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**Part III**

**Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1**

Briefly describe the organization's mission

CREATIVE CAPITAL SUPPORTS INDIVIDUAL ARTISTS' PROJECTS THROUGH GRANTS AND CAREER DEVELOPMENT SERVICES

**2**

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

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3**

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a**

(Code ) (Expenses \$ 4,348,944 including grants of \$ 3,040,515 ) (Revenue \$ )

GRANTMAKING IN FY 13-14 CREATIVE CAPITAL OPENED ITS ON-LINE APPLICATION PROCESS FOR AWARDS IN THE AREAS OF MOVING IMAGE AND THE VISUAL ARTS WHILE CONTINUING TO INVEST IN MULTI-YEAR RELATIONSHIPS WITH ARTISTS WHO WERE AWARDEDEES IN PAST YEARS FUNDS USED IN THIS CATEGORY REPRESENT DIRECT SUPPORT TO ARTISTS, IN ADDITION TO THE COSTS ASSOCIATED WITH GRANTMAKING AND THE ADMINISTRATION OF GRANT FUNDS 39 GRANTS WERE ALSO AWARDED THROUGH THE MULTI-ARTS PRODUCTIONS FUND AND 20 THROUGH THE ARTS WRITERS GRANT PROGRAM BOTH OF THESE PROGRAMS GAVE FOLLOW UP FUNDS TO ARTISTS AND WRITERS AWARDED GRANTS IN PAST YEARS AS WELL

**4b**

(Code ) (Expenses \$ 1,309,479 including grants of \$ ) (Revenue \$ )

ARTIST SERVICES CREATIVE CAPITAL PROVIDES NON-MONETARY SUPPORT TO AWARDEES IN THE FORM OF CONSULTATIONS AND MEETINGS AT KEY MOMENTS IN THE LIVES OF FUNDED PROJECTS, ASSISTING WITH PLANNING, MARKETING AND DISTRIBUTION IN FY 13-14, THE CREATIVE CAPITAL CORE PROGRAM HOSTED THEIR GRANTEE RETREAT WITH OVER 350 PARTICIPANTS THE ARTS WRITERS GRANT PROGRAM CONTINUED TO PROVIDE A GROUP OF THEIR GRANT APPLICANTS WITH THE OPPORTUNITY TO MEET WITH ARTS WRITINGS PROFESSIONALS FOR ADVICE AND CONSULTATIONS ON THEIR WORK THE MAP FUND AND DDPAA PROGRAMS ALSO PROVIDED PLANNING, MARKETING AND DISTRIBUTION ASSISTANCE TO THEIR GRANTEES AS WELL

**4c**

(Code ) (Expenses \$ 725,761 including grants of \$ ) (Revenue \$ 252,009 )

ARTIST CAREER DEVELOPMENT THE ARTIST CAREER DEVELOPMENT PROGRAM OFFERS SKILLS BUILDING WORKSHOPS AND WEBINARS TO CREATIVE CAPITAL GRANTEES IN THE SUBJECTS OF FUNDRAISING, PUBLIC RELATIONS, MARKETING, STRATEGIC PLANNING AND INTERNET SKILLS THE PROGRAM ALSO OFFERS WORKSHOPS AND WEBINARS NATIONWIDE IN PARTNERSHIP WITH ARTS AGENCIES FOR NON-GRANTEE ARTISTS IN FY 13-14, 90 OF THESE WORKSHOPS AND WEBINARS WERE OFFERED, REACHING 1,714 ARTISTS

**4d**

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )



















**4e**

Total program service expenses ▶

6,384,184

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
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	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
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	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
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 and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16 Yes	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
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? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	270	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	30	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			No
3b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
4b 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?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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 as charitable contributions?			No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		Yes	
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?		Yes	
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
7d If "Yes," indicate the number of Forms 8282 filed during the year.			
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
9a Did the organization make any taxable distributions under section 4966?			
9b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.			
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.			
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
13b 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.			
13c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			No
14b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>			

Part VI

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

Check if Schedule O contains a response or note to any line in this Part VI

Section 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 . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
b	Other officers or key employees of the organization . . . . .	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization LESLIE SINGER 15 MAIDEN LANE 18TH FLOOR NEW YORK, NY 10038 (212) 598-9900	

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CATHARINE R STIMPSON DIRECTOR	1 00	X						0	0	0
(2) SUNNY BATES VICE CHAIR	1 00	X		X				0	0	0
(3) ED COLLOTON TREASURER	1 00	X		X				0	0	0
(4) RONALD FELDMAN SECRETARY	1 00	X		X				0	0	0
(5) ARCHIBALD L GILLIES DIRECTOR EMERITUS	1 00	X						0	0	0
(6) LISA HELLER DIRECTOR	1 00	X						0	0	0
(7) LEWIS HYDE DIRECTOR	1 00	X						0	0	0
(8) COLLEEN JENNINGS-ROGGENSACK DIRECTOR	1 00	X						0	0	0
(9) LYDA KUTH CHAIR	1 00	X		X				0	0	0
(10) RICHARD LINKLATER DIRECTOR	1 00	X						0	0	0
(11) JAMES SCHAMUS DIRECTOR	1 00	X						0	0	0
(12) PETER GELLES DIRECTOR	1 00	X						0	0	0
(13) JEFFREY SOROS DIRECTOR	1 00	X						0	0	0
(14) FRED WILSON DIRECTOR	1 00	X						0	0	0
(15) JOEL WACHS EX-OFFICIO	1 00	X						0	0	0
(16) WILLIAM K BOWES DIRECTOR	1 00	X						0	0	0
(17) SUZI KEATS CORDISH DIRECTOR	1 00	X						0	0	0



Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RUBY LERNER EXECUTIVE DIRECTOR	40 00	X		X				207,378	0	23,848
(19) DEBORAH RAPPAPORT DIRECTOR	1 00	X						0	0	0
(20) STEPHEN REILY DIRECTOR	1 00	X						0	0	0
(21) PAIGE WEST DIRECTOR	1 00	X						0	0	0
(22) EVE STEELE DIRECTOR	1 00	X						0	0	0
(23) WILLIAM ROSENZWEIG DIRECTOR	1 00	X						0	0	0
(24) LESLIE SINGER CHIEF FINANCIAL OFFICER	40 00			X				139,723	0	17,709
(25) FRANCES ALYSON POU DIRECTOR OF PDP PROGRAM	40 00					X		154,095	0	18,715
(26) RACHEL FORD DIRECTOR OF DDPAA	40 00					X		100,818	0	10,852
(27) SEAN ELWOOD DIR OF PROGRAMS & INITIATIVES	40 00					X		131,400	0	17,126
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							733,414	0	88,250	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization5

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . . 1a				
	b	Membership dues . . . . . 1b				
	c	Fundraising events . . . . . 1c	5,229			
	d	Related organizations . . . . . 1d				
	e	Government grants (contributions) 1e	35,000			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	9,142,668			
	g	Noncash contributions included in lines 1a-1f \$	4,972			
	h	Total. Add lines 1a-1f . . . . .	9,182,897			
Program Service Revenue	2a	PROGRAM FEES				
		Business Code				
		711300	252,009	252,009		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
Other Revenue	g	Total. Add lines 2a-2f . . . . .	252,009			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	93,650			93,650
	4	Income from investment of tax-exempt bond proceeds . . . . .				
	5	Royalties . . . . .				
	6a	(i) Real				
		(ii) Personal				
		Gross rents				
		b Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . .				
	7a	(i) Securities				
		(ii) Other				
		Gross amount from sales of assets other than inventory	25,981			
		b Less cost or other basis and sales expenses	21,569			
	c	Gain or (loss)	4,412			
	d	Net gain or (loss) . . . . .	4,412			4,412
	8a	Gross income from fundraising events (not including \$ 5,229 of contributions reported on line 1c) See Part IV, line 18 . . . . .				
		a	100			
	b	Less direct expenses . . . . . b	53			
	c	Net income or (loss) from fundraising events . . . . .	47			47
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .				
		a				
	b	Less direct expenses . . . . . b				
	c	Net income or (loss) from gaming activities . . . . .				
	10a	Gross sales of inventory, less returns and allowances . . . . .				
		a				
	b	Less cost of goods sold . . . . . b				
	c	Net income or (loss) from sales of inventory . . . . .				
	Miscellaneous Revenue		Business Code			
	11a	ADMINISTRATION FEE	900099	70,000	70,000	
	b	OTHER INCOME	900099	22,684	22,684	
	c					
	d	All other revenue . . . . .				
	e	Total. Add lines 11a-11d . . . . .	92,684			
	12	Total revenue. See Instructions . . . . .	9,625,699	344,693	0	98,109

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	1,597,350	1,597,350		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	1,362,224	1,362,224		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	80,941	80,941		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	404,880	315,459	34,598	54,823
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.	1,492,076	1,162,539	127,501	202,036
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	64,327	50,091	5,526	8,710
9	Other employee benefits.	142,711	111,137	12,251	19,323
10	Payroll taxes.	138,917	108,188	11,919	18,810
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	9,000	7,200	900	900
c	Accounting.	33,324	26,660	3,332	3,332
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	25,981		25,981	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	480,098	467,440	4,200	8,458
12	Advertising and promotion.	13,380	10,493	1,266	1,621
13	Office expenses.	99,792	84,962	5,617	9,213
14	Information technology.	23,045	20,663	794	1,588
15	Royalties.				
16	Occupancy.	79,076	68,955	3,374	6,747
17	Travel.	177,740	159,931	977	16,832
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	106,508	84,983	14,835	6,690
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	50,617	42,234	2,795	5,588
23	Insurance.	9,716	7,989	838	889
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	GRANTEE CONFERENCE	396,123	396,123		
b	MISCELLANEOUS	86,972	65,599	4,312	17,061
c	HONORARIUMS	83,023	83,023		
d	ADMINISTRATION FEES	70,000	70,000		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	7,027,821	6,384,184	261,016	382,621
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			708,547	1	60,091
	2	Savings and temporary cash investments . . . . .			6,984,537	2	9,141,590
	3	Pledges and grants receivable, net . . . . .			3,325,043	3	4,258,180
	4	Accounts receivable, net . . . . .				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			83,691	9	30,997
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	403,647			
	b	Less accumulated depreciation . . . . .	10b	221,561	27,802	10c	182,086
	11	Investments—publicly traded securities . . . . .			2,197,756	11	2,495,936
	12	Investments—other securities See Part IV, line 11 . . . . .				12	
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			18,400	15	72,482
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			13,345,776	16	16,241,362
Liabilities	17	Accounts payable and accrued expenses . . . . .			504,835	17	578,388
	18	Grants payable . . . . .			301,870	18	309,722
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .				25	
	26	Total liabilities. Add lines 17 through 25 . . . . .			806,705	26	888,110
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			2,862,377	27	3,334,469
	28	Temporarily restricted net assets . . . . .			8,650,694	28	10,992,783
	29	Permanently restricted net assets . . . . .			1,026,000	29	1,026,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			12,539,071	33	15,353,252
	34	Total liabilities and net assets/fund balances . . . . .			13,345,776	34	16,241,362

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	9,625,699
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	7,027,821
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	2,597,878
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	12,539,071
5	Net unrealized gains (losses) on investments . . . . .	5	216,303
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,353,252

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . .

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**  
***www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public  
Inspection

<b>Name of the organization</b> CREATIVE CAPITAL FOUNDATION	<b>Employer identification number</b> 31-1605982
----------------------------------------------------------------	-----------------------------------------------------

Part I

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

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

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>
7	<input checked="" type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 <sup>1</sup> / <sub>3</sub> % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 <sup>1</sup> / <sub>3</sub> % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <b>a</b> <input type="checkbox"/> Type I <b>b</b> <input type="checkbox"/> Type II <b>c</b> <input type="checkbox"/> Type III - Functionally integrated <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in <b>(ii)</b> and <b>(iii)</b> below, the governing body of the supported organization? <b>(ii)</b> A family member of a person described in <b>(i)</b> above? <b>(iii)</b> A 35% controlled entity of a person described in <b>(i)</b> or <b>(ii)</b> above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,314,707	6,034,804	8,831,456	4,218,184	9,182,897	33,582,048
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,314,707	6,034,804	8,831,456	4,218,184	9,182,897	33,582,048
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)						23,913,559
6 Public support. Subtract line 5 from line 4						9,668,489

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	5,314,707	6,034,804	8,831,456	4,218,184	9,182,897	33,582,048
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48,110	90,107	88,418	83,396	93,650	403,681
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 )	36,355	30,908	71,610	75,590	92,684	307,147
11	Total support (Add lines 7 through 10)						34,292,876
12	Gross receipts from related activities, etc (see instructions)					12	1,147,243
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . <input type="checkbox"/>						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	28 190 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	27 700 %
16a	<b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b	<b>33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a	<b>10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b	<b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part IIIPart 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		



**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

THE ORGANIZATION MEETS THE 10% FACTS AND CIRCUMSTANCES TEST FOR THE FOLLOWING REASONS (1) IT HAS A PUBLIC SUPPORT PERCENTAGE IN EXCESS OF THE 10% OF SUPPORT LIMITATION,(2) IT IS ORGANIZED AND OPERATED TO ATTRACT NEW AND ADDITIONAL PUBLIC OR GOVERNMENTAL SUPPORT ON A CONTINUOUS BASIS, (3) IT HAS A REPRESENTATIVE GOVERNING BODY, (4) IT PROVIDES FACILITIES OR SERVICES DIRECTLY FOR THE BENEFIT OF THE GENERAL PUBLIC ON CONTINUOUS BASIS, (5) MEMBERS OF THE PUBLIC HAVING SPECIAL KNOWLEDGE OR EXPERTISE, PUBLIC OFFICIALS OR COMMUNITY LEADERS PARTICIPATE IN OR SPONSOR PROGRAMS OF THE ORGANIZATION AND (6) IT MAINTAINS A DEFINITIVE PROGRAM FOR ACCOMPLISHING ITS CHARITABLE WORK IN THE COMMUNITY 10% OF SUPPORT LIMITATION THE ORGANIZATION HAS A PUBLIC SUPPORT PERCENTAGE OF 28 19% FOR THE YEAR ENDED 6/30/14 BASED ON AGGREGATE FINANCIAL INFORMATION FOR THE YEARS ENDED 6/30/09 THROUGH 6/30/14 THIS AMOUNT IS IN EXCESS OF THE 10% REQUIRED BY REGULATION SECTION 1 170A- (9)(E)(3)(I) ATTRACTION OF ADDITIONAL PUBLIC SUPPORT CREATIVE CAPITAL HAS A DEDICATED DEVELOPMENT DEPARTMENT OF THREE FULL-TIME AND TWO PART-TIME STAFF MEMBERS WHO WORK ON FUNDRAISING AND SOLICITATIONS FROM A DIVERSE BASE OF DONORS, IN ADDITION TO THE ONGOING DONOR CULTIVATION WORK OF OUR EXECUTIVE DIRECTOR FUNDRAISING ACTIVITIES INCLUDE SPECIAL EVENTS, GRANT SUBMISSIONS TO ORGANIZATIONAL FUNDERS, CULTIVATION OF INDIVIDUAL DONORS, ANNUAL FUNDRAISING APPEAL, OUR COMMUNITY-SUPPORTED ARTIST AND OTHER FUNDRAISING CAMPAIGNS OUR DONORS INCLUDE MAJOR FOUNDATIONS, FAMILY FOUNDATIONS, MAJOR INDIVIDUAL GIFTS AND SMALL CONTRIBUTIONS FROM OUR COMMUNITY OF ARTISTS AND ARTS PROFESSIONALS REPRESENTATIVE GOVERNING BODY CREATIVE CAPITAL'S BOARD OF DIRECTORS IS COMPRISED OF 23 INDIVIDUALS FROM ACROSS THE COUNTRY WHO HAVE SPECIALIZED KNOWLEDGE IN A WIDE VARIETY OF ARTISTIC DISCIPLINES- INCLUDING MOVING IMAGE, VISUAL AND PERFORMING ARTS, AND LITERATURE-AS WELL AS OTHER PROFESSIONS, SUCH AS HIGHER EDUCATION, BUSINESS, LAW, MARKETING AND VENTURE CAPITAL INVESTMENTS ALL OF OUR BOARD MEMBERS SUPPORT CREATIVE CAPITAL'S MISSION OF PROVIDING FUNDING AND SERVICES TO A BROAD ARRAY OF ARTISTS ACROSS THE COUNTRY, BUT BOARD MEMBERS DO NOT MAKE THE SELECTION OF THE ARTIST SUPPORTED PROVISION OF FACILITIES OR SERVICES CREATIVE CAPITAL'S PROFESSIONAL DEVELOPMENT PROGRAM, WHICH INCLUDES OUR ONGOING SERIES OF AFFORDABLE ONLINE WEBINARS, PROVIDES ARTISTS ACROSS THE COUNTRY WITH TRAINING IN BUSINESS PLANNING, BUDGETING, MARKETING, PROMOTION AND OTHER SKILLS THAT SUPPORT THEIR ENTREPRENEURSHIP AND CAREER DEVELOPMENT PARTICIPATION IN AND SPONSORING OF PROGRAMS CREATIVE CAPITAL IS ONE OF THE FEW NATIONAL ORGANIZATIONS THAT AWARDS GRANTS TO INDIVIDUAL ARTISTS THROUGH AN OPEN APPLICATION PROCESS, AND WE RECEIVE 2,700-3,200 APPLICATIONS FROM ARTISTS FOR EACH GRANT DEADLINE CREATIVE CAPITAL INVITES ARTS PROFESSIONALS AND SPECIALISTS IN CONTEMPORARY ARTISTIC PRACTICE TO PARTICIPATE IN OUR GRANTMAKING PROCESS THESE OUTSIDE ART PROFESSIONALS REVIEW THE APPLICATIONS AND ULTIMATELY RECOMMEND THE GRANT RECIPIENTS FROM AMONG THESE SUBMISSIONS WE ALSO INVITE MORE THAN 150 PROFESSIONALS IN THE ARTS AND OTHER FIELDS TO PARTICIPATE IN OUR ARTIST RETREAT, WHERE THEY SHARE THEIR KNOWLEDGE, SKILLS AND ADVICE WITH OUR AWARDEES PROGRAM FOR ACCOMPLISHING CHARITABLE WORK CREATIVE CAPITAL IS COMMITTED TO MAINTAINING OUR SIGNATURE GRANTMAKING PROGRAM, WHICH PROVIDES INDIVIDUAL ARTISTS WITH PROJECT SUPPORT OF UP TO \$50,000, COMPLEMENTED BY AN IN-DEPTH PROGRAM OF ADVISORY SERVICES THAT HELP OUR AWARDEES ACHIEVE THEIR GOALS CREATIVE CAPITAL ALSO CONTINUES TO DEVELOP NEW WAYS TO OFFER CAREER DEVELOPMET SERVICES TO ARTISTS BEYOND OUR AWARDEES, THROUGH OUR PROFESSIONAL DEVELOPMENT PROGRAM WORKSHOPS AND WEBINARS

Return Reference	Explanation
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SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization CREATIVE CAPITAL FOUNDATION	Employer identification number 31-1605982
---------------------------------------------------------	----------------------------------------------

Part I

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

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

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ 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

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4

Number of states where property subject to conservation easement is located ▶

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (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 XIII, 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 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$ 0

b

Assets included in Form 990, Part X ▶ \$ 15,000

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

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

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☒ Other HELD FOR INVESTMENT
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 

☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements. Complete if 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 ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21? 

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII 

☐

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

- |                                                            | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|------------------------------------------------------------|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     | 1,278,482       | 1,148,578     | 1,137,928           | 1,026,000           | 1,026,000          |
| b Contributions . . . . .                                  |                 |               |                     |                     |                    |
| c Net investment earnings, gains, and losses               | 171,874         | 129,904       | 10,650              | 111,928             |                    |
| d Grants or scholarships . . . . .                         |                 |               |                     |                     |                    |
| e Other expenditures for facilities and programs . . . . . |                 |               |                     |                     |                    |
| f Administrative expenses . . . . .                        |                 |               |                     |                     |                    |
| g End of year balance . . . . .                            | 1,450,356       | 1,278,482     | 1,148,578           | 1,137,928           | 1,026,000          |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 70 740 %

c Temporarily restricted endowment ▶ 29 260 %

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

(ii) related organizations . . . . .

	Yes	No
3a(i)		No
3a(ii)		No
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		403,647	221,561	182,086
e Other . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				182,086



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	9,940,565
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	216,303
b	Donated services and use of facilities . . . . .	2b	124,544
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	340,847
3	Subtract line 2e from line 1 . . . . .	3	9,599,718
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	25,981
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	25,981
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	9,625,699

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	7,126,384
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	124,544
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	124,544
3	Subtract line 2e from line 1 . . . . .	3	7,001,840
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	25,981
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	25,981
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	7,027,821

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART V, LINE 4	TO GENERATE INCOME TO SUPPORT ARTISTS' PROGRAMS
PART X, LINE 2	MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR EACH OF THE OPEN TAX YEARS (2011-2013) OR EXPECTED TO BE TAKEN IN CCF'S 2014 TAX RETURN AND HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS

[illegible]

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
CREATIVE CAPITAL FOUNDATION

Employer identification number  
31-1605982

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		53,000
( 2 ) CENTRAL AMERICA AND THE CARIBEEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		17,941
( 3 ) EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		10,000
( 4 )					
( 5 )					
3a Sub-total	0	0			80,941
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			80,941

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1 )									
( 2 )									
( 3 )									
( 4 )									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶
- 3 Enter total number of other organizations or entities . . . . . ▶



Part IIIGrants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 ) PROJECT/FOLLOW UP GRANTS/ EMERGING FIELDS	EAST ASIA AND THE PACIFIC	1	10,000	CHECK PAYMENT			
( 2 ) INITIAL GRANTS/ARTS WRITERS/FOLLOW UP SUPPORT/ VISUAL ARTS GRANT	EUROPE	3	53,000	CHECK PAYMENT			
( 3 ) PROJECT/FOLLOW UP GRANTS/ FILM/VIDEO	CENTRAL AMERICA AND THE CARIBEEAN	1	17,941	CHECK PAYMENT			
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐

Yes

☒

No

**Part V**

**Supplemental Information**  
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	WE MONITOR THE USE OF GRANT FUNDS THROUGH THE FUNDING REQUESTS AND FINAL REPORTS THAT WE RECEIVE FROM GRANTEES. IN ADDITION, THE ORGANIZATION RECEIVES INFORMATION ON A REGULAR BASIS FROM GRANTEES REGARDING THE STATUS OF THE FUNDED PROJECTS FROM THE INITIAL PHASE THROUGH PREMIERE AND BEYOND.

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CREATIVE CAPITAL FOUNDATION

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Employer identification number  
31-1605982

Part I General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

46

3

Enter total number of other organizations listed in the line 1 table

0

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) INITIAL GRANT	19	589,000			
(2) FOLLOW UP GRANTS	94	773,224			

**Part IV**

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	WE MONITOR THE USE OF GRANT FUNDS THROUGH THE FUNDING REQUESTS AND FINAL REPORTS THAT WE RECEIVE FROM GRANTEES. IN ADDITION, THE ORGANIZATION RECEIVES INFORMATION ON A REGULAR BASIS FROM GRANTEES REGARDING THE STATUS OF THE FUNDED PROJECTS FROM THE INITIAL PHASE THROUGH PREMIERE AND BEYOND.

Additional Data

Software ID:  
Software Version:  
EIN: 31-1605982  
Name: CREATIVE CAPITAL FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA STATE UNIVERSITY 1026 NORTH 9TH STREET PHOENIX,AZ 85006	86-0196696	501(C)(3)	40,000				MAP INITIAL PROJECT FUNDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKKA WAKKA PRODUCTIONS INC 1 NORTH SIDE PIERS 3G BROOKLYN,NY 11249	73-1697723	501(C)(3)	44,350				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG/FOLLOW UP SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRAVA FOR WOMENT IN THE ARTS 2781 24TH STREET SAN FRANCISCO, CA 94110	94-2609353	501(C)(3)	25,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIRCUIT NETWORK 499 ALABAMA STREET 203 SAN FRANCISCO, CA 94110	94-2917575	501(C)(3)	39,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAKEAKALA INC DBA THE KITCHEN 512 WEST 19TH STREET NEW YORK, NY 10011	13-2829756	501(C)(3)	30,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARICE SMITH PEFORMING ARTS CENTER 3800 CLARICE SMITH PERFORMING ARTS CENTERUNIVERSITY OF MARYLAND COLLEGE PARK, MD 207421625	52-2197313	501(C)(3)	45,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLAPSABLE GIRAFFE INC 251 PACIFIC STREET 25 BROOKLYN, NY 11201	11-3279675	501(C)(3)	56,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY MUSIC WORKS 1392 WESTMINSTER STREET PROVIDENCE,RI 02909	05-0507426	501(C)(3)	30,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNERSTONE THEATER COMPANY 708 TRACTION AVE LOS ANGELES, CA 90013	95-4493498	501(C)(3)	45,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARSHOT JAZZ SOCIETY OF SEATTLE 3429 FREMONT PLACE 309 SEATTLE,WA 98103	94-3051610	501(C)(3)	26,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTSIDE ARTS ALLIANCE PO BOX 17008 OAKLAND, CA 94601	74-3073621	501(C)(3)	45,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELEVATOR REPAIR SERVICE 47 GREAT JONES 3RD FLOOR NEW YORK, NY 10012	13-3787877	501(C)(3)	45,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTSPORT PRODUCTIONS 609 SAINT FERDINAND ST NEW ORLEANS, LA 70117	72-1499547	501(C)(3)	30,000				FOLLOW UP SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMPAC 110 8TH STREET TROY, NY 12180	14-1340095	501(C)(3)	24,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG /GEN OPP SUPPORT TO ARTIST

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR INDEPENDENT ARTS 75 BROAD STREET 304 NEW YORK,NY 10004	13-3082845	501(C)(3)	10,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG /GEN OPP SUPPORT TO ARTIST

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GAMETOPHYTE INC 528 HANCOCK STREET 3 BROOKLYN, NY 11231	01-0632725	501(C)(3)	45,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOME FOR CONTEMPORARY THEATRE & ART 145 SIXTH AVE NEW YORK,NY 10013	13-3449416	501(C)(3)	41,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA MUSIC FESTIVAL ASSOCIATION 914 PULASKI ST COLUMBIA, SC 29201	57-0327881	501(C)(3)					MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG/GEN OPP SUPPORT TO ARTIST

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNTER PULSE 1310 MISSION ST SAN FRANCISCO, CA 94103	94-2986114	501(C)(3)					MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG/GEN OPP SUPPORT TO ARTIST



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANCERS' GROUP 44 GOUGH ST STE 201 SAN FRANCISCO, CA 94103	94-2879185	501(C)(3)					MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG/GEN OPP SUPPORT TO ARTIST

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORKLIFT DANCEWORKS PO BOX 1304 AUSTIN,TX 78767	01-0812720	501(C)(3)	30,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRACTURED ATLAS INC 248 WEST 35TH ST 10TH FL NEW YORK, NY 10001	11-3451703	501(C)(3)	85,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG/GEN OPP SUPPORT TO ARTIST

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KHMER ARTS ACADEMY 375 REDONDO AVE SUITE 156 LONG BEACH, CA 90028	01-0740113	501(C)(3)	10,000				MAP FOLLOW UP SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES CONTEMPORARY EXHIBITS (LACE) 6522 HOLLYWOOD BLVD LOS ANGELES,CA 90028	95-3397305	501(C)(3)	27,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG/

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES POVERTY DEPARTMENT PO BOX 26190 LOS ANGELES,CA 90026	95-4174562	501(C)(3)	10,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAPP INTERNATIONAL PRODUCTIONS 140 SECOND AVE STE 502 NEW YORK, NY 10003	20-4725265	501(C)(3)	43,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG/MAP FOLLOW UP SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSEUM OF CONTEMPORARY ART CHICAGO 220 EAST CHICAGO AVE CHICAGO,IL 60611	36-6154098	501(C)(3)	45,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK LIVE ARTS 219 WEST 19TH STREET NEW YORK, NY 10011	13-6206608	501(C)(3)	54,500				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NOCHE FLAMENCA 168 WEST 86TH STREET 9A NEW YORK, NY 10024	13-3946089	501(C)(3)	47,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERFORMANCE ZONE INC 161 SIXTH AVE 14TH FLOOR NEW YORK, NY 10013	13-3357408	501(C)(3)	105,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORTLAND INSTITUTE FOR CONTEMPORARY ART 415 SW 10TH AVE SUITE 300 PORTLAND,OR 97205	93-1177971	501(C)(3)	46,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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RED WING PERFORMING GROUP 29 WEST 15TH STREET 1 NEW YORK, NY 10011	13-2913228	501(C)(3)	10,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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RIDGE THEATER 125 WEST 12TH STREET 1C NEW YORK, NY 10011	13-3498560	501(C)(3)	46,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SHADOWLIGHT PRODUCTIONS 22 CHATTANOOGA STREET SAN FRANCISCO,CA 94114	94-3216800	501(C)(3)	10,000				MAP FOLLOW UP SUPPORT TO ORG

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SITI COMPANY 520 8TH AVE SUITE 310 NEWYORK,NY 10018	13-3730731	501(C)(3)	40,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MIAMI LIGHT PROJECT INC PO BOX 1048 MIAMI, FL 331372028	65-0107810	501(C)(3)					MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PERFORMANCE ZONE INC DBA THE FIELD 161 SIXTH AVE 14TH FLOOR NEW YORK,NY 10013	13-3357408	501(C)(3)					MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG/GEN OPP SUPPORT TO ARTIST

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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THE PLAY COMPANY 321 WEST 44TH ST STE 802 NEW YORK, NY 10036	31-1630052	501(C)(3)					MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PROVIDENCE PRODUCTIONS INTERNATIONAL INC 115 MONTAGUE ST 8C BROOKLYN,NY 11201	11-2532555	501(C)(3)					MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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RAGAMALA DANCE 711 WEST LAKE ST STE 309 MINNEAPOLIS, MN 55408	41-1747144	501(C)(3)					MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SO PERCUSSION 20 GRAND AVENUE 205 BROOKLYN,NY 11205	20-4485651	501(C)(3)	43,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SPRINGBOARD FOR THE ARTS 308 PRINCE STREET SUITE 270 STPAUL,MN 55101	41-1690483	501(C)(3)	10,000				MAP FOLLOW UP SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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THE CARPETBAG THEATRE PO BOX 3184 KNOXVILLE, TN 37927	23-7138914	501(C)(3)	10,000				MAP FOLLOW UP SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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THE FOUNDRY THEATER 140-142 SECOND AVE NEW YORK, NY 10003	13-3761711	501(C)(3)	10,000				MAP FOLLOW UP SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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THE JAZZ GALLERY PO BOX 153 LENOX HILL STATION NEW YORK, NY 10021	13-3948717	501(C)(3)	24,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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THEATER OOBLECK 6518 NORTH ROCKWELL CHICAGO, IL 60645	26-0043302	501(C)(3)	33,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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THE REBUILD FOUNDATION 6918 SDORCHESTER AVE CHICAGO,IL 60637	27-1308845	501(C)(3)	10,000				FOLLOW UP SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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THIN MAN DANCE INC 140 SECOND AVE 501 NEW YORK, NY 10003	13-3922974	501(C)(3)	40,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TICKLE THE SLEEPING GIANT 140 SECOND AVE 404 NEW YORK, NY 10003	33-1020155	501(C)(3)	25,000				FOLLOW UP SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ABRONS ART CENTER 466 GRAND STREET NEW YORK, NY 10002	13-1562242	501(C)(3)	40,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIQUE PROJECTS 246 WEST 38TH STREET 4TH FLOOR NEW YORK, NY 10018	13-3085289	501(C)(3)	41,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOOLLY MAMMOTH THEATRE COMPANY 641 D STREET NW WASHINGTON,DC 20004	52-1242900	501(C)(3)	40,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YERBA BUENA GARDENS FESTIVAL 760 HOWARD ST SAN FRANCISCO ,CA 94103	94-3368964	501(C)(3)	40,000				MAP INITIAL PROJECT FUNDING/GEN OPP SUPPORT TO ORG

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
CREATIVE CAPITAL FOUNDATION

Employer identification number  
31-1605982

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)RUBY LERNER EXECUTIVE DIRECTOR	(i)	207,378	0	0	14,516	9,332	231,226	0
	(ii)	0	0	0	0	0	0	0
(2)LESLIE SINGER CHIEF FINANCIAL OFFICER	(i)	139,723	0	0	9,781	7,928	157,432	0
	(ii)	0	0	0	0	0	0	0
(3)FRANCES ALYSON POU DIRECTOR OF PDP PROGRAM	(i)	154,095	0	0	10,787	7,928	172,810	0
	(ii)	0	0	0	0	0	0	0

**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ****2013****Open to Public  
Inspection****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**Name of the organization  
CREATIVE CAPITAL FOUNDATION**Employer identification number**

31-1605982

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DIRECTORS PETER GILLES AND EVE STEELE ARE MARRIED TO EACH OTHER
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED AND APPROVED BY FINANCE/INVESTMENT COMMITTEE AND BOARD BEFORE FILING WITH THE IRS. IT IS ALSO REVIEWED BY LEGAL COUNSEL FOR RECOMMENDATIONS. THE EXECUTIVE DIRECTOR/PRESIDENT SIGNS THE FORM 990 AND ENSURES THAT IT IS FILED IN A TIMELY AND ACCURATE MANNER.
FORM 990, PART VI, SECTION B, LINE 12C	ANY CONFLICT OF INTEREST IS DISCLOSED TO THE GOVERNING BODY AND MANAGEMENT WHO TAKE APPROPRIATE DISCIPLINE AND CORRECTIVE ACTION. THE DIRECTORS, OFFICERS AND GOVERNING BODY MEMBERS SIGN CONFLICT INTEREST ACKNOWLEDGEMENT FORMS.
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD MEMBERS REVIEW AND APPROVE COMPENSATION OF DIRECTORS, OFFICERS AND KEY EMPLOYEES BY TAKING INTO CONSIDERATION CASH AND NONCASH COMPENSATION, PERFORMANCE EVALUATION, EXPERIENCE, AND MARKET DATA.
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.