### CCE930 03/22/2013 4:52 PM

Form

Department of the Treasury Internal Revenue Service

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

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

2011 Open to Public Inspection

OMB No. 1545-0047

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Tray year beginning 10/01/11 and ending 09/30/12

<u>A</u> _		alendar year, or tax year beginning IU/UI/II, and ending U9/30/.  C Name of organization THE CENTER FOR CREATIVE EDUCATION.	12	D Emplo	vor identification number				
	Check if applicable:			D Embio	ver identification number				
$\sqcup$	Address change	INC		<b>~</b> =	0504500				
	Name change	Doing Business As			-0594599				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		one number				
		425 24TH STREET		563	805-9927				
	Terminated	City or town, state or country, and ZIP + 4							
	Amended return	WEST PALM BEACH FL 33407		G Gross rece	ipts \$ 1,440,461				
	Application pending	F Name and address of principal officer.	IV-X lattices	6	affiliates? Yes X No				
		ROBERT L HAMON	H(a) Is this a gr	oup return tor	affiliates? Yes X No				
		425 24TH STREET	H(b) Are all affi	iliates included	? Yes No				
		WEST PALM BEACH FL 33407	If "No	," attach a list.	(see instructions)				
1	Tax-exempt status:	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527							
J	Website: > V	ww.cceflorida.org	H(c) Group exe	emption numbe	er <b>&gt;</b>				
<u></u>	Form of organization	X Corporation Trust Association Other ▶ L	ear of formation: 1		M State of legal domicile: <b>FL</b>				
700000	·0000000000000000000000000000000000000	ımmary							
متعمد	<del></del>		,						
4.	1	Schodulo							
nce		beliedute o	• • • • • • • • • • • • • • • • • • • •						
& Governance	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •						
š	2 Chook th	is box ▶ if the organization discontinued its operations or disposed of more than 25%							
ဖိ					10				
	3 Number	of voting members of the governing body (Part VI, line 1a)	• • • • • • • • • • • • • • • • • • • •	. 3	10				
Activities	4 Number	of independent voting members of the governing body (Part VI, line 1b)		. 4	7				
ξį		nber of individuals employed in calendar year 2011 (Part V, line 2a)		1 3	·				
Ac		nber of volunteers (estimate if necessary)		. 6	1				
		elated business revenue from Part VIII, column (C), line 12			0				
	b Net unre	ated business taxable income from Form 990-T, line 34			0				
	0 0 (	the second proofs (Ded VIII Res 46)	Prior Yea	,738	Current Year 1,239,319				
e		ions and grants (Part VIII, line 1h)	300	0,738	1,239,319				
Je n	1	service revenue (Part VIII, line 2g)		0	1 5 707				
Revenue		nt income (Part VIII, column (A), lines 3, 4, and 7d)			15,797				
		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,000	159,642				
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	363	5,738	1,414,758				
		nd similar amounts paid (Part IX, column (A), lines 1–3)		0	0				
		paid to or for members (Part IX, column (A), line 4)	= -	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
es	3	other compensation, employee benefits (Part IX, column (A), lines 5–10)	72	2,777	282,232				
xpenses	1	nal fundraising fees (Part IX, column (A), line 11e)		0	0				
ă		draising expenses (Part IX, column (D), line 25) ▶ 128,708							
Ш		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		9,594	788,893				
	18 Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,371	1,071,125				
		less expenses. Subtract line 18 from line 12		3,367	343,633				
Net Assets or	2		Beginning of Cur		End of Year				
sset	<b>20</b> Total ass	ets (Part X, line 16)		8,731	4,877,513				
at A	21 Total liab	ilities (Part X, line 26)		2,524	537,294				
777777	***********	ts or fund balances. Subtract line 21 from line 20	3,990	6,207	4,340,219				
	'art II Si	gnature Block							
	•	perjury, I declare that I have examined this return, including accompanying schedules and statements,		my knowled	lge and belief, it is				
tr	ue, correct, and co	emplete. Declaration of preparer (other than officer) is based on all information of which preparer has	any knowledge.						
Sig	gn 📗	Signature of officer		Date	•				
He	re	ROBERT L HAMON EXECU	TIVE OFF	ICER					
		ype or print name and title							
	Print/Typ	è preparer's name Preparer's signature	Date	Check	if PTIN				
Pai	d Evely	F Parkes Evelyn F Parkes	03/22	/13 self-em	ployed P01037665				
Preparer Pirm's name PARKES & BUTNER, CPA'S									
Us	e Only	420 CLEMATIS ST, 2ND FLOOR							
	Firm's ac	ETHOM DATA DEACH ET 22401	P	hone no.	561-366-9250				
Ma	<del></del>	s this return with the preparer shown above? (see instructions)			X Yes No				
		duction Act Notice see the separate instructions			5 000 004				

	990 (2011) THE CENTER FOR CREATIVE EDUCATION, 65-0594599 Page 2
Pa	Statement of Program Service Accomplishments  Check if Schedule O contains a response to any question in this Part III
1	Check if Schedule O contains a response to any question in this Part III X  Briefly describe the organization's mission:
	see Schedule O
	•
	· · · · · · · · · · · · · · · · · · ·
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?  Yes X No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
T P A A	LENDS THE TALENTS OF PROFESSIONAL ARTISTS AND CLASSROOM EACHERS TO DEVELOP AND IMPLEMENT IN-SCHOOL CURRICULUM TO EACH TRADITIONAL ACADEMIC SUBJECTS THROUGH THE ARTS. PROVIDES YOUTH WITH CREATIVE ALTERNATIVES TO DEVELOP AN PPRECIATION FOR ART AND CULTURE AS WELL AS THEIR OWN RTISTIC AND CREATIVE TALENTS DURING THE CRITICAL AFTER CHOOL HOURS. THE ORGANIZATION SERVES MORE THAN 8,000
S	TUDENTS, TEACHERS AND COMMUNITY MEMBERS IN PALM BEACH
C	OUNTY, FLORIDA.
	•
	······································
40	(Code: ) (Expenses \$ including grants of \$
	***************************************
	·
	•
	***************************************
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	······································
	· · · · · · · · · · · · · · · · · · ·
	······································
	•
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program corplice expanses > 774 382

**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 2 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, X complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes." X complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete X Schedule D, Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if X 12b the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X If "Yes," complete Schedule G, Part III 19 X Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

202007	it IV Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		163	140
•	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
:	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	-		
	employees? If "Yes," complete Schedule J	23		x
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
٠	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<del></del>	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
٠	to defease any tax-exempt bonds?	24c		ł
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
ъ 5а	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		$\vdash$
Ja	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
IJ	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	If "Yes," complete Schedule L, Part I	25b		х
c	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	250		
6	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
7		26		
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1 27		Х
0	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	00-		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			w
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	_		37
	conservation contributions? If "Yes," complete Schedule M	30	-	X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			37
	Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			77
	complete Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		X
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2011)

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Nο Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 7 Statements, filed for the calendar year ending with or within the year covered by this return 2a X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes." has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year 7d d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? а Did the organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations, Enter: Gross income from members or shareholders 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? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? X 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

Part VI

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

$\simeq$

X

Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 THE CENTER FOR CREATIVE EDUCATION, 425 24TH STREET FL 33407 561-805-9927 WEST PALM BEACH

Form 990 (2011)	THE	CENTER	FOR	CREATIVE	EDUCATION,	65-	0594599	Page	7
Part VII (	Compe	nsation of	Office	rs, Directors,	Trustees, Key Eı	mployees	, Highest C	compensated Employees, and	

Independent Contractors
Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week (describe	bo	x, uni	Pos check ess pe	rson i	than o is both r/truste	an	(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) BEAU BRECKENRIDG								_		, · · · · · · · · · · · · · · · · · · ·
VICE CHAIR	0.00	X			ļ	ļ		0	0	·C
(2) PAM MILLER CHAIR	0.00	x						0	0	C
(3) MARGIE LARKIN										
SECRETARY	0.00	X			ļ	ļ		0	0	0
(4) BILL PARROTT TREASURER	0.00	x						o	O	O
(5) KENN KARAKUL										
HONORARY CHAIR	0.00	X						0	0	0
(6) ROBERT HAMON EXECUTIVE OFFICER	40.00			x				133,100	0	o
(7) THOMAS PILECKI	40.00					<del> </del>	ļ	133,100		
DIRECTOR/OFFICER	40.00			x				20,000	0	O
(8)										
(9)					ļ					
(10)										
(11)								***************************************		
(12)								·		
(13)				-						
(14)										

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, Ke	эу Еі	mplo	yees	s, aı	nd Highest Compensated	Employees (continued)	
	(A) Name and title Average hours per week (describe (C) Average Position (do not check more than one box, unless person is both an officer and a director/trustee)						an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)											
(16)											
(17)											77.9 450 (2010)
(18)							<u></u>				
(19)						<u> </u>					
(20)											
(21)											
(22)		,									
(23)										, , , , , , , , , , , , , , , , , , ,	
(24)	·										
(25)									2 4 11 A 7 10 A 7 10 A 1 1 1 A 1 1 A 1 1 A 1 1 A 1 A 1 A		
1b	Sub-total							<b>&gt;</b>	153,100		
c d	Total from continuation shee Total (add lines 1b and 1c)							<b>&gt;</b>	153,100		
2	Total number of individuals (increportable compensation from t	luding but not lim	nited					ve)		00,000 in	
3 4 5	Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related organization individual  Did any person listed on line 1a for services rendered to the organi	complete Schedu  1a, is the sum of zations greater the receive or accru panization? If "Ye	ile J f reponan \$ nan \$ ue co	for sortab \$150 mpe	uch i le co ,000′  nsati	ndivi mpe ? If " ion fi	dual ensat Yes,"	ion a	and other compensation from	n the	
	Complete this table former for								-t		
	Complete this table for your five compensation from the organiz	ation. Report cor (A) business address	nper	ia ind isatio	n fo	nder r the	cale	ndai	r year ending with or within t	he organization's tax year.  (B)  lion of services	(C) Compensation
	Name and	Dusiness address							Descript	ion of services	Compensation
			***************************************							- Company of the Comp	
			4							***************************************	
	<u> </u>					<u> </u>	-		•		
2	Total number of independent correceived more than \$100,000 or		_						listed above) who	0	
DAA									5		Form <b>990</b> (2011)

Total Add lines 2x-2f	Forr	n 990	(2011) <b>THE</b>	E CENTER	FOR	CREA	TIVE E	EDUCATION,	65-0594599	•	Page 9
The Federated campaigns 1s   Secretary   S	Pa	rt V	III Stater	nent of Reve	nue						
Membership duss   1b   620									exempt function	Unrelated business	Revenue excluded from tax under sections
Membership duss   1b   620	ats its	1a	Federated car	npaigns	1a						
Bunn. Code   Bun	og ar	b	Membership d	ues	1b		620				
Bunn. Code   Bun	A,G	С	Fundraising ev	/ents	1c						
Bunn. Code   Bun	部	d	Related organ	izations	1d						
Bunn. Code   Bun	S,E	е			1e						
Bunn. Code   Bun	ion Sign	f									
Bunn. Code   Bun	the		and similar amounts	not included above	1f	1,2	238,699				
Bunn. Code   Bun	d of t	g	Noncash contributio	ns included in lines 1a-1	f: \$						
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  (i) Real (ii) Personal  6a Gross rents b Less: notal exps. c Rental income or (loss) d Not rental income or (loss)  4 1, 500  bless: cost or other basis & selece opps.  5 Gain or (loss)  5 Less: notal exps. c Rental income or (loss) 4 1, 500  bless: cost or other basis & selece opps. c Gain or (loss) 5 Less: notal exps. c Gain or (loss) 5 Less: cost or other basis & selece opps. c Gain or (loss) 5 Less: cost or other basis & selece opps. c Gain or (loss) 7 Less: cost or other basis & selece opps. c Gain or (loss) 7 Less: cost or other basis & selece opps. c Gain or (loss) 7 Less: cost or other basis & selece opps. c C Gain or (loss) 7 Less: cost or other basis & selece opps. c C Gain or (loss) 7 Less: cost or other basis & selece opps. c C Gain or (loss) 7 Less: cost or other basis & selece opps. c C Separativ, line 18 a Less: direct expenses b b C Net income or (loss) from fundraising events c Net income or (loss) from fundraising events c Net income or (loss) from gaining activities c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory c Less: cost of goods sold b Less: cost of goods sold b C Net income or (loss) from sales of inventory c Less: cost of goods sold b C Net income or (loss) from sales of inventory c Less: cost of goods sold b C Net income or (loss) from sales of inventory c Less: cost of goods sold b C Net income or (loss) from sales of inventory c Less: cost of goods sold b C Net income or (loss) from sales of inventory c Less: cost of goods sold b C Net income or (loss) from sales of inventory c Less: cost of goods sold b C Net income or (loss) from sales of inventory c Less: cost of goods sold b C Net income or (loss) from sales of inventory c Less: c Less: c Less: c Less:		h	Total. Add line	es 1a–1f				1,239,319			
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and other similar amounts)  4 Income from investment of fax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6a Gross rents    (ii) Real (iii) Personal	<u> </u>										
Second From Investment of tax-exempt bond proceeds   Second From Investment of tax-exempt bond From		3									
Secretaria   (i) Real   (ii) Personal										*	
(i) Real					•	•					
Second   S		5	Royalties		· · · · · · · · · · · · · · · · · · ·						
b Less rental exps. c Rental inc. or (loss) d Net rental income or (loss) Pa Gross amount from soles of assists of ber than inventory. b Less cost or other basis & sales exps. 25,703 c Gain or (loss) 15,797 d Net gain or (loss		٥.		(i) Real		(II) Pe	rsonal				
C   Rental Inc. or   (loss)											
d   Net rental income or (loss)   P			•								
The content of the second of			1, 1	(1)							
See Part IV, line 19			Gross amount from		<del>·····</del>						
Description						(11)					
December 2019   December 20		h	•				11,300				
C   Gain or (loss)   15,797							25.703				
Net gain or (loss)   15,797   15,797		С									
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			• •	ss)					15.797		
(not including \$ of contributions reported on line 1c). See Part IV, line 18 a 1.59,642 b Less: direct expenses b c Net income or (loss) from fundraising events	ا							,	,		
c Net income or (loss) from fundraising events	ğ										
c Net income or (loss) from fundraising events	e e		of contributions r	eported on line 1c).							
c Net income or (loss) from fundraising events	낕		See Part IV, line	18	а	1	L59,642				
c Net income or (loss) from fundraising events	the the	b									
9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ▶  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a b c d All other revenue e Total. Add lines 11a–11d  ▶	O					vents	<b>&gt;</b>	159,642			159,642
b Less: direct expenses b  c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a  b  c  d All other revenue e Total. Add lines 11a–11d		9a		• •	- 1						· · · · · · · · · · · · · · · · · · ·
b Less: direct expenses b  c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a  b  c  d All other revenue e Total. Add lines 11a–11d			See Part IV, line	19	a						
10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue Busn. Code  11a b c d All other revenue e Total. Add lines 11a–11d		b	Less: direct ex	penses	_ b_	-1-1					
returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue Busn. Code  11a b c d All other revenue e Total. Add lines 11a–11d					ng acti <u>vi</u>	ties	<b>&gt;</b>				
b Less: cost of goods sold b  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a  b  c  d All other revenue  e Total. Add lines 11a–11d		10a		• .							
C Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a  b  c  d All other revenue  e Total. Add lines 11a–11d			returns and all	owances	. a_						
Miscellaneous Revenue         Busn. Code           11a            b            c            d All other revenue            e Total. Add lines 11a–11d         ▶							<u>.</u>				
11a b c d All other revenue e Total. Add lines 11a–11d		С			of inver	ntory					
b c d All other revenue e Total. Add lines 11a–11d		44 -					Busn. Code				
d All other revenue e Total. Add lines 11a–11d											
d All other revenue  e Total. Add lines 11a–11d		a						***************************************	-		24.4
e Total. Add lines 11a–11d		<b>ا</b> ن									
		-	Total. Add line	s 11a–11d		L.	. •				
		_	Total revenue	See instructions				1,414,758	15.797	o	159.642

### Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX													
	Do not include amounts reported on lines 6h (A) (B) (C) (D)													
	•	Total expenses	Program service	Management and	Fundraising									
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses									
1	Grants and other assistance to governments and													
	organizations in the U.S. See Part IV, line 21													
2	Grants and other assistance to individuals in													
	the U.S. See Part IV, line 22		•											
3	Grants and other assistance to governments,													
	organizations, and individuals outside the	,												
	U.S. See Part IV, lines 15 and 16													
4	Benefits paid to or for members													
5	Compensation of current officers, directors,	·	٠											
	trustees, and key employees	76,550	48,992	16,841	10,717									
6	Compensation not included above, to disqualified													
	persons (as defined under section 4958(f)(1)) and													
	persons described in section 4958(c)(3)(B)				,									
7		205,682	125,340	52,924	27,418									
8	Other salaries and wages Pension plan accruals and contributions (include		- 1 - 2 -		,									
-	section 401(k) and 403(b) employer contributions)													
9	Other employee benefits													
10	Payroll taxés													
11	Fees for services (non-employees):				-									
a	Management													
b	Legal	17,908		17,908										
	Accounting	17,900		17,900	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
	, , , , , , , , , , , , , , , , , , , ,													
	Professional fundraising services. See Part IV, line 17				-									
f	Investment management fees	101 571	4EE 701	26 202	2 500									
g	Other	484,574	455,791	26,283	2,500									
12	Advertising and promotion	14 224	0 174	2 1 5 2	0 007									
13	Office expenses	14,334	9,174	3,153	2,007									
14	Information technology													
15	Royalties	00 500	10 171	4 500	0 001									
16	Occupancy	20,580	13,171	4,528	2,881									
17	Travel													
18	Payments of travel or entertainment expenses				•									
	for any federal, state, or local public officials													
19	Conferences, conventions, and meetings													
20	Interest	10,511		10,511										
21	Payments to affiliates		# and and and and											
22	Depreciation, depletion, and amortization	47,554	47,554											
23	Insurance	51,824	33,167	11,402	7,255									
24	Other expenses. Itemize expenses not covered													
	above. (List miscellaneous expenses in line 24e. If													
	line 24e amount exceeds 10% of line 25, column													
	(A) amount, list line 24e expenses on Schedule O.)													
а	PUBLIC RELATIONS	24,000	24,000											
b	CATERING AND RENTAL	20,912		TO COMMISSION OF THE COMMISSIO	20,912									
С	OTHER EXPENSE	20,237		20,237										
d	TENT/TABLES	13,212			13,212									
е	All other expenses	63,247	17,193	4,248	41,806									
25	Total functional expenses. Add lines 1 through 24e	1,071,125	774,382	168,035	128,708									
26	Joint costs. Complete this line only if the													
	organization reported in column (B) joint costs from a combined educational campaign a <u>nd</u>				,									
	fundraising solicitation. Check here													
	following SOP 98-2 (ASC 958-720)													
DAA	-				Form <b>990</b> (2011)									

**Balance Sheet** (A) (B) Beginning of year End of year 120,030 208,005 Cash—non-interest bearing 1,357 Savings and temporary cash investments 2 1,235,830 1,350,823 Pledges and grants receivable, net ..... 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 14,993 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 3,639,566 b Less: accumulated depreciation 10b 320,881 3,266,521 3,318,685 10c Investments—publicly traded securities \_\_\_\_\_\_ 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 4,877,513 4,638,731 16 Total assets. Add lines 1 through 15 (must equal line 34) ...... 16 43,949 47,791 Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key Liabilities employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 493,345 594,733 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 642,524 537,294 26 Total liabilities. Add lines 17 through 25 ...... Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,174,339 2,508,471 27 Unrestricted net assets 27 1,821,868 1,831,748 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 3,996,207 4,340,219 Total net assets or fund balances 33 4,638,731 4,877,513 Total liabilities and net assets/fund balances ...

Form 990 (2011)

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

Form **990** (2011)

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

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE CENTER FOR CREATIVE EDUCATION,

Employer identification number 65-0594599

			TIAC						00	009	<b>-</b> 099			
Pa	rt I	Reas	on for Public Charity	Status (All organizations r	nust coi	mplete t	this pa	rt.) See	e instr	uction	S.			
The o	orgar	nization is not a	a private foundation because	it is: (For lines 1 through 11, che	ck only or	ne box.)								
1	$\bigcap$	A church, cor	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(	A)(i).							
2	П	A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E.)										
3	П			e organization described in <b>secti</b>	on 170(b)	(1)(A)(iii)								
4	П	•	•	in conjunction with a hospital des			-	)(A)(iii).	Enter th	ne hospi	ital's nan	ne.		
•	ш	city, and state						,,,,,,,,				,		
5	П	•		a college or university owned or	onerated	hv a gove	rnments	it de	scrihed	in				
J		-	b)(1)(A)(iv). (Complete Part		operated	by a gove	i i i i i i i i i i i i i i i i i i i	ar arme ac	JOHDCG	***				
c		•		•	tion 170/	h\/4\/A\/	۸							
6	v			vernmental unit described in sec				. 46		.I=12 =				
7	X	-,	*	ubstantial part of its support from	a governi	mentai un	it or tron	n the ger	nerai pu	DIIC				
_			section 170(b)(1)(A)(vi). (Co	·										
8	Щ	•		70(b)(1)(A)(vi). (Complete Part II	•									
9	Ш	-	-	more than 33 1/3% of its suppor										
				ot functions—subject to certain ex						its				
			•	d unrelated business taxable inco	•		I1 tax) fr	om busii	nesses					
	_	acquired by the	ne organization after June 30	, 1975. See <b>section 509(a)(2).</b> (6	Complete	Part III.)								
10	Ц	An organization	on organized and operated ex	xclusively to test for public safety	. See <b>sec</b>	tion 509(	a)(4).							
11		An organization	on organized and operated ex	xclusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	t the					
		purposes of o	ne or more publicly supporte	d organizations described in sect	tion 509(a)	)(1) or se	ction 509	9(a)(2). S	See <b>sec</b>	tion				
		<b>509(a)(3).</b> Ch	eck the box that describes th	e type of supporting organization	and com	plete lines	11e thr	ough 11	h.					
		a Type	i <b>b</b> Type II	c Type III–Functiona	Ily integra	ted	d	Турі	e III–Otl	ner				
е		By checking ti	his box, I certify that the orga	nization is not controlled directly	or indirect	ly by one	or more	disqualit	fied per	sons				
		other than fou	ındation managers and other	than one or more publicly suppo	rted orgar	nizations o	describe	d in sect	ion 509	(a)(1)				
		or section 509	9(a)(2).											
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upporting	g					
		organization,	check this box											
g		Since August	17, 2006, has the organization	on accepted any gift or contribution	on from ar	ny of the								
J		following pers				•								
		• .		ntrols, either alone or together wit	h persons	describe	d in (ii) a	and					Yes	No
			v, the governing body of the s								1	11g(i)		
		` ,	member of a person describe	**								11g(ii)		
		• •	ontrolled entity of a person de	***************************************								11g(iii)		<del> </del>
h		• •	ollowing information about th									119(111)		<u> </u>
_!!_	\ Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	ragnization	(v) Did v	ou notify	(vi)	s the		vii) Amo	unt of	
(1		ganization	(II) EIN	(described on lines 1–9	in col. (i) lis	-		nization in	organizat		,	supp		
				above or IRC section	governing	document?		of your	(i) organi					
				(see instructions))	Yes	No	Yes	port? No	Yes	No No				
					res	NO	res	140	168	NO				
(A)														
(B)														
					,			<b> </b>				•		
(C)					,									
(D)			,											
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(E)														
										***************************************				
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,923,250	1,680,530	1,208,929	1,171,383	1,239,319	8,223,411
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,923,250	1,680,530	1,208,929	1,171,383	1,239,319	8,223,411
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)						
6	Public support. Subtract line 5 from line 4						8,223,411
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	2,923,250	1,680,530	1,208,929	1,171,383	1,239,319	8,223,411
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,032	310	384	674		4,400
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			73,295	214,324	159,642	447,261
11	Total support. Add lines 7 through 10						8,675,072
12	Gross receipts from related activities, etc. (	see instructions)					
13	First five years. If the Form 990 is for the o	organization's first, :	second, third, fourt	h, or fifth tax year a	s a section 501(c)(	3)	
	organization, check this box and stop here						.,
Sec	tion C. Computation of Public Su			, , , , , , , , , , , , , , , , , , , ,			***************************************
14	Public support percentage for 2011 (line 6,	column (f) divided b	by line 11, column	(f))		14	94.79%
15	Public support percentage from 2010 Scheo						97.28%
16a	33 1/3% support test—2011. If the organize				1/3% or more, chec	ck this	
	box and <b>stop here</b> . The organization qualifi						<b>&gt;</b> X
b	33 1/3% support test—2010. If the organize				s 33 1/3% or more,	•	, _
	check this box and <b>stop here.</b> The organiza						▶ ∟
17a	10%-facts-and-circumstances test—201 10% or more, and if the organization meets Part IV how the organization meets the "fac	the "facts-and-circ	umstances" test, cl	neck this box and <b>s</b>	top here. Explain i	n	
b	organization 10%-facts-and-circumstances test—201	0. If the organizatio	on did not check a l	pox on line 13, 16a,			▶ □
	15 is 10% or more, and if the organization r Explain in Part IV how the organization mee supported organization		rcumstances" test.	The organization of	qualifies as a public	· .	<b>&gt;</b>
18	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	1		· · · · · · · · · · · · · · · · · · ·			
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support	T					
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						· · · · · · · · · · · · · · · · · · ·
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		·				de la companya de la
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	-	second, third, four	th, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						
	tion C. Computation of Public Su			(2)			
15	Public support percentage for 2011 (line 8,						<u>%</u>
16	Public support percentage from 2010 Sche			*****		16	<u> </u>
	tion D. Computation of Investme			alumn (f)		17	
17 40	Investment income percentage for 2011 (li					ا مد ا	<u>%</u> %
18 10a	Investment income percentage from 2010				ore than 33 1/3%		<u></u> %
19a	33 1/3% support tests—2011. If the orga 17 is not more than 33 1/3%, check this bo						<b>.</b>
b	33 1/3% support tests—2010. If the orga						<b>-</b> _
D	line 18 is not more than 33 1/3%, check thi						<b>b</b> [
20	Private foundation. If the organization did						<b>&gt;</b>

Part II, Line 10 - Other Income Detail Fundraising Event \$ 287,619	Part IV	Supplemental Inform	nation. Complete this post and Part III, line 12.	part to provi	de the explanations required by Part II, line 10; ete this part for any additional information. (See	Page 4				
	Part I	Part II, Line 10 - Other Income Detail								
	Fundra	ising Event		\$	287,619					
					······································					
	• • • • • • • • • • • • • • • • • • • •									
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				••••••		••••••				

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

INC

Name of the organization

THE CENTER FOR CREATIVE EDUCATION,

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

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

INC		65-0594599				
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	·				
	501(c)(3) taxable private foundation					
_	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special	al Rule. See				
General Rule						
-	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (ione contributor. Complete Parts I and II.	n money or				
Special Rules						
under sections 509	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the rotal (a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contributor, during the year, and II.	contribution of				
during the year, total	e)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one co al contributions of more than \$1,000 for use exclusively for religious, charitable, scien coses, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
990-EZ, or 990-PF), but it n	nat is not covered by the General Rule and/or the Special Rules does not file Schedul nust answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its 0-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990,	Form 990-EZ or on				

Page 1 of 1 of Part I

Name of organization
THE CENTER FOR CREATIVE EDUCATION,

Employer identification number 65-0594599

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	PRIMETIME PALM BEACH PRIME TIME PALM BEACH COUNTY 2300 HIGH RIDGE RD BOYNTON BEACH FL 33426	\$ 616,003	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CONRAD H. HILTON CONRAD H HILTON FOUNDATION 10100 SANTA MONICA BLVD SUITE 1000 LOS ANGELES CA 90067	\$ 300,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
,		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

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

OMB No. 1545-0047

2011

Open to Public

Name of the organization Employer identification number THE CENTER FOR CREATIVE EDUCATION, INC 65-0594599 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of 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 Yes conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to 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 an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 a Total number of conservation easements Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 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? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, 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)(ii)? In Part XIV, 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 \$ ..... Assets included in Form 990, Part X.

	organization by:					Yes	No
	(i) unrelated organizations				3a(i)		
	(ii) related organizations				3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations list	ed as required on Schedul	e R?		3b		<u> </u>
	Describe in Part XIV the intended uses of the organization						
Pa	rt VI Land, Buildings, and Equipr	nent. See Form 990,	Part X, line 10.				
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book	value	
		(investment)	(other)	depreciation			
1a	Land		433,126		4	33,	12
b	Buildings						
С	Leasehold improvements						
	Equipment	r					
е	Other						
	I. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, column	n (B), line 10(c).)	<b>&gt;</b>	4	33,	12

<sup>2.</sup> FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Sche	dule D (Form 990) 2011 THE CENTER FOR CREATIVE EDUCAT			Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to A			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	1,414,758
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	343,633
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	379
9	Total adjustments (net). Add lines 4 through 8	,	9	379
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	344,012
Pε	rt XII Reconciliation of Revenue per Audited Financial Statement			
1	Total revenue, gains, and other support per audited financial statements			1,414,758
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		,
С	Recoveries of prior year grants	2c		
d		2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,414,758
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		·····	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
h	Other (Describe in Part XIV.)	4b		
Č	Add lines 42 and 4h		4c	*** 
5	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,414,758
000000000	rt XIII Reconciliation of Expenses per Audited Financial Statemer	ate With	<u> </u>	
1	Total expenses and losses per audited financial statements			1,070,746
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		·····	1,0,0,140
	Donated services and use of facilities	2a		
h	Prior year adjustments	2b		
	Prior year adjustments Other leases			
ر	Other losses	2c 2d		
u	Other (Describe in Part XIV.)			
	Add lines 2a through 2d		<u>2e</u>	
3	Subtract line 2e from line 1			1,070,746
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	379	
	Other (Describe in Part XIV.)	4b		370
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			1,071,125
	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1			
	/, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b	o. Also cor	mplete this part to provide	
•	dditional information.		•	
P	art XI, Line 8 - Reconciliation of Changes -	Othe	<b>r</b>	
В	ook / Tax Depreciation Difference		\$	379
P	art XIII, Line 4b - Expense Amounts Included	on R	eturn - Other	
В	ook / Tax Depreciation Difference		\$	379
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Schedule D (For	rm 990) 2011	THE	CENTER	FOR	CREATIVE	EDUCATION	, 65-0594599	Page <b>5</b>
Part XIV	Supplemen	tal Info	<b>rmation</b> (c	ontinue	ed)			
							······································	
•								• • • • • • • • • • • • • • • • • • • •
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*						***************************************		• • • • • • • • • • • • • • • • • • • •

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

**Supplemental Information Regarding** 

Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No. 1545-0047 Open Ta Public

Internal Revenue Service Name of the organization

Department of the Treasury

THE CENTER FOR CREATIVE EDUCATION,

Employer identification number

INC					65-0594	599
Part Fundraising Activities. Complete Form 990-EZ filers are not require	if the organization	on an s part	swer	ed "Yes" to Form	990, Part IV, line	17.
Indicate whether the organization raised funds through	<del></del>			eck all that apply.		
a Mail solicitations	e Solicitation	n of nor	n-gove	ernment grants		
b Internet and email solicitations	f Solicitation			-		-
c Phone solicitations	g Special fu			_		
d In-person solicitations	<b>5</b>					
2a Did the organization have a written or oral agreement	with any individual (in	oludino	office	ere directore truetoco		
or key employees listed in Form 990, Part VII) or entity  b If "Yes," list the ten highest paid individuals or entities compensated at least \$5,000 by the organization.	in connection with p	rofessi	onal fu	indraising services?		Yes No
		(III) Di	d fund- r have		(v) Amount paid to	(vi) Amount paid to
(I) Name and address of individual or entity (fundraiser)	(ii) Activity	custo	ody or rol of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
			utions?	,	col. (i)	Organization
		Yes	No			
1						
2						79-79-79-79-79-79-79-79-79-79-79-79-79-7
		+				
3						
4		***************************************				
		ļ		***************************************		
5	,					·
6						
7						
8						
9						
10						
Total						
List all states in which the organization is registered or registration or licensing.		ntributio	ons or	has been notified it is	exempt from	-

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List

		events with gro	ss receipts greater than \$5,0	JUU.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Tatal areas
			LUNCHEON	LITTLE BLACK DR	None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			(-1-11-0)-1	(-1-111 4)-1	(total Hallison)	
Revenue	1	Gross receipts	113,995	45,647		159,642
æ		Less: Charitable	113/330	43,047		133,042
	_	contributions	·			
	3	Gross income (line 1 minus				
	_	line 2)	113,995	45,647		159,642
	4	Cash prizes				
	5	Noncash prizes				
		,			, 1 10 00 00 00 00 00 00 00 00 00 00 00 0	
es	6	Rent/facility costs				
ens						
Direct Expenses	7	Food and beverages				
ect						
ä	8	Entertainment	20 17F0-00-00-00-00-00-00-00-00-00-00-00-00-0			- Automorphism - Auto
	9	Other direct expenses			MM	
			Add lines 4 through 9 in column (d)			150 640
	11	Net income summary. Con	nbine line 3, column (d), and line 10			159,642
<b>***</b>			plete if the organization answ n Form 990-EZ, line 6a.	vered Yes to Form 990, Pa	rt IV, line 19, or reporte	ea more
			T FORM 990-EZ, line 6a.	410 411 5 111		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add coi. (a) through col. (c))
ver				2go.p.og.oos.vo.2go		co. (a) a rough co. (c)
R	1	Gross revenue				
	•	Cross revenue	***************************************			
"	2	Cash prizes		-		
ses						
Direct Expenses	3	Noncash prizes				
Ü						
irec	4	Rent/facility costs				
Ω						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary.	Add lines 2 through 5 in column (d)			
	8	Net gaming income summ	ary. Combine line 1, column d, and l	ine 7	<u> </u>	
9	Ent	ter the state(s) in which the	organization operates gaming activit	ties:		
			operate gaming activities in each of	these states?		9a 🔛 Yes 🔛 No
b		No," explain:				
	T "					
	11 "1		· · · · · · · · · · · · · · · · · · ·	• ; • • • • • • • • • • • • • • • • • •		
100		are any of the organization's	gaming linguage revoked supponds	and or terminated during the tay year	······	100 Voo No
	 We		gaming licenses revoked, suspende	ed or terminated during the tax year	?	10a Yes No
	 We	ere any of the organization's Yes," explain:	gaming licenses revoked, suspende	ed or terminated during the tax year	?	10a Yes No
	 We		gaming licenses revoked, suspende	ed or terminated during the tax year	?	10a Yes No

Sche	edule G (Form 990 or 990-EZ) 2011 THE CENTER FOR CREATIVE EDUCATION, 65-059	4599		Page 3
11 12	Does the organization operate gaming activities with nonmembers?  Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		Ye	s No
12	formed to administer charitable gaming?		Ye	s No
13	Indicate the percentage of gaming activity operated in:		_	
.a	The organization's facility	13a		%%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming	1	Yes	s 🗌 No
b	revenue?  If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	·			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			_
	spent in the organization's own exempt activities during the tax year ▶ \$			
Par	Supplemental Information. Complete this part to provide the explanations required by Part I, lin columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also compart to provide any additional information (see instructions).		his	
• • • • • •				
• • • • • •				• • • • • • • • • • • • • • • • • • • •
	······································			
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	·	· · · · · · · · · · · ·		
	Schedule G (Fo	rm 990 (	or 990-E	Z) 2011

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

Department of the Treasury

### 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.

QMB No. 1545-0047
2011

Open to Public Inspection

Internal Revenue Service

Name of the organization

THE CENTER FOR CREATIVE EDUCATION,

INC

Employer identification number 65-0594599

Form 990 - Organization's Mission or Most Significant Activities

THE ORGANIZATION APPLIES THE ARTS AND HUMANITIES TO IMPROVE THE LIVES OF

CHILDREN WHERE THEY LIVE, LEARN AND PLAY. THE ORGANIZATION BELIEVES

SUSTAINED, HIGH-QUALITY AND HANDS-ON CREATIVE LEARNING WILL IMPROVE EACH

CHILD'S LEARNING POTENTIAL, INCREASE ENTHUSIASM ABOUT SCHOOL, SHAPE MORE

PRODUCTIVE COMMUNITY MEMBERS, AND ENCOURAGE YOUNG PEOPLE TO EXERCISE

CREATIVE PROBLEM SOLVING IN LIFE AND LEARNING.

Form 990, Part I, Line 6

A volunteer member of the Board of Directors provided tachnical and consulting skills to the organization. The financial statements reflect donated services revenue of \$9,696 and professional fees expense for the same amount.

Form 990, Part III, Line 4d - All Other Accomplishment

BLENDS THE TALENTS OF PROFESSIONAL ARTISTS AND CLASSROOM

TEACHERS TO DEVELOP AND IMPLEMENT IN-SCHOOL CURRICULUM TO

TEACH TRADITIONAL ACADEMIC SUBJECTS THROUGH THE ARTS.

PROVIDES YOUTH WITH CREATIVE ALTERNATIVES TO DEVELOP AN

APPRECIATION FOR ART AND CULTURE AS WELL AS THEIR OWN

ARTISTIC AND CREATIVE TALENTS DURING THE CRITICAL AFTER

SCHOOL HOURS. THE ORGANIZATION SERVES MORE THAN 8,000

STUDENTS, TEACHERS AND COMMUNITY MEMBERS IN PALM BEACH

COUNTY, FLORIDA.

Schedule O (Form 990 or 990-EZ) (2011) Page 2 Name of the organization Employer identification number THE CENTER FOR CREATIVE EDUCATION, 65-0594599 Form 990, Part VI, Line 7a - Election of Members and Their Rights THE BOARD OF DIRECTORS NOMINATES MEMBERS AND THE EXECUTIVE COMMITTEE **APPROVES** Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members SUBJECT TO APPROVAL BY EXECUTIVE COMMITTEE AND/OR BOARD OF DIRECTORS Form 990, Part VI, Line 9 - Officers Who Cannot Be Reached THOMAS PILECKI Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 MANAGEMENT AND BOARD OF DIRECTORS REVIEW COPY OF THE FORM 990 FOR ACCURACY OR SIGNIFICANT OMISSIONS PRIOR TO FILING Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy ONGOING CERTIFICATION FOR NOT-FOR-PROFIT STATUS INCLUDING COMPLIANCE WITH DOCUMENTED POLICIES AND PROCEDURES Form 990, Part VI, Line 15a - Compensation Process for Top Official EXECUTIVE DIRECTOR AND ALL DIRECTORS COMPENSATION ARE SUBJECT TO COMMITTEE APPROVAL Form 990, Part VI, Line 15b - Compensation Process for Officers KEY EMPLOYEE COMPENSATION IS SUBJECT TO REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Name of the organization  THE CENTER FOR CREATIVE EDUCATION,	Employer identification number 65-0594599
UPON REQUEST, GOVERNING DOCUMENTS ARE HOUSED AT THE AL	DMINISTRATIVE OFFICES
AND CAN BE REVIEWED DURING BUSINESS HOURS	
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Form **4562** 

**Depreciation and Amortization** 

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

See separate instructions.

Attach to your tax return.

Name(s) shown on return

THE CENTER FOR CREATIVE EDUCATION, INC

Identifying number 65-0594599

Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 2 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 15 37,002 Other depreciation (including ACRS) ..... 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2011 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property S/I g 25-year property 25 yrs. h Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L Nonresidential real 39 yrs. MM S/L property MM S/L Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Summary (See instructions.) Part IV Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 37,002 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

(8) (9)(10)

Totals

### **Mortgages and Other Notes Payable** Forms 990 / 990-PF 2011 10/01/11 , and ending 09/30/12 For calendar year 2011, or tax year beginning **Employer Identification Number** Name THE CENTER FOR CREATIVE EDUCATION, 65-0594599 INC Form 990, Part X, Line 23 - Additional Information Name of lender Relationship to disqualified person BANK OF AMERICA CONSTRUCTION LOAN (1) LINE OF CREDIT PNC BANK (2) (3) (4) (5)(6) (7)(8) (9)(10)Original amount Maturity Interest Date of loan borrowed date Repayment terms rate 650,113 07/31/12 (1)50,000 03/05/12 (2)(3) (4) (5) (6)(7) (8) (9)(10)Security provided by borrower Purpose of loan INTEREST IN PROPERTY CONSTRUCTION LOAN (1)OPERATING LINE OF CREDIT (2)(3) (4) (5) (6) (7) (8) (9) (10)Balance due at Balance due at Consideration furnished by lender beginning of year end of year 443,801 550,113 (1) 44,620 49,544 (2) (3)(4)(5)(6)(7)

594,733

493,345

CCE930 THE CENTER FOR CREATIVE EDUCATION,

65-0594599

35 Capitalized operational costs
36 Capitalized Construction Costs
37 Capitalized Interest

34 Piano

FYE: 9/30/2012

Federal Asset Report Form 990, Page 1

03/22/2013 4:37 PM

22,214

0

2,083

0 0

50,000 10 MO S/L

91,906 0 -- Memo

0 -- Memo 0 -- Memo

25,131 16,771

		Date		Bus Sec Basis	
Asset	Description	In Service	Cost	% 179Bonus for Depr PerConv Meth Prior	Current
	•				
Dudan	MAACING.				
29	MACRS: Computer setup	9/13/11	14,854	X 0 5 MQ200DB 14,854	0
	Computer Setup	5715711	<del></del>		
		=	14,854	014,854	0
				•	
Other	Depreciation:				
1	Commercial Building	3/01/05	1,183,965	1,183,965 40 MO S/L 194,861	29,599
2	Furn & equip	1/01/05	312	312 3 MO S/L 312	0
3	Furniture & Equip	1/01/06	13,407	13,407 5 MO S/L 13,407	0
4	Furn & Equip-Piano	1/01/06	16,463	16,463 5 MO S/L 16,463	0
5	Furn & Equip	1/01/07	1,716	1,716 10 MO S/L 815	171
6	Furn & Equip	3/01/07	9,351	9,351 5 MO S/L 8,572	779
7	Furn & equip-Pianos	3/01/08	32,727	32,727 10 MO S/L 14,794	3,273
8	Furn & Equip	4/01/08	2,280	2,280 5 MO S/L 1,596	456
9	Computer	7/08/09	1,350	1,350 5 MO S/L 607	270
10	Computer	9/25/09	280	280 5 MO S/L 112	56
11	HP Computer	10/15/09	500	500 5 MO S/L 200	100
12	HD Televison	10/12/09	1,077	1,077 5 MO S/L 431	215
13	Land	6/30/05	308,501	308,501 0 Land 0	0
14	Land	6/30/05	124,625	124,625 0 Land 0	Õ
15	Capital Improvement In Progress	1/01/06	12,008	12,008 40 Memo 0	0
16	Capital Improvement In Progress	1/01/07	93,339	93,339 0 Memo 0	ő
17	Capital Improvement In Progress	1/01/08	535,878	535,878 0 Memo 0	Ö
18	Unamortized Loan Cost	1/01/08	34,215	34.215 0 Memo 0	ŏ
19	Construction In Process	11/09/09	72,079	72,079 0 Memo 0	ŏ
20	Unamortized Loan Cost	1/01/10	12,184	12,184 0 Memo 0	ŏ
21	Construction In Process	1/01/10	196,578	196,578 0 Memo 0	ő
22	Unamortized Loan Cost	1/01/09	19,670	19,670 0 Memo 0	ŏ
23	Construction In Process	1/01/09	38,607	38,607 0 Memo 0	ŏ
24	Construction In Process	1/01/09	4,115	4,115 0 Memo 0	ő
25	Construction In Process	1/01/09	581,209	581.209 0 Memo 0	ő
26	Unamortized Loan Cost	1/01/10	1,057	1,057 0 Memo 0	ŏ
$\frac{1}{27}$	Construction in Process	1/01/10	17,333	17,333 0 Memo 0	ŏ
28	Construction in Process	6/30/11	93,292	93,292 0 Memo 0	ŏ
30	Capital Construction	3/11/11	27,628	27,628 0 Memo 0	ŏ
31	Unamortized Loan Cost	9/30/11	19,589	19,589 0 Memo 0	ŏ
32	Construction in Process	9/30/11	35,570	35,570 0 Memo 0	ŏ
33	Piano	1/01/06	10,000	10,000 5 MO S/L 10,000	ŏ
1	Sold/Scranned: 2/27/		10,000	10,000	V

3/01/08

9/30/12

9/30/12 9/30/12

Sold/Scrapped: 2/27/12

Sold/Scrapped: 2/22/12

50,000

91,906

25,131 16,771

Total Other Depreciation	3,684,713	3,684,713	284,384	37,002
Total ACRS and Other Depreciation	3,684,713	3,684,713	284,384	37,002
Grand Totals Less: Dispositions and Transfers Less: Start-up/Org Expense Net Grand Totals	3,699,567 60,000 0 3,639,567	3,684,713 60,000 0 3,624,713	299,238 32,214 0 267,024	37,002 2,083 0 34,919

CCE930 THE CENTER FOR CREATIVE EDUCATION,

65-0594599

FYE: 9/30/2012

AMT Asset Report Form 990, Page 1 03/22/2013 4:37 PM

Date Bus Sec Basis Description In Service Cost % 179Bonus for Depr PerConv Meth Prior Current Asset **Prior MACRS:** 7/08/09 1,350 Computer 675 **HY 200DB** 1,026 130 X X X X X 5 5 5 **HY 200DB** Computer 9/25/09 280 140 213 27 HP Computer 10/15/09 500 250 **HY 200DB** 380 48 10/12/09 1,077 539 5 104 **HY 200DB** 818 HD Televison Computer setup 9/13/11 14,854 14,854 5 MQ200DB 5,942 18,061 16,458 2,437 6,251 Other Depreciation:
1 Commercial Building 3/01/05 0 40 MO S/L 0 0 0 Furn & equip 1/01/05 0 0 0 HY 0 0 3 Furniture & Equip 1/01/06 0 0 0 0 0 HY 1/01/06 0 0 Furn & Equip-Piano 0 HY 0 0 Furn & Equip 1/01/07 0 0 0 HY 3/01/07 0 0 0 0 0 Furn & Equip HY Furn & equip-Pianos 3/01/08 0 0 0 HY 0 0 8 Furn & Equip 0 0 4/01/08 0 0 0 HY 0 13 Land 6/30/05 0 0 HY 0 0 14 Land 6/30/05 0 0 0 HY 0 0 1/01/06 0 0 0 0 Capital Improvement In Progress 0 15 HY Capital Improvement In Progress 1/01/07 0 0 0 16 HY Capital Improvement In Progress 0 0 0 0 1/01/08 0 17 HY Unamortized Loan Cost 1/01/08 0 0 0 HY 0 0 Construction In Process 11/09/09 0 Ó 19 0 HY 0 0 0 0 0 1/01/10 0 20 Unamortized Loan Cost HY 21 Construction In Process 1/01/10 0 0 0 0 0 HY Ó 22 Unamortized Loan Cost 1/01/09 0 0 HY 0 0 23 Construction In Process 1/01/09 0 0 0 HY 0 0 0 0 0 0 24 Construction In Process 1/01/09 0 HY Construction In Process 1/01/09 0 0 0 0 HY 26 Unamortized Loan Cost 1/01/10 0 0 0 0 HY ŏ 0 0 Ō Construction in Process 1/01/10 0 2.7 HY 28 Construction in Process 6/30/11 0 0 0 HY 0 0 0 30 Capital Construction 3/11/11 0 0 0 0 HY 31 Unamortized Loan Cost 9/30/11 0 0 0 HY 0 0 Construction in Process 9/30/11 0 0 0 0 32 0 HY 1/01/06 0 0 0 33 0 0 Piano HY Sold/Scrapped: 2/27/12 34 Piano 3/01/08 0 0 0 HY 0 0 Sold/Scrapped: 2/22/12 Capitalized operational costs 9/30/12 0 0 HY 0 0 9/30/12 0 0 HY Capitalized Construction Costs 0 0 0 Capitalized Interest 9/30/12 0 0 0 HY 0 0 **Total Other Depreciation** 0 0 0 0 **Total ACRS and Other Depreciation** 0 0 0 0 18,061 16,458 2,437 **Grand Totals** 6,251 Less: Dispositions and Transfers 0 0 18,061 16,458 **Net Grand Totals** 2,437 6,251

# CCE930 THE CENTER FOR CREATIVE EDUCATION, 65-0594599 Bonus Depreciation Report

03/22/2013 4:37 PM

FYE: 9/30/2012

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Fo	orm 990, Page 1							
29 Com	puter setup	9/13/11	14,854		0	0	14,854	0
		Form 990, Page 1	14,854		0	0	14,854	0
					-			***************************************
•		<b>Grand Total</b>	14,854		. 0	0	14,854	0

CCE930 THE CENTER FOR CREATIVE EDUCATION,

65-0594599

## Depreciation Adjustment Report

FYE: 9/30/2012

**All Business Activities** 

Description Tax AMT Adjustments/
Preferences

**MACRS Adjustments:** 

Form Unit Asset

Page 1 1 29 Computer setup

0 5,942 0 5,942 -5,942 -5,942

03/22/2013 4:37 PM

FYE: 9/30/13

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# CCE930 THE CENTER FOR CREATIVE EDUCATION, 65-0594599 Future Depreciation Report

FYE: 9/30/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT	
Prior N	MACRS:					
29	Computer setup	9/13/11	14,854	0	3,565	
			14,854		3,565	
Other I	Depreciation:					
1	Commercial Building	3/01/05	1,183,965	29,599	0	
2	Furn & equip	1/01/05	312	25,550	ő	
3	Furniture & Equip	1/01/06	13,407	0	0	
4	Furn & Equip-Piano	1/01/06	16,463	0	0	
5	Furn & Equip	1/01/07	1,716	172	0	
6	Furn & Equip	3/01/07	9,351	0	0	
7	Furn & equip-Pianos	3/01/08	32,727	3,273	0	
8	Furn & Equip	4/01/08	2,280	228	0	
9	Computer	7/08/09	1,350	270	129	
10	Computer	9/25/09	280	56	27	
11	HP Computer	10/15/09	500	100	29	
12	HD Televison	10/12/09	1,077	215	62	
13	Land	6/30/05	308,501	0	0	
14 15	Land Conital Improvement In Brogress	6/30/05 1/01/06	124,625	0	0	
15 16	Capital Improvement In Progress Capital Improvement In Progress	1/01/06	12,008 93,339	0	0	
16		1/01/07	93,339 535,878	0	0	
18	Capital Improvement In Progress Unamortized Loan Cost	1/01/08	34,215	0	0	
19	Construction In Process	11/09/09	72,079	0	0	
20	Unamortized Loan Cost	1/01/10	12,184	0	0	
21	Construction In Process	1/01/10	196,578	0	0	
22	Unamortized Loan Cost	1/01/10	196,578	0	0	
23	Construction In Process	1/01/09	38,607	0	0	
24	Construction In Process	1/01/09	4,115	ő	· Ő	
25	Construction In Process	1/01/09	581,209	ő	ő	
26	Unamortized Loan Cost	1/01/10	1,057	ő	ŏ	
27	Construction in Process	1/01/10	17,333	ő	Õ ·	
28	Construction in Process	6/30/11	93,292	0	0	
30	Capital Construction	3/11/11	27,628	0	0	
31	Unamortized Loan Cost	9/30/11	19,589	0	0	
32	Construction in Process	9/30/11	35,570	0	0	
35	Capitalized operational costs	9/30/12	91,906	0	0	
36	Capitalized Construction Costs	9/30/12	25,131	0	0	
37	Capitalized Interest	9/30/12	16,771	0	0	
	Total Other Depreciation		3,624,713	33,913	247	
				West and the second sec		
	Total ACRS and Other Depreciation		3,624,713	33,913	247	
	Grand Totals		3,639,567	33 913	3.812	
	Grand Totals			33,913	3,812	• 45
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	Fund Raising	\$ 2,500	\$ 2,500
<b>(a)</b>	agement & Seneral	26,283	26,283
<u>ewploye</u>	Man	₩.	w-
Service (Non-	Program Service	26,284 391,785 37,722	455,791
ees for	LL 97	₩	⟨V-
ine 11g - Other Fees for Service (Non-employee)	Total xpenses	52,567 394,285 37,722	484,574
t IX, Line	Program Management & Service General	<b>₩</b>	<b>%</b>
Form 990, Part IX, Li	Description	CONSULTING ARTIST FEES ARTIST SUPPLIES	Total

	Form 990, F	Part IX, Line 24e - All Other Expenses	e - All O	ther Expense	ωl			
Description		Total Expenses	_	Program Service	Man	Management & General		Fund Raising
TELEPHONE AND UTILITIES	. Ω-	12,972	₩.	8,302	<u>٠</u>	2,854	· ν·	1,816
LOSS ON SALE OF INVESTMEN		8,583		8,583				
BAR		6,440						6,440
OTHER		6,263						6,263
INVITATIONS		3,909						3,909
VALET	٠	3,375						3,375
PRESS & PHOTOGRAPHY		2,900						2,900
BARTENDING		2,455						2,455
SUPPLIES		1,775						1,775
ENTERTAINMENT		1,700						1,700
REPAIRS & MAINT		1,291				1,291		
PHOTOGRAPHY & MKT		1,160					-	1,160
OTHER		792						
SUPPLIES AND SERVERS		528						528
LICENSE AND PERMITS		411		308		103		
Total	₩.	63,247	↔	17,193	S.	4,248	₩.	41,806

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# CCE930 THE CENTER FOR CREATIVE EDUCATION, Federal Statements

65-0594599 FYE: 9/30/2012

# Schedule A, Part II, Line 1(e)

Amount	\$ 620	67,127			616,003		300,000	\$ 1,239,319
Description	BOARD MEMBERS OFFILED IOCAL CDANTES	OTHER CONTRIBUTIONS FOINDATIONS	CORPORATE GRANTS	PRIMETIME PALM BEACH	Cash Contribution	CONRAD H. HILTON	Cash Contribution	Total

# Schedule A, Part II, Line 10(e)

Amount	\$ 113,995 45,647	\$ 159,642
Description	LUNCHEON LITTLE BLACK DRESS	Total

### Forms 990 / 990-EZ Return Summary

For calendar year 2011, or tax year beginning

10/01/11 , and ending

09/30/12

THE CENTER FOR CREATIVE EDUCATION, 65-0594599 INC

Net Asset / Fund Balance at Beginning of Ye	ear	-	3,996,207
Revenue			
Contributions	1,239,319		
Program service revenue			
Investment income			
Capital gain / loss	15,797		
Special events:			
Gross revenue 159,6	42		
Direct expenses			
Net income	159,642 159,642		
Other income	<u> </u>		
Total revenue		1,414,758	
Expenses			
Program services	774,382		
Management and general	168,035		
Fundraising	128,708		
Total expenses		1,071,125	
Excess / (deficit)		-	343,633
Other changes			379
Net Asset / Fund Balance at	End of Year	Ξ	4,340,219
Reconciliation of Revenue  Total revenue per financial statements 1,  Less:  Unrealized gains  Donated services  Recoveries  Other  Plus:	Less: Do Pr	Reconciliation of the expenses per financial statement conated services from year adjustments cosses ther	
Investment expenses	in	vestment expenses	P-100-100
Other		ther	
Total revenue per return1,	414,758	Total expenses per return	1,071,125
	Balance Sh		
Assets4,	ginning Ending 638,731 4,877	Differences	
Assets 4,	ginning     Ending       638,731     4,877       642,524     537	<u>,513</u> ,294	<b>11</b> 0
Assets	ginning Ending 638,731 4,877	<u>,513</u> ,294	012

Amended return

Return / extended due date

 $05/15/1\overline{2}$ 

Failure to file penalty