Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Contributions, gifts, grants, and similar amounts received	Ā	Fo	r the 2016 calendar year, or tax year beginning 7/01 2016 and and in a C (20		Inspection
The charge CREATIVETS 46-3617663 E telephone number Country Coun	Ŗ	Che	ck if applicable: C 7701 , 2010, and ending 6/30	S	, 2017
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Section Process Comment Comm	Ļ	=		46-3	617663
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K Form of organization: X Corporation Trust Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts, if gross receipts are \$200,000 or more, or if total assets (Part II, column (6) below) are \$500,000 or more, file form 990 instead of Form 990-EZ\$ 120,558. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Circlek if the organization used Schedule O to respond to any question in this Part I. X I Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 2 1 1 220,556. 3 Membership dues and assessments. 3 4 1 investment income. 3 4 4 2. 4 Investment income. 5 a Gross amount from sale of assets other than inventory. 5 a 4 4 2. 5 a Gross amount from sale of assets other than inventory. 5 a 5 b 1 5 c 6 Garming and fundraising events a 2 investment income. 5 c 6 Garming and fundraising events a 2 investment income. 5 c 6 Garming and fundraising events (so including \$ c f contributions of such gross income from graming (attach Schedule C if groater than \$15,000) 6 a 5 c 6 Garming and fundraising events (not including \$ c f contributions of such gross income from graming and fundraising events (and lines 6 a and 6 b and subtract line 6c) 7 a Gross sales of inventory, less returns and allowances 7 a 1 5 c 7 a Gross sales of inventory, ess returns and allowances 7 a 1 5 c 7 a 1	J		required	d to attac	h Schedule B
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8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 32,431.		0	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	Eige M	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 22 Net assets or fund balances at end of year. Combine lines 18 through 20. 23 A Section of the Payment Reduction At National Schedule O. 21 32, 431.		8	Other revenue (describe in Schedule O)	· / c	
10 Grants and similar amounts paid (list in Schedule O). 10 11 12 13 12 13 12 13 12 13 12 13 14 15 15 15 16 16 17 17 18 17 18 18 18 19 19 19 19 19		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8	
Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 22 Salaries, other compensation, and employee benefits. 12 37, 265. 13 14 15 15 16 85, 433. 17 122, 698. 18 -2, 140. 19 34, 571.		10	Grants and similar amounts paid (list in Schedule (1)	10	120,558.
Salaries, other compensation, and employee benefits 12 37, 265. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 22 Salaries, other compensation, and employee benefits. 12 37, 265. 13 III 14 III 15 III 16 85, 433. 17 122, 698. 18 -2, 140. 19 34, 571.		11	Benefits paid to or for members.	10	
Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 22 September 13 13 14 15 16 17 18 29 19 19 19 34,571.	E	12	Salaries, other compensation, and employee benefits	11	07.05
16 Other expenses (describe in Schedule O). See Schedule O 17 Total expenses. Add lines 10 through 16. 17 122, 698. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 -2, 140. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 34, 571. 20 Other changes in net assets or fund balances (explain in Schedule O). 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 32, 431.	P		Professional fees and other payments to independent contractors		37,265.
16 Other expenses (describe in Schedule O). See Schedule O 17 Total expenses. Add lines 10 through 16. 17 122, 698. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 -2, 140. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 34, 571. 20 Other changes in net assets or fund balances (explain in Schedule O). 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 32, 431.	N	14	Occupancy, rent, utilities, and maintenance.	14	
16 Other expenses (describe in Schedule O). See Schedule O 17 Total expenses. Add lines 10 through 16. 17 122, 698. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 -2, 140. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 34, 571. 20 Other changes in net assets or fund balances (explain in Schedule O). 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 32, 431.	S E	15	Printing, publications, postage, and shipping.	15	
Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 22 SAA For Paperwork Poduction Activities Activities at the combine lines 18 through 20.	3	16	Other expenses (describe in Schedule O). See Schedule O		05 (00
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 18 through 20. 18		17	Total expenses. Add lines 10 through 16	▶ 17	85,433.
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 18 through 20. 20 21 32, 431.		18	Excess or (deficit) for the year (Subtract line 17 from line 9)		
21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 32, 431.	S	19			<u>-2,14U.</u>
21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 32, 431.	E		ngure reported on prior year's return)	19	3/ 571
21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 32, 431.	S	20	Other changes in net assets or fund balances (explain in Schedule O)	20	34,3/1.
RAA For Paparuark Particular Act Notice the second sec		10.000.0	Net assets or fund balances at end of year. Combine lines 18 through 20	F 21	32 /21
Form 990-F7 (2016)	3A	A For	Paperwork Reduction Act Notice, see the separate instructions.	1='	Form 990-EZ (2016)

Page 2

Forr Pa	n 990-EZ (2016) CREATIVETS rt II Balance Sheets (see the ins	tructions for Part II)	*·· <u> </u>	V 10.		17663 Page 2
	Check if the organization used Sch	edule O to respond to any q	uestion in this Part I	<u></u>		<u></u> X
22	Cash, savings, and investments			(A) Beginning of ye	ear	(B) End of year
23	Land and buildings	******		35,512	2. 22	44,778.
24	Land and buildings Other assets (describe in Schedule O).	See Schedul	.e. 0	2,006		849.
25	Total liabilities (describe in Schedule C	. Coo Cabadal		37,518		45,627.
26 27	Net assets or fund balances (line 27 of) see schedul	e. U	2,947	26	13,196.
	Net assets or fund balances (line 27 of till Statement of Program Service A	column (B) must agree with	line 21)	34,571	. 27	32,431.
	Check if the organization used Sa	chedule O to respond to any	aructions for Part III) question in this Part	ш		Expenses
mea bene	is the organization's primary exempt purpose? Secribe the organization's program service a sured by expenses. In a clear and concise titled, and other relevant information for its contraction for its contraction.	e Schedule O			(c)(3) organ	uired for section 501) and 501(c)(4) nizations; optional thers.)
28 29	ART PROGRAM (Grants \$) If it SONG WRITING PROGRAM	is amount includes foreign c	rants, check here		28 a	37,847.
30	(Grants \$) If th	is amount includes foreign g	rants, check here		29 a	35,153.
	Other program services (describe in Sch (Grants \$) If th	is amount includes foreign a	rante chock have	.,,,,,,,,,,	30 a	
32	Total program service expenses (add lin	nes 28a through 31a)	rants, check here		31 a	72.000
Par	t IV List of Officers, Directors,	Trustees, and Key Emp	lovees (list each one e	even if not compensated — s	ee the in	73,000.
	Check if the organization used Sc	hedule O to respond to any o	question in this Part	IV		<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensat (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefit contributions to employees benefit plans, and def compensation	ovee	(e) Estimated amount of other compensation
Pro	hard Casper gram Dir da Tarrson	40	17,26	ō.	0.	0,
	ector	5	,	n		0
	emy Durbin			0.	0.	0.
	c Director	40	20,000).	0.	0.
	n Arthur irman					
Sha	ron Mellor	5		0.	0.	0.
	ector	1	().	0.	0.
	m <u>Taylor</u> ector	1	().	0.	0.
	hard Steward	1.0			-	· · · · · · · · · · · · · · · · · · ·
	asurer dan Pettit	10	(0.	0.	0.
	ector	1	١).	0.	0.
	ila Yepsen					<u> </u>
Sec:	retary	1	0).	0.	0.
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BAA		TEEA0812L 12	2/22/16	, , , , , , , , , , , , , , , , , , , ,		Form 990-EZ (2016)

Tui	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	ule	0	, X
33	Did the organization engage in any significant activity not previously reported to the IDS2		Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.	33	163	X
34	were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect			-
35.5	a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions).	34		X
3 3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	25		
b	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 a		X
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.	35 b	-	
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N			
37 a	Enter amount of political assemblituate disease winds at the second seco	36		X
b	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	Did the organization borrow from or make any loans to any officer director trustee or key completes any	37.0		^
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
D	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		(4.1.1±1.1)	
39	Section 501(c)(7) organizations. Enter:			-
а	Initiation fees and capital contributions included on line 9			Ė,
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			i
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.	377		
b.	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	PY		
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes.' complete Schedule L. Part I	40 ь		Х
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
ا الما	Section 501(a)(2) 501(a)(4) and 501(a)(20) are right for 501(a)(20) are right for 501(a)(4).			
u i	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	i in		
47 1	shelter transaction? If 'Yes,' complete Form 8886-T.	40 e		X
4 1 l	ist the states with which a copy of this return is filed TL			
հ Լ Ե <i>Բ</i>	The organization's pooks are in care of RICHARD F STEWARD Cocated at 401 N. COUNTRY CLUB DR ADDISON IL At any time during the calendar year, did the organization have an interest in or a signature or other authority over a inancial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:	2406)	No X
				fil.
				. 1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?			7.7
	f 'Yes,' enter the name of the foreign country:	42 c		<u>X</u>
	- 100, onto the hand of the foldight country.			
43 8	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	>	· 🔲 N	I/A
а	and enter the amount of tax-exempt interest received or accrued during the tax year			A\V
			Yes	No
44 a L	old the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead form 990-EZ	44 a	-1:17	X
b D	old the organization operate one or more hospital facilities during the year? If 'Yes' Form 990 must be completed			<u>^</u>
II	nstead of Form 990-EZ	44 b		X
		44 c	T-11-00-	Χ
G II	'Yes' to line 44c, has the organization filed a Form 720 to report these payments? f'No,' provide an explanation in Schedule O	44 d	111111111111111111111111111111111111111	7
	C10	45a		X
b D	id 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,'			0900
FI	orm 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		X

Form **990-EZ** (2016)

AC DOL	Maria 1 10 W 10 1 10					11	es in	O
46 Did can	the organization engage, directly or indiredidates for public office? If 'Yes,' completed	ectly, in political campa e Schedule C, Part I	aign activities on behalf	of or in opposition to	g:	46		
Part VI	Section 501(c)(3) organization:	s only			****		}	7
	All section 501 (c)(3) organization for lines 50 and 51.	ons must answer o	juestions 47-49b an	d 52, and complete	the t	ables		
	Check if the organization used Schedu	le O to respond to any	question in this Part VI	· · · · · · · · · · · · · · · · · · ·				
47 Did	the organization engage in lobbying activities	or have a section 501(h	n) election in effect during	the tax year? If 'Yes '		Ye	s No	0
com	iplete Schedule C, Part II			The same species and species are species as the same species and species are species as the same species are s		47	X	
48 Is th	ne organization a school as described in s	ection 170(b)(1)(A)(ii)?	' If 'Yes,' complete Sche	dule E	[48	Х	
49 a Diu b lf 'Y	the organization make any transfers to an 'es,' was the related organization a section	exempt non-charitable	e related organization?.		· · · ·	49 a	X	-
50 Com	plete this table for the organization's five hig loyees) who each received more than \$100,0	hest compensated emplo	ovees (other than officers	directors trustees and be	ey	49 Ы		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		imated am		
None								
						<u> </u>	has enterpressed	
					3 335		-	_
	I number of other employees paid over \$1		1,					_
51 Com	plete this table for the organization's five high pensation from the organization. If there is	nest compensated indepens s none, enter 'None.'	endent contractors who ea	ch received more than \$1	100,000	of		
· · · · · ·	(a) Name and business address of each independent or		(b) Type o	of service	(c) (Compensal	tion	_
None					1			
								_
								
							2011/01	9
		-						
	I number of other independent contractors							
	he organization complete Schedule A? N o pleted Schedule A			tасп а 	► X	Yes	No	3
Under penaltie true, correct, a	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than officer	including accompanying scheo) is based on all information o	dules and statements, and to the	best of my knowledge and beli edge.		200000000000000000000000000000000000000		
*								_
Sign	Signature of officer Date							_
Here	RICHARD STEWARD Type or print name and title	Trea		Treasurer	asurer			_
	Print/Type preparer's name	Preparer's signature	Date	PT	'IN			-
Paid	Self-Prepared Check if self-employed						**	
Preparer	Firm's name ►		拉送			- Amustine Constitution Constit		_
Use Only	Firm's address ►	20527 6 5 777		Firm's EIN	<u> </u>			11
May the IR	S discuss this return with the preparer sh	own above? See instr	ıctions	Phone no.	▶ [▽]	Yes	No	<u>.</u>
	is alsoned the retain with the property of	5777 GBCTC, OCC 1113(1)	AUGUIII		. \	162	INU	

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.

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

Name of the organization Employer identification number CREATIVETS 46-3617663 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (ii) ElN (iii) Type of organization (described on lines 1-10 above (see instructions)) (vi) Amount of other (i) Name of supported organization (iv) Is the organization listed (v) Amount of monetary support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support								
Calendar year (or fiscal year beginning in) ►		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')		32,122.	118,193.	117,730.	120,556.	388,601.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	0.	32,122.	118,193.	117,730.	120,556.	388,601.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.	
6	Public support. Subtract line 5 from line 4			The state of the s			388,601.	
Sec	tion B. Total Support						ši	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
7	Amounts from line 4	0.	32,122.	118,193.	117,730.	120,556.	388,601.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				1.	2.	3.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
	Total support. Add lines 7 through 10					**************************************	388,604.	
12	Gross receipts from related activ	rities, etc. (see ins	structions)				0.	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	> 🗓	
Sec	Section C. Computation of Public Support Percentage							
14	4 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))							
							%	
16a	6a 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
	b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
1 7 a	7a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
	b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.						VI how the ►	
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a,	, or 17b, check th	is box and see ins	structions >	

Page

1 to

of Part III

Name of organization CREATIVETS Employer identification number 46-3617663

CKEAIL	VEID	to contributions to organiz	rations described in section 501(c)(7), (8),	
Part III	or (10) that total more than \$1,000 for the following line entry. For organizations of \$1,000 or less for the year.	the year from any one contribute ompleting Part III, enter the total o	or. Complete columns (a) through (e) and f exclusively religious, charitable, etc.,	
	Use duplicate copies of Part III if additional	space is needed.	"Instruction 3.9	
(a) No. from Part I		(c) Use of gift	(d) Description of how gift is held	
	N/A			
	T	Relationship of transferor to transferee		
	Transferee's name, addre	ss, and ZIP + 4	Relationship of transferor to transferor	
	<u> </u>			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I	Fulpose of gift	000 0. g		
	Transferee's name, addre	Relationship of transferor to transferee		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(-)	(b)	(6)	(d)	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I				
		(e) Transfer of gift		
	Transferee's name, addre	ss, and ZIP + 4	Relationship of transferor to transferee	
(a) No. from	(b)	(c) Use of gift	(d) Description of how gift is held	
No. from Part I	Purpose of gift	Use of gift	Description of now gift is neid	
		-		
	Transferee's name, addre	Relationship of transferor to transferee		
	ransieree's name, addre	oo, and an it w	Additionally of Manager to Manager	
41.0			Calculate B / Form 000, 000 E7, as 000 BE / 2016)	
RΔΔ			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

• Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

46-3617663 CREATIVETS Form 990-EZ, Part I, Line 16 Other Expenses ART SCHOOL HOUSING..... 8,940. 2,800. AUTO EXPENSE.. DONATION PROCESSING FEES..... 659. 235. FILING FEES IRS..... 9,550. HOTEL 11,616. MEALS 891. O & D LIABILITY INS..... 2,623. 468. POSTAGE 8,639. SUPPLIES 20,708. TRAVEL... 17,318. TUITION FOR ART SCHOOL 534. VIDEO PRODUCTION..... 452. WEB SITE SERVICES..... 85,433. Total \$ Form 990-EZ, Part II, Line 24 Other Assets Beginning _ Ending 0, 2,006. \$ Accounts Receivable..... 849. Prepaid Expenses and Deferred Charges..... 0. 849. Total \$ 2,006. Form 990-EZ, Part II, Line 26 Total Liabilities Ending Beginning 13,196. ACCOUNTS PAYABLE..... Total Form 990-EZ, Part III - Organization's Primary Exempt Purpose TO PROVIDE VETERANS WITH THE OPPORTUNITY TO USE ART AND MUSIC TO ADDRESS THE

PSYCHOLOGICAL AND EMOTIONAL NEEDS THAT ARISE FROM SERVICE-RELATED TRAUMA.

SIGNIFICANT ACTIVITIES.

SIXTEEN WRITING SESSIONS WERE CONDUCTED DURING THE YEAR, EACH WITH A DIFFERENT VETERAN. CURRENTLY, VETERANS WHO COME THROUGH THE PROGRAM ARE BEING TAKEN TO A LOCATION, USUALLY NASHVILLE, TENNESSEE, WHERE THEY ARE PAIRED WITH PROFESSIONAL SONG WRITERS FOR THE MUSIC SESSIONS. ALL EXPENSES ARE PAID BY CREATIVETS.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose (continued)

ONE VETERAN SAID ABOUT HIS EXPERIENCE THAT "I FELT BETTER ABOUT TALKING ABOUT MYSELF AND WHAT HAPPENED TO ME IN THOSE FEW HOURS THAN I DID TALKING TO A PSYCHIATRIST FOR A WHOLE YEAR. NOW WHENEVER I NEED TO BE CALMED DOWN, I CAN LISTEN TO OR PLAY THE SONG WE WROTE, INSTEAD OF SITTING IN AN OFFICE TALKING TO SOMEONE WHO DOESN'T UNDERSTAND."

SEVEN VETERANS ATTENDED THE 3 WEEK ART SCHOOL PROGRAM. IT WAS HELD AT VIRGINIA COMMONWEALTH UNIVERSITY. ALL EXPENSES ARE PAID BY CREATIVETS.

THE ART PROGRAM IS FULLY ACCREDITED, AND PROVIDES THE VETERANS WITH THE OPPORTUNITY TO LEARN CERAMICS, PAINTING, AND PHOTOGRAPHY.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

2016

Federal Supplemental Information

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Client CREATIVE

CREATIVETS

46-3617663

11/07/17

03:41PM

ALLOCATION OF EXPENSES:

PROGRAM SERVICES

73,000

DEVELOPMENT EXPENSE 24,166

ADMINISTRATION

11,298

FUNDRAISING RELATED 14,234

TOTAL

122,698