# Form **990**

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For th	e 2016 cal	endar year, or tax year beginning , and ending	1	
В	Check if	applicable.	c Name of organization Creating Great Places	D Employer iden	ntification number
	Address	change	Doing business as	3	
$\overline{\Box}$		_	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	26-182702	29
نيا	Name cl	hange	PO Box 116	E Telephone num	
	Initial ref	tum	City or town State ZIP code	7020 220 4	1202
$\equiv$			Coon Rapids IA 50058-	712-210-4	32/
	rmai retur	n/terminated	Foreign country name Foreign province/state/county Foreign postal code	1	
	Amende	d return		G Gross receipts	<b>\$</b> 43653.
$\overline{\Box}$	4	ion pending	F Name and address of principal officer. Rachel Garst	**	
u	Applicat	ion penality	5001 G G3 D3 D1 T3 50310	this a group return for sul	
				Are all subordinates inc	
1 7	Tax-exer	npt status	X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527	If "No," attach a list (se	ee instructions)
J	Nebsit	e: 🕨	H(c) (	Group exemption numb	per ►
K	Form of o	organization	X Corporation  Trust Association Other ► L Year of for	mation.	A State of legal domicile:
	art I		mmary		
	1			mort wita	lity through
9	1.		conmental, recreational, art, historic pres		
Ĕ	1			er variou a	uiq
Governance	1		ership development projects.		
Š	2	Check t	his box ▶  if the organization discontinued its operations or disposed of m	nore than 25% of	its net assets.
ŏ	3	Number	of voting members of the governing body (Part VI, line 1a)	3	
e년 #5	4	Number	of independent voting members of the governing body (Part VI, line 1b).	4	7
Activities &	5	Total nu	mber of individuals employed in calendar year 2016 (Part V, line 2a)	5	
₹	6		mber of volunteers (estimate if necessary)		4
Ą	7a		related business revenue from Part VIII, column (C), line 12		<del></del>
-	Ь		elated business taxable income from Form 990-T, line 34	<del></del>	
	<del>  "</del>	7401 01111	nated bearings and income item? of it is on a finite or a finite o	Prior Year	Current Year
	8	Contribu	rtions and grants (Part VIII, line 1h)	713000.	
Revenue			service revenue (Part VIII, line 2g).	713000.	=200.
é	9			386.	182.
ě	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		
	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-37401.	
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>675985.</u>	5460.
	13		and similar amounts paid (Part IX, column (A), lines 1-3)	<del></del>	<u> </u>
	14		paid to or for members (Part IX, column (A), line 4)		<del></del>
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10).		<u> </u>
Expenses	16a	Professi	onal fundraising fees (Part iX, column (A), line 11e)		1
<b>6</b>	b	Total fun	draising expenses (Part IX, column (D), line 25) ▶		į
ũ	17	Other ex	penses (Part IX, column (A), lines 11a-11d-11f-24e)	16341.	21651.
	18		penses. Add lines 13-17 (must equal Part IX, column (A), line 25).	16341.	21651.
	19		less expenses. Subtract line 18 from line 12.	659644.	-16191.
5 g				nning of Current Year	
	20	Total ass	sets (Part X, line 16)	838929.	
Assets 1 Balan	21		bilities (Part X, line 26)	13914.	15688.
Fig.	22		ts or fund balances. Subtract line 21 from line 20	825015.	808823.
			nature Block	023013.	000023.
Pa			I declare that I have examined this return, including accompanying schedules and statements, and	to the best of my knew	Andan
and h	r penalu ellefiti	es or perjury s true, correr	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledg	neoge ne
		TAV/		11/15/	
Sign Here		<b>**</b>	Signature of officer	Date	
			•		
		1 🗩 -		irector	
			Type or print name and title	<del> </del>	
		Print	Type preparer's name Preparer's signature De	ete Check	PTIN
al Kaduce CDA 11/15/2012 Sett-et					ployed P00064560
Pre	parer			7=3/	<del></del>
Use Only Firm			name ► Kaduce & Company PC	Firm's EIN ▶ 27-	
		Firm's	address ▶ 4401 Westown Parkway West Des Moines IA 50266	5 Phone no. 515	-223-1040
May	the IR	S discuss	s this return with the preparer shown above? (see instructions)		. X Yes No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	}
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>		1
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	<b>Section 501(c)(3) organizations</b> . Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			ļ
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	į .		l
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt	İ		
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	Į.		
	endowments, permanent 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.	THE THE		Service Control
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	فأتبدلفسا		- Arieska
	Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	}	ĺ	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ļ	l	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Ì	••
ı.	Schedule D, Parts XI and XII	12a		<u>X</u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	426		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	-	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\frac{x}{x}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1-70		<del></del> -
-	fundraising, business, investment, and program service activities outside the United States, or aggregate	i	- 1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	]	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		Х
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		$\overline{}$	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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 (see instructions)	17		<u>X_</u>
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		<u>X_</u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u> </u>

Form **990** (2016)

	Checkment of the Contract of C			
20-	Diddha annaightig againt	00	Yes	No
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a 20b		X
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	<del> </del>	├
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	121	<del> </del>	<del>  ^</del> -
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		)
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			$\Box$
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			1
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		
	to defease any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	<u> </u>
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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1		İ
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1		}
	current or former officers, directors, trustees, key employees, highest compensated employees, or			1,,
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ļ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		100	£ 14.
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		6.4	<b>36</b>
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	A40244.3	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1	) i	ĺ
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			٦,
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		x
32	Part I	31		~
JŽ	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	34	1	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	35b		
	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	<b>├</b> —↓	<u>X</u>
	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	11		٠,
	VI	37		<u>X</u>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		\ , \	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form	990 (2016) Creating Great Places 26-1	82702	9 Page
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance		
	Check if Schedule O contains a response or note to any line in this Part V		
		Y	res N
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		
	gaming (gambling) winnings to prize winners?	1c 2	X
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		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1.	x
b	account)?	4a	^
D	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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1 1	
	gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		
	and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	70	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
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	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
0	Section 501(c)(7) organizations. Enter:		
a	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		
1 a	Gross income from members or shareholders		
	Gross income from other sources (Do not net amounts due or paid to other sources	-(1886)	
	against amounts due or received from them.)		
2a	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		
	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	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.		
	Enter the amount of reserves the organization is required to maintain by the states in which		
	the organization is licensed to issue qualified health plans		
С	Enter the amount of reserves on hand		

Did the organization receive any payments for indoor tanning services during the tax year? . . . If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14a

14b

Part VI

Creating Great Places

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

Sec	tion A. Governing Body and Management			<u> </u>	<u></u>
		1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	_1a	7		
	If there are material differences in voting rights among members of the governing body, or				A CONTRACTOR
	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		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati				
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or unc		1	<u> </u>	}
	supervision of officers, directors, or trustees, or key employees to a management company or of		3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v		4	<u></u>	X
5	Did the organization become aware during the year of a significant diversion of the organization	's assets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect one or more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members				
	stockholders, or persons other than the governing body?		7b	1	x
8	Did the organization contemporaneously document the meetings held or written actions underta				
	the year by the following.			ļ	
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue C	ode.)		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X_
b	If "Yes," did the organization have written policies and procedures governing the activities of suc	ch chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body be	ore filing the form?	11a		Χ_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?				(
	describe in Schedule O how this was done		12c		X
13	Did the organization have a written whistleblower policy?		13		X
14	· · ·		14		Χ
15	Did the process for determining compensation of the following persons include a review and app		:		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a		<u>X</u>
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra				
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev				
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa				
	the organization's exempt status with respect to such arrangements?	<u></u>	16b		
	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed IA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-1 (Section 501(c	)(3)s o	nly)	
	available for public inspection. Indicate how you made these available. Check all that apply.				
		(plain in Schedule O			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of interest	policy,	and	
	financial statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization		> > =		
	Rachel Garst	712-210-4	321	<u>-</u>	
	Country Club Bl Des Moines IA 50312				

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0 (2016)	Creating	Great	Places

Form 99

26-1827<u>0</u>29 Page **7** 

<u>`</u>	<u></u>		 - ray
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	ated	
	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 employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	rson	than o is both or/truste	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CN Thornberry		,,		,						
President		Х		X	-	┝╌┤		0	0	0
(2) Brad Honold	1	,,		ļ,				0		
Treasurer	2	X		X	_	├		0	0	0
(3) Doug Carpenter	2	,,				1				F 4 0
Director		X		_		<u> </u>		0	0	540.
(4) Margarita Pina						{				
Director		Х	_			ļļ		0	0	0
(5) Mark Asmus										
Director		X				<b>  </b>		0	0	0
(6) Martha Sibbel		i i						_		
Director		Х			_			0	0	0
(7) Rachel Garst	10					1		_		
Exec Director		Х		X	_	ļļ		0	0	6000.
(8)	·									
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

	art VII Section A. Officers, Directors, Ti	rustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employees (co	ntinued)
	(A) Name and title	(B) Average hours per	box,	unles er an	Pos neck ss pe	rson	than of the state	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of
		week (list any hours for related organizations below dotted 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)	other compensation from the organization and related organizations
(15)											
(16)											
(17)											
(18)											<del></del>
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b c	Sub-total	Section A						•			6540.
2 	Total (add lines 1b and 1c)	imited to those I							ed more than \$1	00,000 of	6540.
3	Did the organization list any <b>former</b> officer, dir employee on line 1a? <i>If</i> "Yes," complete Schee										Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual.	ater than \$150,0	•						•		4 X
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "Y	rue compensation			_				-	· · · · · · · · · · · · · · · · · · ·	5 X
Sect	ion B. Independent Contractors										
1	Complete this table for your five highest compe compensation from the organization. Report co year	•									's tax
	(A) Name and business addr	ress							(B) Description of sen	vices C	(C) compensation
								_			
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ited t	o th	ose	list	ed at	ove	e) who received		

Form 990 (2016) Creating Great Places
Part VIII Statement of Revenue

		Check if Schedule O contain	s a response o	or note to any line	in this Part VIII.	. <u></u> .		<u>.                                    </u>
	<del></del>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512-514
t t	1a			<del></del>	1			
Contributions, Gifts, Grants and Other Similar Amounts	b							
S, G	C	Fundraising events , .			]	i		
	d	Related organizations			1			
ns,	е	Government grants (contribution		e	. 1			
a file	f f	All other contributions, gifts, gra						I
Ę ફ	}	similar amounts not included at	ove. 1	f 4200.		j		
j c	g	Noncash contributions included in	lines 1a-1f 💢 💲			l		
- C	<u>h</u>	Total. Add lines 1a-1f	<u> </u>		4200.			
ě				Business Code				
le J	2a							
æ	Ь							
Je Je	c							
Sen	d							
Ē	е							
Program Service Revenue	f	All other program service reven	ue					
4	_ g	Total. Add lines 2a-2f	<u></u> .					
	3	Investment income (including di						
	l	other similar amounts)		<b>.</b> .	182.			182.
	4	Income from investment of tax-e	exempt bond p	roceeds <b>&gt;</b>				
	5	Royalties	<u></u>	►				
	ļ		(ı) Real	(II) Personal				
	6a	Gross rents	38800					1.
	b	Less: rental expenses	38193	•	1	1		
	C	Rental income or (loss)	607	•				
	d	Net rental income or (loss)		🕨	607.	607.		
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory.			1	į		1
	b	Less: cost or other basis			1			,
	]	and sales expenses	<u></u>		1	į		
	С	Gain or (loss)					د د	
	d	Net gain or (loss)		<u> </u>				
				}				1
Other Revenue	8a	Gross income from fundraising		}				,
en .		events (not including \$						·
Şe,		of contributions reported on line	1c).					
3.		See Part IV, line 18	a					
ţ.	b	Less: direct expenses	b			1.		J
0	C	Net income or (loss) from fundra	using events.	. <u></u>				<u> </u>
	9a	Gross income from gaming activ						1
1		See Part IV, line 19	a		1			1
- (	b	Less: direct expenses	b				<del></del>	J
ĺ		Net income or (loss) from gamin	g activities	<b>&gt;</b>				
j	10a	Gross sales of inventory, less						
		returns and allowances	а					}
ľ	b	Less: cost of goods sold	b		1	j		
Ì	С	Net income or (loss) from sales	of inventory.					
ſ		Miscellaneous Revenue		Business Code				
Ī	11a	Miscellaneous		999999	471.	471.		
ł	b							
1	С							
- 1	d	All other revenue						
- 1	е	Total. Add lines 11a-11d			471.			
1	12	Total revenue. See instructions		7	5460.	1078.		182.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note				
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	domestic governments. See Part IV, line 21				er i sama ir. gali ir <del>sa</del> ura
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				er va filozofia a de de de de de de de de de de de de de
3	Grants and other assistance to foreign			•	
	organizations, foreign governments, and foreign				
A	individuals. See Part IV, lines 15 and 16	<del></del>		<u></u>	ಕ್ಷಣ ಪ್ರತಿಗಳ ಪ್ರಭಾವವಾದ
4	Benefits paid to or for members	<del></del>		<u></u>	
5	Compensation of current officers, directors,				
6	trustees, and key employees		······································		
0	· · · · · · · · · · · · · · · · · · ·				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include				<del></del>
U	section 401(k) and 403(b) employer contributions).				
9	Other employee benefits	<del></del>	<del></del>	<del></del>	<del></del>
10	Payroll taxes	<del></del>			
11	Fees for services (non-employees):	· · · · · · · · · · · · · · · · · · ·			
	Management	540.	540.		
b	Legal	310.			<del></del>
c	Accounting	2310.	2310.	<del></del>	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
Ť	(A) amount, list line 11g expenses on Schedule O)	1313.	1313.		_
12	Advertising and promotion				
13	Office expenses	272.	272.		
14	Information technology	2529.	2529.		
15	Royalties				
16	Occupancy	6000.	6000.		
17	Travel	3460.	3460.		
18	Payments of travel or entertainment expenses		ļ	}	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2007.	2007.		-
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If			j	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	200	200		
	Memberships	200.	200.		
	Bank Charges	413.	413.		
C	IRS Fee	2607.	2607.		<del></del>
d	All other expenses				
	All other expenses  Total functional expenses. Add lines 1 through 34s.	21651.	21651.		
2 <u>5</u> 26	Total functional expenses. Add lines 1 through 24e.	21001.	41031.		
20	Joint costs. Complete this line only if the			ł	
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here			}	
	following SOP 98-2 (ASC 958-720)				
	TOTO WITH SOF 30-2 (MOC 300-720)				Form <b>990</b> (2016)

## Part X Balance Sheet

10a			Check if Schedule O contains a response or note to any line in this Part	X <u></u>		<u></u>
2 Savings and temporary cash investments.  3 Pledges and grants receivable, net.  4 Accounts receivable, net.  5 Loans and Outer receivable from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part I of Schedule I.  6 Loans and other receivables from other discussified persons (as defined under section 4586(f)(1), persons described in section 4586(f)(3)(6), and confributing employers and sponsoring organizations of section 50(f)(6) voluntary employees beneficiary organizations (see instructions) Complete Part I of Schedule L.  7 Notes and loans receivable, net.  7 Notes and loans receivable, net.  8 Prepard expenses and deferred charges.  10a Land, buildings, and equipment cost or other basis. Complete Part I of Schedule D.  10b J 32107.  10b J 32107.  10c J 32107.  10						
2 Savings and temporary cash investments		1	Cash—non-interest-bearing	74839.	1	1481.
3   Pledges and grants receivable, net   70.00 . 3   70.00 .		2		74395.	2	139663.
A   Accounts receivable, net   Complete		3		7000.	3	7000.
Section   Complete Part   C		4			4	
Complete Part I of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 48580f(1)), persons described in section 4858(c)(3)(8), and contributing employers and sponsoring organizations (see instructions) Complete Part I of Schedule L 7 Notes and loans receivable, net. 8 Inventiories for sale or use. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. Complete Part I of Schedule D 10b 32107 680500. 10c 671500. 11 Investments—publicy traded securities. 12 Investments—publicy traded securities. 13 Investments—publicy traded securities. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses. 18 Grants payable 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Secured mortgages and notes payable to unrelated third parties. 23 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities. Add lines 17 through 25. 26 Total liabilities. Add lines 17 through 25. 27 Torestricted net assets. 28 Temporarily restricted net assets. 29 Temporarily restricted net assets. 29 Temporarily restricted net assets. 29 Temporarily restricted net assets. 29 Temporarily restricted net assets. 29 Temporarily restricted net assets. 29 Temporarily restricted net assets. 29 Temporarily restricted net assets. 29 Temporarily restricted net assets. 29 Temporarily restricted net assets. 29 Temporarily restricted net assets. 29 Temporarily restricted net assets. 29 Temporarily restricted net assets. 29 Temporarily restricted net assets. 29 Temporarily restricted ne		5				
Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 48580f(1)), persons described in section 4858(-(3)(8), and contributing employers and sponsoring organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventiories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b 1 32107 680500. 10c 6771500. 11 Investments—publicly fraded securities 12 Investments—publicly fraded securities. 12 Investments—publicly fraded securities. 13 Investments—publicly fraded securities. 14 Intangible assets. 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses. 18 Grants payable 19 Deferred revenue. 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 21 Tax-exempt bond liabilities not included on lines 17-24). Complete Part IV of Schedule D 22 Secured mortgages and notes payable to unrelated third parties. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities for included on lines 17-24). Complete Part IV of Schedule D 26 Total liabilities. Add lines 17 through 25. 27 Torestricted net assets. 29 Permanently restricted net asset		1	trustees, key employees, and highest compensated employees.		] ]	
4958(f(f(f)), persons described in section 4958(c(f)3(B), and contributing employers and sponsoring organizations of section 51(c(f)) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L		1	the state of the s		5	
4958(f(f(f)), persons described in section 4958(c(f)3(B), and contributing employers and sponsoring organizations of section 51(c(f)) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L		6	Loans and other receivables from other disqualified persons (as defined under section			
sponsoming organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net. 8 Inventiories for sale or use. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation. 11 Investments—publicly traded securities. 12 Investments—publicly traded securities. 13 Investments—program-related. See Part IV, line 11. 13 Investments—program-related. See Part IV, line 11. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. See Part IV, line 11. 17 Accounts payable and accrued expenses. 19 Deferred revenue. 10 Deferred revenue. 10 Tax-exempt bond liabilities. 10 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 Secured mortgages and notes payable to unrelated third parties. 23 Unsecured notes and loans payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties. 26 Total liabilities. Add lines 17 through 25. 27 Unrestricted net assets. 28 Permanently restricted net assets. 29 Permanently restricted net assets. 29 Companizations that do not follow SFAS 117 (ASC 958), check here Part Accounts and Complete lines 37 through 34. 30 Capital stock or trust prinopaja, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 Paid-in or capit		1			] ]	
organizations (see instructions). Complete Part II of Schedule L 7		}			1 1	
9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10b 32107. 680500. 10c 671500.  11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11. 122 13 Investments—program-related. See Part IV, line 11. 122 15 Investments—program-related. See Part IV, line 11. 12 16 Total assets. Add lines 1 through 15 (must equal line 34) 938929. 16 824511. 17 Accounts payable and accrued expenses 914. 17 2688. 13000. 18 1300	ţ	}	, , , , , , , , , , , , , , , , , , , ,		6	
9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10b 32107. 680500. 10c 671500.  11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11. 122 13 Investments—program-related. See Part IV, line 11. 122 15 Investments—program-related. See Part IV, line 11. 12 16 Total assets. Add lines 1 through 15 (must equal line 34) 938929. 16 824511. 17 Accounts payable and accrued expenses 914. 17 2688. 13000. 18 1300	šse	7	- · · · · · · · · · · · · · · · · · · ·		7	
9   Prepaid expenses and deferred charges   10a   Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10a   703607.     b   Less: accumulated depreciation   10b   32107.   680500.   10c   671500.     11   Investments—publicly traded securities   11   12   12   13   Investments—other securities. See Part IV, line 11.   12   13   Investments—program-related. See Part IV, line 11.   13   14   Intangible assets   14   15   15   15   15   15   15   15	Ä	8			8	
10a		9			9	2672.
other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 32107. 680500. 10c 671500.  11 Investments—publicly traded securities 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		10a				<del> </del>
b Less: accumulated depreciation			- ' '		1 1	
11   Investments—publicly traded securities   11   12   17   17   17   17   17   17		Ь	· · · · · · · · · · · · · · · · · · ·	680500.	10c	671500.
12   Investments—other securities. See Part IV, line 11   13   Investments—program-related. See Part IV, line 11   14   Intangible assets   14   Intangible assets   14   Intangible assets   15   Intangible assets		11	·			
13   Investments—program-related. See Part IV, line 11   11   11   11   11   11   11   11		12	· · · · · · · · · · · · · · · · · · ·		12	
14   Intangible assets   14		13			13	
15 Other assets. See Part IV, line 11   2195. 15   2195.   16   70tal assets. Add lines 1 through 15 (must equal line 34)   838929   16   824511.   17   2688.   17   2688.   18   Grants payable and accrued expenses   914   17   2688.   13 000.   18   13 000.   18   13 000.   18   13 000.   19   13 000.		1			14	
16		15		2195.		2195.
17		16	The state of the s	838929.		824511.
19 Deferred revenue		17		914.	17	2688.
20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 Secured mortgages and notes payable to unrelated third parties. 23 Unsecured notes and loans payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 Total liabilities. Add lines 17 through 25 13914 26 15688.  Organizations that follow SFAS 117 (ASC 958), check here ☑ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets . 20100 28 86133.  28 Temporarily restricted net assets . 20100 28 86133.  Organizations that do not follow SFAS 117 (ASC958), check here ☑ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds . 30 Paid-in or capital surplus, or land, building, or equipment fund . 31 Paid-in or capital surplus, or land, building, or equipment funds . 32 Retained earnings, endowment, accumulated income, or other funds . 825015 33 808823.		18	Grants payable	13000.	18	13000.
20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 Secured mortgages and notes payable to unrelated third parties. 23 Unsecured notes and loans payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 Total liabilities. Add lines 17 through 25 13914 26 15688.  Organizations that follow SFAS 117 (ASC 958), check here ☑ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets . 20100 28 86133.  28 Temporarily restricted net assets . 20100 28 86133.  Organizations that do not follow SFAS 117 (ASC958), check here ☑ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds . 30 Paid-in or capital surplus, or land, building, or equipment fund . 31 Paid-in or capital surplus, or land, building, or equipment funds . 32 Retained earnings, endowment, accumulated income, or other funds . 825015 33 808823.		19	· ·	·	19	
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		20			20	
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow SFAS 117 (ASC 958), check here Add and complete lines 27 through 29, and lines 33 and 34.  28 Temporarily restricted net assets.  29 Permanently restricted net assets.  29 Organizations that do not follow SFAS 117 (ASC958), check here Organizations that do not follow SFAS 117 (ASC958), ch		21			21	
24 Unsecured notes and loans payable to unrelated third parties	S	22	Loans and other payables to current and former officers, directors,			
24 Unsecured notes and loans payable to unrelated third parties	Ĕ		trustees, key employees, highest compensated employees, and			
24 Unsecured notes and loans payable to unrelated third parties	äbi	1	disqualified persons. Complete Part II of Schedule L		22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow SFAS 117 (ASC 958), check here ☑ and complete lines 27 through 29, and lines 33 and 34.  28 Temporarily restricted net assets.  29 Permanently restricted net assets.  Organizations that do not follow SFAS 117 (ASC 958), check here ☑ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  33 Total net assets or fund balances.  35 Total net assets or fund balances.	Ï	23	Secured mortgages and notes payable to unrelated third parties		23	
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	
Part X of Schedule D		25	Other liabilities (including federal income tax, payables to related third			
Total liabilities. Add lines 17 through 25		}	parties, and other liabilities not included on lines 17-24). Complete			
Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets		}	Part X of Schedule D		25	
Complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets		26	Total liabilities. Add lines 17 through 25	13914.	26	15688.
Complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets			Organizations that follow SEAS 117 (ASC 958), check here			
Total Hot doctor of faile balances	es					·
Total Hot doctor of faile balances	Juc	27		804915	27	722690
Total Hot doctor of faile balances	ale		7			
Total Hot doctor of faile balances	P	l	· · ·			
Total Hot doctor of faile balances	5	23	· · · · · · · · · · · · · · · · · · ·		-23	<del></del>
Total Hot doctor of faile balances	or F					
Total Hot doctor of faile balances	ets	30	Capital stock or trust principal, or current funds		30	
Total Hot doctor of faile balances	SS	31	· · · · · · · · · · · · · · · · · · ·			
Total Hot doctor of faile balances	ĭ A	32			32	
	ž	33		825015.	33	808823.
		34	· · · · · · · · · · · · · · · · · · ·	838929.	34	824511.

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .	. (	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1_		546	60.
2	Total expenses (must equal Part IX, column (A), line 25)	2		216	51.
3	Revenue less expenses. Subtract line 2 from line 1	3_		1619	91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8	250.	15.
5	Net unrealized gains (losses) on investments	5_			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	_8_			
9	Other changes in net assets or fund balances (explain in Schedule O)	_9_			<u>-1.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_		
	column (B))	10	8	0882	<u>23.</u>
Par	Financial Statements and Reporting			ı	
	Check if Schedule O contains a response or note to any line in this Part XII	<u>· · · · </u>	<u> </u>	· [	
1	Accounting method used to prepare the Form 990. Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		_	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		ŀ		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:		•		
	Separate basis Doth consolidated and separate basis		4		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		. <u>2c</u>		
	If the organization changed either its oversight process or selection process during the tax year, explain in			:	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		ļ	1	
	the Single Audit Act and OMB Circular A-133?		. <u>3a</u>	<del>  </del>	<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			}	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u> </u>	<u>   3b</u>	900	0040
			Forr	1 <b>990</b> (	2016)

### **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.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Cre	Creating Great Places 26-1827029											
Pa	rt I	Re	ason fo	r Public Cha	arity Status (	(All or	ganizations mu	st co	mplete th	nis part.)	See instructions.	
	The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.)											
1	The state of the s											
2	$\square$	A sch	ool desc	rıbed in <b>sectio</b>	on 170(b)(1)(A	<b>(/ii).</b>	Attach Schedule	E (Fo	rm 990 oı	· 990-EZ).	)	
3	Ш	A hos	spital or a	cooperative h	ospital service	e orgar	nization describe	d in s	ection 17	70(b)(1)(A	ı)(iii).	
4	_			earch organiza le, city, and sta	•	in con	junction with a ho	ospita	describe	d in sect	ion 170(b)(1)(A)(iii	). Enter the
5					the benefit of omplete Part I		ege or university	owne	d or oper	ated by a	governmental unit o	lescribed in
6		A fed	eral, stat	e, or local gove	ernment or gov	vernme	ental unit describ	ed in	section	170(b)(1)	(A)(v).	
7	X	An or desci	ganizatio	n that normall	y receives a su (1)(A)(vi). (Co	ubstan mplete	itial part of its sup e Part II.)	port f	rom a gov	vernmenta	al unit or from the ge	eneral public
8							)( <b>A)(vi)</b> . (Comple	ete Pa	rt II.)			
9		An ag	ricultura versity o	research orga	anization desci	ribed ii	n section 170(b)	(1)(A)	(ix) opera		njunction with a land city, and state of the	
10		An or receit suppo	ganization ots from a ort from g	activities relate ross investme	ed to its exempent income and	t funct d unrela	tions—subject to	certa xable	n excepti income (l	ons, and ( ess section	ions, membership fo (2) no more than 33 on 511 tax) from bus III.)	1/3% of its
11		An or	ganizatıo	n organized a	nd operated ex	xclusiv	ely to test for pul	blic sa	ifety. See	section	509(a)(4).	
12	_	of one	or more	publicly supp	orted organiza	ations o	described in sec	tion 5	09(a)(1)	or <b>sectio</b> i	ions of, or to carry on 509(a)(2). See see and complete lines	ction 509(a)(3).
а		Ty the	pe I. A su	ipporting orga ed organizatio	nization opera n(s) the power	ited, su r to reg	upervised, or con	trolled elect	by its su	pported o	rganization(s), typic rectors or trustees o	ally by giving
ь	_	coi	ntrol or m	anagement of	the supporting	g orga		n the s			rted organization(s) control or manage tl	
С	_	its	supporte	d organization	(s) (see instru	ctions)	). You must con	nplete	Part IV,	Sections		-
ď		tha	t is not fu	inctionally inte	grated. The or	rganiza		ust sa	itisfy a dis	stribution	n with its supported requirement and an art V.	
е		] Ch	eck this t	oox if the orgai	nization receiv	ed a w		tion fr	om the IR	S that it is	s a Type I, Type II, T	ype III
f					d organization							
g							rted organization		(in A la Aba		[A. A	full Amount of
	(I) N	ame oi	supported (	organization	(ii) EIN		(iii) Type of organiz (described on lines above (see instruct	1-10	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					j		}		Yes	No		
A)					1							
B)									·			
C)				<del></del>								
D)	_			*					<del> </del>			<del></del>
E)				<del></del>					<del> </del>			
						1	i					

Total

instructions.

Sch	edule A (Form 990 or 990-EZ) 2016 CIEACI	ng Great i	races			20-182	7029 Page
P	art II Support Schedule for Orga	nizations Des	ribed in Secti	ons 170(b)(1)(	A)(iv) and 170	(b)(1)(A)(vi)	<del></del>
	(Complete only if you checke				-	•	ler
	Part III. If the organization fai	is to qualify und	er the tests list	ed below, pleas	se complete Pa	art III.)	
	ction A. Public Support			· · · · · · · · · · · · · · · · · · ·		<del></del>	
Cal	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1		ľ	l			Į	
	membership fees received (Do not				40000	4000	
_	include any "unusual grants ")	53936.	49459.	12500.	40000.	4200.	160095
2		{	{				
	benefit and either paid to or expended on its behalf						<del></del>
3	1	[				ł	
	furnished by a governmental unit to the organization without charge.						
4	Total. Add lines 1 through 3	53936.	49459.	12500.	40000.	4200.	160095
5	The portion of total contributions by each						
	person (other than a governmental unit	1					
	or publicly supported organization)	1			·		
	included on line 1 that exceeds 2%		ľ				
	of the amount shown on line 11,						
_	column (f)	<del>,</del> _					
	Public support. Subtract line 5 from line 4	<u> </u>	<u></u>	_ <u>,</u> L			160095
	ction B. Total Support	(a) 2012	(h) 2012	(2) 2014	/d\ 2045	(2) 2016	(5) Total
_	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013 49459.	(c) 2014	(d) 2015 4 0000.	(e) 2016 4 2 0 0 .	(f) Total
7 8	,	53936.	49459.	12500.	40000.	4200.	160095
0	Gross income from interest, dividends, payments received on securities loans,		1	1	•		
	rents, royalties and income from similar		{	1		}	
	sources	1456.	152.	263.	386.	182.	2439
9	Net income from unrelated business						
•	activities, whether or not the business is	}		1	ì		
	regularly carried on		1	1	j	}	
10	Other income. Do not include gain or						
	loss from the sale of capital assets	{			1		
	(Explain in Part VI)				-37401.	1078.	-36323
11	Total support. Add lines 7 through 10.		الاستعباب الكاديجة ويتخم		e week in the second	and the state of t	126211
12	Gross receipts from related activities, etc. (se	e instructions)			{	12	
13	First five years. If the Form 990 is for the org					3)	_
	organization, check this box and stop here	<del></del>	· · · ·	· · · · · · · ·	· · · · · · · ·	<del>.</del>	· · •
	tion C. Computation of Public Sup						
	Public support percentage for 2016 (line 6, co	``		)		14	100.00%
15	Public support percentage from 2015 Schedu				· L	15	100.00%
l6a	33 1/3% support test—2016. If the organizar and stop here. The organization qualifies as			and line 14 is 33 1/	/3% or more,		<b>▶</b> [X
b	33 1/3% support test—2015. If the organization and stop here. The organization qualifies				33 1/3% or more,	check this	
7a	10%-facts-and-circumstances test—2016.	f the organization of	lid not check a box	on line 13, 16a, o	r 16b, and line 14		<u></u>
	is 10% or more, and if the organization meets Part VI how the organization meets the "facts						
	organization						▶[
	10%-facts-and-circumstances test—2015.						
	15 is 10% or more, and if the organization me					plain in	
	Part VI how the organization meets the "facts-	-and-circumstances	r test. The organiz	ation qualifies as a	a publicly		
	supported organization						· • [_
8	Private foundation. If the organization did no	it check a box on lii	ne 13, 16a, 16b, 1	7a, or 17b, check ti	his box and see		

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

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service 1 of organizations exempt from medicine tax order section 501(c) and 500001 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations. Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

(Pro	xy Tax) (see separate instr	ructions), then								
• 5	Section 501(c)(4), (5), or (6) of	organizations. Complete Part III								
Nam	Name of organization Employer identification number									
_	Creating Great Places26-1827029									
Pa	rt I-A Complete if	the organization is exempt und	ler section 501(	c) or is a section 527	organization.					
1	Provide a description of	the organization's direct and indirect	political campaigi	n activities in Part IV. (see	instructions for					
	definition of "political car									
2	Political campaign activity expenditures (see instructions)									
3	Volunteer hours	<del> </del>	<u> </u>	<del> </del>						
Pa	rt I-B Complete if	the organization is exempt und	ler section 501	(c)(3).						
1		excise tax incurred by the organizat								
2	Enter the amount of any	excise tax incurred by organization	managers under s	section 4955 🕨 \$						
3	If the organization incurr	red a section 4955 tax, did it file Forn	n 4720 for this yea	ar?	. Yes No					
4a	Was a correction made	?			Yes No					
b	If "Yes," describe in Part									
Pa	rt I-C Complete if	the organization is exempt und	er section 501(	c), except section 501	(c)(3).					
1	Enter the amount directly	y expended by the filing organizatior	for section 527 e	xempt function						
2	Enter the amount of the	filing organization's funds contributed	d to other organiza	ations for section						
	·-	ıvitıes		•						
3		penditures. Add lines 1 and 2. Enter								
4		n file Form 1120-POL for this year?			Yes No					
5		sses and employer identification num								
		ents. For each organization listed, e								
		ontributions received that were prom								
	as a separate segregate	d fund or a political action committee	(PAC). If addition	nai space is needed, provi	de information in Part IV.					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political					
				filing organization's funds If none, enter -0-	contributions received and promptly and directly					
				i i i i i i i i i i i i i i i i i i i	delivered to a separate					
					political organization If					
					none, enter -0-					
(1)					}					
		<del> </del>	<del></del>		<del> </del>					
(2)										
					<del> </del>					
(3)					}					
(4)										
(5)										
6)										
6)					1					

	Creating Great Places edule C (Form 990 or 990-EZ) 2016				26-18270	129 Page <b>2</b>
E	art II-A Complete if the organization under section 501(h)).	on is exempt	under section 5	01(c)(3) and filed	Form 5768 (elec	
A B	Check ▶☐ If the filing organization be name, address, EIN, exp Check ▶☐ If the filing organization c	enses, and sh	are of excess lob	bying expenditure	es).	member's
	Limits on Lob (The term "expenditures" n	bying Expendineans amounts		)	(a) Filing organization's totals	(b) Affiliated group totals
1a b c d e f	b Total lobbying expenditures to influence a legislative body (direct lobbying)				3,460. 3,460. 3,460.	
	If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  Over \$17,000,000	20% of the a \$100,000 pl \$175,000 pl	ng nontaxable amoust amount on line 1e. us 15% of the excess us 10% of the excess us 5% of the excess of	over \$500,000 over \$1,000,000.		
g h i	Grassroots nontaxable amount (enter 25% Subtract line 1g from line 1a. If zero or less Subtract line 1f from line 1c. If zero or less If there is an amount other than zero on e section 4911 tax for this year?	% of line 1f) ss, enter -0	ine 1ı, did the orga			Yes X No
-	4-\ (Some organizations that made a s	rear Averaging ection 501(h) e	g Period Under se	ction 501(h) ve to complete all		below.
	Lobbyii Calendar year (or fiscal year beginning in)	g Expenditure	es During 4-Year A	(c) 2015	(d) 2016	(e) Total
2a	Lobbying nontaxable amount			12.	692	704

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d)</b> 2016	(e) Total					
 2a	Lobbying nontaxable amount			12.	692.	704.					
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,056.					
С	Total lobbying expenditures			60.	3,460.	3,520.					
d	Grassroots nontaxable amount			3.	173.	176.					
е	Grassroots ceiling amount (150% of line 2d, column (e))					264.					
f	Grassroots lobbying expenditures	1		1							

Schedule C (Form 990 or 990-EZ) 2016

Pa	rt II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	5768		
For	each "Ye	es," response on lines 1a through 1i below, provide in Part IV a detailed	(	a)		(b)	
desc	cription c	f the lobbying activity.	Yes	No	A	moun	ıt.
1	During t	he year, did the filing organization attempt to influence foreign, national, state or local					=
	legislati	on, including any attempt to influence public opinion on a legislative matter or					
		dum, through the use of:					
a		ers?	<b> </b>	<u>X</u>			
р		iff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>	X			
C		dvertisements?		X			
d		s to members, legislators, or the public?	├	X			
e f		tions, or published or broadcast statements?		$\frac{\lambda}{X}$			
g		ontact with legislators, their staffs, government officials, or a legislative body?	X	1	3	,46	0.
h		demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	<del>-</del>	<u>/</u>	<u> </u>
i		ctivities?		Х			
j	Total. A	dd lines 1c through 1i			3	,46	0.
2a	Did the	activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			
b		enter the amount of any tax incurred under section 4912					
C		enter the amount of any tax incurred by organization managers under section 4912					
		ng organization incurred a section 4912 tax, did it file Form 4720 for this year?		Χ			
Par	t III-A	Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	c)(5),	or se	ction		
						Yes	No
1		ubstantially all (90% or more) dues received nondeductible by members?			1		<u> </u>
2		organization make only in-house lobbying expenditures of \$2,000 or less?			2		<u> </u>
3_	Did the d	rganization agree to carry over lobbying and political campaign activity expenditures from the prior year.  Complete if the organization is exempt under section 501(c)(4), section 501(			3		<u> </u>
1		501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."		) Part		line	3, is
2		162(e) nondeductible lobbying and political expenditures (do not include amounts of	•	1			
-		expenses for which the section 527(f) tax was paid).					
а	-	year		2a			
b		er from last year		2b			
С	Total .		•	2c			
3	Aggrega	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	excess o	s were sent and the amount on line 2c exceeds the amount on line 3, what portion of the loes the organization agree to carryover to the reasonable estimate of nondeductible					
_		and political expenditure next year?		4			
		amount of lobbying and political expenditures (see instructions)		5			
Part		upplemental Information	. 11-4	\. D. 4			1
2 (see	instructi	scriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro ons); and Part II-B, line 1. Also, complete this part for any additional information - Schedule C - Part II-B - Line g					
all	s, em	ails and a trip to DC to discuss legislation to					
rea	te th	e Southern Prairie Potholes National Wildlife				<b></b> -	
efu	ge fo	r migratory waterfowl dependent on prairie pothole:	5		- <b></b> -		
			- <b></b> -			-	

### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Cre	eating Great Places	'	26-1827029
Pa	t I Organizations Maintaining Done	or Advised Funds or Other Similar I	Funds or Accounts.
		ered "Yes" on Form 990, Part IV, line	
	<del></del>	(a) Donor advised funds	(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).	}	<del></del>
4	Aggregate value at end of year	<del></del>	
5	Did the organization inform all donors and d	anar advisars in writing that the apparts ha	ld in denot advised
3		<del>_</del>	
_	funds are the organization's property, subject		
6	Did the organization inform all grantees, dor		
	used only for charitable purposes and not for		
	purpose conferring impermissible private be	netit <sup>7</sup>	· · · · · · · · · Yes No
Pa	t II Conservation Easements.		
	Complete if the organization answ	ered "Yes" on Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held		
	Preservation of land for public use (e.g., recr		on of a historically important land area
		· ==	· '
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ition held a qualified conservation contribu	ution in the form of a conservation
	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 eas	sements	2b
С	Number of conservation easements on a ce	rtified historic structure included in (a)	. 2c
d	Number of conservation easements included	d in (c) acquired after 8/17/06, and not on	a
	historic structure listed in the National Regis		1 1
3	Number of conservation easements modified		
-	the tax year ▶	-,ga,	organization daming
4	Number of states where property subject to	conservation easement is located	
5	Does the organization have a written policy r		ion handling of
•	violations, and enforcement of the conserva-		Yes No
6	Staff and volunteer hours devoted to monitoring, i		
	b	rispecting, nariding of violations, and emorang	y conscivation easements during the year
7	Amount of expenses incurred in monitoring, inspe	oting handling of walations, and anfaraing con	non-otion accoments during the user
'	► \$	cang, handling of violations, and emorcing con	servation easements during the year
	*	an line 2(d) above satisfy the requirement	to of annian 470/h\/4\/D\/;\
8	Does each conservation easement reported		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the	<u> </u>	inancial statements that describes
	the organization's accounting for conservation		
Par		ctions of Art, Historical Treasures,	
	Complete if the organization answer	ered "Yes" on Form 990, Part IV, line	8.
1a	If the organization elected, as permitted und	er SFAS 116 (ASC 958), not to report in it	ts revenue statement and balance sheet
	works of art, historical treasures, or other sim		
	of public service, provide, in Part XIII, the tex		
b	If the organization elected, as permitted under		
U	works of art, historical treasures, or other sim		
	Contribution of the contri	-4	•
	of public service, provide the following amou	nts relating to these items.	<b>► ↑</b>
	(i) Revenue included on Form 990, Part VIII (ii) Assets included in Form 990, Part X	, iine 1	· · · · · · • • • · · · · · · · · · · ·
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a	art, historical treasures, or other similar as	ssets for financial gain, provide the
	following amounts required to be reported ur	ider SFAS 116 (ASC 958) relating to thes	e items:
а	Revenue included on Form 990, Part VIII, lin	e 1	▶ \$
b	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·	

Sche	dule D (Form 990) 2016 Creating Grea	t Places					26	-182	7029	Page 2
Pai	t III Organizations Maintaining Col	lections of Ar	t, Histor	rical Tre	asures, or (	Other \$				
3	Using the organization's acquisition, acces	ssion, and other	records	, check a	ny of the follo	wing th	at are a significa	nt use o	f its	
	collection items (check all that apply):				•					
а	Public exhibition		d []	Loan	or exchange (	prograr	ns			
b	Scholarly research		е 🔲	Other		. <b></b> <del>.</del>				- <b></b>
С	Preservation for future generations									
4	Provide a description of the organization's	collections and	l explain	how they	further the or	rganıza	tion's exempt pu	rpose ir	Part	
_	XIII.									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Par	t IV Escrow and Custodial Arrange	ements.								F
-	Complete if the organization ans		n Form	990, Pa	rt IV, line 9,	or rep	orted an amoui	nt on F	orm	
1a	990, Part X, line 21.  Is the organization an agent, trustee, custo				-4		costo not			
14	included on Form 990, Part X?			-	intributions of		รระเร กบเ	$\square_{\mathbf{v}}$	es 🗀	No
b	If "Yes," explain the arrangement in Part X							• لــا	cs [	ן ויי
~	in roo, explain the directigoment in reactive	and complet	c are rom	owing tab	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Amount		
c	Beginning balance					10	<del></del>			
d	Additions during the year					1d	<del></del>			
е	Distributions during the year					1e	<del></del>			
f	Ending balance					_1f				
2a	Did the organization include an amount or	Form 990. Par	t X. line 2	21. for es	crow or custo	dial ac	count liability?	TY	es X	No
b	If "Yes," explain the arrangement in Part X						•		`` <b>`</b>	j
Pari		Griddik Hord			Tido Boot pro			· · ·		₹
all	Complete if the organization ans	wered "Yes" o	n Form	000 Pa	rt IV line 10					
	· · - · · · · · · · · · · · · · · · · ·	a) Current year	(b) Pric		(c) Two years		(d) Three years back	(e) F	our years	s back
1a	Beginning of year balance	, ,	(-/	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	(0)		(-,	+ `-	70	
b	Contributions						· <del></del>			
c	Net investment earnings, gains,							<del> </del>		
-	and losses	1			}	j				
d	Grants or scholarships									
e	Other expenditures for facilities					-				
	and programs									
f	Administrative expenses									
g	End of year balance					1		J		
2	Provide the estimated percentage of the cu	-		(line 1g, d	column (a)) he	eld as:				
а	Board designated or quasi-endowment	▶ 0.0	00%							
b		.00%								
С	Temporarily restricted endowment	0.00%	.0.							
<b>-</b>	The percentages on lines 2a, 2b, and 2c sl Are there endowment funds not in the post					-l::				
3a	organization by:	session of the o	nyanizati	on mai a	re neio ano a	Ominisi	ered for the		Yes	No
								3a(i)	163	140
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organ							3b		
4	Describe in Part XIII the intended uses of t					• •				
art										
	Complete if the organization answ		n Form	990, Par	rt IV, line 11a	a. See	Form 990, Par	t X, line	e 10.	
	Description of property	(a) Cost or other	er basis	(b) Co	st or other	(c) /	Accumulated	(d) B	ook valu	e
		(investme	nt)		s (other)		epreciation			
la	Land								5,00	
b	Buildings			360	0,000.		13,500.	34	5,50	0.
C	Leasehold improvements									
d	Equipment			18	3,607.		18,607.			
e	Other	<u> </u>				<del></del> -				
otal	Add lines 1a through 1e. (Column (d) mus	t equal Form 99	90, Part )	X, columr	n (B), line 10c	.)	🕨 📗	67:	1,50	0.

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

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2016

Open to Public Inspection

Creating Great Places		26-1827029
Form 990 - Page 6 Line 6b		
Depreciation - Form 4562	\$9,001	
Property Tax	7,984	
Utilities	3,926	
Repairs	14 000	
Insurance	2,294	
Total Page 6 - Line 6b Expenses		93
•		
***************************************		
Form 990 - Page 6 - Section C, Lin	e 19	
Governing documents, conflict of i	nterest policy and	
financial information is available	for inspection by	the
public upon request.		
Form 990 - Page 12 - Line 9		
Rounding		