FAMILIES AND COMMUNITIES TO RESIDENTS OF MONTGOMERY,  
CHESTER, BERKS & SURROUNDING COUNTIES.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

**FAMILY BASED:** THIS PROGRAM OFFERS INTENSIVE, IN-HOME, TEAM DELIVERED SERVICE TO FAMILIES IN WHICH THERE IS A CHILD OR AN ADOLESCENT WITH A MENTAL HEALTH DIAGNOSIS OR A SEVERE EMOTIONAL DISTURBANCE. THE PRIMARY GOAL IS TO ENABLE AND EMPOWER PARENTS TO CARE FOR THEIR CHILD/ADOLESCENT IN THE HOME AS WELL AS REDUCE OR ELIMINATE THE NEED FOR OUT-OF-HOME PLACEMENT.

EXPENSES \$ 654954. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**DRUG & ALCOHOL OUTPATIENT:** THIS PROGRAM PROVIDES PRIMARY COUNSELING FOR SUBSTANCE ABUSE AND RELATED PROBLEMS FOR RESIDENTS OF POTTSTOWN, SPRING CITY, AND ROYERSFORD AREAS. PREVENTION AND EDUCATION ACTIVITIES ARE ALSO OFFERED.

EXPENSES \$ 336605. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**COMMUNITY RESIDENTIAL REHABILITATION (CHIPP'S):** THIS PROGRAM IS A MAXIMUM CARE, TWO-YEAR TRANSITIONAL PROGRAM THAT PROVIDES INTENSIVE, STRUCTURED LIVING ARRANGEMENTS FOR ADULTS WHO ARE CHRONICALLY MENTALLY ILL. IT IS DESIGNED TO INCREASE EACH RESIDENT'S ABILITY TO LIVE INDEPENDENTLY IN THE COMMUNITY.

EXPENSES \$ 377712. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**CREATIVE HEALTH SERVICES, INC.**

Employer identification number  
**23-1522060**

SUPPORTIVE HOUSING: THIS PROGRAM PROVIDES SUITABLE CLIENTS WITH  
HOUSING IN AN ENVIRONMENT THAT ENABLES THE ORGANIZATION TO BETTER  
MONITOR OTHER PROGRAM SERVICES BEING RECEIVED BY THESE SAME CLIENTS.  
EXPENSES \$ 240616. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

DRUG & ALCOHOL PREVENTION: THIS IS AN EDUCATIONAL PROGRAM FOR SCHOOL  
AGE CHILDREN PRESENTED AT LOCAL SCHOOLS BY COUNSELORS AIMED AT MAKING  
CHILDREN AWARE OF DRUG AND ALCOHOL ABUSE ISSUES.

EXPENSES \$ 30686. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CHILDREN'S PARTIAL: THIS IS AN ALL DAY SCHOOL ENCOMPASSED PARTIAL  
HOSPITALIZATION PROGRAM THAT OFFERS A VARIETY OF ACTIVITIES FOR SCHOOL  
AGE CHILDREN, AND A SUMMER PROGRAM THAT RUNS FOUR DAYS A WEEK.  
EXPENSES \$ 531002. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

INTENSIVE OUTPATIENT: THIS PROGRAM IS DESIGNED TO ENHANCE AND SUSTAIN  
EMPOWERMENT AND GREATER SELF-SUFFICIENCY AT MORE  
INDEPENDENT/INTERDEPENDENT LEVEL OF FUNCTIONING THROUGH GROUP AND  
INDIVIDUAL THERAPIES.

EXPENSES \$ 563946. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MENTAL HEALTH SERVICE CASE MANAGEMENT: THIS IS A COLLECTION OF  
COORDINATION, BROKERING, ADVOCACY, ASSESSMENT AND ADMINISTRATION  
ACTIVITIES, WHICH CONNECTS THE PERSON, CHILD AND/OR FAMILY WITH THE  
TREATMENT AND SUPPORT THEY NEED.

EXPENSES \$ 382549. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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CREATIVE HEALTH SERVICES, INC.

Employer identification number  
23-1522060

**DRUG & ALCOHOL CASE MANAGEMENT**

EXPENSES \$ 127165. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CHILDREN'S SAFE (STOP ABUSE FOR EVERYONE): THIS PROGRAM SEEKS TO END THE CYCLE OF VIOLENCE IN THE FAMILY AND COMMUNITY BY LESSENING THE PSYCHOLOGICAL AND EMOTIONAL DISTRESS THAT CHILDREN EXPERIENCE WHEN THEY ARE WITHNESS TO OR TARGETS OF DOMESTIC VIOLENCE, AND TO BREAK THE "CYCLE OF VIOLENCE" THAT MAY CAUSE SUCH CHILDREN TO GROW UP TO BECOME ABUSERS THEMSELVES.

EXPENSES \$ 43565. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 8B: MINUTES ARE KEPT FOR THE BOARD OF DIRECTOR MEETINGS HELD, HOWEVER, THERE ARE NO WRITTEN DOCUMENTS FOR ACTIONS UNDERTAKEN AT ANY OF THE COMMITTEE MEETINGS THAT ARE HELD THROUGHOUT THE YEAR. ANY ACTIONS/RECOMMENDATIONS MADE BY THE COMMITTEES ARE BROUGHT TO THE BOARD OF DIRECTORS MEETINGS.

FORM 990, PART VI, SECTION A, LINE 10: THE CHIEF EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER OF CREATIVE HEALTH SERVICES, INC. ALONG WITH THE FINANCE COMMITTEE REVIEW THE FORM 990 BEFORE SENDING IT TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: THE CHIEF OPERATING OFFICER OF CREATIVE HEALTH SERVICES, INC. SENDS A LETTER TO EACH BOARD OF DIRECTOR DURING THE FIRST WEEK OF JULY REQUESTING THAT THE CONFLICT OF INTEREST

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

CREATIVE HEALTH SERVICES, INC.

Employer identification number  
23-1522060

STATEMENT AND DISCLOSURE STATEMENT BE COMPLETED, SIGNED AND RETURNED AS SOON AS POSSIBLE. IF THE COMPLETED FORMS ARE NOT RECEIVED BY THE SEPTEMBER BOARD MEETING, THEN THE CFO FOLLOWS UP WITH THE BOARD OF DIRECTOR PERSONALLY TO HAVE THE FORMS COMPLETED BEFORE THE END OF THE SEPTEMBER BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15: THE PERSONNEL COMMITTEE MEETS WITH THE CEO AND CFO ANNUALLY. THEIR PERFORMANCE IS REVIEWED AND GOALS FOR THE UPCOMING NEXT YEAR ARE DETERMINED. BOTH THE FINANCE AND PERSONNEL COMMITTEES MAKE RECOMENDATIONS TO THE BAORD OF DIRECTORS BASED ON THE ABOVE REVIEWS AND COMPARISONS MADE TO OTHER COMPARABLE AGENCIES.

FORM 990, PART VI, SECTION C, LINE 18: FORM 990 IS ALSO AVAILABLE FOR PUBLIC INSPECTION ON WWW.GUIDESTAR.ORG. FORM 990 AND FORM 1023 IS ALSO AVAILABLE TO THE PUBLIC UPON REQUEST. THE REQUEST SHOULD BE IN WRITING AND ADDRESSED TO THE BOARD OF DIRECTORS OF CREATIVE HEALTH SERVICES, INC. INFORMATION WILL THEN BE PROVIDED.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE REQUEST SHOULD BE IN WRITING AND ADDRESSED TO THE BOARD OF DIRECTORS OF CREATIVE HEALTH SERVICES, INC. INFORMATION WILL THEN BE PROVIDED.

FORM 990, PART XI, LINE 2C - RESPONSIBILITY FOR OVERSIGHT OF AUDIT - FINANCE COMMITTEE, CEO & CFO REVIEWS DRAFT FINANCIAL STATEMENT AND AUDIT.

**Name of the organization**

## CREATIVE HEALTH SERVICES, INC.

**Employer identification number**  
**23-1522060**

MEETINGS/DISCUSSIONS BETWEEN THE CEO, CFO AND AUDITOR ARE HELD  
THROUGHOUT THE AUDIT PROCESS. THE BOARD PRESIDENT AND TREASURER ALSO  
MAKE THEMSELVES AVAILABLE THROUGHOUT THE AUDIT PROCESS. GENERALLY AN  
INFORMAL MEETING/DISCUSSION IS HELD WITH THE AUDITOR AT THE START OF  
THE AUDIT AND THE AUDITOR ATTENDS EITHER THE FINANCE COMMITTEE MEETING  
OR BOARD OF DIRECTORS MEETING AT THE CONCLUSION OF THE AUDIT.

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ►

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>CREATIVE HEALTH SERVICES, INC.</b>	Employer identification number <b>23-1522060</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>11 ROBINSON STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>POTTSTOWN, PA 19464</b>	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

**RANDY REBER, CHIEF FINANCIAL OFFICER**

- The books are in the care of ► **11 ROBINSON STREET - POTTSTOWN, PA 19464**  
Telephone No. ► **(484) 941-0500** FAX No. ► **(484) 941-0515**

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

►  calendar year  or  
►  tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ <b>N/A</b>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.