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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2010
Open to Public Inspection

A	For the	e 2010 calendar year, or tax year beginning	and ending		
В	Check if	C Name of organization		D Employer identifie	cation number
á	applicabl	Dan Eldon Foundation			
	Addre chang	(fka Creative Visions Foundation)			
	Name chang			39-1	902814
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	1	
	Termii	PO Box 2107			365-9461
	Amen	ded C	,	G Gross receipts \$	363,918.
	Application			H(a) Is this a group re	• •
	pend	F Name and address of principal officer Kathy Eldon		for affiliates?	Yes X No
		18814 Topanga Beach Dr., Malibu, CA	90265	H(b) Are all affiliates ind	
17	Гах-ех	empt status X 501(c)(3)			list. (see instructions)
		te: ▶ www.creativevisions.org		H(c) Group exemptio	
		organization; X Corporation Trust Association Other	L Year		A State of legal domicile: IA
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities The	e Dan El	ldon Foundat	ion (the
Activities & Governance	'	"Foundation") supports Creative Activi			
'n	2	Check this box if the organization discontinued its operations or di			
Ve	1	Number of voting members of the governing body (Part VI, line 1a)	Special 55.	3	12
ő	1	Number of independent voting members of the governing body (Part VI, line	IP)	4	10
ა ბ	1	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	,	5	0
itie	1	Total number of volunteers (estimate if necessary)		6	12
Ě	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	-10,121.
ĕ	1	Net unrelated business taxable income from Form 990-T, line 34	•	7b	0.
	"	iver difference business taxable income nontribilities 17, inte 34		Prior Year	Current Year
	В	Contributions and grants (Part VIII, line 1h)	ļ	851,298.	192,702.
Revenue	ł	Program serviçe-revenue (Part VIII, line 2g)	ļ	208,005.	125,467.
Ve				3,990.	-6,233.
Be	10	Investment income (Fart Wit, Souther (A) Thee 3, 4, and 7d) Other revenue (Part-VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,517.	294.
			<u> </u>	1,064,810.	312,230.
₹-		Total revenue and lines 8 through 11 (must equal Part VIII, column (A), line 1 Grants and similar amounts paid (PartUX2column (A), lines 1-3)	<u> </u>	418,577.	312,230.
7 7 7	1	1 1 1/61		0.	0.
		Benefits paid to of for members (Part IX, column A), line 4)	10)	0.	0.
Expenses	15	Salaries, other compensation temployee benefits (Part IX, column (A), lines 5-	'') -	0.	0.
<u>~</u> ⊑		Professional fundraising fees (Part IX, column (A)) line 11e)	661	0.	U•
Ĭ		<u> </u>	,661.	422,025.	243,986.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-	840,602.	243,986.
]		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-		68,244.
Netr-Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12		224,208.	
Sic		T-1.1 (D. 1.V.) (D. 1.V.)	l Re	eginning of Current Year	End of Year
Sse	20	Total assets (Part X, line 16)	<u> </u>	450,685.	603,984.
돌	21	Total liabilities (Part X, line 26)	-	202,139.	283,028.
	<u>22</u> art	Net assets or fund balances Subtract line 21 from line 20 Signature Block		248,546.	320,956.
		<u> </u>	4.1 4 -4-4		
		Ities of perjury, I declare that I have examined this return, including accompanying sche			y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information	or wnich prepare		7 001/
		Signature of officer		Dec 2	7. 2011
Sign		• • • • • • • • • • • • • • • • • • • •		Date	
Her	е	Kathy Eldon, President Type or print name and title			
				Date Check	PTIN
D		Print/Type preparer's name Preparer's signature		ft	
Paid		Donald L. Johnson		12-27-1/ self-employe	110 000 111
Prep		Firm's name Shuttleworth & Ingersoll, P.L	.C.	Firm's EIN	42-1496619
Use	Unly	Firm's address PO Box 2107			240) 255 2451
		Cedar Rapids, IA 52406-2107		Phone no. (<u>319) 365-9461</u>
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

4d Other program services. (Describe in Schedule O)
(Expenses \$ 56,198. including grants of \$
4e Total program service expenses ▶ 180,

180,979.

			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_	_ <u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	_X	
3.	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
E	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
0	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	Х	
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	9		_X_
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	11d		х
_	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	11e	X	<u> </u>
f		110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			17
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			.
4~	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16_		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18	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,"		l	
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	990 (2010)

Form 990 (2010).

	rt IV Checklist of Required Schedules (continued)	O T T	<u> </u>	age •
			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	i		
	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	245		
	any tax-exempt bonds? Did the exemptation set as an "on hehelf of" requestfor hands outstanding at any time during the year?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
25a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	230		21
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	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		х
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		Х
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			1
	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	33		x
34	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?	33		
34	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)?	35		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	-		
u	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		х
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		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

Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0		
b	· · · · · · · · · · · · · · · · · · ·	o o		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	• • • • • • • • • • • • • • • • • • • •	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	L	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for 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	<u> </u>	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	ļ	ļ
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	7 <u>a</u>		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			ļ
	to file Form 8282?	7c	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	4		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79	ļ	X
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	1_		
_	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.			•
a	Did the organization make any taxable distributions under section 4966?	9a	 	ļ
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	 	ļ
01	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11		1		
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		}
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	.20		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	7		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	†	l
-	Note. See the instructions for additional information the organization must report on Schedule O			ļ
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	7		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	l	

39-1902814

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

	Check if Schedule O contains a response to any question in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
	officer, director, trustee, or key employee?				2	X	
3	Did the organization delegate control over management duties customarily performed by or under th	e dire	ct supervision				
	of officers, directors or trustees, or key employees to a management company or other person?			L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	as filed?		4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		L	5		X
6	Does the organization have members or stockholders?			L	6		_X_
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers	s of the				
	governing body?			<u>L</u> 7	7a		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?	•	<u> </u>	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year	i			
	by the following						
а	The governing body?			_{_8}	3a	_X_	
b	Each committee with authority to act on behalf of the governing body?			_{_{5}}	3b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		<u> X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code)				
				_		Yes	No
	Does the organization have local chapters, branches, or affiliates?			1	0a		_X_
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?				0b		
	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ling th	e form?	1	<u>1a</u>	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				- }		
	Does the organization have a written conflict of interest policy? If "No," go to line 13			1	2a		<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld gıv	e rise				
	to conflicts?			1	2b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	describe				
	in Schedule O how this is done				2c		37
13	Does the organization have a written whistleblower policy?			<u> </u>	13		X
14	Does the organization have a written document retention and destruction policy?			[*]	14		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approve	-	naepenaent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				_ 1	1	v
	The organization's CEO, Executive Director, or top management official				5a		X
D	Other officers or key employees of the organization			-	5b		<u> </u>
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	mant .	uith o				
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangel taxable entity during the year?	illelit v	viti a	,	6a		X
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	luate i	te narticination	<u> </u>	0a		
D	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org						
	exempt status with respect to such arrangements?	arıızaı	on s	١,	6b		
Sec	tion C. Disclosure				OD		
17	List the states with which a copy of this Form 990 is required to be filed ▶CA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	 [(501)	c)(3)s only) avai	lable fo	r		
	public inspection Indicate how you make these available Check all that apply	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,,0,0 0.11,, 4441		-		
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflict	of interest police	ev, and	fına	ncial	
	statements available to the public			.,,			
20	State the name, physical address, and telephone number of the person who possesses the books a	nd red	ords of the oras	anizatio	n· ▶	•	
	Grace Breuer - 310-396-8989						
	2643 Centinela Ave. #8, Santa Monica, CA 90405-31	29					
					orm	aan /	2010)

032008 12-21-10

Form 990 (2010). Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- 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.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per	(0)		Pos	itior		.b.A	Reportable	Reportable	Estimated
	week (describe hours for related organizations in Schedule O)	rustee or director	institutional trustee	Officer		Highest compensated and employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Kathleen Eldon										
President	40.00	X		X		<u> </u>	<u> </u>	0.	0.	0.
Amy Eldon	1									
Vice President & Secretary	40.00	X		Х				0.	0.	0.
Gary Streit										
Director	2.00	X						0.	0.	0.
Robert Tercek				İ			ļ			
Director	2.00	X		<u> </u>				0.	0.	0.
William Weisman										
Director	2.00	X						0.	0.	0.
Derek Reisfield										
Director	2.00	X	Ĺ					0.	0.	0.
Elinor Tatum		ĺ								
Director	2.00	X						0.	0.	0.
Emily McKhann				ŀ						•
Director	2.00	X			<u> </u>			0.	0.	0.
Eva Haller	İ									
Director	2.00	Х						0.	0.	0.
Jacoba Atlas						1				
Director	2.00	X						0.	0.	0.
Kim Brizzolara										
Director	2.00	X			ļ			0.	0.	0.
William Carmichael										
Director	2.00	X						0.	0.	0.
								·		

	990 (2010) (fka Cre	ative V	is	ior	ıs	F	our	<u>ıd</u> a	ation)	39-1	902	814	Pa	age 8
Pa	Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per)) Pos	C) ition			(D) Reportable compensation	(E) Reportable compensation			(F) imate	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	i s	comp fro orga and	other	ition e ion ed
	Sub-total								0.		0.			0.
c d	Total from continuation sheets to Part VI						>		0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	10 re	eceived more than \$100	0,000 ın reportabi	e 	1	Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch ındıvıdual										3		х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? <i>If "Yes</i> ,	" co	mple	ete S	Sche	edule	J f	or such ındıvidual		-	4	_	Х
	rendered to the organization? If "Yes," comtion B. Independent Contractors											5		X
<u> </u>	Complete this table for your five highest continuous the organization. NONE (A)	mpensated ind	nepe	enae 	ent c	ontr		ors t	(B)		ipensa	(C)		
	Name and business	address		 .			-		Description of	services	C	ompen		n —
								-						
							<u>-</u>							
2	Total number of independent contractors (i \$100,000 in compensation from the organization _	ot lii	mite	d to		se lis	ted	above) who received r	nore than					
									<u>-</u>	· 		Form 9	90 (2	2010)

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
S, C	c	Fundraising events	1c					
gift lar	c	Related organizations	1d					
im,	e	Government grants (contribut	tions) 1e			•		
tion s	f	All other contributions, gifts, gran	nts, and					
ig g		sımılar amounts not included abo	ve 1 f	192,702.				
d tr	g	Noncash contributions included in lines	s 1a-1f \$					
<u>ö</u> ë	h	Total. Add lines 1a-1f			192,702.			
				Business Code				
e	2 a	Special Event		512000	68,916.			
e Z	b	Fiscal Sponsors	ship Fee	512000	56,551.	56,551.		
Sen	c	·						
ě a	d	I						
Program Service Revenue	е	·	 					
<u> </u>	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<u> </u>	125,467.			
	3	Investment income (including	dıvıdends, ınter	est, and				
l		other similar amounts)		>	3,888.			3,888.
	4	Income from investment of ta	x-exempt bond p	oroceeds >				
	5	Royalties		,				
			(i) Real	(II) Personal				
		Gross Rents						
		Less rental expenses						
		Rental income or (loss)		L				
		Net rental income or (loss)		<u> </u>				
İ	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	39,298.					
	b	Less cost or other basis	40 410					
i		and sales expenses	49,419.					:
ļ		Gain or (loss)	-10,121.		10 101		10 101	
		Net gain or (loss)		>	-10,121.		-10,121.	- · · · · · · · · · · · · · · · · · · ·
e l	ва	Gross income from fundraising	-					
ķ		including \$						
æ		contributions reported on line Part IV, line 18	•					
Other Revenue	h	Less: direct expenses	a					
ō		Net income or (loss) from fund	b barayana ayanta					
		Gross income from gaming ac	_					
	Ju	Part IV, line 19	a a					
	ь	Less: direct expenses	b					
		Net income or (loss) from gam						
ı		Gross sales of inventory, less	-					
		and allowances	а	2,563.				
	b	Less cost of goods sold	b					
		Net income or (loss) from sale	_	— /———	294.			294.
Ī		Miscellaneous Revenu		Business Code				
ľ	11 a							
	b							
	c						-	
	d	All other revenue			-			
	е	Total. Add lines 11a-11d		>		•		
]	12	Total revenue. See instructions.			312,230.	125,467.	-10,121.	4,182.
03200	9 ·10							Form 990 (2010)

Part IX | Statement of Functional Expenses

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

	All other organizations must comp		not required to complet		
	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				
_	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	i			
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				
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	•			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	156,033.	146,375.	9,658.	
b	Legal	5,283.		5,283.	
С	Accounting	20,863.		20,863.	
đ	Lobbying				···
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4 605	2 027	005	162
g	Other	4,625.	3,237.	925.	463.
12	Advertising and promotion	5,905.	4,223.	1,121.	561.
13	Office expenses	1,157.	810.	231.	116.
14	Information technology	7,484.	7,484.		
15	Royalties				
16	Occupancy	9,447.	6,612.	1,890.	945.
17	Travel	3,44/•	0,012.	1,090.	343.
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	2,392.	1,674.	479.	239.
20	Interest	2,352.	1,074.	4//	237.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,217.	756.	8,353.	108.
23	Insurance	1,272.	890.	255.	127.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	Fundraising	8,083.			8,083.
b	Telephone	5,056.	3,539.	1,011.	506.
С	Bank Charges	2,593.	2,305.	192.	96.
đ	Postage & Delivery	1,737.	1,216.	347.	174.
е	Meals and Entertainment	715.	500.	143.	72.
f	All other expenses	2,124.	1,358.	595.	171.
25	Total functional expenses. Add lines 1 through 24f	243,986.	180,979.	51,346.	11,661.
26	Joint costs. Check here 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	VV				Form 990 (2010)

		(A) Beginning of year		(B) End of year
ısh - non-ınterest-bearing		354,135.	1	310,569.
vings and temporary cash investments			2	
edges and grants receivable, net			3	
counts receivable, net			4	1,889
ceivables from current and former officers, d	rectors, trustees, key			
ployees, and highest compensated employe	es. Complete Part II			
Schedule L			5	
ceivables from other disqualified persons (as	defined under section			
58(f)(1)), persons described in section 4958(d	c)(3)(B), and contributing			
ployers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
nployees' beneficiary organizations (see instru	uctions)		6	
tes and loans receivable, net			7	
ventories for sale or use		215.	8	0
epaid expenses and deferred charges			9	16,841.
nd, buildings, and equipment cost or other				
sis Complete Part VI of Schedule D	10a 13,634.			
ss accumulated depreciation	10b 10,837.	9,796.	10c	2,797.
restments - publicly traded securities		74,139.	11	259,488.
restments - other securities See Part IV, line	11		12	
restments - program-related See Part IV, line	11	12,400.	13	12,400
angible assets			14	
her assets See Part IV, line 11		· · · · · · · · · · · · · · · · · · ·	15	· · · ·
tal assets. Add lines 1 through 15 (must equ	al line 34)	<u>450,685.</u>	16	603,984
counts payable and accrued expenses		5,847.	17	22,453.
ants payable			18	
ferred revenue .		- 	19	
x-exempt bond liabilities			20	
crow or custodial account liability. Complete	•		21	
yables to current and former officers, directo	- · · · ·			
hest compensated employees, and disqualif	ied persons Complete Part II			
Schedule L			22	
cured mortgages and notes payable to unrela			23	
secured notes and loans payable to unrelate	d third parties	106 000	24	060 555
ner liabilities Complete Part X of Schedule D		196,292.	25	260,575.
tal liabilities. Add lines 17 through 25		202,139.	26	283,028.
ganizations that follow SFAS 117, check he	ere ▶ L <u>X</u> and complete			
es 27 through 29, and lines 33 and 34.		040 546		044 054
restricted net assets	-	248,546.	27	244,874.
nporarily restricted net assets	}		28	76,082.
rmanently restricted net assets			29	
ganizations that do not follow SFAS 117, c	heck here 🕨 📖 and			
mplete lines 30 through 34.				
pital stock or trust principal, or current funds	•		30	
	come, or other funds	240 546		220 056
	-			320,956. 603,984.
d-in taine al n	or capital surplus, or land, building, or ed	or capital surplus, or land, building, or equipment fund ed earnings, endowment, accumulated income, or other funds et assets or fund balances	or capital surplus, or land, building, or equipment fund ed earnings, endowment, accumulated income, or other funds et assets or fund balances 248,546.	or capital surplus, or land, building, or equipment fund ad earnings, endowment, accumulated income, or other funds et assets or fund balances 248,546.33

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2010)

За

3b

X

Separate basis

Act and OMB Circular A-133?

X Consolidated basis

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

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Dan Eldon Foundation

Employer identification number

		(IKa CI	eacive visio	us ro	undat	TOU)	_			1-19020	<u>5 T 4 </u>
Part I	Reason	tor Public Char	ity Status (All organiz	ations mu	st comple	te this par	t) See ins	tructions			
he organ	ization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	ox.)				
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in s e	ction 170	(b)(1)(A)(i).			
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
3 🖳	A hospital or	a cooperative hospi	tal service organization o	described	n section	170(b)(1)	(A)(iii).				
4	A medical res	search organization	operated in conjunction	with a hos	pıtal desc	ribed in se	ction 170	(b)(1)(A)(i	ii). Enter th	ne hospital's	s name,
	city, and stat	e							··-··		
5 📖			benefit of a college or ur	niversity ov	wned or o	perated by	a govern	mental un	it describe	d in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)								
6	A federal, sta	ite, or local governm	ent or governmental uni	t described	in sectio	n 170(b)(1)(A)(v).				
7 X	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general p	ublic descr	ibed in
	section 170(b)(1)(A)(vi). (Comple	te Part II)								
8 🖳	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)						
9 🔲	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, n	nembersh	p fees, an	d gross rec	eıpts from
	activities rela	ted to its exempt fui	nctions - subject to certa	un excepti	ons, and (2) no more	than 33 ⁻	1/3% of its	support f	rom gross ı	nvestment
	income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization a	fter June 30), 1975
_	See section	509(a)(2). (Complete	Part III)								
10 🖳	An organizati	ion organized and op	perated exclusively to te	st for publ	c safety.	See sectic	on 509(a)(4	4).			
11 📖	_		perated exclusively for the						•	-	
			ations described in secti				2). See se e	ction 509(a)(3). Che	ck the box t	that
			organization and comple						ا ا		
r	a Type		_ Type II c			tionally inf	•		d	Type III · O	
e L		•	it the organization is not		•	•	•				
		-	han one or more publicly		•				9(a)(1) or s	ection 509(a)(2)
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
	• • •	rganization, check th									
g	_		organization accepted ar			-				r	
		•	irectly controls, either al	one or tog	ether with	persons o	described	ın (ıı) and ((iii) below,		Yes No
	-		upported organization?	•						11g(i)	
		·	n described in (i) above?							11g(ii)	
			person described in (i) o							11g(iii)	
h	Provide the fo	ollowing information	about the supported or	ganization	(s).						
· · · · · · · · · · · · · · · · · · ·		I.,	I (:::) Tupo of	F		I . .		()) (AL -		
	of supported	(ii) EIN	(iii) Type of organization			(v) Did you		i organizati	on in col.	(vii) Am	
orga	ınızatıon		(described on lines 1-9	in col. (i) lis	document?	-	r support?	(i) organiz U.S	red in the	supp	ort
			above or IRC section	-		,,,,		 			
			(see instructions))	Yes	No	Yes	No	Yes	No		
-									 -		
				ļ		-			 		
							_	<u> </u>			
otal						1	1				

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 (fka Creative Visions Foundation) 39-19028

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 39-190<u>2814 Page 2</u>

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	596,589.	905,048.	1141655.	851,298.	192,702.	3687292.
2	Tax revenues levied for the organ-						
	ızatıon'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						
	Total. Add lines 1 through 3	596,589.	905,048.	1141655.	851,298.	192,702.	3687292.
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)						3687292.
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u> </u>					300/292.
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	596,589.	905,048.	1141655.	851,298.	192,702.	3687292.
	Gross income from interest,	350,305.	703,040.	_1141033.	031,250.	172,102.	3007232.
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,081.	5,070.	2,346.	3,990.	3,888.	16,375.
9	Net income from unrelated business	1,001.	3,0701	2,3101	373300	5,000.	2070.00
•	activities, whether or not the						
	business is regularly carned on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						3703667.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	230,806.
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here			·		▶□
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	99.56 %
15	Public support percentage from 2009	Schedule A, Part	li, line 14			15	99.61 %
16a	33 1/3% support test - 2010. If the o	•			4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				►LX
b	33 1/3% support test - 2009. If the o	•			line 15 is 33 1/3%	or more, check the	is box
	and stop here. The organization qual			•			▶∟⊥
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac			-	· · · · · · · · · · · · · · · · · · ·	t IV how the organ	nization
	meets the "facts-and-circumstances"						▶∟
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the						·
	organization meets the "facts-and-circ		-	•			· ►
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 1/a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	ow, please com	piete r art ii j					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	T	(e) 2010	(f) Total
1 Gifts, grants, contributions, and		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	127=333	1 32			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
membership fees received (Do not							
include any "unusual grants ")							
2 Gross receipts from admissions,		· · · · · · · · · · · · · · · · · · ·					
merchandise sold or services per-							
formed, or facilities furnished in							
any activity that is related to the							
organization's tax-exempt purpose				ļ			
3 Gross receipts from activities that				ŀ			
are not an unrelated trade or bus-							
iness under section 513							
4 Tax revenues levied for the organ-							
ization's benefit and either paid to							
or expended on its behalf				1			
·		<u> </u>					· · · · · · · · · · · · · · · · · · ·
5 The value of services or facilities							
furnished by a governmental unit to							
the organization without charge							
6 Total. Add lines 1 through 5				<u> </u>	ļ <u>.</u>		··
7a Amounts included on lines 1, 2, and						7	
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		ļ					
8 Public support (Subtract line 7c from line 6)							
Section B. Total Support							··
alendar year (or fiscal year beginning in) ► 🗀	(a) 2006	(b) 2007	(c) 2008	(d) 2009		(e) 2010	(f) Total
9 Amounts from line 6						ĺ	
10a Gross income from interest,							
dividends, payments received on							
securities loans, rents, royalties and income from similar sources						İ	
				 			
b Unrelated business taxable income				ł		i	
(less section 511 taxes) from businesses							
acquired after June 30, 1975				<u> </u>	-		
c Add lines 10a and 10b				<u> </u>			
11 Net income from unrelated business							
activities not included in line 10b,						i	
whether or not the business is regularly carried on							
12 Other income. Do not include gain		 			1		
or loss from the sale of capital							
assets (Explain in Part IV.)		 		-	+		
13 Total support (Add lines 9, 10c, 11, and 12)		1	L	<u> </u>	1		
14 First five years. If the Form 990 is for t	he organization'	's first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501	(c)(3) organiza	ation,
check this box and stop here							▶∟
Section C. Computation of Public	: Support Pe	ercentage					
5 Public support percentage for 2010 (lin	ie 8, column (f) c	divided by line 13, o	olumn (f))		15	i	•
16 Public support percentage from 2009 S	Schedule A. Par	t III. line 15	•		16		
Section D. Computation of Invest					,		· ······
			ne 13 column (6)		47		
Investment income percentage for 201	•	•	ie is, coluititi (i))		17		
8 Investment income percentage from 20				4.5	18		
9a 33 1/3% support tests - 2010. If the o	-					%, and line 1	/ is not
more than 33 1/3%, check this box and	d stop here. The	e organızatıon qual	ifies as a publicly	supported organi	zatıon		. ▶∟.
b 33 1/3% support tests - 2009. If the o	rganization did i	not check a box on	line 14 or line 19	a, and line 16 is m	nore tha	an 33 1/3%, a	and
line 18 is not more than 33 1/3%, chec	k this box and s	stop here. The oras	ınızatıon qualıfıes	as a publicly supi	ported	organization	▶□
20 Private foundation. If the organization			-		-	_	<u>.</u> _
	a.a mot officer a	. 20x 011 mio 17, 10	<u>., ., ., ., ., ., ., ., ., ., ., ., ., .</u>				0 or 000 E7\ 20

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.

2010
Open to Public Inspection

Dan Eldon Foundation Name of the organization **Employer identification number** (fka Creative Visions Foundation) 39-1902814 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 Total number at end of year 1 Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 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)? 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 12,400. (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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Schedule D (Form 990) 2010

b Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

Dan Eldon Foundation Schedule D (Form 990) 2010 (fka Creative Visions Foundation) 39-1902814 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 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) X Public exhibition Loan or exchange programs X Scholarly research h X Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 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? Part IV | Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes b If "Yes," explain the arrangement in Part XIV and complete the following table Amount c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No b If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Part V (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance Contributions Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment Permanent endowment % Term endowment 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. Yes No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIV the intended uses of the organization's endowment funds Part VI | Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value

Schedule D (Form 990) 2010

2,797

1a Landb Buildings

d Equipment

c Leasehold improvements

basis (other)

basis (investment)

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)

13,634

depreciation

10,837

Part VII Investments - Other Securities.	See Form 990, Part X, line	12		
(a) Description of security or category	(b) Book value		(c) Method of valu	
(including name of security)		Cost	t or end-of-year ma	rket value
) Financial derivatives				
C) Closely-held equity interests				
(A)				
(B)			·	—— <u></u>
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
otal (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X, line	e 13		
(a) Description of investment type	(b) Book value		(c) Method of valu t or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			······································	
(10)				
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line	ne 15			
	a) Description			(b) Book value
(1)	<u></u>			
(2)				
(3)				
(4)				
(5)				
(6)		-		
(7)			***	
(8)				
(9)			- 	
(10)		···		
otal. (Column (b) must equal Form 990, Part X, col (B) li				L
Part X Other Liabilities. See Form 990, Part	X, line 25.	(1) A		
(a) Description of liability		(b) Amount		
(1) Federal income taxes		260 555		
(2) Due to Sponsor Organizat	lons	260,575.		
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
(10)				
(11)				
otal. (Column (b) must equal Form 990, Part X, col (B) li	ine 25)	260,575.		
FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote FIN 48 (ASC 740)	e to the organization's financial sta	tements that reports the organization	ation's liability for uncerta	in tax positions under
2053 -20-10	· · · · · · · · · · · · · · · · · · ·			edule D (Form 990) 20
20 10				

	Dan Eldon Foundation						
Sche	dule D (Form 990) 2010 (fka Creative Visions Found	dati	on)		_39-1	1902814	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Finan	cial Stat			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		312	,230.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	-		986.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3			244.
4	Net unrealized gains (losses) on investments			4		-5	955.
5	Donated services and use of facilities			5			
6	Investment expenses			6	-		···-
7	Prior period adjustments			7			•••••
8	Other (Describe in Part XIV)			8	-	10	121.
9	Total adjustments (net). Add lines 4 through 8			9			166.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9 t		10			410.
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme		ith Reve	nue per l	Return	i	
1	Total revenue, gains, and other support per audited financial statements				1	316	396.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12						
а	Net unrealized gains on investments	2a		4,166	.		
b	Donated services and use of facilities	2b			7		
С	Recovenes of prior year grants	2c			7		
d	Other (Describe in Part XIV.)	2d			7		
e	Add lines 2a through 2d			·		4	,166.
3	Subtract line 2e from line 1				3	312	230.
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					
b	Other (Describe in Part XIV)	4b			7		
С	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	312	,230.
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	With Expe	enses pe	r Retu	rn	
1	Total expenses and losses per audited financial statements				1	235	635.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b			7		
c	Other losses	2c			1		
d	Other (Describe in Part XIV.)	2d]		
е	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1				3	235	,635.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]		
b	Other (Describe in Part XIV)	4b		8,351	.]		
С	Add lines 4a and 4b				4c	8	,351.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	243	,986.
Pai	t XIV Supplemental Information						
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	l, lines	1a and 4; Pa	art IV, lines	1b and 2	b; Part V, line	4; Part
X, line	e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp	lete thi	s part to pro	vide any ad	dditional	information.	
	t III, line 4: Dan Eldon Foundation owns a						3
col	lages and Reuter's photographs. The piece	es c	f art	have 1	been	blown u	ıp
			· · · · ·				
and	l are displayed at various exhibits through	nout	the y	ear.			
Par	t XI, Line 8 - Other Adjustments:						
Rec	lassification for Losses Included in Incor	ne					
Par	t XIII. Line 4b - Other Adjustments:						

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Schedule D (Form 990) 2010

032054 12-20-10

	Dan Eldon Fou	ındation			
Schedule D (Form 990) 2010 Part XIV Supplemental Info	<u>(fka Creative</u>	<u> Visions</u>	Foundation)	39-1902814 Pag	ge 5
Fart XIV Supplemental Info	ormation (continued)				
Inventory - Write	Off				
	<u> </u>				
Depreciation Adj					
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

Dan Eldon Foundation (fka Creative Visions Foundation)

Employer identification number 39-1902814

(Ika Creative Visions Foundation) 39-1902814
Form 990, Part I, Line 1, Description of Organization Mission:
and the arts to create awareness of critical issues and catalyze
positive action. Through its three divisions: Inform, Inspire, and
Empower, CVF, a publicly funded 501(c)3, helps Creative Activits
transferom the world around them.
Form 990, Part III, Line 1, Description of Organization Mission:
transform the world around them.
Form 990, Part VI, Section A, line 2: Kathleen Eldon and Amy Eldon, each
a director and officer, are related.
Form 990, Part VI, Section B, line 11: Prior to filing the Form 990, the
return was circulated to the board members for their review and comment.
Form 990, Part VI, Section C, Line 19: All of the corporations governing
documents are available for review at the corporations principal place of
business.
Form 990, Part VII Contact Addresses for Officers, Directors, Etc:
Kathleen Eldon - 18814 Topanga Beach Drive, Malibu, CA 90265
Amy Eldon - 9350 Wilshire Blvd., Ste 250, Beverly Hills, CA 90212
Gary Streit - 115 3rd St. SE, Ste 500, Cedar Rapids, IA 52401
Robert Tercek - 2507 Tarbet CT, Bakersfield, CA 93311
William Weisman - 7361 Rosewood Ave., Los Angeles, CA 90036
<u>Derek Reisfield - 50 Sonic Way, San Francisco, CA 94121</u> LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010) 032211 01:24-11