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# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

|  | nment of t<br>nal Revenu | ne Service          | Information about Form 990-EZ and its instructions is at www.irs.gov                              | /form990.                               | mapecaon            |
|--|--------------------------|---------------------|---|---|---------------------|
| A F  | or the                   | 2013 calenda        | r year, or tax year beginning , 2013, and ending  |   | , 20                |
| Bo   | Check if ap              | plicable            | D Employer identif  | ication number                          |                     |
|  | Address ch               | ange                | Create Now, Inc.  | 95-459057                               | 4                   |
|  | lame chan                | Ge                  | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite            | E Telephone numbe                       | F                   |
| <b></b> •  | nitial return            | 1                   |   |   |                     |
| □ 1  | erminated                |                     | 1611 South Hope Street Ste E  | (213) 747-                              | 2777                |
|  | mended r                 | etum                | City or town, state or province, country, and ZIP or foreign postal code                          | F Group Exemption                       |                     |
| $\overline{\square}$   | oplication               | pending             | Los Angeles, CA 90015-4116  | Number -                                |                     |
|  | <del></del>              | <del></del>         |   | Check ▶ ☐ if the o                      | organization is not |
|  |                          |                     | createnow.org   | required to attach Sch                  | •                   |
|  |                          |                     | theck only one) -   501(c)(3)   | (Form 990, 990-EZ, o                    |                     |
|  |                          |                     | ☐ Corporation ☐ Trust ☐ Association ☐ Other   | <u> </u>                                |                     |
|  |                          |                     | 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a | esets                                   |                     |
|  |                          |                     | are \$500,000 or more, file Form 990 instead of Form 990-EZ                                       |   | 110 <i>6</i> 05     |
|  | art I                    |                     | e, Expenses, and Changes in Net Assets or Fund Balances (see the                                  |   | 118,695             |
| ٠٠   |                          |                     | ·   | instructions for Farth                  |                     |
|  | 1                        |                     | s, gifts, grants, and similar amounts received . Lac state mont.                                  | 1                                       |                     |
|  | 2                        |                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | 2                                       | 95,634              |
|  | ]                        |                     | vice revenue including government fees and contracts  |   | 8,650               |
|  | 3                        |                     |   |   | <del></del>         |
|  | 5-                       | Investment in       |   | • | <del></del>         |
|  | i                        |                     | nt from sale of assets other than inventory   | <del></del>                             |                     |
|  | l .                      |                     |   | <del> </del> _                          |                     |
|  | I _                      | •                   | ) from sale of assets other than inventory (Subtract line 5b from line 5a)                        | • • • • • 5c                            | <del></del>         |
|  | 6                        | _                   | fundraising events  |   |                     |
| ø.   | а                        |                     | e from gaming (attach Schedule G if greater than  |   |                     |
| Revenue  | 1                        | * , ,               | 6a  |   |                     |
| 9  | Ь                        |                     | e from fundraising events (not including \$ of contribution                                       | s                                       |                     |
| œ  |                          |                     | sing events reported on line 1) (attach Schedule G if the   |   |                     |
|  | 1                        |                     | gross income and contributions exceeds \$15,000) 6b   | 6,891                                   |                     |
|  | 1                        |                     | expenses from gaming and fundraising events · · · · · · · · 6c                                    |   |                     |
|  | d                        |                     | or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract                    |   |                     |
|  |                          | line 6c) ·          |   | · · · · · 6d                            | 6,891               |
|  | 7a                       | Gross sales         | of inventory, less returns and allowances   | 7,520                                   |                     |
|  | ь                        | Less. cost of       | goods sold · · · · · · · · · · · · · · · · · · ·  |   |                     |
| <u>∳</u> `   | C                        | Gross profit        | or (loss) from sales of inventory (Subtract line 7b from line 7a)                                 | · · · · · 7c                            | 7,520               |
| %<br>60<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100 | 8                        | Other revenu        | ue (describe in Schedule O)   | <u></u>                                 |                     |
| ∍  | 9                        | Total revenu        | ue. Add lines 1, 2, 3, 4, 5ċ, 6d, 7c, and 8   | 9 🗲 ، . ال                              | 118,695             |
| િ  | 10                       | Grants and s        | imilar amounts paid (list in Schedule O)  | 0                                       |                     |
| 2  | 11                       | Benefits paid       | to or for members JUN-1 & 2014  | 1 · ·   Õ- · 11                         |                     |
|  | 12                       | Salaries, other     | er compensation, and employee benefits  | 6) 12                                   | 80,701              |
| نة   | 13                       | <b>Professional</b> | fees and other payments to independent contractors  |   | 3,133               |
| Dens.  | 14                       | Occupancy, r        | rent, utilities, and maintenance O.G.D.E.N., U  | 14                                      | 22,137              |
|  | 15                       | Printing, pub       | lications, postage, and shipping  | 15                                      | 416                 |
| É  | 16                       | Other expens        | ses (describe in Schedule O)  | 16                                      | 29,544              |
| Expens   | 17                       | Total expens        | ses. Add lines 10 through 16  | ▶ 17                                    | 135,931             |
| 2  | 18                       | Excess or (d        | eficit) for the year (Subtract line 17 from line 9)   | 18                                      | (17,236)            |
| æ  | 19                       |                     | r fund balances at beginning of year (from line 27, column (A)) (must agree with                  |   | <u> </u>            |
| SS   | 1                        |                     | igure reported on prior year's return)  | 19                                      | 95,303              |
| ⋖  | 20                       | =                   | es in net assets or fund balances (explain in Schedule O)   | 20                                      | (130)               |
| 풂  | 1                        | _                   |   | <del></del>                             |                     |
| Net Asseta   | 21                       | Net assets of       | r fund balances at end of year. Combine lines 18 through 20                                       | ▶   21                                  | 77,937              |

95-4590574

| Pa      | Other Information (Note the Schedule A and personal benefit contract statement requirements in the  |       |              |              |
|---------|---|-------|--------------|--------------|
|         | instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V  | • • • | Yes          | · 📋<br>No    |
| 33      | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a   |       | 105          | NO           |
|         | detailed description of each activity in Schedule O   | 33    |              | X            |
| 34      | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed  |       |              |              |
|         | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the   |       | 1            |              |
|         | change on Schedule O (see instructions)   | 34    |              | X            |
| 35 a    | Did the organization have unrelated business gross income of \$1,000 or more during the year from business  |       |              |              |
|         | activities (such as those reported on lines 2, 6a, and 7a, among others)?   | 35a   |              | X            |
| b       | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O  | 35b   |              |              |
| C       | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,   | i     |              |              |
|         | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  | 35c   | ļ            | X            |
| 36      | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets  |       |              |              |
|         | during the year? If "Yes," complete applicable parts of Schedule N  | 36    | ļ            | X            |
| 37 a    | · · · · · · · · · · · · · · · · · · ·   | ┦     |              |              |
| b       |   | 37b   |              |              |
| 38 a    | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were   | 20-   |              | <sub>V</sub> |
|         | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  | 38a   |              | X            |
| 39      | Section 501(c)(7) organizations Enter:  | 1     |              | 1            |
| ээ<br>a |   |       |              |              |
| b       |   | 1     |              |              |
|         | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.  | 1     |              |              |
|         | section 4911 ▶ , section 4912 ▶ ; section 4955 ▶  |       |              |              |
| b       |   |       |              |              |
|         | transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been  |       |              | 1            |
|         | reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   | 40b   |              | X            |
| C       | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on   |       |              |              |
|         | organization managers or disqualified persons during the year under sections 4912,  |       |              |              |
|         | 4955, and 4958 · · · · · · · · · · · · · · · · · · ·  |       |              |              |
| d       | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c   | 1     |              |              |
|         | reimbursed by the organization  |       |              |              |
| θ       | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter   |       |              |              |
|         | transaction? If "Yes," complete Form 8886-T   | 40e   | L            | X            |
| 41      | List the states with which a copy of this return is filed CA  |       |              |              |
| 42 a    | Telephone no. ► 213-7  Located at ► 1611 South Hope Street. Los Angeles. CA  ZIP+4 ► 90015  |       |              |              |
|         | Located at 1611 South Hope Street, Los Angeles, CA ZIP+4 20015  At any time during the calendar year, did the organization have an interest in or a signature or other authority over | -411  | Yes          | No           |
|         | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 42b   | 103          | X            |
|         | If "Yes." enter the name of the foreign country   | 723   |              | 21           |
|         | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank   |       | 1            |              |
|         | and Financial Accounts.   |       | 1            |              |
| c       | At any time during the calendar year, did the organization maintain an office outside the U.S.?   | 42c   |              | Х            |
|         | If "Yes," enter the name of the foreign country:  |       |              |              |
| 43      | Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041-Check here  | · · · | >            | · [          |
|         | and enter the amount of tax-exempt interest received or accrued during the tax year   |       |              |              |
|         |   |       | Yes          | No           |
| 44 a    | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be   | 1     |              |              |
|         | completed instead of Form 990-EZ  | 44a   | ļ            | X            |
| t       | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be  |       |              |              |
|         | completed instead of Form 990-EZ  | 44b   |              | X            |
|         | Did the organization receive any payments for indoor tanning services during the year?  | 44c   | <u> </u>     | X            |
| C       | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 44d   |              |              |
| AF.     | explanation in Schedule O   | 44a   | <del> </del> | Х            |
|         | Did the organization receive any payment from or engage in any transaction with a controlled entity within the  | +34   | <del> </del> | ^            |
| ~v .    | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of  |       |              |              |
|         | Form 990-EZ (see instructions)  | 45b   |              | X            |

| m 990-EZ (2013) ' Create Now, II   | nc.                                    |                                 | 95-4   | 590574                | , F        | Page        |
|--|--|---------------------------------|--|-----------------------|------------|-------------|
| Del the comment of th | in adjacet                             |                                 |  |                       | Yes        | No          |
| Did the organization engage, directly or indirectly  | • •                                    | • •                             |  | 46                    | ]          | V           |
| to candidates for public office? If "Yes," complete<br>Part VI Section 501(c)(3) organization  |  |                                 |  | • •   46              | L          | X           |
| All section 501(c)(3) organization   |  | ions 47 <sub>-</sub> 49h and 52 | and complete the   | tables for            | linge      |             |
| 50 and 51.   | ns must answer quest                   | 10115 47 -450 and 32            | , and complete the                                       | lables 101            | 111163     |             |
| Check if the organization used S   | Schedule O to respond                  | to any question in              | this Part VI   |                       |            |             |
| Check if the organization used t   | ochedule O to respond                  | to any question in              | uno i are vi   | <del></del>           | Yes        | No          |
| Did the organization engage in lobbying activities   | or have a section 501/h) ele           | action in effect during the     | tav  | [                     | 163        | NO          |
| year? If "Yes," complete Schedule C, Part II   |  |                                 |  | 47                    |            | X           |
| Is the organization a school as described in section   | on 170/h\/1\/A\/ii\2 If "Yes "         | complete Schedule F             |  | . 48                  |            | X           |
| Did the organization make any transfers to an ex   |  |                                 |  | 49a                   |            | X           |
| b If "Yes," was the related organization a section 5   |  |                                 |  | 49b                   |            | +           |
| Complete this table for the organization's five hig  |  | es (other than officers, dir    | ectors, trustees and key                                 |                       | ·          | <del></del> |
| employees) who each received more than \$100,  |  | · ·                             | <del>-</del>   |                       |            |             |
|  |  | (c) Reportable                  | (d) Health benefits,                                     |                       |            |             |
| (a) Name and title of each employee  | (b) Average<br>hours per week          | compensation                    | contributions to employee<br>benefit plans, and deferred | (e) Estimate other co |            |             |
| .,   | devoted to position                    | (Forms W-2/1099-MISC)           | compensation   | Outer Co              | iiipaiisai | 10071       |
|  |  |                                 |  |                       | <u> </u>   |             |
| ONE  |  |                                 |  | <u> </u>              |            |             |
| <del></del>  |  |                                 |  |                       |            |             |
|  |  |                                 |  |                       |            |             |
|  |  |                                 |  |                       |            |             |
|  |  |                                 |  |                       |            |             |
|  |  |                                 |  |                       |            |             |
|  |  |                                 |  |                       |            |             |
|  |  |                                 |  |                       |            |             |
|  |  | <u> </u>                        |  | 1                     |            |             |
| f Total number of other employees paid over \$100  | ·                                      |                                 | -  |                       |            |             |
| 1 Complete this table for the organization's five hig<br>\$100,000 of compensation from the organization   | ·                                      |                                 | received more than                                       |                       |            |             |
| \$100,000 of compensation from the organization  | it there is none, enter 140            |                                 |  | ·                     |            |             |
| (a) Name and business address of each independent of   | ontractor                              | (b) Type of service             | θ (  | c) Compensatio        | n          |             |
|  |  |                                 |  |                       |            |             |
| ONE  |  |                                 |  |                       |            |             |
|  |  |                                 |  |                       |            |             |
|  |  |                                 |  |                       |            |             |
|  |  |                                 |  |                       |            |             |
|  |  |                                 |  |                       |            |             |
|  |  |                                 |  |                       |            |             |
|  |  |                                 |  |                       |            |             |
|  |  |                                 |  |                       |            |             |
|  |  | L                               |  |                       |            |             |
| d Total number of other independent contractors e  | <del>-</del>                           |                                 |  |                       |            |             |
| 2 Did the organization complete Schedule A? Note   |  |                                 | ,  | <b>.</b> ⊠ v          |            | A1 -        |
| nonexempt chantable trusts must attach a comp  | · · · · · · · · · · · · · · · · · · ·  |                                 |  | Yes 🛚                 |            | No          |
| nder penalties of perjury, I declare that I have examined this return, in  |  |                                 | my knowledge and belief, it is                           |                       |            |             |
| ie, correct, and complete Declaration of preparer (other than officer  | ) is based on all information of which | preparer has any knowledge      | (/10/1   | U                     |            |             |
| Signature of officer   |  |                                 | Date   | 7                     |            |             |
| lere GUR   | R VICE-CHAI                            | <i>'</i> Ø                      |  |                       |            |             |
| Type or print name and title   | - TICE CITATIO                         | <b>//</b>                       |  |                       |            |             |
| Print/Type preparer's name   | Preparer's signature                   | Date                            | / Check X if   | PTIN                  |            |             |
| aid Andrew P Harwood   | andro. Pxa                             | 20000 6/6                       |  | P014714               | เฉว        |             |
| reparer Firm's name Andrew P Harwood   | ood                                    | / 0 /                           | Firm's EIN   | FU14/14               | .32        |             |
| se Only Firm's address 1072 Casiano  |  |                                 | : nitt 2 Ell4  |                       |            | -           |
| Los Angeles C  |  | <del></del>                     | Phone no 213-  |                       | ,          |             |
|  |  |                                 |  | 705-4617              |            |             |
| ay the IRS discuss this return with the preparer show  |  |                                 |  | 705-4617<br>▶ ∏ Yes   |            | No          |

#### **SCHEDULE A**

(Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

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

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Open to Public** Inspection

Employer identification number

|      |        | Now, Inc.                 |   |   | <del></del>    |               |              |             |                | 590574         |             |           |        |
|------|--------|---------------------------|---|---|----------------|---------------|--------------|-------------|----------------|----------------|-------------|-----------|--------|
| Pa   | rt I   | Reason for P              | ublic Charity   | Status (All organiz                         | ations m       | ust com       | plete this   | s part.)    | See instr      | uctions        | <u></u>     |           |        |
| The  | orgar  | nization is not a private | e foundation becau  | se it is: (For lines 1 throi                | ugh 11, che    | ck only on    | e box )      |             |                |                |             |           |        |
| 1    |        | A church, convention      | of churches, or as  | sociation of churches de                    | escnbed in     | section 17    | '0(b)(1)(A)  | (i).        |                |                |             |           |        |
| 2    |        | A school described in     | hool described in section 170(b)(1)(A)(ii). (Attach Schedule E) |   |                |               |              |             |                |                |             |           |        |
| 3    |        | A hospital or a coope     | rative hospital sen   | rice organization describ                   | ed ın secti    | on 170(b)(    | 1)(A)(iii).  |             |                |                |             |           |        |
| 4    |        | A medical research of     | rganization operat  | ed in conjunction with a                    | hospital de:   | scribed in s  | section 17   | 0(b)(1)(A)  | (iii). Enter t | the            |             |           |        |
|      |        | hospital's name, city,    | and state   |   |                |               |              |             |                |                |             |           |        |
| 5    |        | An organization oper      | ated for the benefit  | of a college or universit                   | y owned or     | operated t    | y a gover    | mental ur   | nt describe    | d in           |             |           |        |
|      |        | section 170(b)(1)(A)      | (iv). (Complete Pa  | rt II )                                     |                |               |              |             |                |                |             |           |        |
| 6    |        | A federal, state, or lo   | cal government or   | governmental unit descr                     | nbed in sec    | tion 170(b    | )(1)(A)(v).  |             |                |                |             |           |        |
| 7    | X      | An organization that      | normally receives a   | a substantial part of its s                 | upport from    | a governn     | nental unit  | or from the | e general p    | ublic          |             |           |        |
|      |        | described in section      | 170(b)(1)(A)(vi). (   | Complete Part II)                           |                |               |              |             |                |                |             |           |        |
| 8    |        |                           |   | 170(b)(1)(A)(vi). (Comp                     | olete Part II  | )             |              |             |                |                |             |           |        |
| 9    |        | An organization that      | normally receives   | (1) more than 33 1/3% o                     | of its suppoi  | rt from con   | tnbutions, i | membersh    | ip fees, an    | d gross        |             |           |        |
|      |        | receipts from activitie   | s related to its exe  | mpt functions - subject t                   | to certain ex  | ceptions,     | and (2) no   | more than   | 33 1/3% o      | f its          |             |           |        |
|      |        | support from gross in     | vestment income   | and unrelated business                      | taxable inco   | me (less s    | ection 511   | tax) from   | businesses     | 3              |             |           |        |
|      |        | acquired by the organ     | nization after June   | 30, 1975. See section 5                     | 509(a)(2). (¢  | Complete F    | Part III)    |             |                |                |             |           |        |
| 10   |        | An organization orga      | nized and operated  | exclusively to test for p                   | ublic safety   | See sect      | ion 509(a)   | (4).        |                |                |             |           |        |
| 11   |        | An organization orga      | nized and operated  | exclusively for the bene                    | efit of, to pe | rform the f   | unctions of  | or to can   | y out the      |                |             |           |        |
|      |        | purposes of one or m      | ore publicly suppo  | rted organizations descr                    | nbed in sec    | tion 509(a)   | (1) or secti | on 509(a)(  | (2) See se     | ction          |             |           |        |
|      |        | 509(a)(3). Check the      | box that describes  | the type of supporting of                   | organization   | and comp      | lete lines 1 | 1e through  | h 11h.         |                |             |           |        |
|      |        | a Type I                  | b 🔲 Type  | ell <b>c</b> 🗌 Type                         | III-Function   | nally integra | ated         | d [         | Type III-      | Non-funtio     | onally inte | grated    | ļ      |
| θ    |        | By checking this box,     | I certify that the or   | ganization is not control                   | led directly   | or indirectl  | y by one o   | more dise   | qualified pe   | ersons         |             |           |        |
|      |        | other than foundation     | managers and otl  | ner than one or more pu                     | blicly suppo   | rted organ    | izations de  | scnbed in   | section 50     | 9(a)(1)        |             |           |        |
|      |        | or section 509(a)(2).     |   |   |                |               |              |             |                |                |             |           |        |
| f    |        | If the organization re-   | ceived a written de   | termination from the IRS                    | S that it is a | Туре І, Тур   | e II, or Typ | e III supp  | orting         |                |             |           |        |
|      |        | organization, check t     | his box · · · ·   |   |                |               |              |             |                |                |             |           | 🗆      |
| g    |        | Since August 17, 200      | 6, has the organiz  | ation accepted any gift o                   | r contribution | on from an    | y of the     |             |                |                |             |           |        |
|      |        | following persons?        | -   |   |                |               |              |             |                |                |             |           |        |
|      |        | (i) A person who d        | rectly or indirectly  | controls, either alone or                   | together wi    | th persons    | described    | ın (iı) and |                |                |             | Yes       | No     |
|      |        |                           |   | ne supported organizatio                    |                |               |              |             |                |                | 11g(i)      |           |        |
|      |        |                           | <del>-</del> -  | nbed in (i) above?                          |                |               |              |             |                |                | 11g(ii)     |           |        |
|      |        | (iii) A 35% controlle     | d entity of a persor  | described in (I) or (II) a                  | bove? .        |               |              |             |                |                | 11g(iii)    | †         |        |
| h    |        | Provide the following     | information about   | the supported organizati                    | ion(s).        |               |              |             |                |                |             |           |        |
|      | (i) Na | ame of supported          | (ii) EIN  | (iii) Type of organization                  | (iv) Is the o  | rganization   | (v) Did yo   | u notify    | (vi) is        | s the          | (vil) Amou  | unt of mo | netary |
|      |        | organization              |   | (described on lines 1-9                     | ın col (i) lıs | _             | the organi   |             | organizati     |                |             | support   | •      |
|      |        |                           |   | above or IRC section<br>(see instructions)) | governing      | ocument?      | col (i) o    | port?       | (i) organiz    | seam the<br>S? |             |           |        |
|      |        |                           |   |   | Yes            | No            | Yes          | No          | Yes            | No             | 1           |           |        |
| (A)  |        |                           |   |   |                |               |              |             |                |                |             |           |        |
|      |        |                           |   |   |                |               |              |             |                |                |             |           |        |
| (B)  |        |                           |   |   |                |               |              |             |                |                |             |           |        |
|      |        |                           |   |   |                |               |              |             |                |                | <u> L</u>   |           |        |
| (C)  |        |                           |   |   |                |               |              |             |                |                | T           |           |        |
|      |        |                           |   |   |                | <u></u>       |              |             |                |                |             |           |        |
| D)   |        |                           |   |   |                |               |              |             |                |                |             |           |        |
|      |        |                           |   |   |                |               |              |             |                |                |             |           |        |
| (E)  |        |                           |   |   |                |               |              |             |                |                |             |           |        |
|      |        |                           |   |   | <b>_</b>       | <u> </u>      | <u> </u>     |             |                |                | ļ           |           |        |
|      |        |                           |   |   |                |               |              | [           |                |                |             |           |        |
| Tota | d      |                           |   |   | 1              | 1             | 1            | 1           | 1              |                | 1           |           |        |

90 or 990-EZ) 2013 Create Now, Inc. 95-4590574
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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   | tion A. Public Support   |                   |                 |          |  |                |           |  |  |  |
|-------|--|-------------------|-----------------|----------|--|----------------|-----------|--|--|--|
| Caler | ndar year (or fiscal year beginning in)  | (a) 2009          | <b>(b)</b> 2010 | (c) 2011 | (d) 2012                               | (e) 2013       | (f) Total |  |  |  |
| 1     | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   | 112,434           | 102,144         | 83,002   | 142,068                                | 104,284        | 543,932   |  |  |  |
| 2     | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                   | 8               |          |  |                | 8         |  |  |  |
| 3     | The value of services or facilities furnished by a governmental unit to the organization without charge  |                   |                 |          |  |                |           |  |  |  |
| 4     | Total. Add lines 1 through 3 · · · · ·   | 112,434           | 102,152         | 83,002   | 142,068                                | 104,284        | 543,940   |  |  |  |
| 5     | The portion of total contributions by  |                   |                 |          |  |                |           |  |  |  |
|       | each person (other than a  |                   |                 |          |  | 1              |           |  |  |  |
|       | governmental unit or publicly  |                   |                 |          |  |                |           |  |  |  |
|       | supported organization) included on  |                   |                 |          |  |                |           |  |  |  |
|       | line 1 that exceeds 2% of the amount   |                   |                 |          |  |                |           |  |  |  |
|       | shown on line 11, column (f)   |                   |                 |          |  |                | 39,987    |  |  |  |
| 6     | Public support. Subtract line 5 from line 4 · ·  |                   |                 |          |  | ·              | 503,953   |  |  |  |
| Sec   | tion B. Total Support  |                   |                 |          | ······································ |                |           |  |  |  |
| Cale  | ndar year (or fiscal year beginning in)  | (a) 2009          | <b>(b)</b> 2010 | (c) 2011 | (d) 2012                               | (e) 2013       | (f) Total |  |  |  |
| 7     | Amounts from line 4  | 112,434           | 102,152         | 83,002   | 142,068                                | 104,284        | 543,940   |  |  |  |
| 8     | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |                   |                 |          |  |                |           |  |  |  |
| 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.)   |                   | 7,838           | 19,516   | 12,464                                 | 14,411         | 54,229    |  |  |  |
| 11    | Total support. Add lines 7 through 10 .  |                   |                 |          |  |                | 598,169   |  |  |  |
| 12    | Gross receipts from related activities, etc (s   | see instructions) |                 |          | [                                      | 12             |           |  |  |  |
| 13    | First five years. If the Form 990 is for the o organization, check this box and stop here  |                   |                 |          |  |                | ▶□        |  |  |  |
|       | tion C. Computation of Public Su   |                   |                 |          | <del></del>                            | 44             | 2 2 2 0   |  |  |  |
| 14    | Public support percentage for 2013 (line 6, c  |                   |                 |          | • • • • • • • • •                      |                | 34.25 %   |  |  |  |
| 15    | Public support percentage from 2012 Scheo<br>33 1/3% support test - 2013. If the organiza  |                   |                 |          |  |                | 37.48 %   |  |  |  |
| 16a   |  |                   |                 |          |  |                | ▶ 173     |  |  |  |
|       | box and stop here. The organization qualifies as a publicly supported organization   |                   |                 |          |  |                |           |  |  |  |
| b     | check this box and <b>stop here</b> . The organiza   |                   |                 |          |  |                | ▶ □       |  |  |  |
| 17a   |  |                   |                 | =        |  |                | ,         |  |  |  |
| 174   | 10%-facts-and-circumstances test - 2013. 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 "fact   |                   |                 |          | •                                      |                |           |  |  |  |
|       | •  |                   | -               | •        |  |                | ▶ □       |  |  |  |
| b     | organization · · · · · · · · · · · · · · · · · · ·   |                   |                 |          |  |                |           |  |  |  |
| J     | 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 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 mee  |                   |                 | •        | •                                      | ı              |           |  |  |  |
|       |  |                   |                 | •        | · · · · · · · · · · ·                  |                | ▶ □       |  |  |  |
| 18    | Private foundation. If the organization did  |                   |                 |          |  | <del>-</del> - | ليا       |  |  |  |
| . •   | instructions   |                   |                 |          |  | . <b></b>      | ▶ □       |  |  |  |
|       |  |                   |                 |          |  |                |           |  |  |  |

Schedule A (Form 990 or 990-EZ) 2013

Create Now, Inc.

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 qualify under the tests listed below, please complete Part II.)                     |

| Sec              | ction A. Public Support  |                     |                     |                     |   |          |                      |
|------------------|--|---------------------|---------------------|---------------------|---|----------|----------------------|
| Cale             | endar year (or fiscal year beginning in)   | (a) 2009            | <b>(b)</b> 2010     | (c) 2011            | (d) 2012                                | (e) 2013 | (f) Total            |
| 1                | Gifts, grants, contributions, and membership fees  |                     |                     |                     |   |          |                      |
| 2                | received (Do not include any "unusual grants")  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 bus under sec 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)  |                     |                     |                     |   |          |                      |
|                  | ction B. Total Support   |                     | T                   | T                   |   |          | <u></u>              |
| Cale<br>9        | endar year (or fiscal year beginning in)  Amounts from line 6  | (a) 2009            | (b) 2010            | (c) 2011            | (d) 2012                                | (e) 2013 | (f) Total            |
| 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               | <b>Total support.</b> (Add lines 9, 10c, 11, and 12)   |                     |                     |                     |   |          |                      |
| 14               | First five years. If the Form 990 is for the orgonganization, check this box and stop here   |                     |                     |                     | s a section 501(c)(3                    |          | ▶ 🗀                  |
|                  | ction C. Computation of Public Su  | <del></del>         |                     |                     |   | 1.5      |                      |
| 15               | Public support percentage for 2013 (line 8, co   |                     |                     |                     |   | 15       | <u>%</u>             |
| 16<br>Sa         | Public support percentage from 2012 Scheduction D. Computation of Investme   |                     |                     |                     |   | 16       | <u>%</u>             |
| 3 <u>e</u><br>17 | Investment income percentage for 2013 (line  |                     |                     | lumn (fi)           |   | 17       | %                    |
| 18               | Investment income percentage from 2012 Sc  |                     | •                   |                     | • | 18       | %<br>%               |
| 19a              | 33 1/3% support tests - 2013. If the organization is not more than 33 1/3%, check this box at  |                     |                     |                     |   |          | ▶ 📋                  |
| b                | 33 1/3% support tests - 2012. If the organization 18 is not more than 33 1/3%, check this b  | ox and stop here    | . The organization  | qualifies as a publ | cly supported orga                      |          | ▶ □                  |
| 20               | Private foundation. If the organization did no   | ot check a box on I | ine 14, 19a, or 19b | , check this box ar | nd see instructions                     |          | · · · · · <b>▶</b> □ |

| 990                        | Overflow Statement # | <b>2013</b><br>Page 1 |
|----------------------------|----------------------|-----------------------|
| Name(s) as shown on return |                      | FEIN                  |
| Create Now, I              | nc.                  | 95-4590574            |

#### Revenues

| Description                          | 7  | Amount |
|--------------------------------------|----|--------|
| Direct public support - Corporations | \$ | 5,691  |
| Direct public support - Foundations  |    | 25,455 |
| Direct public support - Individuals  |    | 10,858 |
|                                      |    | 245    |
| Gifts in kind - goods                |    | 52,103 |
| Other contributions                  |    | 1,282  |
| Total:                               | \$ | 95,634 |

### Program income

| Description       |        |    | Amount |  |  |
|-------------------|--------|----|--------|--|--|
| Earned income     |        | \$ | 7,150  |  |  |
| Government grants |        |    | 1,500  |  |  |
|                   | Total: | \$ | 8,650  |  |  |

#### SCHEDULE-O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

Create Now, Inc. 95-4590574 01. Description of other expenses (Part I, line 16) Description Amount Depreciation from 4562 2,964 836 Insurance 1,371 Office operations 5,546 Technology 900 Conferences, conventions 636 Development 2,028 Travel, meals, lodging, etc Books, subscriptions 633 8,701 Supplies; program tickets, etc. 5,700 Mentor stipends Adjustments to accounts, misc., etc 229 02. Other changes in net assets or fund balances (Part I, line 20) Amount Description (130)Miscellaneous, rounding, etc 03. Description of other assets (Part II, line 24) Beginning of Year End of Year Category Art Supplies, Music instruments 2,000 2,000 Furniture, equipment, computer 18,467 20,535 0 51,950 Books 04. Description of total liabilities (Part II, line 26)

Beginning of Year

End of Year

| Name of the organization                   |                               | Employer identification number |
|--|-------------------------------|--------------------------------|
| Create Now, Inc.                           |                               | 95-4590574                     |
|  |                               |                                |
| Accounts payable                           | 2,054                         | 4,848                          |
| Accumulated depreciation                   | 4,533                         | 7,497                          |
| Accumulated depreciation                   | 4,333                         | ,,431                          |
|  |                               |                                |
| 05. Other program services (Part           | t TTT line 21\                |                                |
| 05. Other program services (Fare           | t iii, iiie 3i)               |                                |
| Addition to line 28: Create A City Now (r  | ecycled), Mindfulness Art,    | Jewelry Design,                |
|  |                               |                                |
| Screenwriting, Comedy Writing. Visual Art  | s program reached 129 yout    | h; Writing programs            |
| reached 45 youth.                          |                               |                                |
|  |                               |                                |
|  |                               |                                |
| Addition to line 29: Walt Disney Concert   | Hall, the Hollywood Bowl,     | Ford Amphitheatre,             |
|  |                               |                                |
| Geffen Playhouse, Pasadena Playhouse, Uni  | versal & Sony Studios & mo    | re. Total = 1,250              |
| children.                                  |                               |                                |
|  |                               |                                |
|  |                               |                                |
| Addition to line 30: Drumning, the Music   | Pusiness Dansing & Singi      | na with Peadina Jazz           |
| Addition to line 30. Diaming, the Masic    | . Dustiness, bancing & brings | with Meduling, bazz            |
| Dance. Music activities reached 92 child   | ren. Performance activitie    | s reached 68                   |
| ah i 1 dana                                |                               |                                |
| children.                                  |                               |                                |
|  |                               |                                |
|  |                               |                                |
| Addition to line 31:For all of the progra  | ms, received contributed s    | ervices of Program             |
| Director, valued at \$13k but not appropri | ate to be reported as reve    | nues on Part 1. Served         |
|  |                               |                                |
| 1,584 abused, homeless and neediest youth  | in year 2013.                 |                                |
|  |                               |                                |
|  |                               |                                |
| For all programs, received donated/contri  | buted tickets for various     | performances, valued at        |
| \$17,720 but not appropriate to be reporte | d as revenues on Part 1.      |                                |
|  |                               |                                |
|  |                               |                                |
|  |                               |                                |
|  |                               |                                |
|  |                               |                                |
|  |                               |                                |
|  |                               |                                |
|  |                               |                                |
|  |                               |                                |

Form **4562** 

# **Depreciation and Amortization** (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury

| ntema | l Re | venue | Service | (99 |
|-------|------|-------|---------|-----|
|       |      |       |         |     |

Attachment Sequence N

|      | s) shown on return   | - See Separate       | Rusini   | ess or activity to which | h this form relates                          | 1.          |       | Identifying number         |
|------|--|----------------------|--|--------------------------|--|-------------|-------|----------------------------|
| •    | eate Now, Inc.   |                      |  | ORM 990E                 |  |             |       | 95-4590574                 |
| Pai  | t I Election To Expens   | e Certain Pro        |  |                          | <u> </u>                                     |             |       | 93-4390374                 |
| . a. | <del></del>  |                      |  |                          |  |             |       |                            |
| 1    | Note: If you have any liste Maximum amount (see instructions   | <del></del>          |  | u complete Part          | <u>.                                    </u> |             | 1     | T                          |
| 2    | •  | •                    |  |                          |  | • • •       |       |                            |
|      | Total cost of section 179 property p   | •                    | •  | :                        |  | • • •       | 2     |                            |
| 3    | Threshold cost of section 179 prop   | -                    | •  | •                        |  |             | 3     | <u> </u>                   |
| 4    | Reduction in limitation Subtract line  |                      | •  |                          |  |             | 4     | <u> </u>                   |
| 5    | Dollar limitation for tax year. Subtra   |                      | •  |                          | J  |             |       |                            |
|      | separately, see instructions · · ·   |                      | 1  |                          |  |             | 5     | <u> </u>                   |
| 6    | (a) Description of p   | roperty              | (b) Co   | st (business use only    | r) (c) Ele                                   | cted cost   |       | -                          |
|      |  |                      |  |                          |  |             |       | -                          |
|      |  |                      |  |                          |  |             |       | -                          |
| 7    | Listed property. Enter the amount f  |                      |  |                          | <u> </u>                                     | <del></del> |       |                            |
| 8    | Total elected cost of section 179 pr   | •                    | • • •  | es 6 and 7 •             |  |             | 8     |                            |
| 9    | Tentative deduction Enter the sma  |                      |  |                          |  | • • •       | 9     |                            |
| 10   | Carryover of disallowed deduction  |                      |  |                          |  | • • •       | 10    |                            |
| 11   | Business income limitation Enter to  |                      | •  | •                        | ne 5 (see inst                               | ructions)   | 11    |                            |
| 12   | Section 179 expense deduction. Ac  | •                    |  |                          |  | • • •       | 12    |                            |
| 13   | Carryover of disallowed deduction  | to 2014. Add lines   | 9 and 10, less line 1                              | 2 • 1                    | 3  |             |       |                            |
|      | : Do not use Part II or Part III below   |                      |  |                          |  |             |       |                            |
| Pai  | rt II Special Depreciation   | n Allowance          | and Other Dep                                      | reciation (D             | o not include li                             | sted prop   | erty) | (See instructions)         |
| 14   | Special depreciation allowance for   | qualified property   | (other than listed pro                             | operty) placed in        | service                                      |             | ļ     |                            |
|      | during the tax year (see instruction   | s)                   |  |                          |  |             | 14    |                            |
| 15   | Property subject to section 168(f)(1   | ) election           |  |                          |  |             | 15    |                            |
| 16   | Other depreciation (including ACRS   |                      |  |                          |  |             | 16    | 2,816                      |
| Pai  | rt III MACRS Depreciati  | On (Do not inc       | lude listed property.)                             | (See instruction         | s.)  |             |       |                            |
|      |  |                      | Section  | Α                        |  |             |       |                            |
| 17   | MACRS deductions for assets place  | ed in service in ta  | ax years beginning be                              | efore 2013 ·             |  |             | 17    |                            |
| 18   | If you are electing to group any assets placed in service during the tax year into one or more general |                      |  |                          |  |             |       |                            |
|      | asset accounts, check here   |                      |  |                          | •  | · 🔲 🖠       |       |                            |
|      | Section B - Assets   | Placed in Servi      | ice During 2013 Tax                                | Year Using the           | General Depr                                 | eciation    | Syste | m                          |
|      | _  | (b) Month and year   |  |                          |  |             |       |                            |
|      | (a) Classification of property   | placed in<br>service | (business/investment use<br>only-see instructions) | period                   | (e) Convention                               | (f) Method  |       | (g) Depreciation deduction |
| 19a  | 3-year property  |                      |  |                          |  |             |       |                            |
| b    | 5-year property  | 1                    |  |                          |  |             |       |                            |
| С    | 7-year property  | 1                    | 2,06   | 8 7                      | HY   | SL          |       | 148                        |
| d    | 10-year property   |                      |  |                          |  | <u> </u>    |       |                            |
| •    | 15-year property   | 1                    |  |                          |  |             |       |                            |
| f    | 20-year property   | 1                    |  |                          |  |             |       |                            |
| g    | 25-year property   | 1                    | 1  | 25 yrs                   |  | S/L         |       | <del> </del>               |
| h    | Residential rental   |                      |  | 27.5 yrs.                | MM   | S/          |       |                            |
|      | property   |                      |  | 27 5 yrs.                | MM   | S/          |       |                            |
| i    | Nonresidential real  |                      |  | 39 yrs.                  | MM   | S/          |       | <del></del>                |
| •    | property   |                      |  |                          | MM   | S/          |       |                            |
|      | <del></del>  | Placed in Service    | e During 2013 Tax                                  | Year Using the           |  |             |       | tom                        |
| 20a  | Class life   | T Idoca III Golvia   | During 2010 Tax                                    |                          | Trainative De                                | 1           |       |                            |
| b    | 12-year  | †                    | <u> </u>   | 12 yrs                   |  | S/L<br>S/L  |       |                            |
|      | 40-year  | <del> </del>         | <del></del>  | 40 yrs.                  | MM   | S/          | _     |                            |
|      |  | I                    |  | 1 40 yrs.                | ] iviivi                                     |             |       |                            |
| 21   | Part IV Summary (See instructions.)  1 Listed property Enter amount from line 28                       |                      |  |                          |  |             |       |                            |
| 22   |  |                      | 7 lines 10 and 20 in                               |                          | no 21 Cotos                                  | • • •       | 21    | <del></del>                |
| ~~   | Total. Add amounts from line 12, li  | _                    |  |                          |  |             | 22    | 2 064                      |
| 22   | here and on the appropriate lines of   | •                    | •  |                          | suucuons                                     | ••          | 22    | 2,964                      |
| 23   | For assets shown above and place   |                      | •  | l l                      |  |             |       |                            |
|      | portion of the basis attributable to s   | SECTION ZOJA COST    | s  | • • • • •   2            | 3  |             | i     |                            |