

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
Creative Visions Foundation

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
18820 Pacific Coast Highway

City or town, state or province, country, and ZIP or foreign postal code  
Malibu, CA 90265

**D** Employer identification number  
39-1902814

**E** Telephone number

**G** Gross receipts \$ 5,334,102

**F** Name and address of principal officer:

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ [www.creativevisions.org](http://www.creativevisions.org)

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1997

**M** State of legal domicile: IA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
Creating awareness of critical issues and promoting positive action through media and the arts.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

|                                                                                        |           |    |
|----------------------------------------------------------------------------------------|-----------|----|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | <b>3</b>  | 15 |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | <b>4</b>  | 14 |
| <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | <b>5</b>  | 5  |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | <b>6</b>  |    |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | <b>7a</b> | 0  |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 39                | <b>7b</b> | 0  |

|                                                                                            | Prior Year | Current Year |
|--------------------------------------------------------------------------------------------|------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                     | 1,053,232  | 5,238,347    |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                      | 158,104    | 0            |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                    | 2,568      | 1,397        |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         | 893,658    | 94,358       |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,107,562  | 5,334,102    |

|                                                                                             |           |           |
|---------------------------------------------------------------------------------------------|-----------|-----------|
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)                  |           | 4,465,922 |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |           | 0         |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 365,150   | 306,375   |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |           | 0         |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 42,111                 |           |           |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      | 808,308   | 884,160   |
| <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         | 1,173,458 | 5,656,457 |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | 934,104   | -322,355  |

|                                                                      | Beginning of Current Year | End of Year |
|----------------------------------------------------------------------|---------------------------|-------------|
| <b>20</b> Total assets (Part X, line 16)                             | 1,232,702                 | 1,942,716   |
| <b>21</b> Total liabilities (Part X, line 26)                        | 835,810                   | 1,855,073   |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 | 396,892                   | 87,643      |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2020-11-06  
Kathleen Eldon Founder  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Preparer's signature: Date: 2020-11-12  
Check  if self-employed PTIN: P01469246  
Firm's name ▶ Kevin E Fordyce Firm's EIN ▶ 45-4646793  
Firm's address ▶ 1327 North Pacific Avenue  
Glendale, CA 91202 Phone no. (818) 543-1400

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:

Creating awareness of critical issues and promoting positive action through media and the arts.

**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  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  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 5,148,930 including grants of \$ 4,465,922 ) (Revenue \$ )  
See Additional Data

**4b** (Code: ) (Expenses \$ 112,951 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code: ) (Expenses \$ 38,845 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 5,300,726

**Part IV Checklist of Required Schedules**

|            |                                                                                                                                                                                                                                                                                                           | Yes | No |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b>   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                                                                         | Yes |    |
| <b>2</b>   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                                         | Yes |    |
| <b>3</b>   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                                                                                      |     | No |
| <b>4</b>   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II                                                                                                       |     | No |
| <b>5</b>   | 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, Part III                                                                               |     | No |
| <b>6</b>   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                                    |     | No |
| <b>7</b>   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                            |     | No |
| <b>8</b>   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                                         | Yes |    |
| <b>9</b>   | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; 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," complete Schedule D, Part IV             |     | No |
| <b>10</b>  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V                                                                                                      |     | No |
| <b>11</b>  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.                                                                                                                                                           |     |    |
| <b>11a</b> | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI                                                                                                                                                                       | Yes |    |
| <b>11b</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                                                                                                     |     | No |
| <b>11c</b> | 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                                                                                                     |     | No |
| <b>11d</b> | 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                                                                                                                      |     | No |
| <b>11e</b> | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                                     |     | No |
| <b>11f</b> | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                                            |     | No |
| <b>12a</b> | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                                          | Yes |    |
| <b>12b</b> | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                           |     | No |
| <b>13</b>  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                         |     | No |
| <b>14a</b> | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                               |     | No |
| <b>14b</b> | 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 |     | No |
| <b>15</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                            | Yes |    |
| <b>16</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                      |     | No |
| <b>17</b>  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                                                                             |     | No |
| <b>18</b>  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                            |     | No |
| <b>19</b>  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                                      |     | No |
| <b>20a</b> | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                               |     | No |
| <b>20b</b> | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                              |     |    |
| <b>21</b>  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                                                             | Yes |    |

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 main columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.



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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (14), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (No), 13 (Yes), 14 (Yes), 15a (No), 15b (No), 16a (No), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, IA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: Grace Breuer 18820 Pacific Coast Highway Malibu, CA 90265 (310) 456-1109

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or 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.

See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                  |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) Kathleen Eldon<br>.....<br>Founder           | 40.00<br>.....<br>0.00                                                                     | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (2) Amy E Eldon Turteltaub<br>.....<br>Secretary | 40.00<br>.....<br>0.00                                                                     | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) Daniel Bena<br>.....<br>Director             | 2.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) Elinor Tatum<br>.....<br>Director            | 2.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) Jacoba Atlas<br>.....<br>Director            | 2.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) Kim Brizzolara<br>.....<br>Director          | 2.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (7) Penny Rhodes<br>.....<br>Director            | 2.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (8) Mendeep Rai<br>.....<br>Director             | 2.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (9) Jeanne Meyers<br>.....<br>Director           | 2.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (10) Geralyn Dreyfous<br>.....<br>Director       | 2.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (11) Kaitlyn Kyle<br>.....<br>Director           | 2.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (12) Ann Blinkhorn<br>.....<br>Director          | 2.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (13) Inessa OChilds<br>.....<br>Director         | 2.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (14) Denise Restauri<br>.....<br>Director        | 2.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (15) Dori Gurwitz<br>.....<br>Director           | 2.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (16) Teri Schwartz<br>.....<br>Director          | 2.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (17) Patricia Chandler<br>.....<br>President     | 40.00<br>.....<br>0.00                                                                     |                                                                                                           |                       | X       |              |                              |        | 95,000                                                               | 0                                                                         | 0                                                                                             |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (18) Grace Breuer<br>.....<br>CFO                              | 40.00<br>.....<br>0.00                                                                     |                                                                                                           |                       | X       |              |                              |        | 72,000                                                               | 0                                                                         | 0                                                                                             |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-Total</b>                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                           |                       |         |              |                              |        | 167,000                                                              | 0                                                                         | 0                                                                                             |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► **0**

|                                                                                                                                                                                                                                              | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                        |     | No |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     | No |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | No |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►



Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and other contributions.

Table for Program Service Revenue with 5 columns (A-D) and rows 2a-f for various business codes and program service revenue.

Main revenue table with 5 columns (A-D) and rows 3-12 for investment income, royalties, rental income, gain from sales, fundraising events, gaming activities, and miscellaneous revenue.

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>                                                                                                                                                             | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------------|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .                                                                                                                           | 4,465,922                    | 4,465,922                              |                                               |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .                                                                                                                                                      |                              |                                        |                                               |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .                                                                                                |                              |                                        |                                               |                                    |
| <b>4</b> Benefits paid to or for members . . . . .                                                                                                                                                                                                |                              |                                        |                                               |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                       | 72,000                       |                                        | 72,000                                        |                                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                                  |                              |                                        |                                               |                                    |
| <b>7</b> Other salaries and wages . . . . .                                                                                                                                                                                                       | 202,630                      | 146,103                                | 56,527                                        |                                    |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .                                                                                                                            |                              |                                        |                                               |                                    |
| <b>9</b> Other employee benefits . . . . .                                                                                                                                                                                                        | 8,426                        | 4,483                                  | 3,943                                         |                                    |
| <b>10</b> Payroll taxes . . . . .                                                                                                                                                                                                                 | 23,319                       | 12,406                                 | 10,913                                        |                                    |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                      |                              |                                        |                                               |                                    |
| <b>a</b> Management . . . . .                                                                                                                                                                                                                     | 95,000                       | 38,000                                 | 28,500                                        | 28,500                             |
| <b>b</b> Legal . . . . .                                                                                                                                                                                                                          |                              |                                        |                                               |                                    |
| <b>c</b> Accounting . . . . .                                                                                                                                                                                                                     | 16,525                       |                                        | 16,525                                        |                                    |
| <b>d</b> Lobbying . . . . .                                                                                                                                                                                                                       |                              |                                        |                                               |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                                                                  |                              |                                        |                                               |                                    |
| <b>f</b> Investment management fees . . . . .                                                                                                                                                                                                     |                              |                                        |                                               |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)                                                                                                                               | 408,634                      | 408,220                                | 207                                           | 207                                |
| <b>12</b> Advertising and promotion . . . . .                                                                                                                                                                                                     | 7,367                        |                                        |                                               | 7,367                              |
| <b>13</b> Office expenses . . . . .                                                                                                                                                                                                               | 40,477                       | 21,534                                 | 18,943                                        |                                    |
| <b>14</b> Information technology . . . . .                                                                                                                                                                                                        | 26,831                       | 14,274                                 | 12,557                                        |                                    |
| <b>15</b> Royalties . . . . .                                                                                                                                                                                                                     |                              |                                        |                                               |                                    |
| <b>16</b> Occupancy . . . . .                                                                                                                                                                                                                     | 133,140                      | 70,830                                 | 62,310                                        |                                    |
| <b>17</b> Travel . . . . .                                                                                                                                                                                                                        | 20,122                       | 10,061                                 | 4,024                                         | 6,037                              |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                |                              |                                        |                                               |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .                                                                                                                                                                                        |                              |                                        |                                               |                                    |
| <b>20</b> Interest . . . . .                                                                                                                                                                                                                      |                              |                                        |                                               |                                    |
| <b>21</b> Payments to affiliates . . . . .                                                                                                                                                                                                        |                              |                                        |                                               |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                     | 1,995                        | 1,061                                  | 934                                           |                                    |
| <b>23</b> Insurance . . . . .                                                                                                                                                                                                                     | 10,372                       |                                        | 10,372                                        |                                    |
| <b>24</b> 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.)                                       |                              |                                        |                                               |                                    |
| <b>a</b> Program Expenses                                                                                                                                                                                                                         | 87,493                       | 87,493                                 |                                               |                                    |
| <b>b</b> Telephone and Utilities                                                                                                                                                                                                                  | 9,758                        | 5,191                                  | 4,567                                         |                                    |
| <b>c</b> Video and Media Production                                                                                                                                                                                                               | 12,627                       | 12,627                                 |                                               |                                    |
| <b>d</b> . . . . .                                                                                                                                                                                                                                |                              |                                        |                                               |                                    |
| <b>e</b> All other expenses                                                                                                                                                                                                                       | 13,819                       | 2,521                                  | 11,298                                        |                                    |
| <b>25</b> Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                      | 5,656,457                    | 5,300,726                              | 313,620                                       | 42,111                             |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |                                        |                                               |                                    |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

|                                                                               |                                                                                                                                                                                                                                | (A)<br>Beginning of year |           | (B)<br>End of year |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------|--------------------|
| <b>Assets</b>                                                                 | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                                                   | 1,137,968                | <b>1</b>  | 1,191,846          |
|                                                                               | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                      |                          | <b>2</b>  |                    |
|                                                                               | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                          | 2,719                    | <b>3</b>  | 647,400            |
|                                                                               | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                    |                          | <b>4</b>  |                    |
|                                                                               | <b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .  |                          | <b>5</b>  |                    |
|                                                                               | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .                                                           |                          | <b>6</b>  |                    |
|                                                                               | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                             |                          | <b>7</b>  |                    |
|                                                                               | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                 |                          | <b>8</b>  |                    |
|                                                                               | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                       | 16,765                   | <b>9</b>  | 16,723             |
|                                                                               | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                 | <b>10a</b> 14,199        |           |                    |
|                                                                               | <b>b</b> Less: accumulated depreciation                                                                                                                                                                                        | <b>10b</b> 12,691        | 3,503     | <b>10c</b> 1,508   |
|                                                                               | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                     | 59,347                   | <b>11</b> | 72,839             |
|                                                                               | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                         |                          | <b>12</b> |                    |
|                                                                               | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                          | 12,400                   | <b>13</b> | 12,400             |
|                                                                               | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                          |                          | <b>14</b> |                    |
|                                                                               | <b>15</b> Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                         |                          | <b>15</b> |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 1,232,702                                                                                                                                                                                                                      | <b>16</b>                | 1,942,716 |                    |
| <b>Liabilities</b>                                                            | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                      | 253,013                  | <b>17</b> | 193,854            |
|                                                                               | <b>18</b> Grants payable . . . . .                                                                                                                                                                                             |                          | <b>18</b> | 1,558,338          |
|                                                                               | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                           |                          | <b>19</b> |                    |
|                                                                               | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                |                          | <b>20</b> |                    |
|                                                                               | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                                |                          | <b>21</b> |                    |
|                                                                               | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . | 90,516                   | <b>22</b> | 102,881            |
|                                                                               | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                             |                          | <b>23</b> |                    |
|                                                                               | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                               |                          | <b>24</b> |                    |
|                                                                               | <b>25</b> 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                                              | 492,281                  | <b>25</b> |                    |
|                                                                               | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                                 | 835,810                  | <b>26</b> | 1,855,073          |
| <b>Net Assets or Fund Balances</b>                                            | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>                                                                                           |                          |           |                    |
|                                                                               | <b>27</b> Net assets without donor restrictions . . . . .                                                                                                                                                                      | 396,892                  | <b>27</b> | -94,241            |
|                                                                               | <b>28</b> Net assets with donor restrictions . . . . .                                                                                                                                                                         |                          | <b>28</b> | 181,884            |
|                                                                               | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>                                                                                                    |                          |           |                    |
|                                                                               | <b>29</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                         |                          | <b>29</b> |                    |
|                                                                               | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                            |                          | <b>30</b> |                    |
|                                                                               | <b>31</b> Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                     |                          | <b>31</b> |                    |
| <b>32</b> Total net assets or fund balances . . . . .                         | 396,892                                                                                                                                                                                                                        | <b>32</b>                | 87,643    |                    |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 1,232,702                                                                                                                                                                                                                      | <b>33</b>                | 1,942,716 |                    |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|           |                                                                                                                |           |           |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 5,334,102 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 5,656,457 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | -322,355  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 396,892   |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  | 13,106    |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |           |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |           |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                           | <b>9</b>  | 0         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 87,643    |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

|           |                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.                                                                                                                                       |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| <b>c</b>  | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                    | Yes |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?                                                                                                                                                                                                                                                                  |     | No |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.                                                                                                                                                                                                     |     |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 39-1902814

**Name:** Creative Visions Foundation

Form 990 (2019)

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### **Form 990, Part III, Line 4a:**

Fiscal Sponsorship: The fiscal sponsorship program serves those that utilize the power of the arts and media to inspire positive social change, particularly in the areas of human rights, the environment, and youth education. CVF acts as their sponsor, academy and clubhouse. CVF then broadcasts the work of these programs so they can serve as models and examples for others to follow.

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**Form 990, Part III, Line 4b:**

Various Other Programs:(1)DAN ELDON LEGACY integrates an immersive and interactive traveling exhibit of Dan Eldons art and journals along with merchandize and screenings of the feature film The Journey is the Destination.(2)CURA PROJECT is a residence and school for children who have lost their parents to AIDS, in Kenya, Africa. This project also overseas health and education for their transition from the orphanage into the workplace.(3)MEDIA PRODUCTION supports causes and impact campaigns for creative activists, companies, and other foundations.

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## **Form 990, Part III, Line 4c:**

Rock Your World: Flexible, free of charge and fully aligned with Common Core Standards, Rock Your World inspires global citizenship while developing 21st century skills. It is a project-based curriculum that engages middle and high school students in the use of creative media to take informed action toward issues they care about. Starting with a Universal Declaration of Human Rights, students research an issue of choice, then create a media-based advocacy campaign to promote awareness and positive change.

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**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Creative Visions Foundation

**Employer identification number**  
39-1902814

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                                | Yes                                                         | No |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
| <b>Total</b>                       |          |                                                                                |                                                             |    |                                                   |                                                 |



**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶                                                                                                                                                                   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018  | (e) 2019  | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .                                                                                                   | 929,691  | 650,236  | 806,497  | 1,872,292 | 5,238,347 | 9,497,063 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .                                                                                                    |          |          |          |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..                                                                                                 |          |          |          |           |           |           |
| <b>4 Total.</b> Add lines 1 through 3                                                                                                                                                                              | 929,691  | 650,236  | 806,497  | 1,872,292 | 5,238,347 | 9,497,063 |
| <b>5</b> 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) . . . |          |          |          |           |           | 2,004,718 |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                              |          |          |          |           |           | 7,492,345 |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶                                                                                               | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018  | (e) 2019  | (f) Total  |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|-----------|-----------|------------|
| <b>7</b> Amounts from line 4. . .                                                                                                              | 929,691  | 650,236  | 806,497  | 1,872,292 | 5,238,347 | 9,497,063  |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | 4,790    | 2,116    | 2,235    | 2,568     | 1,397     | 13,106     |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .                               |          |          |          |           |           |            |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .                                 | 244,873  | 128,568  | 318,308  | 214,154   | 107,464   | 1,013,367  |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                |          |          |          |           |           | 10,523,536 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                            |          |          |          |           | <b>12</b> |            |

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

|                                                                                                            |           |          |
|------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . | <b>14</b> | 71.200 % |
| <b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .                        | <b>15</b> | 60.250 % |

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- 17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |                                                                                                                                                                          | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b>                                         | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .                                                                     |          |          |          |          |          |           |
| <b>2</b>                                         | 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 |          |          |          |          |          |           |
| <b>3</b>                                         | Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .                                                                   |          |          |          |          |          |           |
| <b>4</b>                                         | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .                                                                     |          |          |          |          |          |           |
| <b>5</b>                                         | The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6</b>                                         | <b>Total.</b> Add lines 1 through 5                                                                                                                                      |          |          |          |          |          |           |
| <b>7a</b>                                        | Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                 |          |          |          |          |          |           |
| <b>b</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.          |          |          |          |          |          |           |
| <b>c</b>                                         | Add lines 7a and 7b. . . . .                                                                                                                                             |          |          |          |          |          |           |
| <b>8</b>                                         | <b>Public support.</b> (Subtract line 7c from line 6.)                                                                                                                   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |                                                                                                                                     | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b>                                         | Amounts from line 6. . . . .                                                                                                        |          |          |          |          |          |           |
| <b>10a</b>                                       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . |          |          |          |          |          |           |
| <b>b</b>                                         | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                            |          |          |          |          |          |           |
| <b>c</b>                                         | Add lines 10a and 10b.                                                                                                              |          |          |          |          |          |           |
| <b>11</b>                                        | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.        |          |          |          |          |          |           |
| <b>12</b>                                        | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                           |          |          |          |          |          |           |
| <b>13</b>                                        | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .                                                                     |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

**Section C. Computation of Public Support Percentage**

|           |                                                                                                  |           |  |
|-----------|--------------------------------------------------------------------------------------------------|-----------|--|
| <b>15</b> | Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> | Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|           |                                                                                                              |           |  |
|-----------|--------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>17</b> | Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> | Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes | No |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>                                                                                                                                                                                                               |     |    |
|            | <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>2</b>   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                            |     |    |
|            | <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>3a</b>  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
|            | <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| <b>b</b>   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>                                                                                                                                                                                                                                                          |     |    |
|            | <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| <b>c</b>   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                   |     |    |
|            | <b>3c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                         |     |    |
|            | <b>4a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| <b>b</b>   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>                                                                                                                                                                                                       |     |    |
|            | <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| <b>c</b>   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>                                                                                                                                                                          |     |    |
|            | <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| <b>5a</b>  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
|            | <b>5a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| <b>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                 |     |    |
|            | <b>5b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
|            | <b>5c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| <b>6</b>   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>                                                         |     |    |
|            | <b>6</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>7</b>   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                      |     |    |
|            | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>8</b>   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                                                                                                                                                                             |     |    |
|            | <b>8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>9a</b>  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                      |     |    |
|            | <b>9a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| <b>b</b>   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                                                                                                         |     |    |
|            | <b>9b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| <b>c</b>   | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                                                                              |     |    |
|            | <b>9c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| <b>10a</b> | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>                                                                                                                                                                                                                                               |     |    |
|            | <b>10a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>b</b>   | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>                                                                                                                                                                                                                                                                                                                                                  |     |    |
|            | <b>10b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |

**Part IV Supporting Organizations** (continued)

|           |                                                                                                                                                                     | Yes | No |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?                                                                             |     |    |
| <b>a</b>  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b>  | A family member of a person described in (a) above?                                                                                                                 |     |    |
| <b>c</b>  | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>                                        |     |    |

**Section B. Type I Supporting Organizations**

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>                                                                                                                                                                                                                                                                              |     |    |

**Section C. Type II Supporting Organizations**

|          |                                                                                                                                                                                                                                                                                                                                                                             | Yes | No |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | No |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>                                                                                                                      |     |    |
| <b>3</b> | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>                                                                                          |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):                                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)                                                                                                                                                                                                                                                                                                                                                                 |     |    |
| <b>2</b> | Activities Test. <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>a</b> | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| <b>b</b> | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>                                                                                                                              |     |    |
| <b>3</b> | Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |    |
| <b>a</b> | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>                                                                                                                                                                                                                                                                                                                                |     |    |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>                                                                                                                                                                                                                                                                                    |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b>  |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year<br>(optional) |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|
| <b>1</b>                                | Net short-term capital gain                                                                                                                                                                              | <b>1</b>       |                                |
| <b>2</b>                                | Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>       |                                |
| <b>3</b>                                | Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>       |                                |
| <b>4</b>                                | Add lines 1 through 3                                                                                                                                                                                    | <b>4</b>       |                                |
| <b>5</b>                                | Depreciation and depletion                                                                                                                                                                               | <b>5</b>       |                                |
| <b>6</b>                                | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                                |
| <b>7</b>                                | Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>       |                                |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                       | <b>8</b>       |                                |
| <b>Section B - Minimum Asset Amount</b> |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):                                                                          | <b>1</b>       |                                |
| <b>a</b>                                | Average monthly value of securities                                                                                                                                                                      | <b>1a</b>      |                                |
| <b>b</b>                                | Average monthly cash balances                                                                                                                                                                            | <b>1b</b>      |                                |
| <b>c</b>                                | Fair market value of other non-exempt-use assets                                                                                                                                                         | <b>1c</b>      |                                |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                                                                                                  | <b>1d</b>      |                                |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):                                                                                                                    |                |                                |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets                                                                                                                                             | <b>2</b>       |                                |
| <b>3</b>                                | Subtract line 2 from line 1d                                                                                                                                                                             | <b>3</b>       |                                |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                                                                                          | <b>4</b>       |                                |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                                                                                         | <b>5</b>       |                                |
| <b>6</b>                                | Multiply line 5 by .035                                                                                                                                                                                  | <b>6</b>       |                                |
| <b>7</b>                                | Recoveries of prior-year distributions                                                                                                                                                                   | <b>7</b>       |                                |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                                                                                                       | <b>8</b>       |                                |
| <b>Section C - Distributable Amount</b> |                                                                                                                                                                                                          |                | Current Year                   |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                                                    | <b>1</b>       |                                |
| <b>2</b>                                | Enter 85% of line 1                                                                                                                                                                                      | <b>2</b>       |                                |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                                                   | <b>3</b>       |                                |
| <b>4</b>                                | Enter greater of line 2 or line 3                                                                                                                                                                        | <b>4</b>       |                                |
| <b>5</b>                                | Income tax imposed in prior year                                                                                                                                                                         | <b>5</b>       |                                |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                                                             | <b>6</b>       |                                |
| <b>7</b>                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |                |                                |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| <b>Section D - Distributions</b>                                                                                                                           | <b>Current Year</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                                                                             |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations                                                             |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                                         |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)                                                                                         |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions                                                                               |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.                                                                                                |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions |                     |
| <b>9</b> Distributable amount for 2019 from Section C, line 6                                                                                              |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount                                                                                                           |                     |

| <b>Section E - Distribution Allocations</b><br>(see instructions)                                                                                                                              | <b>(i)</b><br><b>Excess Distributions</b> | <b>(ii)</b><br><b>Underdistributions</b><br><b>Pre-2019</b> | <b>(iii)</b><br><b>Distributable</b><br><b>Amount for 2019</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <b>1</b> Distributable amount for 2019 from Section C, line 6                                                                                                                                  |                                           |                                                             |                                                                |
| <b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.                                                       |                                           |                                                             |                                                                |
| <b>3</b> Excess distributions carryover, if any, to 2019:                                                                                                                                      |                                           |                                                             |                                                                |
| <b>a</b> From 2014. . . . .                                                                                                                                                                    |                                           |                                                             |                                                                |
| <b>b</b> From 2015. . . . .                                                                                                                                                                    |                                           |                                                             |                                                                |
| <b>c</b> From 2016. . . . .                                                                                                                                                                    |                                           |                                                             |                                                                |
| <b>d</b> From 2017. . . . .                                                                                                                                                                    |                                           |                                                             |                                                                |
| <b>e</b> From 2018. . . . .                                                                                                                                                                    |                                           |                                                             |                                                                |
| <b>f Total</b> of lines 3a through e                                                                                                                                                           |                                           |                                                             |                                                                |
| <b>g</b> Applied to underdistributions of prior years                                                                                                                                          |                                           |                                                             |                                                                |
| <b>h</b> Applied to 2019 distributable amount                                                                                                                                                  |                                           |                                                             |                                                                |
| <b>i</b> Carryover from 2014 not applied (see instructions)                                                                                                                                    |                                           |                                                             |                                                                |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.                                                                                                                                     |                                           |                                                             |                                                                |
| <b>4</b> Distributions for 2019 from Section D, line 7:                                                                                                                                        |                                           |                                                             |                                                                |
| \$                                                                                                                                                                                             |                                           |                                                             |                                                                |
| <b>a</b> Applied to underdistributions of prior years                                                                                                                                          |                                           |                                                             |                                                                |
| <b>b</b> Applied to 2019 distributable amount                                                                                                                                                  |                                           |                                                             |                                                                |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.                                                                                                                                           |                                           |                                                             |                                                                |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions. |                                           |                                                             |                                                                |
| <b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.                        |                                           |                                                             |                                                                |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.                                                                                                                          |                                           |                                                             |                                                                |
| <b>8</b> Breakdown of line 7:                                                                                                                                                                  |                                           |                                                             |                                                                |
| <b>a</b> Excess from 2015. . . . .                                                                                                                                                             |                                           |                                                             |                                                                |
| <b>b</b> Excess from 2016. . . . .                                                                                                                                                             |                                           |                                                             |                                                                |
| <b>c</b> Excess from 2017. . . . .                                                                                                                                                             |                                           |                                                             |                                                                |
| <b>d</b> Excess from 2018. . . . .                                                                                                                                                             |                                           |                                                             |                                                                |
| <b>e</b> Excess from 2019. . . . .                                                                                                                                                             |                                           |                                                             |                                                                |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 39-1902814

**Name:** Creative Visions Foundation

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Name of the organization**  
Creative Visions Foundation

**Employer identification number**  
39-1902814

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|                                                            | (a) Donor advised funds | (b) Funds and other accounts |
|------------------------------------------------------------|-------------------------|------------------------------|
| <b>1</b> Total number at end of year . . . . .             |                         |                              |
| <b>2</b> Aggregate value of contributions to (during year) |                         |                              |
| <b>3</b> Aggregate value of grants from (during year)      |                         |                              |
| <b>4</b> Aggregate value at end of year . . . . .          |                         |                              |

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|                                                                                                                                                             | Held at the End of the Year |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>a</b> Total number of conservation easements . . . . .                                                                                                   | <b>2a</b>                   |
| <b>b</b> Total acreage restricted by conservation easements . . . . .                                                                                       | <b>2b</b>                   |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .                                                       | <b>2c</b>                   |
| <b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . . | <b>2d</b>                   |

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

**a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other Display in Organizations O
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                                  | Amount |
|--------------------------------------------------|--------|
| <b>c</b> Beginning balance . . . . .             |        |
| <b>d</b> Additions during the year . . . . .     |        |
| <b>e</b> Distributions during the year . . . . . |        |
| <b>f</b> Ending balance . . . . .                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|                                                                   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|-------------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            |                  |                |                    |                      |                     |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Temporarily restricted endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                                        | Yes           | No |
|--------------------------------------------------------------------------------------------------------|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .                                                           | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .                                                            | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property                                                                                          | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .                                                                                         |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .                                                                                     |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements                                                                                  |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .                                                                                     | 14,199                               |                                 | 12,691                       | 1,508          |
| <b>e</b> Other . . . . .                                                                                         |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 1,508          |

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                       |                |                                                              |
| (2) Closely-held equity interests . . . . .                               |                |                                                              |
| (3) Other _____                                                           |                |                                                              |
| (A)                                                                       |                |                                                              |
| (B)                                                                       |                |                                                              |
| (C)                                                                       |                |                                                              |
| (D)                                                                       |                |                                                              |
| (E)                                                                       |                |                                                              |
| (F)                                                                       |                |                                                              |
| (G)                                                                       |                |                                                              |
| (H)                                                                       |                |                                                              |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) |                |                                                              |

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                            | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|--------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) Artwork                                                              | 12,400         | F                                                            |
| (2)                                                                      |                |                                                              |
| (3)                                                                      |                |                                                              |
| (4)                                                                      |                |                                                              |
| (5)                                                                      |                |                                                              |
| (6)                                                                      |                |                                                              |
| (7)                                                                      |                |                                                              |
| (8)                                                                      |                |                                                              |
| (9)                                                                      |                |                                                              |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.) | 12,400         |                                                              |

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description                                                          | (b) Book value |
|--------------------------------------------------------------------------|----------------|
| (1)                                                                      |                |
| (2)                                                                      |                |
| (3)                                                                      |                |
| (4)                                                                      |                |
| (5)                                                                      |                |
| (6)                                                                      |                |
| (7)                                                                      |                |
| (8)                                                                      |                |
| (9)                                                                      |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) |                |

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| (a) Description of liability                                             | (b) Book value |
|--------------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                                 |                |
| (2)                                                                      |                |
| (3)                                                                      |                |
| (4)                                                                      |                |
| (5)                                                                      |                |
| (6)                                                                      |                |
| (7)                                                                      |                |
| (8)                                                                      |                |
| (9)                                                                      |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) |                |

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |                                                                                                          |           |           |           |
|----------|----------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  | 5,347,208 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |           |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .                                                   | <b>2a</b> | 13,106    |           |
| <b>b</b> | Donated services and use of facilities . . . . .                                                         | <b>2b</b> |           |           |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                                | <b>2c</b> |           |           |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>2d</b> |           |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          |           | <b>2e</b> | 13,106    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     |           | <b>3</b>  | 5,334,102 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |           |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>4b</b> |           |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              |           | <b>4c</b> |           |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           | <b>5</b>  | 5,334,102 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |                                                                                                           |           |           |           |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>  | 5,656,457 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                         |           |           |           |
| <b>a</b> | Donated services and use of facilities . . . . .                                                          | <b>2a</b> |           |           |
| <b>b</b> | Prior year adjustments . . . . .                                                                          | <b>2b</b> |           |           |
| <b>c</b> | Other losses . . . . .                                                                                    | <b>2c</b> |           |           |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .                                                                  | <b>2d</b> |           |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                           |           | <b>2e</b> |           |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                      |           | <b>3</b>  | 5,656,457 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                        |           |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |           |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                                  | <b>4b</b> |           |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                               |           | <b>4c</b> |           |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           | <b>5</b>  | 5,656,457 |

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation |  |
|------------------|-------------|--|
|------------------|-------------|--|

**Part XIII** **Supplemental Information (continued)**

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**SCHEDULE F  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
Creative Visions Foundation

**Employer identification number**  
39-1902814

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region                                                  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|-------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
|                                                             |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                                             |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                                             |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                                             |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                                             |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
| <b>3a</b> Sub-total . . . . .                               |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
| <b>c Totals</b> (add lines 3a and 3b)                       |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                             | (d) Purpose of grant                    | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|----------------------------------------------|----------------------------------------|-----------------------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|-------------------------------------------------------|
|                            |                                              | Sub-Saharan Africa                     | Orphanage                               | 58,926                   |                                 |                                  |                                       |                                                       |
|                            |                                              | Sub-Saharan Africa                     | Orphanage                               | 95,200                   |                                 |                                  |                                       |                                                       |
|                            |                                              | Europe including Iceland and Greenland | humanitarian and clean water assistance | 18,600                   |                                 |                                  |                                       |                                                       |
|                            |                                              |                                        |                                         |                          |                                 |                                  |                                       |                                                       |

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 1
- 3 Enter total number of other organizations or entities . . . . . ▶ 1



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No





Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
Creative Visions Foundation

Employer identification number  
39-1902814

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|---------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) See Additional Data                            |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (2)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (3)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (4)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (5)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (6)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (7)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (8)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (9)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (10)                                               |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (11)                                               |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (12)                                               |         |                                 |                          |                                   |                                                       |                                       |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| (1)                             |                          |                          |                                  |                                                       |                                       |
| (2)                             |                          |                          |                                  |                                                       |                                       |
| (3)                             |                          |                          |                                  |                                                       |                                       |
| (4)                             |                          |                          |                                  |                                                       |                                       |
| (5)                             |                          |                          |                                  |                                                       |                                       |
| (6)                             |                          |                          |                                  |                                                       |                                       |
| (7)                             |                          |                          |                                  |                                                       |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monitoring procedures (Part I, line 2) | CVF employs individuals who follow-up with grantees and exercise sufficient discretion and control over funds, permitting those funds to be used in the charitable manner consistent with the tax-exempt purpose of the organization and in accordance with the Grantee Agreement. Key review dates are clearly delineated. Formal project management software is used to track activities and communications, including but not limited to financial reports, documentary and curriculum products, insurance coverage, grant applications and proposals. |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 39-1902814  
**Name:** Creative Visions Foundation

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government           | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| A Band of Voters<br>2020 North Main Street<br>Los Angeles, CA 90031 |                |                                      | 1,696                           |                                          |                                                              |                                               | General Support                           |
| A Run For More<br>4933 Minnesota Ave NE<br>Washington, DC 20019     |                |                                      | 23                              |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|-------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Acacia Moyo<br><br>35 Windermere Drive<br>Sag Harbor<br>AQ        |                |                                      | 1,634                           |                                          |                                                              |                                               | General Support                           |
| Access to Innovation<br>8035 Hemet Place<br>Los Angeles, CA 90046 |                |                                      | 5,236                           |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|-------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| African Childrens Film<br>967 Blue Ridge Ave<br>Atlanta, GA 30306 |                |                                      | 47                              |                                          |                                                              |                                               | General Support                           |
| America Unchained<br>10005 Valley Grove Drive<br>Lolo, MT 59847   |                |                                      | 1,946                           |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| American Pavilion<br>4102 Harter Avenue<br>Culver City, CA 90232 |                |                                      | 8,021                           |                                          |                                                              |                                               | General Support                           |
| Armory of Harmony<br>22251 Carbon Mesa Road<br>Malibu, CA 90265  |                |                                      | 1,563                           |                                          |                                                              |                                               | General Support                           |

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|---------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Awakening Giants<br>20191 East Country Club Drive<br>Unit<br>Aventura, FL 33180 |                |                                      | 19,445                          |                                          |                                                              |                                               | General Support                           |
| Burnt Eggs & Roses<br>5410 Quakertown Ave<br>Woodland Hills, CA 91364           |                |                                      | 23                              |                                          |                                                              |                                               | General Support                           |



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|---------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Caught in the Pulpit<br>3900 Connecticut Ave NW<br>101F<br>Washington, DC 20008 |                |                                      | 1,506                           |                                          |                                                              |                                               | General Support                           |
| Centaur Horse Medicine<br>PO Box 5051<br>Santa Fe, NM 87502                     |                |                                      | 9,953                           |                                          |                                                              |                                               | General Support                           |

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|----------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Climate Uprising<br>1327 Willow St<br>Los Angeles, CA 90013    |                |                                      | 4,750                           |                                          |                                                              |                                               | General Support                           |
| Culture Crush<br>20 West 20th Street 301<br>New York, NY 10011 |                |                                      | 5,664                           |                                          |                                                              |                                               | General Support                           |

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|------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Dirt Society<br>126 17th Street NE<br>Washington, DC 20002       |                |                                      | 5,208                           |                                          |                                                              |                                               | General Support                           |
| EOTO World<br>205 East 92nd Street Apt 17C<br>New York, NY 10128 |                |                                      | 5                               |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|----------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Everybody Loves Lincoln<br>5482 Wilshire Blvd 304<br>Los Angeles, CA 90036 |                |                                      | 8,161                           |                                          |                                                              |                                               | General Support                           |
| Extremities<br>1866 Rodney Dr Apt 7<br>Los Angeles, CA 90027               |                |                                      | 218                             |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Fantastic Fungi<br>3371 Cahuenga Blvd West<br>Los Angeles, CA 90068    |                |                                      | 122,011                         |                                          |                                                              |                                               | General Support                           |
| Fire On The Hill<br>738 12 Washington Blvd<br>Marina Del Rey, CA 90292 |                |                                      | 102,990                         |                                          |                                                              |                                               | General Support                           |

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|---------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Flicks4Change<br>10939 Morrison St 205<br>North Hollywood, CA 91601 |                |                                      | 15,393                          |                                          |                                                              |                                               | General Support                           |
| For Choco<br>14 10th Street NE<br>Washington, DC 20002              |                |                                      | 256                             |                                          |                                                              |                                               | General Support                           |

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|--------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Forgotten People of Kashmir<br>289 Alexander Avenue 2<br>Bronx, NY 10454 |                |                                      | 4,650                           |                                          |                                                              |                                               | General Support                           |
| Free From The Box<br>1835 Park Drive<br>Los Angeles, CA 90026            |                |                                      | 451                             |                                          |                                                              |                                               | General Support                           |

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|----------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Future IDs at Alcatraz<br>145 W Palm Lane<br>Phoenix, AZ 85003                         |                |                                      | 93                              |                                          |                                                              |                                               | General Support                           |
| Global Eye Entrepreneurs<br>8424 Santa Monica Blvd Ste 576<br>West Hollywood, CA 90069 |                |                                      | 52,267                          |                                          |                                                              |                                               | General Support                           |



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| <b>(a)</b> Name and address of organization or government            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|----------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Good Call<br>150 Court St Ste 2<br>Brooklyn, NY 11201                |                |                                      | 47                              |                                          |                                                              |                                               | General Support                           |
| Green the Industry<br>5505 MacDonald Ave<br>El Cerrito, CA 945301639 |                |                                      | 9,300                           |                                          |                                                              |                                               | General Support                           |

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|-------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Hear Me Out<br>5482 Wilshire Blvd 304<br>Los Angeles, CA 90036                |                |                                      | 2,325                           |                                          |                                                              |                                               | General Support                           |
| Heather Booth Changing World<br>3724 Benton Street NW<br>Washington, DC 20007 |                |                                      | 35,944                          |                                          |                                                              |                                               | General Support                           |

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|-------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Hidden Tears<br>829 N Fuller Ave 5<br>Los Angeles, CA 90046             |                |                                      | 9,300                           |                                          |                                                              |                                               | General Support                           |
| Illuminate Film Festival<br>1480 Vista Montana Road<br>Sedona, AZ 86336 |                |                                      | 45,508                          |                                          |                                                              |                                               | General Support                           |

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|----------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Infected Earth<br>2558 Makaulii Place<br>Honolulu, HI 96816          |                |                                      | 395                             |                                          |                                                              |                                               | General Support                           |
| Infinity Culinary Training<br>25 South Street<br>Rhinebeck, NY 12572 |                |                                      | 53,282                          |                                          |                                                              |                                               | General Support                           |

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|----------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Invisible Hands<br>111 W 16th St Apt 1F<br>New York, NY 10011  |                |                                      | 27,900                          |                                          |                                                              |                                               | General Support                           |
| Lake Aid<br>5265 Fountain Ave Suite 2<br>Los Angeles, CA 90029 |                |                                      | 4,650                           |                                          |                                                              |                                               | General Support                           |

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|-----------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Living on One<br>3021 Silver Lake Blvd<br>Los Angeles, CA 90039 |                |                                      | 409,869                         |                                          |                                                              |                                               | General Support                           |
| Maasai Sisters<br>12 Medway Road<br>Woodside, CA 94062          |                |                                      | 2,964                           |                                          |                                                              |                                               | General Support                           |

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|-------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Malibu Disaster Prep<br>6744 Dume Drive<br>Malibu, CA 90265 |                |                                      | 196,183                         |                                          |                                                              |                                               | General Support                           |
| Man Made<br>1376 McLendon Ave NE<br>Atlanta, GA 30307       |                |                                      | 93                              |                                          |                                                              |                                               | General Support                           |

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|----------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Maxcvision<br>31 Greene St 5<br>New York, NY 10013                         |                |                                      | 6,582                           |                                          |                                                              |                                               | General Support                           |
| Milas Miracle aka STOPbatten<br>4060 Pebble Beach Dr<br>Longmont, CO 80503 |                |                                      | 1,640                           |                                          |                                                              |                                               | General Support                           |



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|--------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| My DACA Life<br>3705 Greenfield Ave 2<br>Los Angeles, CA 90034     |                |                                      | 3,441                           |                                          |                                                              |                                               | General Support                           |
| MyAlzheimers Story<br>2853 Pinckard Ave<br>Redondo Beach, CA 90278 |                |                                      | 23                              |                                          |                                                              |                                               | General Support                           |

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|--------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Myth As Medicine<br>8500 Pickards Meadow Rd<br>Chapel Hill, NC 275164865 |                |                                      | 14,973                          |                                          |                                                              |                                               | General Support                           |
| New Migration<br>2052 Garden Lane Unit A<br>Costa Mesa, CA 92627         |                |                                      | 28,737                          |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|--------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NewYorkHer<br>308 W 97th Street Apt 24<br>New York, NY 10025 |                |                                      | 9,575                           |                                          |                                                              |                                               | General Support                           |
| Open Space<br>7979 Chapman Road<br>Bozeman, MT 59718         |                |                                      | 33,250                          |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|-------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Pathos Labs<br>333 E 16th Ave Apt 701<br>Denver, CO 80203   |                |                                      | 16,026                          |                                          |                                                              |                                               | General Support                           |
| Patrol<br>1851 Winona Blvd Apt 105<br>Los Angeles, CA 90027 |                |                                      | 930                             |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Predator Competitions<br>2511 SW 35th Place Apt 9<br>Gainesville, FL 32608     |                |                                      | 34,410                          |                                          |                                                              |                                               | General Support                           |
| PreventableProtecting Our Largest<br>2910 Augusta Drive<br>Homestead, FL 33035 |                |                                      | 93                              |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|--------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Pushout<br>4074 Mantova Drive<br>Los Angeles, CA 90008                   |                |                                      | 285,000                         |                                          |                                                              |                                               | General Support                           |
| Rhythm Child<br>11700 National Blvd Suite L-205<br>Los Angeles, CA 90064 |                |                                      | 27,900                          |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Rise of the Butterfly<br>609 Petaluma Blvd North<br>Petaluma, CA 94952 |                |                                      | 5,142                           |                                          |                                                              |                                               | General Support                           |
| Science with Sophie<br>36-12 28th Avenue 4R<br>Astoria, NY 11103       |                |                                      | 18,600                          |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|-----------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Shadows In The Dark<br>1785 Lanier Place NW Suite 4<br>Washington, DC 20009 |                |                                      | 18,600                          |                                          |                                                              |                                               | General Support                           |
| Shake the Dust Impact Fund<br>1311 Calumet Avenue<br>Los Angeles, CA 90026  |                |                                      | 1,541                           |                                          |                                                              |                                               | General Support                           |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|-----------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Social Chameleon<br>17789 Fieldbrook Circle West<br>Boca Raton, FL 33496    |                |                                      | 46,686                          |                                          |                                                              |                                               | General Support                           |
| Song of the Kalahari<br>849 Almar Ave Ste C-170<br>Santa Cruz, CA 950605848 |                |                                      | 581                             |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|----------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Songs of a Lost Land<br>1311 Calumet Avenue<br>Los Angeles, CA 90026 |                |                                      | 24,292                          |                                          |                                                              |                                               | General Support                           |
| Songs of Maasai Mara<br>791 Wylie Street SE 104<br>Atlanta, GA 30316 |                |                                      | 512                             |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Stacie Chaiken - The Dig<br>108 West 2nd Street 507<br>Los Angeles, CA 90012 |                |                                      | 2,627                           |                                          |                                                              |                                               | General Support                           |
| Stronger for Life<br>105 West 73rd Street 9B<br>New York, NY 10023           |                |                                      | 14,395                          |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                                          | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|----------------------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Sun Ladies Continuation of the Jour<br>1800 N New Hampshire Ave<br>Apt 40<br>Los Angeles, CA 90027 |                |                                      | 4,655                           |                                          |                                                              |                                               | General Support                           |
| The 5th Dementia<br>360 Evergreen Drive<br>Kentfield, CA 94904                                     |                |                                      | 930                             |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government     | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| The Crossing<br>9489 Waterfall Rd<br>Brentwood, TN 37027      |                |                                      | 6,315                           |                                          |                                                              |                                               | General Support                           |
| The LymeTrials<br>88 12 Knight Street<br>Queensbury, NY 12804 |                |                                      | 146,900                         |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| The Need to Grow<br>12054 Moorpark St Apt 3<br>Studio City, CA 91604     |                |                                      | 9,161                           |                                          |                                                              |                                               | General Support                           |
| This Teacher aka Hafsia<br>135 Plymouth St Apt 209<br>Brooklyn, NY 11201 |                |                                      | 23                              |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|-------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Through the Checkpoint<br>1438 Turningbend Drive<br>Claremont, CA 91711 |                |                                      | 22,436                          |                                          |                                                              |                                               | General Support                           |
| TransCanWork<br>5050 Kanan Rd<br>Agoura Hills, CA 91301                 |                |                                      | 177,190                         |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|-----------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Tribes in Transition Education Fund<br>2211 Beverly Glen Place<br>Los Angeles, CA 90077 |                |                                      | 259                             |                                          |                                                              |                                               | General Support                           |
| Veteran Children fka A Childs Guid<br>34 Hopkins Road<br>Jamaica Plain, MA 02130        |                |                                      | 11,439                          |                                          |                                                              |                                               | General Support                           |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government           | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Waiting to Belong<br>2875 Forge Rd<br>Toano, VA 23168               |                |                                      | 71,747                          |                                          |                                                              |                                               | General Support                           |
| Warriors for Peace Theatre<br>455 S Curson<br>Los Angeles, CA 90036 |                |                                      | 2,233                           |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Working Nation<br>10880 Wilshire Blvd Suite 2240<br>Los Angeles, CA 90024 |                |                                      | 999,450                         |                                          |                                                              |                                               | General Support                           |
| Youll Never Walk Alone<br>4229 Wilkinson Ave<br>Studio City, CA 91604     |                |                                      | 46,500                          |                                          |                                                              |                                               | General Support                           |

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

|                                                         |                                              |
|---------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>Creative Visions Foundation | Employer identification number<br>39-1902814 |
|---------------------------------------------------------|----------------------------------------------|

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|---|---------------------------------|---------------------------------------------------------------|--------------------------------|----------------|----|
|   |                                 |                                                               |                                | Yes            | No |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| (1) Michael Bedner            | Spouse of Board Memb               | Rent In arrears     | X                                     |      | 102,881                       | 102,881         |                 | No | Yes                                 |    |                        | No |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b>                  |                                    |                     |                                       |      |                               | ▶ \$            | 102,881         |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|-----------------------------------------------------------------|--------------------------|------------------------|---------------------------|
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                | Yes                                     | No |
| (1) Michael Bedner            | Spouse of Board Member                                          | 102,881                   | Rent in arrears                |                                         | No |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization  
Creative Visions Foundation

Employer identification number

39-1902814

**990 Schedule O, Supplemental Information**

| Return Reference                                         | Explanation                                                                        |
|----------------------------------------------------------|------------------------------------------------------------------------------------|
| Officer directors etc family relationship Part VI line 2 | Kathleen Eldon and Amy Eldon Turteltaub, each a director and officer, are related. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                        | <b>Explanation</b>                                                                                         |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Form 990 governing body review Part VI line 11 | Prior to filing the form 990, the return is circulated to the board members for their review and comments. |

# 990 Schedule O, Supplemental Information

| Return Reference                                | Explanation                                                                                          |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Form 990 availability to public Part VI line 18 | The Organizations form 990 is available for review at the principal place of business in Malibu, CA. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                                     | <b>Explanation</b>                                                                                             |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Governing documents etc available to public Part VI line 19 | All of the Organizations governing documents are available for public review at its main office in Malibu, CA. |