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EXTENSION GRANTED TO FEBRUARY 15, 2011

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

2009

Open to Public
Inspection

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

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization CREATIVE HEALTH SERVICES, INC.		D Employer identification number 23-1522060			
		Doing Business As		E Telephone number (484) 941-0500			
		Number and street (or P O box if mail is not delivered to street address) 11 ROBINSON STREET		Fame and address of principal officer: ANDY TRENTACOSTE SAME AS C ABOVE		G Gross receipts \$ 9,803,746.	
		City or town, state or country, and ZIP + 4 POTTSTOWN, PA 19464		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
				If "No," attach a list. (see instructions)		H(c) Group exemption number ►	

I Tax-exempt status: 501(c)(3) (insert no.) 4947(a)(1) or 527

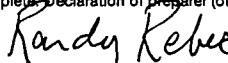
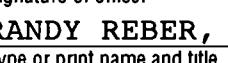
J Website: ► CREATIVEHS.ORG

K Form of organization Corporation Trust Association Other ► L Year of formation 1957 M State of legal domicile PA

Part I Summary

Activities & Governance SCANNED JAN 26 2011	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES CARING AND PROFESSIONAL BEHAVIORAL HEALTHCARE TO INDIVIDUALS IN THE NEED OF		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing bcdy (Part VI, line 1b)	4	13
	5 Total number of employees (Part V, line 2a)	5	134
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	388,186.	408,331.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,231,075.	9,228,562.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11d)	5,151.	10,833.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	141,264.	156,020.	
	8,765,676.	9,803,746.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	89,350.	101,153.	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,516,140.	4,675,273.	
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ► 11,622.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,971,851.	4,333,312.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,577,341.	9,109,738.	
19 Revenue less expenses. Subtract line 18 from line 12	188,335.	694,008.	
20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
21 Total liabilities (Part X, line 26)	9,292,620.	9,933,885.	
22 Net assets or fund balances. Subtract line 21 from line 20	5,512,001.	5,459,258.	
	3,780,619.	4,474,627.	

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		
	 Randy Reber Signature of officer		
	Date 1/12/11		
 RANDY REBER, CHIEF FINANCIAL OFFICER Type or print name and title			

Paid Preparer's Use Only	Preparer's signature	 CPA	Date 1-11-11	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	REINHART & CO, CPA'S 109 EAST PHILADELPHIA AVE BOYERTOWN, PA 19512	EIN ►	Phone no ► (610) 367-2028	

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

 Yes No

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

3
6/6

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

TO PROVIDE QUALITY BEHAVIORAL HEALTHCARE DESIGNED TO EMPOWER AND PROMOTE WELLNESS FOR INDIVIDUALS, FAMILIES AND COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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 services?

Yes No

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.

4a (Code:) (Expenses \$ 1,791,235. Including grants of \$ 1,229.) (Revenue \$ 1,873,255.)
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 \$ 1,917,754. Including grants of \$ 325.) (Revenue \$ 2,339,026.)
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 RECEIVE 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 \$ 771,936. Including grants of \$ 6,156.) (Revenue \$ 951,030.)
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 \$ 3,271,129. Including grants of \$ 93,797.) (Revenue \$ 4,065,251.)

4e Total program service expenses ► \$ 7,752,054.

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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*

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*

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*

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*

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*

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*

9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*

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*

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- 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 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 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*.

12 Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*.

12A Was the organization included in consolidated, independent audited financial statements for the tax year?
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

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

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

 b 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? *If "Yes," complete Schedule F, Part I*

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*

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*

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*

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*

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*

20 Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*

	Yes	No
1	X	
2	X	
3		X
4		X
5		
6		X
7		X
8		X
9		X
10		X
11	X	
12	X	
12A	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20	X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	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	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a	X
28a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
28b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
28c	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, 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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
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	125
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	134
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	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	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
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?	6a	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6b	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7	Organizations that may receive deductible contributions under section 170(c).	7b	
a	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?	7c	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7e	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7f	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7g	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7h	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	8	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	9a	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	9b	
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	13	
b	Enter the number of voting members that are independent	13	
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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		X
a	The governing body?		
b	Each committee with authority to act on behalf of the governing body?		
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		X

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

	Yes	No
10a	X	
b		
11	X	
11A		
12a	X	
b		
c		
13		
14		
15		
a		
b		
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a		
b		
16a		X
16b		

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.
	<input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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: ► <u>RANDY REBER, CHIEF FINANCIAL OFFICER - (484) 941-0500</u> <u>11 ROBINSON STREET, POTTSTOWN, PA 19464</u>

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.

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

(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 DIRECTOR	0.50	X					0.	0.	0.
WALTER F GADZICKI, JR VICE PRESIDENT	1.00	X	X				0.	0.	0.
SYLVIA LANDIS DIRECTOR	0.50	X					0.	0.	0.
ANTHONY BRASACCHIO PRESIDENT	2.00	X	X				0.	0.	0.
KAREN BALDWIN SECRETARY/TREASURER	1.00	X	X				0.	0.	0.
CHARLES DANIELS DIRECTOR	0.50	X					0.	0.	0.
JOHN DUFF DIRECTOR	0.50	X					0.	0.	0.
JOAN ROBIN ROBB 2ND VICE PRESIDENT	0.50	X	X				0.	0.	0.
JOHN J DURKIN DIRECTOR	0.50	X					0.	0.	0.
CHRIS MUDRICK ASSISTANT TREASURER	1.00	X	X				0.	0.	0.
APRIL LONGAKER DIRECTOR	0.50	X					0.	0.	0.
PETER HAMMOND DIRECTOR	0.50	X					0.	0.	0.
BARBARA STUTZMAN DIRECTOR	0.50	X					0.	0.	0.
ANDREW P. TRENTACOSTE EXECUTIVE DIRECTOR	37.50		X				169,445.	0.	33,323.
RANDY REBER CHIEF FINANCIAL OFFICER	37.50		X				89,010.	0.	13,237.

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

1b Total

258,455. 0. 46,560.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

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
FORMCRAFT INTERIORS 712 HENDERSON BLVD, FOLCROFT, PA 19032	INTERIOR FURNISHINGS/DESIGN	255,563.
PEYMAN KHOSHGAVAR, MD 403 STRAFFORD AVENUE, STRAFFORD, PA 19087	MEDICAL CONTRACTED SERVICES - PYSCHOLOG	171,330.

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

2

Part VIII Statement of Revenue

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 143,958.				
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 264,373.				
g Noncash contributions included in lines 1a-1f \$	90,000.				
h Total. Add lines 1a-1f		408,331.			
Program Service Revenue					
2 a FEES FOR SERVICE	Business Code 624100	9,214,105.	9,214,105.		
b MISCELLANEOUS FEES	624100	14,457.	14,457.		
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		9,228,562.			
3 Investment income (including dividends, interest, and other similar amounts)		10,833.			10,833.
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6 a Gross Rents	(i) Real 156,020.				
b Less: rental expenses					
c Rental income or (loss)	156,020.				
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)					
d Net gain or (loss)					
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					
Other Revenue					
Miscellaneous Revenue	Business Code				
11 a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions		9,803,746.	9,228,562.	0.	166,853.

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	101,153.	101,153.		
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	258,454.	80,486.	169,496.	8,472.
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	3,445,136.	2,846,657.	598,479.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	31,898.	26,133.	5,675.	90.
9 Other employee benefits	668,984.	524,279.	143,909.	796.
10 Payroll taxes	270,801.	217,550.	52,658.	593.
11 Fees for services (non-employees):				
a Management				
b Legal	10,271.		10,271.	
c Accounting	19,750.		19,750.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	6,865.		6,865.	
g Other	2,669,328.	2,533,289.	136,039.	
12 Advertising and promotion	21,294.	13,988.	7,306.	
13 Office expenses	548,561.	438,460.	109,000.	1,101.
14 Information technology	16,394.	16,394.		
15 Royalties				
16 Occupancy	330,537.	273,503.	56,464.	570.
17 Travel	104,770.	95,750.	9,020.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,967.	13,870.	1,097.	
20 Interest	195,839.	195,839.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	254,228.	254,228.		
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 MISCELLANEOUS EXPENSES	96,513.	91,011.	5,502.	
b BAD DEBTS	27,047.	27,047.		
c SUBSCRIPTIONS	16,948.	2,417.	14,531.	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	9,109,738.	7,752,054.	1,346,062.	11,622.
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	326,681.	1	307,891.
	2 Savings and temporary cash investments	759,042.	2	919,864.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,085,425.	4	1,525,173.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 or other basis. Complete Part VI of Schedule D	8,418,513.		
	b Less: accumulated depreciation	1,337,987.	10c	7,080,526.
	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	93,079.	15	100,431.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	9,292,620.	16	9,933,885.
Liabilities	17 Accounts payable and accrued expenses	580,293.	17	632,847.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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	4,121,708.	23	4,016,411.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	810,000.	25	810,000.
	26 Total liabilities. Add lines 17 through 25	5,512,001.	26	5,459,258.
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	3,762,830.	27	4,474,627.
	28 Temporarily restricted net assets	17,789.	28	0.
	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	3,780,619.	33	4,474,627.
	34 Total liabilities and net assets/fund balances	9,292,620.	34	9,933,885.

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

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

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

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in 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:

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?

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.

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

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CREATIVE HEALTH SERVICES, INC.

Employer identification number

23-1522060

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

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

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

a <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III - Functionally integrated	d <input type="checkbox"/> Type III - Other
e <input type="checkbox"/> 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	<input type="checkbox"/>		
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?	<input type="checkbox"/>		
(ii) A family member of a person described in (i) above?	<input type="checkbox"/>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input type="checkbox"/>		
- h Provide the following information about the supported organization(s).

	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		
Total							

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

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	183,315.	117,713.	322,125.	388,186.		1011339.
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 through 3	183,315.	117,713.	322,125.	388,186.		1011339.
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						1011339.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	183,315.	117,713.	322,125.	388,186.		1011339.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,446.	35,275.	50,022.	157,482.		266,225.
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.)	10,039.	10,280.				20,319.
11 Total support. Add lines 7 through 10						1297883.
12 Gross receipts from related activities, etc. (see instructions)					12	29,911,865.
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 2009 (line 6, column (f) divided by line 11, column (f))	14	77.92	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	83.32	%
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		<input checked="" type="checkbox"/>	
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		<input type="checkbox"/>	
17a 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		<input type="checkbox"/>	
b 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		<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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2009. 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 ► <input type="checkbox"/>		
b 33 1/3% support tests - 2008. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<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 a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

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 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	

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

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

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

 Yes No**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

1a Beginning of year balance
 b Contributions
 c Net investment earnings, gains, and losses
 d Grants or scholarships
 e Other expenditures for facilities and programs
 f Administrative expenses
 g End of year balance

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

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

by:

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

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

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) Accumulated depreciation	(d) Book value
1a Land		443,750.		443,750.
b Buildings		6,828,378.	1,048,060.	5,780,318.
c Leasehold improvements		160,361.	52,991.	107,370.
d Equipment		605,895.	157,819.	448,076.
e Other		380,129.	79,117.	301,012.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			►	7,080,526.

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		
Closely-held equity interests		
Other _____		

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

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

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

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

Total. (Column (b) must 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			
REFUNDABLE ADVANCE		810,000.	

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

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.

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,803,746.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	9,109,738.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	694,008.
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.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	694,008.

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	9,803,746.
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	9,803,746.
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 must equal Form 990, Part I, line 12.)	5	9,803,746.

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

1 Total expenses and losses per audited financial statements	1	9,109,738.
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 Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	9,109,738.
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 must equal Form 990, Part I, line 18.)	5	9,109,738.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

OTHER ASSETS INCLUDE VEHICLES OWNED BY THE ORGANIZATION AND CONSTRUCTION

IN PROGRESS OF \$252,713.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
 Use Part IV and 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.	82	101,153.	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.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2009

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
--	-----	----

1a		
1b		
2		

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

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 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

4a	X
4b	X
4c	X

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- 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.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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
---	---

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9	
---	--

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

Schedule J (Form 990) 2009

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.

Note. The sum of columns (B)-(E) must equal the applicable column (F) or column (E) amounts on Form 990, Part VII, line 1a.

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 – \$15,600 NONQUALIFIED DEFERRED
COMPENSATION PLAN.**

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2009

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Name of the organization

CREATIVE HEALTH SERVICES, INC.

Employer identification number
23-1522060

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ((150) HP LAPT)	X	1	90,000.	FAIR MARKET VALUE OF
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2009

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): (150) LAPTOPS WAS DONATED BY A LARGE CORPORATION IN THE AREA.

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

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Name of the organization

CREATIVE HEALTH SERVICES, INC.

Employer identification number
23-1522060

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

RECOVERY AND PERSONAL WELLNESS. THE ORGANIZATION PROVIDES OUTPATIENT COUNSELING AND MEDICATION MANAGEMENT TO LOW-INCOME MEMBERS OF THE COMMUNITY, INCLUDING MONTGOMERY, CHESTER, BERKS AND OTHER SURROUNDING COUNTIES IN SOUTHEAST PENNSYLVANIA. THE ORGANIZATION SERVES OVER 5,000 ADULTS, CHILDREN AND FAMILIES EACH YEAR. IN ADDITION, THEY MAINTAIN ACTIVE COLLABERATIONS WITH TEN AREA SCHOOL DISTRICTS, THE JUDICIARY SYSTEM, SEVERAL UNITED WAYS, THE TRI-COUNTY COMMUNITY NETWORK AND OTHER HUMAN SERVICE AGENCIES.

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 \$ 666790. INCLUDING GRANTS OF \$ 53075. REVENUE \$ 971931.

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 \$ 350649. INCLUDING GRANTS OF \$ 274. REVENUE \$ 378673.

COMMUNITY RESIDENTIAL REHABILITATION (CHIPP'S): THIS PROGRAM IS A

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No. 1545-0047

2009

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Name of the organization

CREATIVE HEALTH SERVICES, INC.

Employer identification number
23-1522060

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 \$ 361811. INCLUDING GRANTS OF \$ 28699. REVENUE \$ 373673.

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 \$ 222266. INCLUDING GRANTS OF \$ 0. REVENUE \$ 204874.

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 \$ 32500. INCLUDING GRANTS OF \$ 0. REVENUE \$ 29898.

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 \$ 571712. INCLUDING GRANTS OF \$ 4895. REVENUE \$ 1069888.

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 \$ 551762. INCLUDING GRANTS OF \$ 6585. REVENUE \$ 576069.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

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Name of the organization

CREATIVE HEALTH SERVICES, INC.

Employer identification number
23-1522060

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 \$ 389188. INCLUDING GRANTS OF \$ 189. REVENUE \$ 326264.

DRUG & ALCOHOL CASE MANAGEMENT

EXPENSES \$ 124451. INCLUDING GRANTS OF \$ 80. REVENUE \$ 133981.

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 THE FINANCE COMMITTEE MEETINGS THAT ARE HELD THROUGHOUT THE
YEAR. ANY ACTIONS/RECOMMENDATIONS MADE BY THE FINANCE COMMITTEE IS BROUGHT
TO THE BOARD OF DIRECTORS MEETINGS.

FORM 990, PART VI, SECTION B, LINE 11: 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
STATEMENT AND DISCLOSURE STATEMENT BE COMPLETED, SIGNED AND RETURNED AS
SOON AS POSSIBLE. IF THE COMPLETED FORMS ARE NOT RECEIVED BY THE SEPTEMBER

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

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2009

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Name of the organization

CREATIVE HEALTH SERVICES, INC.

Employer identification number
23-1522060

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, COMMITTEE OVERSEES AUDIT
THE FINANCE COMMITTEE SELECTS THE AUDITOR AND OVERSEES 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 X
- 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 and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	CREATIVE HEALTH SERVICES, INC.	23-1522060
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.	
	11 ROBINSON STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	POTTSTOWN, PA 19464	

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, 2011, 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, 2009, and ending JUN 30, 2010

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 Balance Due. 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	\$
		N/A

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.