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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Αŀ	or th	e 2014 calendar year, or tax year beginning and	ending	_										
В	Check if applicab	C Name of organization	_	D Employer identifie	cation number									
	Addre			[
	Name Chang	Doing business as		39-1	902814									
] Initial return		Room/suite	E Telephone number										
]Fınal return			310-456-1109										
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 1,844,873.										
	Amen return	ded Malibu, CA 90265		H(a) Is this a group return										
	Application	IF Name and address of principal officer. ITEVOL hall		for subordinates	? Yes X No									
	pendi	18820 Pacific Coast Hwy. Ste. 201, Mali	bu, C	H(b) Are all subordinates included? Yes No										
17	Гах∙ех	empt status X 501(c)(3)	or 527	If "No," attach a	list. (see instructions)									
JI	Nebsi	te: ▶ www.creativevisions.org		H(c) Group exemption	n number 🕨									
KF	orm o	organization: X Corporation	L Year		A State of legal domicile: IA									
Pa	art I	Summary												
	51	Briefly describe the organization's mission or most significant activities. To St	pport	and teach t	the use of									
Revenue Activities & Governance	1	media and the arts to ignite lasting socia												
nar	2		ck this box if the organization discontinued its operations or disposed of more than 25% of its net assets											
Ver	3	Number of voting members of the governing body (Part VI, line 1a)	3	12										
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10									
ું જે "	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	8									
ţį	6	Total number of volunteers (estimate if necessary)		6	0									
Įξ	72	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.									
.¥	'a	Net unrelated business taxable income from Form 990-T, line 34		7b	0.									
	<u>_</u>	Net unleated business taxable income from Form 9501, line 34		Prior Year	Current Year									
		Contributions and grants (Part VIII. line 1b)	 -	853,713.	1,352,702.									
ďģ	8	Contributions and grants (Part VIII, line 1h)	-	147,628.	131,696.									
en	9	Program service revenue (Part VIII, line 2g)		12,881.	27,490.									
Вè	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	 -	34,701.										
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,048,923.	40,944. 1,552,832.									
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)												
	13	Grants and similar amounts paid (Part I) (Part II) (Part II) (Part II) (Part II) (Part II) (Part III) (Part IIII) (Part IIIII) (Part IIIII) (Part IIIII) (Part IIIIII) (Part IIIIII) (Part IIIIIII) (Part IIIIIIIIII) (Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	-	45,000.	50,000.									
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.									
es	15	Salaries, other compensation, employee benefits (Part IX, column A), lines 5-10)	-	0.	348,860.									
ens	16a	Professional fundraising fees (Party columnity A2) in 2005		0.	0.									
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) \searrow 251,31	·8 ·	1 070 441										
ш	''	Other expenses (Part IX, column (A), lines (3) EN11-249		1,078,441.	899,955.									
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,123,441.	1,298,815.									
_		Revenue less expenses Subtract line 18 from line 12		-74,518.	<u>254,017.</u>									
s or			Be	ginning of Current Year	End of Year									
sets	20	Total assets (Part X, line 16)		1,153,421.	1,366,907.									
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		379,092.	356,563.									
	22	Net assets or fund balances Subtract line 21 from line 20		774,329.	1,010,344.									
Ра	rt II	Signature Block												
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is									
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.										
		Trom B Hall		8/14	2015									
Sıgr	1	Signature of officer		Date *	•									
Here	е	Trevor Hall, President												
		Type or print name and title												
		Print/Type preparer's name Preparer's signature	I -	late Check	PTIN									
Paid		Donald Johnson Deedle	8	5-12-15 self employe	p00382717									
Prep	arer	Firm's name Shuttleworth & Ingersoll, (P.L.C.		Firm's EIN ▶	42-1496619									
Use	Only	Firm's address ▶ PO Box 2107												
		Cedar Rapids, IA 52406-2107		Phone no. (3 1	19) <u>3</u> 65-9461									
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No									
12000	13 44 61	144 For Panerwork Poduction Act Nation and the congrete instruction			Form 990 (2014)									

LHA For Paperwork Reduction Act Notice, see the separate instructions.

See Schedule O for Organization Mission Statement Continuation

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			162	LIVO
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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	1	}	١
	during the tax year? If "Yes," complete Schedule C, Part II	4_	ļ	X
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 98-197 If "Yes," complete Schedule C, Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		Ì '	١,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		}	٦,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_	v	İ
_	Schedule D, Part III	_8_	Х	-
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	i		
	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		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ا ا	х	
	Part VI	11a	Λ.	<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	445		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		^
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44-		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>^</u>
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	_11e		
f	the organization's separate of 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		х
22	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
2.0	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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	<u> </u>		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	Х
5	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	X	
6	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		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ļ	- 1	
	complete Schedule G, Part III	19		_X_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a_did the organization attach a copy of its audited financial statements to this return?	20b	202	
		Form	990 (2014)

Form 990 (2014) Creative Visions Foundation
Part IV | Checklist of Required Schedules (continued)

21 Dut the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic operament on Part IX, column (A), line 12 if 11 yes, "complete Schedule I, Parts I and III 2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if 11 yes, "complete Schedule I, Parts I and III 2 Did the organization in swer 1914 of Parts I and III 2 Did the organization answer 1914 of Parts I and III 2 Did the organization answer 1914 of Parts I and III 2 Did the organization answer 1914 of Parts I and III 2 Did the organization and organization and organization and organization and organization answer and the parts I and III 2 Did the organization was a tax exempt bord issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If 11 yes," answer herse 24b through 24d and complete Schedule K If 1907, on to line 25a Did the organization maintain an escrow account other than a refunding secrow at any time during the year 1 defease any tax exempt bonds? 1 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 2 Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 2 Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 2 Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 2 Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 2 Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 2 Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 2 Did the organization any an act as an "on behalf of issuer for bonds of the organization and the organization and the organization and the organizatio				Yes	No
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23 Dd 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, furstees, key employees, and highest compensated employees? If "Yes," complete Schedule I sold 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 Desember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II "No", go to line 25a D off the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax exempt bonds? 10 Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 4d D off the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 4d D off the organization are such that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part II the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule I., Part II and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule I., Part IV offeres, directors, furstees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I., Part IV offered in the part of t	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Ì
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Schedule J. A Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a. Did the organization maintain an escrew account other than a refunding escrow at any time during the year to defease any tax-exempt bonds. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds. Did the organization acid as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization acid as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization acid as an "on behalf of" issuer for bonds outstanding at any time during the year? 24a Section 50 f(c/3), 50 f(c/4), and 50 f(c/2)0 organizations. Did the organization region in a price year, and that the transaction with a disqualified person of a price of the organization organization aware that it engaged in an excess benefit transaction with a disqualified person of a price of the organization organization aware that it engaged in an excess benefit transaction with a desputation of part at it engaged in an excess benefit transaction with a desputation of part at it engaged in an excess benefit transaction with a desputation of part at it engaged in an excess benefit transaction with a desputation of part at it engaged in an excess benefit transaction with a desputation of part at it engaged in an excess benefit transaction with a desputation of part and a difference of the organization organization and accomplete Schedule L, Part IV. Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV. A mentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. Did the organization exceed in the expension of the	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If *Yes,* answer lines 24b through 24d and complete Schedule It. *Yes.* to live 25b.* Do the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? 24a 24b 22b 5 24b 0 Dd the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? 25d 1 Dd the organization act as an *on behalf of* issuer for bonds outstanding at any time during the year? 25d 1 Dd the organization act as an *on behalf of* issuer for bonds outstanding at any time during the year? 25d 1 Dd the organization act as an *on behalf of* issuer for bonds outstanding at any time during the year? 25d 1 Dd the organization act as an *on behalf of* issuer for bonds outstanding at any time during the year? 25d 2 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the Iransaction with a disqualified person in a prior year, and that the Iransaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If *Yes,* complete Schedule L, Part II 25d 1 Dd the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustees, key employees, or disqualified persons? If *Yes,* complete Schedule L, Part II 27d 2 Dd the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If *Yes,* complete Schedule L, Part IV 27d 3 Dd the organization or former officer, director, trustee, or key employee? If *Yes,* complete Schedule L, Part IV 27d An entity of which a current or former officer, director, trustee, or key employee? If *Yes,* complete Schedule L, Part IV 27d An entity of which a current or former officer, director, trustee,		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
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any tax exempt bonds? do the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "It "yes," complete Schedule L, Part I 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 is pror Forms 990 or 990 E2? "If "Yes," complete Schedule L, Part II 25b 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? "If "Yes," complete Schedule L, Part III 27c 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?" "Yes," complete Schedule L, Part III 28c Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current of former officer, director, trustee, or key employee? "If "Yes," complete Schedule L, Part IV 28c A nentry of which a current or former officer, director, trustee, or key employee? "Yes," complete Schedule L, Part IV 29c Did the organization receive more than \$25,000 in non cash contributions? "If "Yes," complete Schedule M. Part II 30c Did the organization receive more than \$25,000 in non cash contributions? "If "Yes," complete Schedule M. Part II 30c Did the organization on will not not the section \$12(b)(13)? "If "Yes," complete Schedule R. Part II. "Ill., or IV, and Part V, Inne 1 30c Did the organization on will not any tax exempt or taxable en	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Told the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	30				v
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32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b 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)? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31				v
Schedule N, Part II 32			31		
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b 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)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	32		20		x
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Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34	33		20		v
Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35b 35b 35b 35b 35b 35b 35b 35b 35b 35b	24		33		- 21
Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	34		24		v
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		50		
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	٥,		37		х
••	38	· · · · · · · · · · · · · · · · · · ·	"	$\vdash \vdash$	
	55		38	x	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance		<u>`</u>	aye •						
	Check if Schedule O contains a response or note to any line in this Part V									
	Officer in octroadic of contains a responde of note to any line in any fact.		¥	<u> </u>						
	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	Ε	Yes	No						
b	Enter the number of Forms with inferred and in the Fall Enter of Frot applicable									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<u> </u>	Х							
_	(gambling) winnings to prize winners?	1c	_^_							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 8									
		2b		Х						
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	_3b								
4a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х						
h	If "Yes," enter the name of the foreign country	-10								
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			-						
O.	any contributions that were not tax deductible as charitable contributions?	6a		х						
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b										
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter									
а	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	46								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note. See the instructions for additional information the organization must report on Schedule O									
b	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 Interthe amount of recens a plant.									
	Enter the amount of reserves on hand Did the exercises on says any payments for index tanging convers during the tax year?	44-		Х						
	Did the organization receive any payments for indoor tanning services during the tax year? If "You " hose it filed a Form 720 to report those payments?" If "You " hose it filed a Form 720 to report those payments?" If "You " hose it filed a Form 720 to report those payments?" If "You " hose it filed a Form 720 to report those payments?" If "You " hose it filed a Form 720 to report those payments?" If "You " hose it filed a Form 720 to report those payments?" If "You " hose it filed a Form 720 to report those payments?" If "You " hose it filed a Form 720 to report those payments?" If "You " hose it filed a Form 720 to report those payments?" If "You " hose it filed a Form 720 to report those payments?" If "You " hose it filed a Form 720 to report those payments?" If "You " hose it filed a Form 720 to report those payments?" If "You " hose it filed a Form 720 to report those payments?" If "You " hose it filed a Form 720 to report those payments?" If "You " hose it filed a Form 720 to report those payments?" If "You " hose it filed a Form 720 to report those payments?" If "You " hose it filed a Form 720 to report those payments?" If "You " hose it filed a Form 720 to report those payments?" If " You " hose it filed a Form 720 to report those payments."	14a 14b		_ <u></u>						
บ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140								

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

Sec	tion A. Governing Body and Management									
						Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12						
	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	1b		10						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		nv other				1			
_	officer, director, trustee, or key employee?		,		2	Х				
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision							
٠	of officers, directors, or trustees, or key employees to a management company or other person?				3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 95	30 was	filed?		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's asset				5		X			
	6 Did the organization have members or stockholders?									
	Did the organization have members, stockholders, or other persons who had the power to elect or app	ooint c	ne or		6		<u>X</u>			
7 a	more members of the governing body?				7a		Х			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	nckhol	ders or							
D		JOI (1101	G010, 0.		7b		Х			
	persons other than the governing body? Did the executation costs marked and the markings held or written actions undertaken during the vest	- by tho	following:	1	70_		 -			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by tile	ionowing.		8a	х				
a	The governing body? Each computes with authority to get an habelf of the governing body?				8b	X				
	Each committee with authority to act on behalf of the governing body?	ہے استا	. Ho.a		OD					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ned a	trie		9		Х			
200	organization's mailing address? <i>If "Yes." provide the names and addresses in Schedule O</i>	-		ļ	9_		<u>~~</u>			
5 ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code.)	_		V	NI-			
	District the first transfer of the Control of the C			ſ	100	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?	4	-46.l4		10a					
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters,	annates,	1	401-					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	h - f	. film n the four		10b	X				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	perore	e filing the for	me	11a	^				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			}		Х	!			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			}	12a	X				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			}	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "You	es," de	escribe		40-		х			
	ın Schedule O how this was done			ŀ	12c	Х				
13	Did the organization have a written whistleblower policy?			-	13	X				
14	Did the organization have a written document retention and destruction policy?	h	lanand+		14	Λ				
15	Did the process for determining compensation of the following persons include a review and approval	by inc	ependent	i						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				<u>-</u>					
	The organization's CEO, Executive Director, or top management official			}	15a		X			
b	Other officers or key employees of the organization			-	15b_					
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	4	.u			-				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent wi	ın a	1	-					
_	taxable entity during the year?			ŀ	16a		<u> </u>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	S	-						
2.5.5	exempt status with respect to such arrangements?				16b	ļ				
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed CA	·C 1	- F04/-\/0\	t. N =-	1-1-1					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 50 H(C)(3)S C	oniy) av	aliable					
	for public inspection Indicate how you made these available. Check all that apply									
	Own website Another's website X Upon request Other (explain		-	-						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conf	lict of	interest policy	y, and f	ınancı	al				
	statements available to the public during the tax year		_							
20	State the name, address, and telephone number of the person who possesses the organization's book	ks and	records >							
	Grace Breuer - 805-219-0390									
	1047 Ford Dr., Nipomo, CA 93444									

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Form 990 (2014)

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more to box, unless person is officer and a director		than is both	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Kathleen Eldon	40.00	Ţ							_	
Founder & Chair		X		X	_	<u> </u>		0.	0.	0.
(2) Amy Eldon	40.00							_	_	_
Co Founder & Vice Presiden		X		X	L	<u> </u>	_	0.	0.	0.
(3) Gary Streit	2.00	1			ĺ	ĺ				
Director		X	<u>L</u>		<u> </u>			0.	0.	0.
(4) Robert Tercek	2.00	1								
Director		X	<u> </u>		L	<u> </u>	<u> </u>	0.	0.	0.
(5) William Weisman	2.00	1								
Director		X				<u> </u>	_	0.	0.	0.
(6) Daniel Bena	2.00	1			1		}	_	_	_
Director		X	<u>L</u>					0.	0.	0.
(7) Elinor Tatum	2.00					į				_
Director		X	<u> </u>		<u> </u>	Ļ_	_	0.	0.	0.
(8) Jordan Glazier	2.00							_	_	_
Director		X					_	0.	0.	0.
(9) Eva Haller	2.00]				ļ.,			_	
Director		X	<u> </u>				L	0.	0.	0.
(10) Jacoba Atlas	2.00									
Director		Х	<u> </u>			L		0.	0.	0.
(11) Kim Brizzolara	2.00						ĺ	[
Director		X	L_			_		0.	0.	0.
(12) William Carmichael	2.00							_	_	
Director		X						0.	0.	0.
(13) Joan Kelly	2.00									
Director		X				_		0.	0.	0.
(14) Megha Kadakia	2.00	<u> </u>		ŀ			i		Ì	
Director		X						0.	0.	0.
(15) Penny Rhodes	2.00							_	_	
Director		Х		_				0.	0.	0.
(16) Victoria Kennedy	2.00									
Director		X						0.	0.	0.
(17) Ed Gutentag	2.00	_		ļ				_	_	_
Director	<u> </u>	X						0.	0.	0. Form 990 (2014)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hie	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	١,,		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle:	ss per	son ı	than o	an	compensation	compensation	amount of
	week	\vdash	cer an	d a d	recto	or/trus	tee)	from	from related	other
	(list any hours for	Individual trustee or director						the	organizations	compensation
	related	or di	93		l	sated		organization	(W-2/1099-MISC)	[
	organizations	rustee	l trus!		99	npeu		(W-2/1099 MISC)		organization and related
	below	dual t	Institutional trustee	Į.	Key employee	stcor	 	İ		organizations
	line)	Indiv	Instit	Officer	Key er	Highest compensated employee	Former			
(18) David Kennerly	2.00								· ·	
Director		Х						0.	0	. 0
(19) Inessa Obenhuber	2.00									-
Director		Х				ļ		0.	0	. 0
(20) Mendeep Rai	2.00								<u> </u>	
Director		х						0.	0	. 0
(21) Teresa Wells	2.00									
Director		Х						0.	0	. 0
(22) Geralyn Dreyfous	2.00									
Director	_	Х						0.	0	. 0
(23) Kaitlyn Kyle	2.00									
Director		x						0.	0	. 0
(24) Jeanne Meyers	2.00								<u> </u>	
Director		х						0.	0	. 0
(25) Denise Restauri	2.00									-
Director		х						0.	0	. 0
(26) Trevor Hall	40.00						_			
President				x				0.	0	. 0
1b Sub-total				,		l		0.	0	
c Total from continuation sheets to Part VII	Section A	٠						0.	0	
d Total (add lines 1b and 1c)	, occilon A .	•		•				0.	0	
Total number of individuals (including but no	nt limited to the	nse l	liste	d ah	OVE.	\ wh	o re	· - ·		-1
compensation from the organization	or minited to the	000		4 40	0.0	, ••••	0 10	correct more triair \$100,0	ood of reportable	
compensation from the organization							-			Yes N
3 Did the organization list any former officer,	director or tru	stee	ke	v em	יחומי	V00	or h	numbest compensated em	nlovee on	
line 1a? If "Yes," complete Schedule J for su		3100	, KG	y Gii	ipio,	yee,	01 1	ngriest compensated en	ipioyee on	3 X
4 For any individual listed on line 1a, is the sui		2 CO	mne	neat	ion	and	oth	er compensation from th	e organization	
and related organizations greater than \$150								•	ic organization	4 X
5 Did any person listed on line 1a receive or a									ual for services	. -
rendered to the organization? If "Yes." comi	•				•		atc	a organization of marvia	da loi services	5 X
Section B. Independent Contractors	olete Schedule	(n su	CH L	iers(<i>)[[</i>			=	
Complete this table for your five highest con	nnensated ind	ener	nden	ıt co	ntra	ctor	s th	at received more than \$	100 000 of compen	sation from
the organization Report compensation for the	-								•	oddon nom
(A)	Jacondai ye	J. 6		3 VVI	0	. 4411	Ť	(B)		(C)
Name and business a	address	NC	NE	!			- 1	Description of se	ervices	Compensation
				•				<u> </u>		 ·
	.						\dashv			
	 -						+			
							\dashv			
							+			
2 Total number of independent contractors (in	cludina hut na	t lım	utod	to ti	hoe	a liet	سلـــ مامو	ahove) who received mor	ro than	

L		Check if Schedule O contains a	resnonse	or note to any lir	o in this Port VIII			
		Gricon in deficultie of contains a	response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	2 1 :	a Federated campaigns	1a					1 312 371
Contributions, Gifts, Grants	1	Membership dues	1b					
g	j ,	c Fundraising events	1c	77,606.	1			
ifts	4 (d Related organizations	1d	**	1			
9] ,	Government grants (contributions)	1e		1			
5	<u> </u>	All other contributions, gifts, grants, and			1			
but		similar amounts not included above	11 1	275,096.				
돌	,	Noncash contributions included in lines 1a-1f \$			1			
<u>ပိုင်</u>	a I	1 Total. Add lines 1a-1f			1,352,702.			
				Business Code				
e	2 8	Fiscal Sponsorship	Fee	512000	106,914.	106,914.		
Ž,	, t	Video Production		512000	24,782.	24,782.		
Se		·						
ran		d						
Program Service	1 6	·						
₫	f	All other program service revenue						
_	ļ <u>,</u>	Total. Add lines 2a-2f			131,696.			
	3	Investment income (including divider	ıds, ıntere	est, and				
		other similar amounts)		>	7,189.			7,189.
	4	Income from investment of tax-exem	ot bond p	proceeds				
	5	Royalties						
			Real	(ii) Personal				
	6 a			11,800.				
	1	Less rental expenses		0.				
	i	Rental income or (loss)	_	11,800.	11 000			11 000
	l	Net rental income or (loss)		<u> </u>	11,800.			11,800.
	7 a		cunties	(II) Other				
		· ·	578.					
	10	Less cost or other basis	277					
			,277. ,301.					
			, 301.		20 201		·	20 201
	l	Net gain or (loss)	- (20,301.			20,301.
ge	o a	Gross income from fundraising event including \$ 77,606.	s (not					
ven		contributions reported on line 1c) Se						
Re		Part IV, line 18		139,483.				
Other Revenu	h	Less. direct expenses	a h	111,171.				
ō		Net income or (loss) from fundraising			28,312.			28,312.
		Gross income from gaming activities			20,012.			20,314.
		Part IV, line 19	а					
	b	Less: direct expenses	b					
		Net income or (loss) from gaming acti		•				[]
		Gross sales of inventory, less returns					-	
		and allowances	а	1,425.				
	b	Less: cost of goods sold	b	593.				
	с	Net income or (loss) from sales of inve	entory	>	832.			832.
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶				
13200	12	Total revenue See instructions.		<u></u>	L,552,832.	131,696.	0.	68,434.
432009 11 07-	14							Form 990 (2014)

Part IX | Statement of Functional Expenses

	COMPANY A SOME AND A S				 -					
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 6h. (A) (B) (C) (D)										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	50,000.	50,000.							
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees									
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	311,925.	218,347.	62,385.	31,193.					
8	Pension plan accruals and contributions (include									
-	section 401(k) and 403(b) employer contributions)	İ		İ						
9	Other employee benefits	11,126.	7,788.	2,225.	1,113.					
10	Payroll taxes	25,809.	18,066.	5,162.	2,581.					
11	Fees for services (non-employees).	,								
··· a	Management	153,274.	107,292.	30,655.	15,327.					
b	Legal .	1,751.		1,751.						
	Accounting	15,685.		15,685.						
d	Lobbying	23,0001								
	Professional fundraising services. See Part IV, line 17									
e f	Investment management fees									
	Other. (If line 11g amount exceeds 10% of line 25,									
g	column (A) amount, list line 11g expenses on Sch O.)									
12	Advertising and promotion	163,788.	82,190.		81,598.					
	Office expenses	671.	470.	134.	67.					
13	Information technology	25,471.	17,829.	5,095.	2,547.					
14	Royalties	23,111	17,025	3,033.						
15	· ·	119,091.	83,364.	23,818.	11,909.					
16	Occupancy	3,991.	2,794.	798.	399.					
17	Travel Payments of travel or entertainment expenses	3,331.	2,154.	750.						
18										
40	for any federal, state, or local public officials Conferences, conventions, and meetings	16,841.	11,789.	3,368.	1,684.					
19	· · · · · · · · · · · · · · · · · · ·	10,041.	11,700.		1,004.					
20	Interest	-·								
21	Payments to affiliates Depreciation, depletion, and amortization	1,046.	732.	209.	105.					
22	_ '	6,959.	4,871.	1,392.	696.					
23	Insurance Other expenses, Itemize expenses not covered	0,555.	4,071	1,332.	030.					
24	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.)									
а	Program Expenses	370,397.	370,397.							
b	Telephone	7,431.	5,202.	1,486.	743.					
c	Bank Charges	5,250.	3,675.	1,050.	525.					
d	Utilities	3,353.	2,347.	671.	335.					
_	All other expenses	4,956.	3,469.	991.	496.					
25	Total functional expenses Add lines 1 through 24e	1,298,815.	990,622.	156,875.	151,318.					
26	Joint costs. Complete this line only if the organization		550,022							
20	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here Inf following SOP 98-2 (ASC 958-720)									
	1 10110Mild 20L ag-5 (M2C agg-150)				Form 990 (2014)					

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non interest-bearing	721,897.	1	1,043,817.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	56,500.	4	136,585.
	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			
ţ		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	33,314.	9	16,353.
	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a 6,988			·
	b	Less: accumulated depreciation 10b 6,497		10c	491.
	11	Investments - publicly traded securities	327,773.	11	157,261.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11	12,400.	13	12,400.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,153,421.	16	1,366,907.
	17	Accounts payable and accrued expenses	40,057.	17	26,691.
	18	Grants payable		18	
	19	Deferred revenue		19	
İ	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
တ္ထ	22	Loans and other payables to current and former officers, directors, trustees,			
iğ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		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	220 025		220 072
		Schedule D	339,035.	25	329,872.
	26	Total liabilities. Add lines 17 through 25	379,092.	26	356,563.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ès		complete lines 27 through 29, and lines 33 and 34.	306,079.		106 506
au	27	Unrestricted net assets	468,250.	27	186,586.
Bal	28	Temporarily restricted net assets	400,230.	28	823,758.
2	29	Permanently restricted net assets		29	
T.		Organizations that do not follow SFAS 117 (ASC 958), check here			
ŏ	20	and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	774,329.	32	1,010,344.
_	33	Total net assets or fund balances	1,153,421.	33 34	1,366,907.
!	34	Total liabilities and net assets/fund balances	1,133,441.	54	Eorm 990 (2014)

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

432012

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No 1545-0047

vaii	ie oi t	ne organization					i	Employe	r identification number			
		Crea	<u>tive Visio</u>	ns Foundatio	n			3	39-1902814			
Pa	rt I	Reason for Public	Charity Status	(All organizations must c	omplete th	nis part) S	ee instructions					
Γhe	organı	zation is not a private found	dation because it is: ((For lines 1 through 11, o	heck only	one box)						
1		A church, convention of ch	nurches, or association	on of churches describe	d in section	on 170(b)(1)(A)(i).					
2		A school described in sec										
3		A hospital or a cooperative			ection 17	O(b)(1)(A)(i	iı).					
4		A medical research organiz						(iii). Enter	the hospital's name,			
		city, and state.										
5		An organization operated f section 170(b)(1)(A)(iv).		llege or university owner	d or operat	ted by a go	overnmental ur	nit describ	ed in			
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
	X	An organization that norma						e neneral	nublic described in			
•		section 170(b)(1)(A)(vi). (C		and part of no copport	ioni a gov	ommenta	dint of hom ar	o gonorai	public described in			
8	$\overline{}$	A community trust describe	•	(1)(A)(vi). (Complete Par	+ 11)							
9		An organization that norma				contributio	ne mamhareh	ın fees ar	nd arnee receipts from			
Ū		activities related to its exer										
		income and unrelated busin		•					-			
		See section 509(a)(2). (Co		(icos section o i i tax) in	on busine.	oses acqui	rea by the orgi	amzation	aiter dune 30, 1373			
10	$\overline{}$	An organization organized	,	ively to test for public sa	fety See	section 50	19(a)(4)					
11		An organization organized						rv out the	nurnoses of one or			
• •		more publicly supported or										
		lines 11a through 11d that							SHOOK THE BOX III			
а		Type I. A supporting orga							alvina			
_		the supported organization										
		organization. You must o			inajonty c	or are arec	tors or tradice	3 01 1110 30	apporting			
b		Type II. A supporting org			non with it	e sunnorte	d organization	(e) by bay	una			
_		control or management of							_			
		organization(s). You mus			arric perso	no triat co	itror or manag	c tric supp	Jones			
С		Type III functionally inte			in connec	tion with a	and functionally	, integrate	od with			
-		its supported organization						, intograte	.a wan,			
d	ļ	Type III non-functionally			-	-	-	ed organiz	ration(s)			
_		that is not functionally int										
		requirement (see instruct	-		•			an attorni	7011000			
е		Check this box if the orga						Tyne III				
Ĭ		functionally integrated, or					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 1) po I II				
f	Enter	the number of supported of		nany integration dapper a	ig organiz	ation						
	_	de the following information	•	d organization(s)								
		Name of supported	(II) EIN		(IV) Is the o		(v) Amount of	monetary	(vi) Amount of			
		organization		(described on lines 19	listed i governing d	in your document?	support (see	other support (see			
				above or IRC section (see instructions))	Yes	No	Instruction	ons)	Instructions)			
								-				
			**									
		-										
				-								
ntal								1				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990 EZ) 2014 Creative Visions Foundation 39-1902 | 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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and		-				· · · · · · · · · · · · · · · · · · ·
	membership fees received. (Do not						
	include any "unusual grants.")	192,702.	329,109.	1056442.	831,713.	1275096.	3685062.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	ļ			18		
	the organization without charge						
4	Total. Add lines 1 through 3	192,702.	329,109.	1056442.	831,713.	1275096.	3685062.
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			i			
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						3685062.
Sec	ction B. Total Support			 -			
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	192,702.	329,109.	1056442.	831,713.	1275096.	3685062.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties					- 400	
	and income from similar sources	3,888.	6,483.	6,651.	11,993.	7,189.	36,204.
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 VI)						2001066
	Total support. Add lines 7 through 10						3721266.
	Gross receipts from related activities,	•	-		Ĺ	12	24,823.
13	First five years. If the Form 990 is for	9	first, second, third	l, fourth, or fifth ta	x year as a section	501(c)(3)	. \Box
500	organization, check this box and stop etion C. Computation of Public		centage	.		 	
						44	99.03 %
	Public support percentage for 2014 (li		•	olumn (I))		14	
	Public support percentage from 2013			l 10 and l 1	4 : 22 1/20/ 27	15)	
16a	33 1/3% support test - 2014. If the o	_		line 13, and line 1	4 IS 33 1/3% OF MC	ore, check this box	ano ▶X
L	stop here. The organization qualifies a 33 1/3% support test - 2013. If the o		_	00 13 or 160 and 1	lina 15 ie 22 1/20/	or more, check the	
a	• •	_			ille 10 18 33 1/376	of more, check this	S DOX
17-	and stop here. The organization quali		• •		13 16a or 16b or	nd line 14 is 100/ s	r more
17 a	10% -facts-and-circumstances test						
	and if the organization meets the "fact			•	•	t viriow the organi	Zauon _
L	meets the "facts-and-circumstances" t 10% -facts-and-circumstances test	-	•	,	•	7a. and line 15 is 1	0% or
a	more, and if the organization meets th	_					U/0 UI
	organization meets the "facts-and circ				•		▶□
12	Private foundation. If the organization						
, U	Titele loundation. It the organization	. Graniot direct a L		_, JD, , , a, O, 170,	CHOOK THE DOX ALL	a acc manachoris	

Schedule A (Form 990 or 990-EZ) 2014

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

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

qualify under the tests listed be	low, please comp	olete Part II)				
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not				ļ	1	
ınclude any "unusual grants.")				<u> </u>		
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		İ	İ	1		
are not an unrelated trade or bus-		1			1	
iness under section 513		<u> </u>				
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to		1	1			
the organization without charge				<u> </u>	<u> </u>	
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6		T				
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 VI.)						
13 Total support (Add lines 9, 10c, 11, and 12)		L			<u> </u>	
14 First five years. If the Form 990 is for the	the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organıza	tion,
check this box and stop here	Commercial D					
Section C. Computation of Public					 	
15 Public support percentage for 2014 (lin			olumn (f))		15	%
16 Public support percentage from 2013 S					16	%
Section D. Computation of Invest						
17 Investment income percentage for 201		· · ·	e 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2014. If the o	rganization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	ıs not
more than 33 1/3%, check this box and	*					▶□
b 33 1/3% support tests - 2013. If the c						nd
line 18 is not more than 33 1/3%, check						▶∐
20 Private foundation. If the organization	did not check a l	box on line 14, 19a	a, or 19b, check the	is box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35 percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
 -		
1		
_2		
За		
3b		<u> </u>
3c		\vdash
4a	-	
4a		
4b		
4c		
1		
5a		
<u> </u>		
5b		
5c_		
6		
7		
8		
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9a		
9b		
90		
9c		
10a		
]	
10b		

<u>1</u> 2

3

<u>4</u> 5

Schedule A	(Form	990	or	990-	·EZ)	2014

Current Year

2

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Section C - Distributable Amount

Enter greater of line 2 or line 3

Income tax imposed in prior year

Enter 85% of line 1

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

ra	1 Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			·
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
			Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3_	Excess distributions carryover, if any, to 2014			
a				
b				
c				
d				
е	From 2013			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			<u> </u>
<u>i</u>	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
- -	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	Breakdown of line 7 ⁻			
a				
<u>b</u>				
_ c _	Evanor from 2012			
	Excess from 2013			
е	Excess from 2014		i	i l

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form	990 or 990 EZ) 2014 Crea	tive Visions Foundation	39-1902814 Page 8
Part VI Sup	plemental Information.	Provide the explanations required by Part II, line 10; Part II, line 1	7a or 17b, and Part III, line 12
Also	complete this part for any add	litional information (See instructions)	
	,		
		_	
·			
			
_			
			<u> </u>
			
			
			
			<u> </u>

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No 1545-0047

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Inspection

Vam	ne of the organization Creative Visions Foundation	Employer identification number 39-1902814
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Ac	
<u> </u>		Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b)	b) Funds and other accounts
		b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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 fund	
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or	nly
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferri	ng
_	impermissible private benefit?	Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, II	ine 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)	ımportant land area
	Protection of natural habitat Preservation of a certified his	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	servation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d		
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz	ation 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	
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 statements	
•	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.	
	conservation easements	
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other Si	milar 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	halance sheet works of art
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of pi	, , , , , , , , , , , , , , , , , , ,
	the text of the footnote to its financial statements that describes these items.	obite control, provide, in a drawin,
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ball	ance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public servi-	•
	relating to these items	ee, provide the following amounts
		• •
	(i) Revenue 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, pr	
2	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	ovide
_	· · · · · · · · · · · · · · · · · · ·	•
	Revenue included in Form 990, Part VIII, line 1	> \$ > \$
α	Assets included in Form 990, Part X	-

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

Schedule D (Form 990) 2014

		<u>Visions</u>						1902814		age 2
Pa	rt III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	asures, or	Other	Similar As	sets (contin	nued)	
3	Using the organization's acquisition, accessic (check all that apply).	on, and other record	s, check	any of the f	following that	are a sig	nificant use of	its collection	items	
а	X Public exhibition	c	ı 🖂	Loan or exc	hange progra	ms				
b	X Scholarly research	E		Other	3 3					
С	X Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ev further th	ne organizatioi	n's exem	not purpose in	Part XIII		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma	intained as part of t	he organ	nzation's co	llection?			Yes	X	No
Pa	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered "\	Yes" to F	orm 990, Part	IV, line 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermed	ary for o	contributions	s or other asse	ets not ır	ncluded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing t	able.					_	
								Amount	t	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year	-			-		1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for e	escrow or cu	istodial accou	ınt liabilit	:y?	Yes	L	No
	If "Yes," explain the arrangement in Part XIII									
Pa	t V Endowment Funds. Complete if	the organization an	swered	"Yes" to For	m 990, Part I	V, line 10). <u> </u>			
		(a) Current year	(b) P	rior year_	(c) Two years	s back	(d) Three years t	oack (e) Four	years	back_
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses								_	
d	Grants or scholarships							_		
е	Other expenditures for facilities				ľ	ł				
	and programs							_		
f	Administrative expenses									
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	ı, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the posses	sion of the organiza	tion that	are held an	id administere	ed for the	organization	Г	1	
	by.								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	•						_3b		
4 Dar	t VI Land, Buildings, and Equipme		vment fu	<u>inds</u>						
Га			Down IV	b== 11= C=		7 m	10			
	Complete if the organization answered				- T			() D1		
	Description of property	(a) Cost or of basis (investing		(b) Cost basis (` '	cumulated reciation	(d) Book	value	•
4 -	Land	- Dasis (IIIVestii	ioni)	Dasis (ou lei)	aeh	reciation	_		
_	Land						<u> </u>		-	
b	Buildings									
C 	Leasehold improvements	6 0	988.				6,497.		1 C	1.
	Equipment	0,.	,00.				0,491.		4.7	
<u>е</u>	Other								7 0	11

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

2. Lability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

OCITIC	dule D (Form 990) 2014 Creative Visions Foun			<u> 1902814 Page 4</u>
Pai	t XI Reconciliation of Revenue per Audited Financial	Statements With Re	evenue per Return.	•
	Complete if the organization answered "Yes" to Form 990, Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	·— -	1	1,534,830.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3_	1,534,830.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	18,002.	
С	Add lines 4a and 4b		4c	18,002.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	: 12.)	5	1,552,832.
Pa	t XII Reconciliation of Expenses per Audited Financial	Statements With E	xpenses per Retur	'n.
	Complete if the organization answered "Yes" to Form 990, Part IV	/, lıne 12a.		
1	Total expenses and losses per audited financial statements		1	1,298,815.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,298,815.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
_	Add lines 4a and 4b	· · ·	4c	0.
•	Fidd inites 4p drid 4p			
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I lines)	 no 18 l		1,298,815.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. III TXIII Supplemental Information.	ne 18.)	5	1,298,815.
Pai	t XIII Supplemental Information.		5	
Pai Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	and 4; Part IV, lines 1b an	d 2b, Part V, line 4, Part	
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Par Provi Par The pho var Var	tivili Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide the III, line 4: Foundation owns a collection of Dan actographs. The pieces of art have been actions exhibits throughout the year. The XII, Line 2d - Other Adjustments: The alized Gains / Loss The Adjustments: The Adjustments: The Adjustments: The Adjustments: The Adjustments: The Adjustments: The Adjustments: The Adjustments: The Adjustments: The Adjustments: The Adjustments: The Adjustments:	end 4; Part IV, lines 1b and the any additional information of the second of the secon	d 2b, Part V, line 4, Part	X, line 2, Part XI, ter's ayed at

Schedule D (Form 990) 2014 Creative Visions Foundation [Part XIII] Supplemental Information (continued)	39-1902814 Page 5
Supplemental Information (continued)	
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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990

2014
Open to Public Inspection

Name o	of the	organiz	ation
--------	--------	---------	-------

Employer identification number

Cr	eative Vision	s Founda	tion		39-19028	14			
Pa	rt I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organization answered	"Yes" on			
	 Form 990, Part I			<u> </u>					
1									
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes X No								
2	For grantmakers. Desc	cribe in Part V the	organization's p	procedures for monitoring the use of its	s grants and other assistance ou	tside the			
	United States								
3									
	(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			
_									
						!			
-									
	Sub-total	0	0			0.			
b	Total from continuation	0	0						
_	sheets to Part I	-	0			0.			
С	Totals (add lines 3a and 3b)	ا	0			0.			
	and doj	<u></u> _							

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

Schedule F (Form 990) 2014

39-1902814

Page 2

Creative Visions Foundation

Schedule F (Form 990) 2014

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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

(I) Method of valuation (book, FMV, appraisal, other)	FMV				
(h) Description of non-cash assistance					
(g) Amount of non cash assistance	0				
(f) Manner of cash disbursement	Wire				7
(e) Amount of cash grant	50,000. Wire				
(d) Purpose of grant	Support and maintain Cura Orphanage,				Enter total number of recipient organizations listed about that are recognized as characters by the ferrill and the ferrill an
(c) Region	Sub Saharan Africa				s of tedt of ode botal as
(b) IRS code section and EIN (if applicable)					retariaces tacialos
1 (a) Name of organization					2 Enter total primber of

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

Enter total number of other organizations or entities

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Schedule F (Form 990) 2014

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Page 3 •

Creative Visions Foundation

Schedule F (Form 990) 2014 Creative Visions Foundation 39–1902814

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

		_			
(h) Method of valuation (book, FMV, appraisal, other)	(Daniel Branch)				
(g) Description of non-cash assistance					
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

432073 09-24-14

Schedule F (Form 990) 2014

Sched	ule F (Form 990) 2014 Creative Visions Foundation V Foreign Forms	39-1902814	Page 4
Lun	Totalgit 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	X 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, do not file with Form 990)	☐ Yes	X 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	X 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	X 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	X 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, do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	- **! -!						ntification number
	e Visions Foundati Complete of the organization answe		" to	Form 000 Port IV I		39-1902	
Part I required to complete this part	t	rea r	es to	Porm 990, Part IV, II	ne 17	Form 990-EZ	fliers are not
Indicate whether the organization rais	e Solicitate f Solicitate g Special or oral agreement with any individual art VII) or entity in connection with previouals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover ising d ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(iı) Actıvıty	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
						_	<u> </u>
					! 		·
otal			•				
List all states in which the organization or licensing	n is registered or licensed to solicit c	ontribi	itions	or has been notified	ıt ıs e	xempt from reg	gistration
							
							
							

432081 08-28-14 Schedule G (Form 990 or 990-EZ) 2014

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

Sch	edu	e G (Form 990 or 990 EZ) 2014 Creativ	<u>e Visions Fo</u>	undation	39-	1902814 Page 2
[[art	Fundraising Events. Complete if the of fundraising event contributions and great productions.	ie organization answered	I "Yes" to Form 990, Part	IV, line 18, or reported	more than \$15,000
	Γ	or fundraising event contributions and gri	(a) Event #1	(b) Event #2	(c) Other events	
					• •	(d) Total events (add col (a) through
	•		Turn on LA		1	col (c))
ō			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	217,089.			217,089.
	2	Less Contributions	77,606.			77,606.
	3	Gross income (line 1 minus line 2)	139,483.			139,483.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	74,540.			74,540.
lrect E	7	Food and beverages				
	8	Entertainment	17,275.			17,275.
	9	Other direct expenses	19,356.			19,356.
	10	Direct expense summary. Add lines 4 through			>	111,171.
Da	11	Net income summary Subtract line 10 from li Gaming. Complete if the organization is		000 Dart IV Inc. 10 av vo	norted more than	28,312.
1 6	11 (1	\$15,000 on Form 990 EZ, line 6a	answered tes to roini	990, Part IV, lifte 19, of re	eported more trian	
		\$10,000 GHT GHH 000 EE, HH 000	(-) Diago	(b) Pull tabs/instant	(a) Oth as a series a	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
3eve						
_	1	Gross revenue	<u> </u>		_	
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses			_	
	6	Volunteer labor	Yes %	Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		.▶	
						
а	ls t	er the state(s) in which the organization condune organization licensed to conduct gaming action," explain:	tivities in each of these s	states?		Yes No
		re any of the organization's gaming licenses re	•	•	ar?	Yes No
	_					
43208	2 08	28-14			Schedule G (For	m 990 or 990-EZ) 2014

Sch	edule G (Form 990 or 990 EZ) 2014 Creative Visions Foundation	39-1902814 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	13a %
	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	S
	Name >	
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt
	of gaming revenue retained by the third party > \$	
С	If "Yes," enter name and address of the third party.	
	Name	
	Address >	
16	Gaming manager information.	
	Name	
	Gaming manager compensation ▶ \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
-	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı the
	organization's own exempt activities during the tax year 🕨 \$	
Pai	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part II.	art III, lines 9, 9b, 10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)	
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Schedule G (Form 990 or 990 EZ) Creative Visions Foundation Part IV Supplemental Information (continued)	39-1902814 Page 4
Part IV Supplemental Information (continued)	
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 OMB No 1545-0047 Open to Public

Inspection

Name of the organization Creative Visions Foundation	Employer identification number 39-1902814
Form 990, Part I, Line 1, Description of Organization Miss	sion:
areas of focus: health and wellbeing, human rights, enviro	onment, woman
empowerment, youth and education.	
Form 990, Part III, Line 1, Description of Organization Mi	Assion:
transform the world around them.	
Form 990, Part VI, Section A, line 2:	
Kathleen Eldon and Amy Eldon, each a director and officer,	are related.
Form 990, Part VI, Section B, line 11:	
Prior to filing the Form 990, the return was circulated to	the board
members for their review and comment.	
Form 990, Part VI, Section C, Line 19:	
All of the Foundation's governing documents are available	for review at the
Foundation's principal place of business.	
Form 990, Part VII Contact Addresses for Officers, Directo	ors, Etc:
Kathleen Eldon - 18820 Pacific Coast Hwy. Ste. 201, Malibu	, CA 90265
Amy Eldon - 18820 Pacific Coast Hwy. Ste. 201, Malibu, CA	90265
Gary Streit - PO Box 2107, Cedar Rapids, IA 52406	
Robert Tercek - 18820 Pacific Coast Hwy. Ste. 201, Malibu,	CA 90265
William Weisman - 18820 Pacific Coast Hwy. Ste. 201, Malib	ou, CA 90265
Daniel Bena - 18820 Pacific Coast Hwy. Ste. 201, Malibu, C	A 90265
Elinor Tatum - 18820 Pacific Coast Hwy. Ste. 201, Malibu,	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Scheo	dule O (Form 990 or 990-EZ) (2014)

Name of the organization Creative Visions Foundation	Employer identification number 39-1902814
Jordan Glazier - 18820 Pacific Coast Hwy. Ste. 201, Malibu	, CA 90265
Eva Haller - 18820 Pacific Coast Hwy. Ste. 201, Malibu, CA	90265
Jacoba Atlas - 18820 Pacific Coast Hwy. Ste. 201, Malibu,	CA 90265
Kim Brizzolara - 18820 Pacific Coast Hwy. Ste. 201, Malibu	, CA 90265
William Carmichael - 18820 Pacific Coast Hwy. Ste. 201, Ma	libu, CA 90265
Joan Kelly - 18820 Pacific Coast Hwy. Ste. 201, Malibu, CA	90265
Megha Kadakia - 18820 Pacific Coast Hwy. Ste. 201, Malibu,	CA 90265
Penny Rhodes - 18820 Pacific Coast Hwy. Ste. 201, Malibu,	CA 90265
Victoria Kennedy - 18820 Pacific Coast Hwy. Ste. 201, Mali	bu, CA 90265
Ed Gutentag - 18820 Pacific Coast Hwy. Ste. 201, Malibu, C	A 90265
David Kennerly - 18820 Pacific Coast Hwy. Ste. 201, Malibu	, CA 90265
Inessa Obenhuber - 18820 Pacific Coast Hwy. Ste. 201, Mali	bu, CA 90265
Mendeep Rai - 18820 Pacific Coast Hwy. Ste. 201, Malibu, C	A 90265
Teresa Wells - 18820 Pacific Coast Hwy. Ste. 201, Malibu,	CA 90265
Trevor Hall - 18820 Pacific Coast Hwy. Ste. 201, Malibu, C	A 90265
	