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990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasure Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning 7/1/2009 and ending 6/30/2010 Please D Employer identification number Check if applicable C Name of organization CREATIVE CONNECTIONS INC use IRS Address change Doing Business As 13-3697184 tabel or Name change print or E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite type. Initial return 303 WEST AVENUE (203)803-4376 Specific Terminated City or town, state or country, and ZIP + 4 Instruc-CT NORWALK 06850 G Gross receipts \$ 274.868 Amended return tions Application pending Name and address of principal officer: H(a) Is this a group return for affiliates? Yes X No ALAN STECKLER 303 WEST AVENUE, NORWALK, CT 06850 H(b) Are all affiliates included? X 501(c) (if "No," attach a list (see instructions) Tax-exempt status 3) **◄** (insert no) 4947(a)(1) or Website: ▶ www.CreativeConnections.Org H(c) Group exemption number K Form of organization X Corporation Trust Association Other > L Year of formation M State of legal domicile 1992 Summary Part I Briefly describe the organization's mission or most significant activities: The organization is an international cultural exchange that sets up class to class exchanges between American Governance schools and their counterparts in other countries. It assists children in grades three through twelve to gain an awareness, understanding, and appreciation of other cultures. Programs include classroom connections, art exchanges and music links. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b). 5 Total number of employees (Part V, line 2a) . . . 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 185,175 Contributions and grants (Part VIII, line 1h). 175,079 97,946 96,917 Program service revenue (Part VIII, line 2g) . Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,215 2.872 11 Other revenue (Part VIII, column (A), Ines 6, 60 86-90 10c, and 11e) 274,868 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 284,336 Grants and similar amounts paid (Part IX, column (A), lines 123)
Benefits paid to or for members Part IX(A) (A) (Inc. 4) 13 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 154,267 169,451 15 Professional fundraising fees (Part IX, column (A), line, 1,1e).

Total fundraising expenses (Part IX, column (D), line 25). 7.763 16a 17 133,698 180,791 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 342,821 303,149 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 -28,281 Revenue less expenses. Subtract line 18 from line 12 -58,485 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 128.822 128,763 21 Total liabilities (Part X, line 26) 21,952 22 Net assets or fund balances Subtract line 21 from line 20 128,822 106,811 Part II Signature Block Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge ration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is trug 5/11/2011 Sign Signature of officer Here PRESIDENT/DIRECTOR ALAN R. STECKLER Type or print name and title Date Check if Preparer's identifying number Preparer's (see instructions) signature self-Paid employed POO136237 5/12/2011 Preparer's Firm's name (or yours EIN CREAMER, P.C. Use Only if self-employed) 412 MAIN STREET, RIDGEFIELD, CT 06877 ► (203) 438-3033 Phone no address, and ZIP -X Yes

Form 990 (2009)

No

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

_Pa	Int III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission
	The organization is an international cultural exchange that sets up class to class exchanges between American
	schools and their counterparts in other countries. It assists children in grades three through twelve gain an awareness.
	understanding, and appreciation of other cultures. Programs include classroom connections, art exchanges and music links
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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	
	If "Yes," describe these changes on Schedule O
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
4-	/Code: \//\(\tau_{\text{code}}\) \/\(Compared to the code of
4a	(Code:) (Expenses \$ 237,355 including grants of \$ 0) (Revenue \$ 0)
	The organization is an international cultural exchange that sets up class to class exchanges between American
	schools and their counterparts in other countries It assists children in grades three through twelve gain an awareness.
	understanding, and appreciation of other cultures. Programs include classroom connections, art exchanges and
	music links
4h	(Code) (Eventual \$ 20,934 including greats of \$ 0.) (Povenue \$ 0.)
4b	· · · · · · · · · · · · · · · · · · ·
	The Artlink Program is an exchange program where local students exchange artwork created to
	reflect their life and culture.
	Enhancements of this program include social studies, science and language arts to gain further insight into their culture.
4c	(Code) (Expenses \$ 28,693 including grants of \$ 0) (Revenue \$ 0)
	The International Young Performers Tour is a program where international
	youngsters meet, perform and give workshops to children and students
	in the local area. The performers share their culture through music, song
	or dance
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
40	Total program service expenses > 295.882

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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 I	6		Х
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 collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<u>x</u> _
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</i> "Yes,"	0		x
40	complete Schedule D, Part IV	9		-^-
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			ļ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	,		Ì
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	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 IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	ļ		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No			
40	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X	40		·
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		-
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Part I.	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? If "Yes," complete Schedule F, Part II	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? If "Yes," complete Schedule F, Part III	16		<u>x</u>
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	<u> </u>	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? If "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?			
	If "Yes," complete Schedule G, Part III	19	 	X
211	Ling the ergonization energic and or more harmitals? If "Vac " complete Sahadula H	. ///		. X

13-3697184 Form 990 (2009) CREATIVE CONNECTIONS INC Checklist of Required Schedules (continued) Part IV No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the Х United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 Χ 23 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 24a 24b through 24d and complete Schedule K. If "No," go to line 25 b 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 24c 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction Х 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 25b Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Х 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? 27 Х 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) 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV **b** A family member of a current or former officer, director, trustee, or key employee? *If* "Yes," *complete* 28b Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Х If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Х organization? If "Yes," complete Schedule R, Part V, line 2 36 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 37 Х

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

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

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1a	· · · · · · · · · · · · · · · · · · ·		Yes	No
b	U.S. Information Returns Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
·	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u> </u>	 ^-	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b	X	<u> </u>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see		 ^	
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
Vu	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			<u> </u>
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶		1	Ť
-	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?	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
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
•	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<u> </u>
	organization solicit any contributions that were not tax deductible?	6a]	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year		[
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	L	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			İ
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	1		1
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ĺ
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			ļ
þ	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?	12a	 	<u> </u>
b	If "Yes " enter the amount of tax-exempt interest received or accrued during the year 12b	ı	1	I

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	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?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		ľ	
	of the governing body?	7a		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b_		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			İ
	the year by the following			
a	The governing body?	_8a_		X
ь	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Sact	ion B. Policies (This Section B requests information about policies not required by the Internal	эа		
	enue Code)			
7 (0)	mue code y		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a		X
, b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Χ	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) .			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40		<u>_</u>
١.	with a taxable entity during the year?	16a		_X
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?	16b		لـــــا
Sact	ion C. Disclosure	160	<u></u>	L
<u>3ect</u> 17	List the states with which a copy of this Form 990 is required to be filed CT			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o	nlv)		
. •	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	st		
-	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	е		
	organization. ► Alan Steckler			
	3 Ouncy Street Norwalk CT 06850			

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. Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

 List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

compensated employees, and former such persons

Chack this have if the organization did not compensate any current officer, director, or trustee

(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee			Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Alan Steckler Ex Director	40.					_		0	0	
Deborah S Steckler Director	1							0	0	0
Cherie Burton Director	1.							0	0	
Chris Filmer Director	1							0	0	
David Hurwitt Director/Chairman of the Board	1							0	0	
Judy Kirst Director	1							0	0	
Sharon Lauer Director	1		_					0	0	
Nancy Romberg Director	1.							0	0	
Susie Salomon Director	1.							0	0	
										,

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13-309/104	

Part VII Section A. Officers, Directors, T	rustees, Key Em	ploy	ees.	, and	Hig	hest	t Cor	npensated Em	ployees (con	inue	d)	
(A)	(B) (C)							(D)	(E)		(F)	
Name and title	Average	1				hat app		Reportable	Reportable		Estima	
	hours per week	or di	Instit	Officer	e e	High	Former	compensation from	compensation from related	ł	amoun othe	r
		or director	Institutional trustee	4	Key employee	Highest compensated employee	e,	the organization	organizations (W-2/1099-MIS		compens from ti	he
		rast	al to		уее	, aduc		(W-2/1099-MISC)			organiza and rela	ated
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1b Total			· · ·			· ·	<u> </u>	0	L	0		0
Total number of individuals (including but reportable compensation from the organization)		se iis	tea a	oveds 0	e) wr	no re	ceive	ed more than \$1	00,000 in			
- Topontusio Componication non the Cigamet											Yes	No
3 Did the organization list any former officer							ighe	st compensated				
employee on line 1a? If "Yes," complete S										3		<u> </u>
4 For any individual listed on line 1a, is the s	•		•					•				
the organization and related organizations individual	greater than \$15	0,00	U / II	Ye:	S, " C	отри	ete s	screaule J for si	ucn <u> </u>	4	·	
5 Did any person listed on line 1a receive or	accine compens	ation	 n fror	n an	· v iini	relate	ed or	rganization for	·			
services rendered to the organization? If "	•				-			•	,	5		X
Section B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·				
1 Complete this table for your five highest co	mpensated inde	pend	lent o	contr	acto	rs tha	at re	ceived more tha	n \$100,000 o	f		
compensation from the organization											(C)	
(A) Name and business	address						1	(B) Description of sen	nces	Compe	(C) ensation	
												0
												0
			_									0
							.		 -			<u>0</u> 0
2 Total number of independent contractors (i	ncluding but not	lımite	ed to	thos	se lis	ted a	bove	e) who received				
more than \$100,000 in compensation from						0						ĺ

Form 990 (2009)

Page 9

13-3697184

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
र र	1a	Federated campaigns 1a	0				
ani	b	Membership dues	0				Í
g e	C	Fundraising events	0				
ifts	_	Related organizations	<u> </u>				
, g	d	Government grants (contributions)		1			
sin	e						1
uti	Т	All other contributions, gifts, grants, and	475 070				
e ii		similar amounts not included above	175,079	ŀ			
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f ⁻ \$	<u>.</u>	475.070			
	h	Total. Add lines 1a–1f	· · · •	175,079			
Jue	_	<u></u> . <u>.</u> .	Business Code		40.450		
, ver	2a	International Young Performer's Tour		46,459	46,459		
ž	b	Rainforest Workshops		4,500	4,500	- 	
Program Service Revenue	С	Art Link		43,458	43,458		
	d	Workshops		2,500	2,500		
a Ti	е			0			
ē.	f	All other program service revenue		0			
	g	Total. Add lines 2a–2f		96,917			
	3	Investment income (including dividends, interest, and]			
			▶↓	2,872	2,872		
;	4	Income from investment of tax-exempt bond proceed	s . ▶	0	·- +		
	5	Royalties	. •	0			
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	b	Less: rental expenses		1			
	С	Rental income or (loss) 0	0				
	d	Net rental income or (loss)	<u></u>	0			
	7a	Gross amount from sales of (i) Securities	(II) Other		·		
		assets other than inventory 0	0				
	ь	Less cost or other basis					
		and sales expenses 0	0				
	С	Gain or (loss)	0				
	d	Net gain or (loss)	▶	0			
Ð	8a	Gross income from fundraising					
Other Revenue		events (not including \$0					
š		of contributions reported on line 1c)					
ř		See Part IV, line 18	0	1			
þe.		Less. direct expenses b	0				
ð		Net income or (loss) from fundraising events	<u>.</u> . ▶	0	<u> </u>		
	9a	Gross income from gaming activities	_				
		See Part IV, line 19	0				
		Less: direct expenses b	- 0				
		Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less					
		returns and allowances a	0				ŀ
		Less cost of goods sold . b	0				
	С	Net income or (loss) from sales of inventory	>	0			
	44	Miscellaneous Revenue	Business Code				
	11a			<u>0</u>			
	b			0			
	C	All other revenue		0			
	d e	All other revenue		- 0			
	12	Total revenue. See instructions		274,868	99,789	0	0
							<u>_</u>

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 rec	uired to complete	columns (B), (C), a	nd (D).
	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 governments and			general expendes	OXPOINGO
	organizations in the U.S. See Part IV, line 21	o			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	ol			
3	Grants and other assistance to governments				***
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	o			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B).	o			
7	Other salaries and wages	142,583	142,583		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	o			
9	Other employee benefits	0			
10	Payroll taxes	26,868	26,868		
11	Fees for services (non-employees)				
а	Management	o			
b	Legal	0			
c	Accounting	3,980		3,980	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees .	0			
g	Other	2,983	2,983		
12	Advertising and promotion	4,146	4,146		
13	Office expenses	23,340	23,340		
14	Information technology	0			· · · · · · · · · · · · · · · · · · ·
15	Royalties	0			
16	Occupancy	17,900	17,900		
17	Travel	2,593	2,593		
18	Payments of travel or entertainment expenses			•	
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings.	7,461	7,461		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	3,287	0	3,287	0
23	Insurance	2,520	2,520		
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	Program expenses	32,832	32,832		
þ	Printing and archiving	8,273			
¢	Communications	6,688	6,688		
d	Computer exp	10,169	10,169		
e	Development expenses	7,526	7,526		
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	303,149	295,882	7,267	0
26	Joint costs. Check here ▶ 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				

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	6,345	1	14,516
	2	Savings and temporary cash investments		2	441
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	25,178	4	6,885
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	
	6	Receivables from other disqualified persons (as defined under section		- 1	
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L	0	6	<u></u>
Si	7	Notes and loans receivable, net	0	7	
ssets	8	Inventories for sale or use		8	
۲	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or 10a 35,979			
		other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation . 10b 0	27,924	10c	35,979
	11	Investments—publicly traded securities	0	11	(
	12	Investments—other securities See Part IV, line 11	69,375		70,942
	13	Investments—program-related. See Part IV, line 11	0		
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11	0	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	128,822	16	128,76
	17	Accounts payable and accrued expenses		17	5,202
	18	Grants payable	·	18	<u> </u>
	19	Deferred revenue		19	16,75
ı	20	Tax-exempt bond liabilities	0		
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified			
-		persons. Complete Part II of Schedule L	0		
	23	Secured mortgages and notes payable to unrelated third parties	0		
-	24	Unsecured notes and loans payable to unrelated third parties	0		
	25	Other liabilities. Complete Part X of Schedule D	0		()
\dashv	26	Total liabilities. Add lines 17 through 25	0	26	21,95
		Organizations that follow SFAS 117, check here ▶ ☐ and			
es		complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets		27	
<u> </u>	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
בֿ		Organizations that do not follow SFAS 117, check here▶ X			
5		and complete lines 30 through 34.			
និ	30	Capital stock or trust principal, or current funds		30	
188	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u> </u>	32	Retained earnings, endowment, accumulated income, or other funds	128,822		106,81
Net Assets or Fund Balances	33	Total net assets or fund balances	128,822	-	106,81
_	34	Total liabilities and net assets/fund balances	128,822		128,76

1

Financial Statements and Reporting

Accounting method used to prepare the Form 990. X Cash

	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	{		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		1 1	
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both .		II	
	Separate basis Consolidated basis Both consolidated and separate basis			
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Accrual

Other

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CRE	ATIV	E CONNECT	IONS INC		_					13-3	697184		
Pai				narity Status (All org						nstructio	ns.		
The	orgai			ation because it is: (Fo									
1	Щ			rches, or association of			ed in sec	tion 170(b)(1)(A)(i).			
2	Ц			on 170(b)(1)(A)(ii). (At									
3	Ш	A hospital or	a cooperative h	nospital service organi	zation de	scribed in	section	170(b)(1)	(A)(iii).				
4			search organiza	ation operated in conju ate:	inction wi	th a hospi	tal descri	bed in se	ction 170	(b)(1)(A)	(iii). Ent	er the	
5		An organizat	tion operated for	r the benefit of a colle (Complete Part II)	ge or univ	ersity owr	ned or ope	erated by	a govern	mental ur	nit descr	ibed	
6	\Box			ernment or governme	ntal unit d	lescribed	in section	170(b)(1	I)(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				in section 170(b)(1)		omplete f	Part II)						
9	冈	_		y receives: (1) more th				om contri	butions, r	nembers	hip fees	, and g	ross
·	لنثنا	receipts from support from	n activities relate i gross investme	ed to its exempt function ent income and unrelated after June 30, 1975	ons—subj ted busine	ect to cer ess taxab	taın exce _l le income	ptions, an (less sec	d (2) no ration 511 t	nore thar	33 1/3	% of it	
10		An organizat	tion organized a	nd operated exclusive	ly to test	for public	safety So	ee sectio	n 509(a)(4).			
11		An organizat	tion organized a	nd operated exclusive	ly for the	benefit of	, to perfor	m the fun	ctions of,	or to car	ry out th	e	
				blicly supported organ								section	on
				at describes the type o					te lines 1	_			
	_	a Type	1 b	Type II c	Туре	e III–Fund	tionally in	tegrated		d [1	ype III-	-Other	
е	Ш			y that the organization									
				on managers and othe	er than on	e or more	publicly s	supported	organiza	itions des	cribed ii	n secti	on
			section 509(a)(2	•		1D0 45 -4		I T	U T	- 111			
f		_	zation received a , check this box	a written determination	n from the	iks that	it is a Typ	ei, iype	ii, or Typ	e iii supp	orting		
g			t 17, 2006, has	the organization acce	pted any	gift or con	tribution 1	from any	of the			•	
				or indirectly controls,	either alo	ne or toge	ther with	persons o	described	ın (ıı)		Yes	No
			•	verning body of the su		_					11g(i)		
				person described in (i							11g(ii)		
				y of a person describe						•	11g(iii)		
<u>h</u>		Provide the	ľ	ation about the support (iii) Type of organization				ou notify	(vi)	Is the	T (vii)	Amount	of
(i)		of supported	(ii) EIN	(described on lines 1–9		sted in your		nization in	1	tion in col		support	. •.
	org	anızatıon		above or IRC section (see instructions))	governing	document?		of your oort?		zed in the S ?			
				(see ilisuucuolis))	Yes	No	Yes	No	Yes	No	1		
						<u> </u>				1			
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T-4-													

18

Schedule A (Form 990 or 990-EZ) 2009 CREATIVE CONNECTIONS INC 13-3697184 Page 2 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) (d) 2008 (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 0 0 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . 0 0 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 0 0 0 0 0 0 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) Public support. Subtract line 5 from line 4. 0 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 0 0 0 0 7 Amounts from line 4 0 0 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources. 0 n 0 . . . 9 Net income from unrelated business activities, whether or not the business is 0 regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . 11 0 Total support. Add lines 7 through 10. 12 12 Gross receipts from related activities, etc. (see instructions) 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 Section C. Computation of Public Support Percentage 0.00% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2008 Schedule A, Part II, line 14 15 15 0.00% 16a 33 1/3% support test-2009. 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 b 33 1/3% support test-2008. 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 10%-facts-and-circumstances test-2009. 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. 10%-facts-and-circumstances test-2008. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

	(Complete only if you checked tr	<u>ne box on line</u>	9 of Part I)		 		<u></u>
	tion A. Public Support		···				
Cal	endar year (or fiscal year beginning in) 🕒	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and					1	
	membership fees received (Do not						
	include any "unusual grants.") .	176,249	145,662	213,821	185,175	175,079	895,986
_	·	1,0,2.10	1 10,002				
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished	ł					
	in any activity that is related to the	}					
_	organization's tax-exempt purpose	82,522	137,866	134,461	97,946	96,917	549,712
3	Gross receipts from activities that are not an						
	Unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's			}			
	benefit and either paid to or expended on						
	its behalf	0	0				0
5	The value of services or facilities						
	furnished by a governmental unit to the	Í					
	organization without charge	0	0				0
6	Total. Add lines 1 through 5	258,771	283,528	348,282	283,121	271,996	1,445,698
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	91,300	92,650	85,000	80,000	100,000	448,950
	· · · · [
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	18,260	0	11,500	0		29,760
Ç	Add lines 7a and 7b	109,560	92,650	96,500	80,000	100,000	478,710
8	Public support (Subtract line 7c from						
	<u>line 6)</u>						966,988
<u>Sec</u>	tion B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	A				000 404		4 445 600
9	Amounts from line 6	258,771	283,528	348,282	283,121	271,996	1,445,698
10a							
	payments received on securities loans,						
	rents, royalties and income from similar					0.070	40.005
	sources	3,576	4,992	3,640	1,215	2,872	16,295
D	Unrelated business taxable income (less					1	
	section 511 taxes) from businesses		İ				
	acquired after June 30, 1975						0
	Add lines 10a and 10b	3,576	4,992	3,640	1,215	2,872	16,295
11	Net income from unrelated business	-					
	activities not included in line 10b,			1			
	whether or not the business is regularly	1		j			_
	carried on						
12	Other income. Do not include gain or	1					
	loss from the sale of capital assets				ļ		
	(Explain in Part IV)	0	0				0
13	Total support. (Add lines 9, 10c, 11,	ĺ		ĺ	ĺ		
	and 12)	262,347	288,520	351,922	<u> 284,336</u>	274,868	1,461,993
14	First five years. If the Form 990 is for the org	anızation's firs	t, second, third	l, fourth, or fifth	tax year as a	section 501(c)(3)
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Support	Percentage	-				
15	Public support percentage for 2009 (line 8, co		d by line 13 co	olumn (fl)	T	15	66.14%
	· · · · · · · · · · · · · · · · · · ·	٠,,	-			16	65 38%
16 Sec	Public support percentage from 2008 Schedu			·		10 [00 30%
	tion D. Computation of Investment Inco						
17	Investment income percentage for 2009 (line			e 13, column (f)) [17	1 11%
18	Investment income percentage from 2008 Sci				[18	1 09%
19a	33 1/3% support tests-2009. If the organization						d line 17 is
	not more than 33 1/3%, check this box and st						▶ X
b	33 1/3% support tests-2008. If the organization di						
	line 18 is not more than 33 1/3%, check this box an						▶ [
20	Private foundation. If the organization did no	•	-				
	att teathern in the organization did no	J. Jon a DOA	. , .ou	,	unid c		· - L

Schedule A (Form	990 or 990-E2	Z) 2009	CREATI	VE CONN	ECTIONS	INC				13-3697184	Page 4
Part IV										ed by Part II, Iir	ne 10;
	Part II, lı	ne 17a (or 17b, a	nd Part II	ll, line 12	Provide	any other	additiona	l informatio	n See instructi	ions
					• • • • • • • • • • • • • • • • • • • •						
						 -					
					• • • • • • • • •						
											
			• • • • • • • •								
		-									
								- -			
		·						 -			
				• • • • • • • •							
	 -	,	-	_					•		

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

CRE	ATIVE CONNECTIONS INC	13-3697184							
Par		Funds or Accounts. Complete if							
	the organization answered "Yes" to Form 990, Part IV, lin N/A								
	(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 he	eld in donor advised							
	funds are the organization's property, subject to the organization's exclusive legal co	ntrol? Yes No							
6	Did the organization inform all grantees, donors, and donor advisors in writing that gr	ant funds can be							
	used only for charitable purposes and not for the benefit of the donor or donor advisor	r, or for any other							
	purpose conferring impermissible private benefit?	Yes No							
Par									
1	Purpose(s) of conservation easements held by the organization (check all that apply)								
•		on of an historically important land area							
		on of a certified historic structure							
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualified conservation contrib	ution in the form of a conservation							
	easement on the last day of the tax year	PETTAL STATE							
		Held at the End of the Tax Year							
а	Total number of conservation easements	2a							
b	Total acreage restricted by conservation easements	2b							
С	Number of conservation easements on a certified historic structure included in (a) .								
d	Number of conservation easements included in (c) acquired after 8/17/06	. 2d							
3	Number of conservation easements modified, transferred, released, extinguished, or	terminated by the organization							
	during the tax year								
4	Number of states where property subject to conservation easement is located								
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of								
	violations, and enforcement of the conservation easements it holds?	Yes No							
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservat	on easements during the year							
_	<u> </u>								
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation e	asements during the year							
_	\$								
8	Does each conservation easement reported on line 2(d) above satisfy the requireme								
_	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	Yes No							
9	In Part XIV, describe how the organization reports conservation easements in its rev								
	balance sheet, and include, if applicable, the text of the footnote to the organization's	financial statements that describes							
Par	the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Oth	or Similar Accets							
ı aı	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	N/A							
4-	If the organization elected, as permitted under SFAS 116, not to report in its revenue								
ıa	art, historical treasures, or other similar assets held for public exhibition, education, of								
	service, provide, in Part XIV, the text of the footnote to its financial statements that de								
ь	If the organization elected, as permitted under SFAS 116, to report in its revenue sta								
	historical treasures, or other similar assets held for public exhibition, education, or re								
	service, provide the following amounts relating to these items:	, , , , , , , , , , , , , , , , , , ,							
		▶ s							
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$							
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:	2000 for infarious gain, provide the							
а	Revenues included in Form 990, Part VIII, line 1	▶ \$							
b	Assets included in Form 990, Part X	. ► \$ ► \$							
IJ	Associa included in Form 550, Falt A	· · · · · · · · · · · · · · · · · · ·							

1a Land . . . 0 0 0 23.268 23.268 **b** Buildings 0 c Leasehold improvements . . . 0 0 0 d Equipment 0 0 0 0 12,711 0 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . 35.979

CREATIVE CONNECTIONS INC 13-3697184 Schedule D (Form 990) 2009 Page 3 Investments—Other Securities. See Form 990, Part X, line 12 Part VII (a) Description of security or category (c) Method of valuation (b) Book value Cost or end-of-year market value (including name of security) Financial derivatives 0 Closely-held equity interests. 0 70,942 Other Investment account 0 0 0 0 0 0 ol 0 Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) 70,942 Part VIII Investments—Program Related. See Form 990, Part X, line 13 (c) Method of valuation (a) Description of investment type (b) Book value Cost or end-of-year market value 0 0 ol ol 0 0 0 0 0 0 Total. (Column (b) must equal Form 990, Part X, col (B) line 13) 0 Part IX Other Assets. See Form 990, Part X, line 15 (b) Book value (a) Description 0 0 0 0 0 0 0 0 0 0 Total. (Column (b) must equal Form 990, Part X, col (B) line 15) 0 Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability 0 Federal income taxes 0 0 0 0 0 0 0 0

2. FIN 48 Footnote. 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.

Total (Column (b) must equal Form 990, Part X, col (B) line 25)

0

CREATIVE CONNECTIONS INC

Sched	ule D (Form 990) 2009		Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financia	I State	ements
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	274,868
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	303,149
3	Excess or (deficit) for the year. Subtract line 2 from line 1.	3	-28,281
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 through 8	9	0
<u>10</u>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-28,281
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per l	Return
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	_	e 0
3	Subtract line 2e from line 1	<u> </u> -:	3 0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a		
b	Other (Describe in Part XIV.)		_
С	Add lines 4a and 4b	_	c 0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens		r Keturn
1	Total expenses and losses per audited financial statements .		<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments 2b	\dashv	
C	Other losses	-	
d	Other (Describe in Part XIV.)	\dashv	e 0
е	Add lines 2a through 2d	_	e 0 3 0
3	Subtract line 2e from line 1	_ ⊢'	3
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	_ :	
D	•	— ·	0
C	Add lines 4a and 4b	_	5 0
5 Par	t XIV Supplemental Information	·	<u> </u>
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	04, P2	In IV, lines 10
	2b, Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and	J 40. A	iso complete
tnis	part to provide any additional information.		

Schedule D (Form 9	CREATIVE CONNECTIONS INC		13-3697184
Part XIV	Supplemental Information (continu	ued)	, ago o
T CHE XIV	Cappionional information (comm		
	• • • • • • • • • • • • • • • • • • • •		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection
Employer Identification number

CREATIVE CONNECTIONS INC	13-3697184
Form 990 Part VI Section B Line 11A The Form 990 is discussed and reviewed at the annual	
meeting	
Form 990 Part VI Section C Line 19 The organization provides information concerning policies	
upon request.	
•••••••••••••••••••••••••••••••••••••••	

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

Sequence No 67

Internal Revenue Service	(99)	▶ See se	parate instruction	ons. 🔻 🕨	Attach to you	r tax return.		Seque	ence No 67
Name(s) shown on re CREATIVE CONN		NS INC	Business or active	vity to which this f	orm relates		Identifying num 13-3697184	ber	
		o Expense Certain		ler Section 17	'9	···	1.0 0007 101		
		any listed property, col							
		e the instructions for a						1	250,000
2 Total cost of se	ection 1	179 property placed in	service (see ins	structions)				2	
		tion 179 property befo						3	800,000
		Subtract line 3 from						. 4	0
		x year. Subtract line 4	from line 1 If a	zero or less, ent	ter -0 If mar	ried filing		_	0.50 0.00
separately, see					·		· · · · ·	. 5	250,000
	(a)	Description of property		(b)_Cos	t (business use	only)	(c) Elected c	ost	
							 		
7 Listed property	Ente	r the amount from line	29			7		~	
		section 179 property			s 6 and 7		·	8	0
		Enter the smaller of li						9	0
		ed deduction from line						10	
11 Business incor	ne limit	ation Enter the smalle	er of business ir	ncome (not less	than zero) or	line 5 (see in	structions)	. 11	
	•	deduction. Add lines						12	0
		ed deduction to 2010				. ▶ 13		0	
		or Part III below for list				 			
		preciation Allowan					roperty.) (See	Instru	ictions)
•		allowance for qualified			епу) ріасеа і	n service		44	
		ee instructions) . . ection 168(f)(1) election						14	
44 4								16	
Part III MAC	RS D	cluding ACRS) epreciation (Do not	include listed	property) (Se	e instruction	<u> </u>	· · · ·	1 101	
in to		production (Do not	iniolade noted	Section A	o mon a onom	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
17 MACRS deduc	tions fo	or assets placed in ser	vice in tax years		ore 2009 .			17	846
		group any assets place				nore			
general asset a	accoun	ts, check here					. ▶ 🔲		
	Section	B - Assets Placed in	Service Durin	g 2009 Tax Ye	ar Using the	General Dep	reciation Syste	m	
			(b) Month and	(c) Basis for	(d) Recovery		(f)		(g)
(a) Clas	sificatio	n of property	year placed	depreciation	period	Convention	Method	Depre	eciation deduction
			ın service	(business/investment)				<u> </u>	
19 a 3-year pro						~-		↓	
<u>b</u> 5-year pro								—	
c 7-year pro		 .					<u> </u>	 	 _
d 10-year pro								┼─	
<pre>e 15-year pro f 20-year pro</pre>								┼	
g 25-year pro					25 yrs.	<u> </u>	S/L	+	
h Residential					27.5 yrs	MM	5/L	+	
property	Ternai	٠			27.5 yrs.	MM	S/L	 	
i Nonresiden	tial rea				39 yrs.	MM	S/L	 	
property						MM	S/L	\top	
	ction C	- Assets Placed in S	ervice During	2009 Tax Year	Using the Al			em	
20 a Class life			-				S/L		
b 12-year					12 yrs		S/L		
c 40-year					40 yrs.	MM	S/L	⊥	
		(See instructions)							
		r amount from line 28						21	2,441
		rom line 12, lines 14 th							2.25
		appropriate lines of y				see instructi	ons. <u>.</u>	22	3,287
		ove and placed in servi		urrent year, ente	er the portion	23	l		
or the pasts att	เเมนเสม	le to section 263A cos	io			j∠3	I		

Form 4562 (2009) CREATIVE CONNECTIONS INC 13-3697184 Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) **24a** Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (a) (c) Business/ (d) **(f)** (b) (e) Basis for dep-Type of property Date placed investment use Cost or reciation (business/ Recovery Method/ Depreciation Elected section 179 (list vehicles first) in service percentage other basis investment use only) Convention deduction period cost Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use 12.711 200DB - HY Computer 10/1/2007 100 00% 5 2.441 Property used 50% or less in a qualified business use: S/L -% S/L -% S/L -2 441 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles **(f)** Total business/investment miles driven (b) (c) (d) (a) Vehicle 6 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 during the year (do not include commuting Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 Yes No Yes Yes No Yes No Yes No No Yes 34 Was the vehicle available for personal Nο use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Yes No 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (b) Date (c) (d) (e) (f) (a) Description of costs amortization Amortizable Code Amortization period Amortization for amount section or percentage this year Amortization of costs that begins during your 2009 tax year (see instructions): Amortization of costs that began before your 2009 tax year 43 Total. Add amounts in column (f). See the instructions for where to report

Form 4562 (2009)

Form **8868**

(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

		e filing for an Automatic 3-Month Extension, complete only Part I and check this box e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (o	n page 2 of th	us for	. ► <u>X</u>]
Do r	ot cor	inplete Part II unless you have already been granted an automatic 3-month extension on	a previously			
Pa	rt i	Automatic 3-Month Extension of Time. Only submit original (no copies need	ed).			
Part	only	and the state of t			▶[]
		rporations (including 1120-0 thers), partnerships, REMICs, and trusts must use Form 700 ncome tax returns	14 to request a	an ext	tension of	
Elec	tronic	Filing (effile). (Generally, you can electronically file Form 8868 if you want a 3-month aut	omatic extens	sion o	f time to file or	ne
of the	e retur	ns noted below to months for a corporation required to file Form 990-T). However, you can	nnot file Form	8868	3	
		ly if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 99 a composite or consolidated Form 990-T. Instead, you must submit the fully completed an				
Form	8868	For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e	-file for Chant	ies &	Nonprofits.	
Туре	or	Name of Exempt Organization	Employer ider	ntifica	tion number	_
print	:		3-3697184		 	
File by due dat		Number, street, and room or suite no. If a P.O. box, see instructions 3 QUINCY STREET				
filing yo		City, town or post office, state, and ZIP code For a foreign address, see instructions				
instruct		NORWALK	CT	0685	50	
		of return to be filed (file a separate application for each return):				
=	Form 9			=	Form 4720	
===	Form 9			=	Form 5227	
==	Form 9	· · · · · · · · · · · · · · · · · · ·		=	Form 6069	
F	Form 9	90-PF Form 1041-A			Form 8870	
Te if is for	elepho the org this is the wh	Alan Steckler 3 Quincy Street Norwalk CT 06850 FAX No. ▶ 203-803-4376 FAX No. ▶ 203-803-4386 FAX N		 	▶☐ _ If this and attach a]
1	until is for ▶	est an automatic 3-month (6 months for a corporation required to file Form 990-T) extens 2/15/2010 , to file the exempt organization return for the organization the organization's return for calendar year or tax year beginning 7/1/2008 , and ending		e The	e extension	
	·				•••••	
2		tax year is for less than 12 months, check reason: Initial return Final return	Change	ın ac	counting perio	I
3 a		application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		_ _	•	
b		ny nonrefundable credits. See instructions application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax	<u>3</u>	a \$	<u> </u>	-
_		ents made. Include any prior year overpayment allowed as a credit.	3	ь \$;	
С	Balar	ce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	,	\neg		_
	-	It with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment			1	_
Cauti		m). See instructions. rou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-		c \$		_0
		instructions	25 and i onli			