	2			NGE OF ACCOUNTS			OMB No. 1545-0047
Fam	" 9 8	90	Under section 501(c), 527, o				2017
Depar	riment of	the Treasury		cial socurity numbers on ti			Open to Public
		2017 colond	► Go to www.h	s.gov/Form990 for instruct JAN 1, 2018		JUN 30, 2018	Inspection
Во	hock if	C Name of	organization	UAN 1, 2016	and ending	D Employer Identificati	on number
_	Address change	.	TE NOW, INC.				
	Name		usiness as			95-459	0574
	inidal return Trinei		and street (or P.O. box if mail is S. HOPE STREET	not belivered to sheer sociess)	Room/st	ite E Telephone number 213-74	7_277
_	return/ terret- ters	City or to	own, state or province, country	, and ZIP or foreign postal c	ods =	G Grass receipts 8	148,358.
区	Amende ratum Applica- ilon	LOS	ANGELES, CA 901			H(a) is this a group return	
_	Deurgud Tipu		nd address of principal officer: AS C ABOVE	UIDD GURK	~	for subordinates? H(b) Are all subordinates include	
		mpt status:			47(a)(1) or (())	11 "No," attach a fist.	(see instructions)
			: //CREATENOW. ORG	Association Other	F 1 1 1 Y	H(c) Group exemption number of formation: 1996 M St	
	nt I	Summary			1		
8			e the organization's mission or ARTS EDUCATION			OW EMPOWERS YOU? GRAMS (CONTINUE	
ğ	2 0	heck this ba	if the organization	discontinued its operations	a qisbega cu		
Gover	3 N	lumber of vot	ing members of the governing	body (Part VI, line 1a)			11
9	4 N	lumber of ind	ependent voting members of the	he governing body (Parl VI, I	Sp TVN.	n-7-2019	11 0
휣	BT	otal number (otal number (of individuals employed in cale of volunteers (estimate if neces	ndar year 2017 (Part V, line 2 sand		() 7 2013 (b) 6	36
ŧ			business revenue from Part V		- AGD	EN, UT	0.
4	<u>6 N</u>	let unrelated (business taxable income from	Form 990-T, line 34	000		0.
	8 C	ontehetinne:	and grants (Parl VIII, line 1h)		ŀ	251,413.	Current Year 87,700.
Revenue					1	55,031.	60,646.
8			ome (Part VIII, column (A), line			29.	12.
~			(Part VIII, column (A), fines 5, 6			6,894.	0.
-			add lines 8 through 11 (must			313,367.	148,358.
- 1			niler amounts paid (Part IX, coh o or for members (Part IX, colu			0.	0.
ø	15 S	ialaries, other	compensation, employee bene	ofits (Part IX, column (A), line	s 5-10)	54,934.	44,844.
Expense	16a P	rofessional fu	indraising fees (Part IX, column	(A), fine 11e)		0.	12,190.
Š			ng expenses (Part IX, column (<u>21,813.</u>	272 810	104 431
-			s (Part IX, column (A), lines 11: s. Add lines 13-17 (must equal			272,810. 327,744.	104,421.
Ì	19 R	levenue less e	expenses. Subtract line 18 from	iline 12	······	<14,377.>	<13.097.>
5ह				The same same same same same same same sam		Beginning of Current Year	End of Year
器		otal assets (P		······································		95,498.	65,684.
~ 3			(Part X, line 26) und balances, Subtract line 21		······	15,244. 80,254.	<u>5,587.</u> 60,097.
		Signature		17077 (INB 20	9	00,234.1	00,037.
Under	r penaîti	les of perjury, i	declare that I have examined this i	eturn, including accompanying	schedules and state	ments, and to the best of my know	wledge and belief, it is
true, (correct,	and complete.	Declaration of preflater (other than	officer) is based on all informat	tion of which prepa	rer has any knowledge.	3/10
Qi	. 11	Signature	of officer #			Date /4/2	1110
Sign Here	Ι.	JILL	U	DIRECTOR			
		Print/Type prep		Preparer's signature		Date Cara X	PTIN
Paid Prapa		IICHABL	MICHAEL BERRY	CPA L		· · · · · · · · · · · · · · · · · · ·	P00179412
Use C	Daly F	firm's address	PO BOX 5045			Firm's EIN ▶	
	L		CULVER CITY, C	A 90230		Phono no. 310-	
			return with the preparer show				X Yos No
73200		E SCHEI	or Paperwork Reduction Act DULE O FOR ORGAN	IZATION MISSIO	N STATEM	^ 1	Form 990 (2017) N
	C	15 1	Image D	ont Rog	vest	6712	`
			l,	1 ^		になし く	11

, Form	n 990 (2017)	Page 2
	rt III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	[X]
1		
1	Briefly describe the organization's mission: CREAME NOW! C MYCCYON TO MONTHAME AND THERTRE MUE MOCH WILLNERARI.	
	CREATE NOW'S MISSION IS TO MOTIVATE AND INSPIRE THE MOST VULNERABLE	<u> </u>
	YOUTH TO ACHIEVE SUCCESS THROUGH THE ARTS. KIDS AND YOUNG ADULTS	
	WHO'VE BEEN ABUSED, ORPHANED, HOMELESS, INCARCERATED AND DEALING WI	
	OTHER CHALLENGES DEVELOP SELF-ESTEEM AND LEARN SKILLS (CONTINUE SCH	0}
2	Did the organization undertake any significant program services during the year which were not listed on the	
	pnor Form 990 or 990-EZ?	s X No
	If "Yes." describe these new services on Schedule O.	_
_		s X No
3		S IN
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	and
	revenue, if any, for each program service reported.	
4a	(Code.) (Expenses \$ 60,393. Including grants of \$) (Revenue \$,470. ₎
	CULTURAL JOURNEYS, VISUAL ARTS AND MUSIC	
		_
	CULTURAL JOURNEYS - FOSTER TEENS AND RUNAWAY KIDS EXPERIENCED LA	
		
	SOLEIL. DOZENS OF AT-RISK KIDS WERE INSPIRED AT WALT DISNEY CONCERT	
	HALL AND THE HOLLYWOOD BOWL. THERE WERE POPULAR FILM SCREENINGS,	
	SPORTS, AND MANY MORE FANTASTIC EVENTS. MANY OF THE KIDS WHO ATTEND	ARE
	MORE FOCUSED AND ABLE TO CONCENTRATE LONGER AFTER ATTENDING OUR	
	CULTURAL JOURNEYS. THEY WANT TO EXPLORE MORE OF THE WORLD THEY LIVE	IN.
	THEIR CONFIDENCE, MOTIVATION AND GOALS ARE ENHANCED. 764 KIDS ATTEN	
	AT LEAST ONE OF THE ABOVE EVENTS (CONTINUE ON SCH O).	
	ALL MAINT OND OF THE MEDICAL STRAINS (CONTINUE ON DOIL O/)	
	41 012	,176.)
4b		,110.
	PERFORMING ARTS, WRITING, AND DIGITAL MEDIA	
	PERFORMING ARTS - TEENS WHO RAN AWAY FROM HOME OR WERE THROWN OUT G	OT
	TO PLAY IMPROV GAMES AT ANGEL'S FLIGHT EMERGENCY SHELTER.	
	POVERTY-STRICKEN CHILDREN AT THE ST. FRANCIS CENTER FOOD PANTRY DID	
	TOO. THERE WERE 28 PARTICIPANTS.	
	WRITING - STUDENTS AT BERT CORONA MIDDLE SCHOOL IN PACOIMA WROTE	
	STORIES, POEMS AND COMIC STRIPS THAT WERE PUBLISHED AS BOOKS THEY C	AN
	SHARE AND TREASURE. THERE WERE 15 PARTICIPANTS.	
	CONTINUE ON SCH O	
40	25 770	1
~~	(Coder) (Expenses \$ 25,770 including grants of \$) (Revenue \$	
	PADITON AND CODINANT ANTO	
	DAGUTON CONGTONS OF MERNAGE CARD G-/WANT-OR-MURW-VOMURES-INIO-ARE-	
	FASHION - CONSISTS OF TEENAGE GIRLS (MANY OF THEM MOTHERS) WHO ARE	
	VICTIMS OF SEX TRAFFICKING MADE BEAUTIFUL JEWELRY AT CRITTENTON	
	SERVICES IN FULLERTON. ONE GIRL'S DESIGN WON A UNIQUE CONTEST AND I	<u>T</u>
	HAS BEEN PRODUCED AS PENDANTS THAT WILL BE SOLD. THERE WERE 12	
	PARTICIPANTS.	
	CULINARY ARTS - FOSTER YOUTH AGES 18-24 WHO HAVE AGED OUT FROM DCFS	AND
	ARE IN TRANSITION AT UNITED FRIENDS OF CHILDREN AND THE DREAM CENTE	
	WERE TAUGHT ABOUT NUTRITION, SAFETY, HOW TO PREPARE DELICIOUS FOOD	
	MORE. SOME OF THEM RECEIVED FOOD HANDLERS' (CONTINUE ON SCH O)	
4d	Other program services (Describe in Schedule O.)	
	(Expenses 5 Including grants of 8) (Revenue 5)	
40	Total program service expenses ► 127, 175.	
		990 (2017)
732002	SEE SCHEDULE O FOR CONTINUATION(S)	
	2	



Form 990 (2017) CREATE NOW, INC.
Part IV Checklist of Required Schedules

95-4590574 Page 3

		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	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	ł		1
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	1		
	similar amounts as defined in Revenue Procedure 98-19? 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	()		
	provide advice on the distribution or investment of amounts in such funds or accounts? # *Yes, * complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,]		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1		
	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	ĺ		
	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			•
	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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total	١ ا		v
	assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII	11b	-	X
C	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total	اما		x
	assets reported in Part X, line 167 // "Yes," complete Schedule D, Part VIII	116		
đ	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	امما		X
	Part X, line 167 // "Yes," complete Schedule D, Part IX	11d	х	
	Did the organization report an amount for other liabilities in Part X, line 257 if "Yes," complete Schedule D, Part X	118	-	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	اسا		X
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	$\overline{}$	
128	Did the organization obtain separate, independent audited financial statements for the tax year? # 'Yes, ' complete	12a]	X
_	Schedule D, Parts XI and XII	""		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		148		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	}		
	or more? (f "Yes," complete Schedule F, Parts I and IV	146	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		\neg	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		$\neg \neg$	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	i	<u>x</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		一	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		\Box	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part Vill, line 9a? # 'Yes,'			
	complete Schedule G. Part III	19		X
		Form	990 (2017)

732004 11-28-17

~	rt V Statements Regarding Other IRS Filings and Tax Compliance			090
	Check if Schedule O contains a response or note to any line in this Part V			<u></u>
	Ondex in dendante de contains a response of note to dry the invalid tax V		1 24	ـ زد ا
_	Enter the number reported in Box 3 of Form 1096. Enter -0- If not applicable		Yes	No
18		4		
ь	the the homber of Forms vi-26 included in the 18. Enter 4-1 not applicable	4		
c	Old the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<u> </u>	├ ──	
	(gambling) winnings to prize winners?	1c	ļ	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	.1		
	filed for the calendar year ending with or within the year covered by this return 2a 2a 2	-		
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)	-	-	┰
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	 	X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	36		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	١.		x
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	 	_^
ь	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
	Oid any taxable party notity 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_	 	\vdash
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			İ
_	were not tax deductible?	6b		-
7	Organizations that may receive deductible contributions under section 170(c). 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	<u> </u>	x
		7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	/6	-	<u> </u>
C	to file Form 8282?	7c		х
d	If "Yes," Indicate the number of Forms 8282 filed during the year	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		X
í	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
8	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79	N/	Ä
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Old a donor advised fund maintained by the N/A			
	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 49667 N/A	9a		
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	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	. I		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A 11a	1 1		
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		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		↓	
8	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.		1	
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	1	- 1	
	Enter the amount of reserves on hand	┝		٦,
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
Ь_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	
		Form	990 (2017

Form	990 (2017) CREATE NOW, INC.		95-45	9057	4 F	ege 6
	t VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 the	rough	7b below, and fo	ra "No"	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	structions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
_					Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year	1a]	11		\Box
•-	If there are material differences in voting rights among members of the governing body, or if the governing					1 1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
ь	Enter the number of voting members included in line 1a, above, who are independent	1b		11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	_	ny other	\neg		
_	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customanly performed by or under the			"		
3	of officers, directors, or trustees, or key employees to a management company or other person?			3		l x
4	Old the organization make any significant changes to its governing documents since the prior Form 95				1	X
4	Did the organization become aware during the year of a significant diversion of the organization's asset			··· 5	+	X
5				6	+	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			··· - •	+	
78				78		l x
	more members of the governing body?			 	+	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			-		x
_	persons other than the governing body?			7Ь	+	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		tollowing	<u> </u>	╢┯	∤ -
а	The governing body?	•••		. <u>Ba</u>	1	x
Ь	Each committee with authority to act on behalf of the governing body?			. <u>8b</u>	+	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			- i -		١.,
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			. 9	ــــــــــــــــــــــــــــــــــــــ	<u> </u>
Sec	tion B. Policies This Section B requests information about policies not required by the Internal Rev	enue :	Code.)			
				_	Yes	
	Did the organization have local chapters, branches, or affiliates?			• <u>10a</u>	4	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	ipters,	affiliates,	ļ		
	· · · · · · · · · · · · · · · · · · ·				7	—
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the form?	11a	X	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				· 	ا لــــــا
12a	Did the organization have a written conflict of interest policy? If *No,* go to line 13 13			. 12a	$\overline{}$	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t	o confl	licts?	. 12b	4—	<u>X</u>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? H "Ye	es,* de	scribe			l
	in Schedule O how this was done			12c	4	X
13	Did the organization have a written whistleblower policy?			13	┼	X
14	Did the organization have a written document retention and destruction policy?			14	—	X_
15	Did the process for determining compensation of the following persons include a review and approval	by ind	lependent	- 1	İ	1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				-l	
а	The organization's CEO, Executive Director, or top management official	•••••	.,	. 15a	X	
ь	Other officers or key employees of the organization		•••	. 15b	4	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				1	1 1
16a	Old the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent wi	th a	_	.	
_	taxable entity during the year?		- 	. 16a	1	X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	its pa	ırticipatıon	1		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz	ation'	s			
	exempt status with respect to such arrangements?			16ь		
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶CA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio	n 501(c)(3)s only) availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain I	n Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, confl			nd finan	cial	
	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	s and	records: 🕨			
	THE ORGANIZATION - 213-747-2777	,	··			
	1611 S. HOPE STREET, NO. E, LOS ANGELES, CA 90015-	411	6			
722000	11-28-17			For	n 990	(2017)
JEVUI	11-28-17			rull	.,	(2017)

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

X

Section A. Officers, Directors, Trustoes, 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 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.

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

TRACY SOLOMON CLARK 7.50	Check this box if neither the organization n	or any related	orga	ıniza	tion	cor	nper	sat	ed any current officer, d	rector, or trustee	<u> </u>
Call Dark Mark	(A)	(B)							(D)	(E)	(F)
Nours per Nour	Name and Title	Average	1,00					~-	Reportable	Reportable	Estimated
C11 JAKE WINETT		hours per	box	box, urdess person is both an		compensation	compensation	amount of			
related organizations below line)			H					1003	1	i e	
related organizations below line)			튙	ŀ		ĺ					•
Delow First Firs			5	E			P P		_	(W-2/1099-MISC)	
Delow First Firs			Ħ	1	ł	l z	Į.	1	(W-2) 1099-WISC)		
CI		1 *	1 5	i i	i.	1	12 5	١.		}	
CI		1	ğ	를	Į	🕏	콜음	ĬĔ			0.94
12 TRACY SOLOMON CLARK 7.50 X X X 0.	(1) JAKE WINETT	4.00			Г	Ī		┌╴			
SEE SCH O	DIRECTOR, BOARD CHAIR		X		X		<u> </u>		0.	0.	0.
13 NAOHI DOXIAM	(2) TRACY SOLOMON CLARK	7.50									
DIRECTOR, TREASURER (START MARCH 201	SBE SCH O		X		X				0.	0.	0.
14 LAUREN DEVILLIER 2.00 X X X 0.	(3) NAOHI DOHKAM	7.00			Γ						
DIRECTOR SECRETARY X X X X X X X X X	DIRECTOR, TREASURER (START MARCH 201		X	L	X			<u> </u>	0.	0.	0.
STATE STAT	(4) LAUREN DEVILLIER	2.00								_	
DIRECTOR X	DIRECTOR, SECRETARY		X		X				0.	0.	0.
SEANDON DEAN JOENSON S.00 X	(5) MICHAEL HABASHI	3.00									
SEANDON DEAN JOHNSON	DIRECTOR	•]x						0.	0.	0.
(7) STEPHANIE MAZEPA	(6) BRANDON DEAN JOHNSON	8.00	Г								
DIRECTOR (START MARCH 2018) X	DIRECTOR] X			١.,			0.	0.	0.
S ELIZABETH MCGEE 3.00	(7) STEPHANIE MAZEPA	4.00				-					
DIRECTOR (START MARCH 2018) X	DIRECTOR (START MARCH 2018)		X						0.	0.	0.
10 DANIEL OGHI 3.00	(8) ELIZABETH MCGEE	3.00									
DIRECTOR X	DIRECTOR (START MARCH 2018)		X						0.	0.	0.
Column C	(9) DANIEL OGHI	3.00									
DIRECTOR (START MARCH 2018) X	DIRECTOR		Х						0.	0.	0.
(11) YOLANDA SEPULVEDA	(10) CHRISTOPHER PITCHER	3.00									
DIRECTOR X	DIRECTOR (START MARCH 2018)		X						0.	0.	0.
Company Comp	(11) YOLANDA SEPULVEDA	4.00									
DIRECTOR- SEE SCH 0	DIRECTOR		X						0.	0.	0.
(13) LENA KENT 5.00 X X O. 0. 0. (14) JILL GURR 45.00	(12) JAY NIKOLICH	2.00									
DIRECTOR, TREASURER (LEPT MARCH 2018 X X X 0. 0. 0. (14) JILL GURR 45.00	DIRECTOR- SEE SCH O		X						0.	0.	0.
(14) JILL GURR 45.00	(13) LENA KENT	5.00									
	DIRECTOR, TREASURER (LEFT MARCH 2018		X		X				0.	0.	0.
EXECUTIVE DIRECTOR X 22,340. 0. 0.	(14) JILL GURR	45.00									
	EXECUTIVE DIRECTOR				X				22,340.	0.	0.
			Н	Н	Ц		\vdash			_	
			Н	\Box	\dashv		-				
000											

732007 11-28-17

Form 990 (2017)

732008 11-28-17

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing 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		<u></u>		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	22,340.	15,638.	2,234.	4,468
	trustees, and key employees	22,340.	13,030.	2,2321	
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	20,800.	18,720.		2,080
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,704.	1,534.		170
11	Fees for services (non-employees):				
a	Management				
	Legal				
	Accounting	3,068.		3,068.	
d	Lobbying				12 100
0	Professional fundraising services. See Part IV, line 17	12,190.			12,190
f	Investment management fees				·
9	Other. (If line 11g amount exceeds 10% of line 25,	67 252	67,179.		73
	column (A) amount, list line 11g expenses on Sch O.)	67,252.	67,179.		13
12	Advertising and promotion				
3	Office expenses	5,562.	3,896.	383.	1,283
14 15	Royalties		3,000.		
16	Occupancy	6,854.	5,826.	514.	514
7	Travel	1,355.	911.	99.	345
8	Payments of travel or entertainment expenses				
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	2,881.	2,449.	216.	216
3	Insurance	17885-	-1,697.		<u> </u>
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	8,486.	7,606.	864.	16
ь	MEMBERSHIP DUES	2,175.		2,175.	
-	BOARD EXPENSES	1,516.		1,516.	
d	AUTO AND PARKING	1,048.	1,048.		
e	All other expenses	2,339.	671.	1,398.	270
5	Total functional expenses Add lines 1 through 24e	161,455.	127,175.	12,467.	21,813
5	Joint costs. Complete this line only if the organization				
	reported in column (8) joint costs from a combined	ļ			
	educational campaign and fundraising solicitation,	1			

170____1

	Check if Schedule O contains a response or not	0.00		(A)	<u> </u>	(B)		
				Beginning of year		End of year		
1	Cash - non interest-bearing			65,254.	1	43,122		
2	Savings and temporary cash investments				2			
3	Pledges and grants receivable, net	ſ		3				
4	Accounts receivable, net			4				
5	Loans and other receivables from current and fo							
•	trustees, key employees, and highest compense							
	Part II of Schedule L				5			
6	Loans and other receivables from other disquali			-				
ľ	section 4958(f)(1)), persons described in section	•	•					
	employers and sponsoring organizations of sect			•				
	employees' beneficiary organizations (see instr)				6			
١.					7	·		
7	Notes and loans receivable, net				8	····		
8	inventories for sale or use				9			
9	Prepaid expenses and deferred charges							
10a	Land, buildings, and equipment: cost or other	l l	44 526					
1	basis. Complete Part VI of Schedule D	10a	21 064	29,153.		22,56		
b	Less: accumulated depreciation			23,153.	10c	22,30		
11	Investments - publicly traded securities			11				
12	Investments - other securities. See Part IV, line 1			12				
13	Investments - program-related. See Part IV, line			13				
14	Intengible assets	Intengible assets						
15	Other assets. See Part IV, line 11			1,091.	15			
16	Total assets. Add lines 1 through 15 (must equ	al line 34		95,498.	16	65,68		
17	Accounts payable and accrued expenses			17				
18	Grants payable			18				
19	Deferred revenue		·	19				
20	Tax-exempt bond flabilities				20			
21	Escrow or custodial account liability. Complete				21			
22	Loans and other payables to current and former							
_	key employees, highest compensated employee							
1					22			
23	Secured mortgages and notes payable to unrela				23			
24	Unsecured notes and loans payable to unrelated			9,020.	24			
25	Other liabilities (including federal income tax, pa		, , , , , , , , , , , , , , , , , , ,					
~	parties, and other liabilities not included on lines	-						
		•	· 1	6,224.	25	5,58		
26				15,244.		5,58		
20	Organizations that follow SFAS 117 (ASC 958		hara N [X] and	20/022				
	•		nere P Las and					
	complete lines 27 through 29, and lines 33 an		-	39,501.	27	26,59		
27	Unrestricted net assets			40,753.	28	33,50		
28	Temporarily restricted net assets			40,733.				
29			"."". :		29			
	Organizations that do not follow SFAS 117 (A	SC 958),	check here					
	and complete lines 30 through 34.		j <u>-</u>		 }-			
30	Capital stock or trust principal, or current funds				30			
31	Paid-in or capital surplus, or land, building, or ec				31			
32	Retained earnings, endowment, accumulated in				32			
33	Total net assets or fund balances			80,254.	33	60,09		
34	Total liabilities and net assets/fund balances		1	95,498.	34	65,68		

Form	n 990 (2017) CREATE NOW, INC.	75-4570	D/4	Page 12
	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,358.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,455.
3	Revenue less expenses. Subtract line 2 from line 1	3		097.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	80	,254.
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	<u><7,</u>	<u> 060.></u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9		<u> </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	<u>60</u>	<u>,097.</u>
Pa	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u>. </u>
				es No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	D.	-	_
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 reviewed	on a	1	1 1
	separate basis, consolidated basis, or both:		1 1	1 1
	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:		1 1	1
	Separate basis Consolidated basis Both consolidated and separate basis			1 1
c	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?		2c	 ,
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	-	_
	Act and OMB Circular A-133?		3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36	
	•		Form 9	90 (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 95-4590574

		CREA	TE NOW, IN	·				77-4370314						
Pá	art I	Reason for Public	Charity Status	(All organizations must o	omplete t	ils part.) S	ee instructions.							
The	organ	ization is not a private found	dation because it is.	(For lines 1 through 12, o	heck only	one box.)								
1		A church, convention of ch		•			N.							
2	一	A school described in sect					U							
3	\equiv	A hospital or a cooperative		•			", <i>U</i> ,							
4	Ħ	A medical research organiz					•	the bosnital's name						
4	ш		ation operated in co	Mijunçuçir with a nospita	i described	in secu	on moleji divilinde zaret	the hospital s hamo,						
_	$\overline{}$	city, and state:			4									
5	ш	An organization operated f		ollege or university owner	or opera	ed by a g	overnmental unit descho	90 IN						
	_	section 170(b)(1)(A)(iv). (Complete Part II)											
6	\Box	A federal, state, or local go	vernment or governi	mental unit described in	section 1	70(b)(1)(A	(v).							
7														
		section 170(b)(1)(A)(vi). (Complete Part II.)												
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	rt II.)									
9		An agricultural research on	ganization described	in section 170(b)(1)(A)	(ix) operat	ed In conji	unction with a land-grant	college						
		or university or a non-land-	grant college of agric	culture (see instructions)	Enter the	name, city	, and state of the college	e or						
		university	•	·			_							
10		An organization that norma	illy receives: (1) more	than 33 1/3% of its sup	port from	contributio	ns. membership fees. ar	nd gross receipts from						
	_	activities related to its exer	•	•	•		·	=						
		income and unrelated businesses		•										
				יון (אבי דור ווטווטפר ככפון יי	311 003010		iled by the organization	, nei June 30, 1373.						
44		See section 509(a)(2). (Co	•		f-4 C+-		00/-1/41							
11	H	An organization organized	•	• •	-									
12	ш	An organization organized	•	-	•		· ·							
		more publicly supported or	-					Check the box in						
	_	lines 12a through 12d that	describes the type o	of supporting organization	n and com	plete lines	12e, 12f, and 12g.							
a	ــا ا	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	anization(s), typically by	glving						
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the si	upporting						
		organization. You must o	complete Part IV, Se	ections A and B.										
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s supporte	ed organization(s), by hav	/ing						
		control or management of	f the supporting arg	anization vested in the s	ame perso	ns that co	ntrol or manage the supp	ported						
		organization(s). You mus					•							
c		Type III functionally inte			in connec	tion with, a	and functionally integrate	ed with.						
		its supported organizatio	•											
		Type III non-functionally		•				zation(s)						
_	· —	•					* * * * * * * * * * * * * * * * * * * *	•						
		that is not functionally int	-					reness						
	_	requirement (see instruct	•	•										
9		Check this box if the orga					Type I, Type II, Type III							
		functionally integrated, or	• •	nally integrated support	ng organiz	ation.								
f	Ente	r the number of supported (organizations											
9		ide the following information												
	(1) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document? ng document?	(v) Amount of monetary	(vi) Amount of other						
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)						
_		_			<u> </u>									
					1									
_	_			·	 									
]									
								 .						
					L									
Tota	al .			l	ı	l								

Schedule A (Form 990 or 990-EZ) 2017 CREATE NOW, INC. 95-4590 [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 falled to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	Section A. Public Support										
Cate	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received, (Do not			•							
	include any "unusual grants ")	70,699.	119,939.	181,794.	251,413.	87,700.	711,545.				
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										
	the organization without charge										
4	Total. Add lines 1 through 3	70,699.	119,939.	181,794.	251,413.	87,700.	711,545.				
5	The portion of total contributions	1									
	by each person (other than a										
	governmental unit or publicity										
	supported organization) included			ľ							
	on line 1 that exceeds 2% of the										
	amount shown on line 11,	ſ									
	column (f)						252,424.				
	Public support, Subtract the 5 from tine 4						459,121.				
Sec	ction B. Total Support			······							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
7	Amounts from line 4	70,699.	119,939.	181,794.	251,413.	87,700.	711,545.				
8	Gross income from interest,										
	dividends, payments received on	j									
	securities toans, rents, royalties,										
	and income from similar sources			10.	29.	12.	51.				
9	Net income from unrelated business										
	activities, whether or not the					l					
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital	ł	j								
	assets (Explain in Part VI.)						711,596.				
	Total support. Add lines 7 through 10					42	221,362.				
	Gross receipts from related activities,	•				12	221,302.				
	First five years, If the Form 990 is for					5U1(c)(3)					
Sec	organization, check this box and stop tion C. Computation of Publi	c Support Per	centage	<u> </u>		 	<u></u>				
	Public support percentage for 2017 (li		_			14	64.52 %				
15	Public support percentage from 2016	Schedule A, Part I	I, line 14		[15	55.78 %				
	33 1/3% support test - 2017. If the o					ore, check this box	and				
	stop here. The organization qualifies						▶\\				
Ь	33 1/3% support test - 2016. If the c	rganization did not	check a box on li	ne 13 or 16a, and l	line 15 is 33 1/3%	or more, check this	s box				
	and stop here. The organization quali						▶□				
17a	10% -facts-and-circumstances test	- 2017. If the orga	anization did not cl	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more,				
	and if the organization meets the "fact	ts-and-circumstanc	es" test, check thi	s box and stop h	ere Explain in Par	t VI how the organi	ization				
	meets the "facts-and-circumstances" t	test. The organizati	ion qualifies as a p	ublicly supported	organization		▶□				
b	10% -facts-and-circumstances test	- 2016. If the orga	anization did not cl	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or				
	more, and if the organization meets th	e "facts-and-circun	nstances" test, che	eck this box and	stop here. Explain	in Part VI how the					
	organization meets the 'facts-and-circ	umstances* test T	he organization qu	ialifies as a publict	y supported organ	ization	▶□				
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	, 16b, 17a, or 17b,	check this box an	d see instructions	▶□				
					Sche	dule A (Form 990	or 990-EZ) 2017				

Schedule A (Form 990 or 990-EZ) 2017 CREATE NOW, INC.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

	qualify under the tests listed t	elow, please comp	olete Part II)							
Sec	ction A. Public Support	· · · · · · · · · · · · · · · · · · ·			1		· · · · · · · · · · · · · · · · · · ·			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(ы) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and					1	1 /			
	membership fees received. (Do not	Į	ļ	ļ			/			
	include any "unusual grants.")	f	ţ	[/			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that					/				
	are not an unrelated trade or bus-				/	,				
	Iness under section 513									
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				7	1				
	furnished by a governmental unit to			/						
	the organization without charge									
e	Total. Add lines 1 through 5				<u> </u>					
	Amounts included on lines 1, 2, and	J	 		† · · · · · · ·	 				
/8		1								
ь	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that									
	exceed the greater of \$5 000 or 196 of the				1	ľ	Į.			
_	amount on line 13 for the year		/-		<u> </u>					
	Add lines 7a and 7b		/		 					
	Public support, (Subtract line 7¢ ham has 6.)	<u> </u>		l	<u> </u>		<u>. </u>			
Sec	tion B. Total Support				,					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
9	Amounts from line 6	<i></i>					ļ			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				<u> </u>					
b	Unrelated business taxable income									
	(less section 511 taxes) from businesses				ł	ŀ				
	acquired after June 30, 1975	/			[
_	Add lines 10a and 10b		. –							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on									
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
13	Total support, Mad thes 9, 10c, 11, and 12)			-						
	First five years. If the Form 990 is for	the organization's	first, second, thir	fourth, or fifth te	x year as a section	501(c)(3) organiza	ation.			
	check this box and stop here						· •			
Sec	tion C. Computation of Publi	c Support Per		······································		,	·			
				nh.mn (N)		45	a/			
	Public support percentage for 2017 (I		-	יייייייייייייייייייייייייייייייייייייי		15	<u>%</u>			
Sec	Public support percentage from 2016 tion D. Computation of Inves	tment Income	Percentage			16	%			
17	17 Investment income percentage for 2017 (line 10c, column (l) divided by line 13, column (l)									
18										
19a	33 1/3% support tests - 2017. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not			
	more than 33 1/3%, check this box an						▶□			
ь		•	•		-					
	b 33/1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
Sc.	Private foundation. If the organization		-	•			[
20		II GIG HOL CHECK & L	JUA OH HING 14, 198	, or rao, chack th						
73202	3 10-06-17		15		Schi	304 m104) A Blues	or 990-EZ) 2017			

(Complete only if you checked a box in line 12 on Parl I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

<u> </u>	uon A. Ali Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		ļ	l
	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	1		
2	Oid the organization have any supported organization that does not have an IRS determination of status		l	1
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		<u> </u> -	
	organization was described in section 509(a)(1) or (2).	2_	-	⊢
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<u> </u>	 —	
	(b) and (c) below.	3a		
Ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	ĺ	ł	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	 		
	organization made the determination.	3b_		├
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.	3c		
48	Was any supported organization not organized in the United States ("foreign supported organization")? //			
	*Yes, and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	 	
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	Ì		
	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.	4b	 →	-
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)(8)		-	 -
_	purposes	4c		
5 8	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	İ		
	enswer (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).	_34_		
D	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b	 -	
_	designated in the organization's organizing document? Substitutions only, Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class			
	benefited by one or more of its supported organizations, or (iii) 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.	6	_	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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 or 990-EZ).	8		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	8P		
c	Did a disqualified person (as defined in line 9a) 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.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			لب
	determine whether the organization had excess business holdings.)	10b		

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Schedule A (Form 990 or 990-EZ) 2017

Sch	edule A (Form 990 or 990-EZ) 2017 CREATE NOW, INC.	95-459	057	4 P	age 5
Pa	rt IV Supporting Organizations (continued)				r
		٦		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ŀ	44-	_	
	below, the governing body of a supported organization?	 	<u>11a</u> 11b		\vdash
	A family member of a person described in (a) above?	}	11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI tion B. Type I Supporting Organizations		110		
<u> </u>	ton by type touppoining organizations			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Γ			- 1
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			Ì	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		İ	1
	controlled the organization's activities. If the organization had more than one supported organization,	1			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	.			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1	,
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	4		—	
	supervised, or controlled the supporting organization.		2		Ĺ
Sec	tion C. Type II Supporting Organizations			v	
		ָר		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				
	or trustees of each of the organization's supported organization(s)? If *No,* describe in Part VI how control				
	or management of the supporting organization was vested in the same persons that controlled or managed	-	1	_	
Sec	the supported organization(s). tion D. All Type III Supporting Organizations				·
	autorial type in supporting enganisations			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Γ			i
	organization's tax year, (i) a written notice describing the type and amount of support provided during the pnor tax				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	,			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	Ļ	_1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_ _			
	the organization maintained a close and continuous working relationship with the supported organization(s).	<u> </u>	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a				
	significant voice in the organization's investment policies and in directing the use of the organization's				
	Income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's				
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations		3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below.	u ucuonsj.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.				
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	tv (see instn.	ctions		
2	Activities Test. Answer (a) and (b) below.	<i>y</i> (500 mone		Yes	No
-	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Γ			
	the supported organization(s) to which the organization was responsive? // 'Yes,' then in Part VI identify				ļ
	those supported organizations and explain how these activities directly furthered their exempt purposes,				1
	how the organization was responsive to those supported organizations, and how the organization determined	}_			
	that these activities constituted substantially all of its activities.	_	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the				
	reasons for the organization's position that its supported organization(s) would have engaged in these	-			
	activities but for the organization's involvement.	}-	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.				ŀ
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-			—
	trustees of each of the supported organizations? Provide details in Part VI.	-	3a		 i
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-	21		لبب
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.		3b		

'Sch	edule A (Form 990 or 990-EZ) 2017 CREATE NOW, INC.			95-4590574 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on h	lov. 20, 1970 (explain in	Part VI) See Instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sec	lion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		<u> </u>
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	В		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
ь	Average monthly cash balances	16		
င	Fair market value of other non exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		1
е	Discount claimed for blockage or other			1
	factors (explain in detail in Part VI).		·	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		<u> </u>
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1 1		
	see instructions)	4	 -	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	 	
Şec1	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	ly integrated	Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 CREATE NOW, INC. 95-4590574 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii) (111) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions. Excess distributions carryover, if any, to 2017 b From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount I Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2017 from Section D. a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI Sea instructions 7 Excess distributions carryover to 2018. Add lines 3j Breakdown of line 7: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 CREATE NOW, INC.	95-4590574 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 8a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, Irnes 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
SCHEDULE A, PART II	
THE CURRENT TAX YEAR IS A SIX MONTH RETURN AS THE ORGANIZATI	ON CHANGED
ITS YEAR END FROM DECEMBER 31 TO JUNE 30.	
AS NOTED ABOVE, THE ORGANIZATION CHANGED ITS YEAR END FROM D	ECEMBER TO
JUNE EFFECTIVE FOR THE YEAR STARTING JANUARY 1, 2018. THERE	FORE, THIS
RETURN IS A 2017 RETURN AND CURRENT YEAR ACTIVITY IS SHOWN I	N COLUMN
(E) OF PART II; THE YEAR ENDING DECEMBER 31, 2017 IS SHOWN I	N COLUMN
(D) OR THE 2016 YEAR OF PART II. THE OTHER THREE YEARS ENDI	NG DECEMBER
31, 2016, 2015, AND 2014 ARE SHOWN IN THE 2015, 2014, AND 20	13 YEARS
RESPECTIVELY.	
	<u> </u>
732028 10-06-17 Schedul	e A (Form 990 or 990-EZ) 2017

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990,

►Go to www.irs.qov/Form990 for instructions and the latest information.

2017
Open to Püblic
Inspection

Name of the organization Employer identification number CREATE NOW, INC. 95-4590574 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Oonor advised funds (b) Funds and other accounts Total number at end of year ... Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 24 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)? In Part XIII. describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (li) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017 732051 10-09-17

Sch	edule D (Form 890) 2017 CREATE	NOW, INC.					95-45	90574	Page 2
	rt III Organizations Maintaining C		rt, Historical	reasures, o	r Other				
3	Using the organization's acquisition, accessi	ion, and other record	ls, check any of t	he following tha	t are a siç	gnificant u	use of its c	ollection it	ems
	(check all that apply):		_						
а	Public exhibition	•	=	exchange progr					
ь	Scholarly research	•	e Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they furthe	r the organization	on's exen	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit of						_	٦	<u> — </u>
(B.	to be sold to raise funds rather than to be ma						_	Yes	No.
Ра	ert IV Escrow and Custodial Arran		lete if the organiz	ation answered	"Yes" on	Form 990), Part IV, I	line 9, or	
	reported an amount on Form 990, Pa		# 4 4 -1- 4	I					_
18	Is the organization an agent, trustee, custodi						_	٦ ٧	∏ No
	on Form 990, Part X?						ا] Yes	NO
Ь	If "Yes," explain the arrangement in Part XIII	and complete the to	Howing table:					Amount	
_	Parianian batanan					1		Amount	
						1c 1d			
d	• • • • • • • • • • • • • • • • • • • •				•••••				
f						11			
	Did the organization include an amount on F							Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.	•	-			.,	—		\sqcap
_	rt V Endowment Funds. Complete					0		1, 1,1,1	
_		(a) Current year	(b) Prior year				rears back	(e) Four ye	ears back
1a	Beginning of year balance								
Ь	Contributions		1						
c	Net investment earnings, gains, and losses								
d									
e	Other expenditures for facilities				j				
	and programs]				
1	Administrative expenses								
9									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column	(a)) held as:					
a	Board designated or quasi-endowment		_%						
ь	Permanent endowment >	%							
c	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held	and administer	ed for the	organiza	stion	_	
	by:							\Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ij)	
þ	if "Yes" on line 3a(ii), are the related organiza			37				3b	
Do	Describe in Part XIII the intended uses of the		wment funds						
ra	rt VI Land, Buildings, and Equipm		N 50-4 N4 H 44-	0 5 000	D-4 V I	10			
	Complete if the organization answered							(d) D==1:	
	Description of property	(a) Cost or o	1	ost or other sis (other)	• • •	cumulate reciation	a	(d) Book v	alue
_	Land	- '	non, oas	A3 (OUID)	- uab	JUIGHT	-		
	Land								
	Buildings						+		
	Leasehold improvements			44,526.		21,96	54.	2.2	562.
	Equipment Other			, 320.		<u> </u>			
	I, Add lines 1a through 1e. (Column (d) must en		Y salvan (B) list	1001			-	22	562.

Schedule D (Form 990) 2017

			
Complete if the organization answered "Yes"	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, lin	ee 12. Cost or end-of-year market value
(a) Description of security or category (netuding name of security)	(b) Book value	(c) Wellion of Valuation.	Cost of elicoryest market value
Financial derivatives		 	
Closely-held equity interests			
Other		-	
(A) (B)			
(C)			
(0)		 	
(E)		-	
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (8) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)		<u></u>	
(5)		<u> </u>	
(6)		ļ	
(7)		 	,
(8)		 	
(9)		 	
tel. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	· .	<u> </u>	
	- C 000 Bod IV line	11d Con Form 000 Bod V lie	o 15
Complete if the organization answered "Yes"	Description	110. 399 FORM 550, Part A, IIII	(b) Book value
		***	(5) 44 - 11 - 12 - 12
(1)			1
(3)	• • •		
(4)	· -		
(4)			
(5)			
(5) (6)		· ·	
(6)			
(6) (7)			
(6) (7)			
(6) (7) (8) (9)	15)		
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X. col. (B) line	15.)		
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line		11e or 11f. See Form 990, Par	
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.		11e or 11f. See Form 990, Par (b) Book value	t X, line 25.
(6) (7) (8) (9) otal- (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			▶ t X, line 25.
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal Income taxes		(b) Book value	t X, line 25.
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal Income taxes (2) PAYROLL TAX PAYABLE (3) CREDIT CARDS PAYABLE	on Form 990, Part IV, line	(b) Book value 1,123.	
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal Income taxes (2) PAYROLL TAX PAYABLE (3) CREDIT CARDS PAYABLE (4)	on Form 990, Part IV, line	(b) Book value 1,123.	
(6) (7) (8) (9) tal. (Cotymn (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) PAYROLL TAX PAYABLE	on Form 990, Part IV, line	(b) Book value 1,123.	
(6) (7) (8) (9) tal. (Cotumn (b) must equal Form 990, Part X col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal Income taxes (2) PAYROLL TAX PAYABLE (3) CREDIT CARDS PAYABLE (4) (5) (6)	on Form 990, Part IV, line	(b) Book value 1,123.	
(6) (7) (8) (9) tal. (Cotymn (b) must equal Form 990, Part X col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) PAYROLL TAX PAYABLE (3) CREDIT CARDS PAYABLE (4) (5)	on Form 990, Part IV, line	(b) Book value 1,123.	t X, line 25.
(6) (7) (8) (9) tal. (Cotymn (b) must equal Form 990. Part X col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) PAYROLL TAX PAYABLE (3) CREDIT CARDS PAYABLE (4) (5) (6)	on Form 990, Part IV, line	(b) Book value 1,123.	t X, line 25.

Sche	dule D (Form 990) 2017 CREATE NOW, INC.			age 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per R	eturn.	•
	Complete if the organization answered "Yes" on Form 990, Part IV, Ine 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
_	Net unrealized gains (losses) on investments	2a	1	
b	Donated services and use of facilities	2b	7	
_	Recoveries of prior year grants		7	
ď	Other (Describe in Part XIII.)		7	
_			26	
9	•		3	
3	Subtract line 2e from line 1		•	
*	·	1 45 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	⊣ 1	
	Other (Describe in Part XIII.)		- 	
	Add lines 4a and 4b		4c	
<u> </u>	Total revenue. Add lines 3 and 4c. Mils must equal Form 990, Part I. line 12.)	eta With Expanses per	Botum	
Far	taurand .		NOTOTIL.	
	Complete if the organization answered "Yes" on Form 990, Part IV. line 12a.			
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	f f		
a	Donated services and use of facilities	2a	⊣	
b	Prior year adjustments	25	4	
C	Other losses	2c	4 1	
ď	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)	<u></u>	5	
Par	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines 1b and 2b; Part V, line	4; Part X, line 2; Part XI,	
lines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal information.		
			_ · _	
		-	-	
	**			
			 	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Rovernue 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.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No 1545-0047

Inspection

Employer identification number Name of the organization 95-4590574 CREATE NOW. INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INCLUDE MUSIC, WRITING, VISUAL ARTS, DIGITAL MEDIA, PERFORMANCE, CULINARY ARTS, FASHION AND CULTURAL FIELD TRIPS THAT ENABLE YOUNG PEOPLE FROM PRE-K TO AGE 24 TO BUILD CONFIDENCE AND LEARN NEW SKILLS. WE'VE REACHED 44,000 YOUTH IN 22 YEARS. PART 1, ITEM A & B THE RETURN IS BEING AMENED AS THE ORIGINALLY FILED RETURN SHOWED THE YEAR AS JANUARY 1,2017 TO JUNE 30, 2017. THE RETURN SHOULD HAVE SHOWN THE YEAR AS JANUARY 1, 2018 TO JUNE 30, 2018. PART I CHANGE OF ACCOUNTING PERIOD. THE ORGANIZATION HAS DETERMINED THAT BASED ON ITS OPERATIONS, ITS NATURAL YEAR-END WOULD BE JUNE 30 AS OPPOSED TO DECEMBER 31 WHICH HAS BEEN THE YEAR USED THROUGH DECEMBER 31, 2017. EFFECTIVE JANUARY 1, 2018. THE ORGANIZATION CHANGED YEAR-END CHANGED TO JUNE 30 AND THEREFORE THIS RETURN COVERS A SHORT PERIOD FROM JANUARY 1-JUNE 30, 2018. PART 1, LINES 8-17 AND PART 10, LINES 17-25 PRIOR YEAR REVENUES AND EXPENSES HAVE BEEN RECLASSIFIED ON PART I OF THE 990 TO BE CONSISTENT WITH CURRENT YEAR REVENUE AND EXPENSES.

BEGINNING OF THE YEAR LIABILITIES ON PART X OF THE FORM 990 HAS BEEN

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization CREATE NOW, INC.	Employer identification number 95-4590574
RECLASSIFIED TO BE CONSISTENT WITH CURRENT YEAR LIABILITIE	s
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
THAT CAN LEAD TO CAREERS. OUR COMMUNITY ARTS EVENTS BRING	FAMILIES AND
NEIGHBORS TOGETHER.	<u> </u>
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:
VISUAL ARTS - ALL 4TH-GRADERS AT CAMINO NUEVO CHARTER ACAD	EMY PAINTED
MURALS OF THEIR HEROES, AND THE 5TH-GRADERS DESIGNED CITIES	S OUT OF
REPURPOSED MATERIALS WHILE LEARNING ABOUT ECOLOGY.	-4
EMOTIONALLY-DISTURBED TEENS AT VISTA DEL MAR ENJOYED FINE	ART PAINTING.
TEACHER MR. GUZMAN SAID, "MANY OF THESE CHILDREN HAVE A LO	r OF
CHALLENGES. THE ARTS ARE THEIR ONLY RELEASE." THERE WERE	150
PARTICIPANTS.	
MUSIC - ABUSED AND NEGLECTED YOUNG ADULTS 18-24 PRODUCED AN	ND RECORDING
THEIR OWN MUSIC. STUDENTS ON THE VERGE OF DROPPING OUT AT	CDS SECONDARY
AND CHEVIOT HILLS CONTINUATION HIGH SCHOOL LEARNED GUITAR.	DESTINY
REMARKED, "THIS WAS AN AWESOME EXPERIENCE! I CAN'T WAIT TO	LEARN MORE!"
STUDENTS AT OLIVE VISTA MIDDLE SCHOOL IN SYLMAR AND DREW MI	IDDLE SCHOOL
IN SOUTH LA ALSO LOVED OUR GUITAR CLASSES. THERE WERE 68 I	PARTICIPANTS.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENT	rs:
DIGITAL MEDIA - HOMELESS SHELTER AT COMUNIDAD CESAR CHAVEZ	EMERGENCY
SHELTER IN BOYLE HEIGHTS AND TEENAGE FOSTER BOYS AT HATHAWA	Y SYCAMORE
IN ALTADENA LEARNED PHOTOGRAPHY. HYLON LOVED THE CLASSES. "	THIS IS THE
732212 09-07-17 Schadu 3 0	ule O (Form 990 or 990-EZ) (2017)

2017.05010 CREATE NOW, INC.

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' Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization CREATE NOW, INC.	Employer Identification number 95-4590574
THE EXECUTIVE COMMITTEE REVEIWS COMPENSATION OF COMPARABLE	ORGANIZATIONS.
BASED ON SUCH INFORAMTION, THEY MAKE A RECOMMENDATION FOR	THE EXCECUTIVE
DIRECTOR'S COMPENSATION TO THE FULL BOARD.	
QUESTION 15(B) IS ANSWERED NO AS THERE ARE NO OTHER OFFICE	RS OR KEY
EMPLOYEES AS DEFINED IN THE IRS INSTRUCTIONS WHO RECEIVED	COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY STATEMENT	, AND INTERNAL
FINANCIALS ARE AVAILABLE UPON REQUEST.	
THE LAST THREE YEARS OF FORM 990 ARE ALSO ON THE ORGANIZAT	ION'S WEBSITE.
PART VI, LINE 13	
THE ORGANIZATION IS IN THE PROCESS OF ADOPTING A WHISTLEBLO	OWER POLICY.
PART VII, SECTION A AND PART V	
TRACEY S. CLARK SERVED AS A DIRECTOR FOR THE WHOLE PERIOD A	AND STARTED
SERVING AS VICE CHAIR MARCH 2018.	
DIRECTOR JAY NIKOLICH STARTED IN MARCH 2018 AND LEFT JUNE 2	2018.
THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS NOT SHOWING	UP IN PART
VII, SECTION A, COLUMN D AS THIS COLUMN SHOWS AMOUNTS REPOR	RTED ON A W-2
OR 1099 FOR THE CALENDAR YEAR ENDING WITH OR WITHIN THE ORG	SANIZATION'S
TAX YEAR. AS NOTED ELSEWHERE ON SCH O, THIS IS A SHORT YEAR	R SIX MONTH
RETURN COVERING JANUARY 1, 2018 THROUGH JUNE 30, 2018 AND T	'HEREFORE ile O (Form 990 ar 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization CREATE NOW, INC.	Employer identification number 95-4590574
THERE WAS NOT A CALENDAR YEAR THAT WAS PART OF THIS PERIOR	O. TOTAL
COMPENSATION PAID TO EXEUCTIVE DIRECTOR FOR THE SIX MONTHS	S WAS \$22,340.
FOR SIMILAR REASONS AS NOTED ABOVE WHY NO COMPENSATION WAS	S SHOWN IN
PART VII, THE NUMBER OF 1099'S AND W-2'S ISSUED ARE SHOWN	AS ZERO ON
PART V, LINES 1(A) AND 2(A).	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
VOLUNTEER COORDINATION:	
PROGRAM SERVICE EXPENSES	8,900.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,900.
PROGRAM COORDINATION:	
PROGRAM SERVICE EXPENSES	23,350.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	23,350.
TEACHING ARTISTS:	1
PROGRAM SERVICE EXPENSES	34,276.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	
TOTAL EXPENSES	34,276.
PAYROLL FEES:	dule O (Form 990 or 990-EZ) (2017)
732212 09-07-17 Sched	2510 A ft outil 220 of 220-ET (5011)

Name of the organization CREATE NOW, INC.	Employer identification number 95-4590574
PROGRAM SERVICE EXPENSES	653.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	73.
TOTAL EXPENSES	726.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	67,252.
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