

Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning <u>10/1/2013</u> , and ending <u>9/30/2014</u>																
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>THE CENTER FOR CREATIVE EDUCATION, INC.</u></td> <td>D Employer identification number <u>65-0594599</u></td> </tr> <tr> <td colspan="2">Doing Business As</td> <td>E Telephone number <u>561-805-9927</u></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>425 24TH STREET</u></td> <td></td> </tr> <tr> <td>City or town <u>WEST PALM BEACH</u></td> <td>State <u>FL</u></td> <td>ZIP code <u>33407</u></td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/county</td> <td>Foreign postal code</td> </tr> </table>	C Name of organization <u>THE CENTER FOR CREATIVE EDUCATION, INC.</u>		D Employer identification number <u>65-0594599</u>	Doing Business As		E Telephone number <u>561-805-9927</u>	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>425 24TH STREET</u>			City or town <u>WEST PALM BEACH</u>	State <u>FL</u>	ZIP code <u>33407</u>	Foreign country name	Foreign province/state/county	Foreign postal code
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Foreign country name	Foreign province/state/county	Foreign postal code														
F Name and address of principal officer: <u>ROBERT L HAMON 425 24TH STREET, WEST PALM BEACH, FL 33407</u>		G Gross receipts \$ <u>1,123,812</u>														
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)														
J Website: ▶ <u>WWW.CCEFLORIDA.ORG</u>		H(c) Group exemption number ▶														
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1994</u> M State of legal domicile: <u>FL</u>														

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE ORGANIZATION APPLIES ARTS & HUMANITIES TO IMPROVE THE LIVES OF CHILDREN WHERE THEY LEARN AND PLAY AND ENCOURAGE THEM TO EXERCISE CREATIVE PROBLEM SOLVING IN LIFE & LEARNING AND INCREASE THE CHILD'S LEARNING</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	8
	6	Total number of volunteers (estimate if necessary)	6	10
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,166,320	911,835
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-17,727	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	140,172	101,436
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,288,765	1,017,837
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	364,734	461,462
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>55,551</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	784,858	467,040
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,149,592	928,502	
19	Revenue less expenses. Subtract line 18 from line 12	139,173	89,335	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	4,966,693	5,041,716
	22	Net assets or fund balances. Subtract line 21 from line 20	487,300	472,923
			4,479,393	4,568,793

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			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>LARRISA SHAFFER</u>	<u>LARRISA SHAFFER</u>	<u>2/9/2015</u>	<input type="checkbox"/>	<u>P01353373</u>
	Firm's name ▶ <u>LARRISA M. SHAFFER, CPA, P.A.</u>	Firm's EIN ▶ <u>47-2647396</u>			
	Firm's address ▶ <u>340 KINGFISHER DRIVE, JUPITER, FL 33458</u>	Phone no. <u>954-292-2839</u>			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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: THE ORGANIZATION APPLIES ARTS & HUMANITIES TO IMPROVE THE LIVES OF CHILDREN WHERE THEY LEARN AND PLAY AND ENCOURAGE THEM TO EXERCISE CREATIVE PROBLEM SOLVING IN LIFE & LEARNING AND INCREASE THE CHILD'S LEARNING POTENTIAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No 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 \$ 797,008 including grants of \$ 571,616) (Revenue \$ 3,616) BLENDING THE TALENTS OF PROFESSIONAL ARTISTS AND CLASSROOM TEACHERS TO DEVELOP AND IMPLEMENT CURRICULUM IN-SCHOOL AND AT AFTER-SCHOOL PROGRAMS LOCATED IN THE ORGANIZATIONS CULTURAL FACILITY TO TEACH TRADITIONAL ACADEMIC SUBJECTS THROUGH THE ARTS. THIS PROVIDES YOUTH WITH CREATIVE ALTERNATIVES TO DEVELOP AN APPRECIATION FOR ART AND CULTURE AS WELL AS THEIR OWN ARTISTIC AND CREATIVE TALENTS WITH AN INCREASED ENTHUSIASM FOR LEARNING. THE ORGANIZATION SERVES MORE THAN 8,000 STUDENTS, TEACHERS AND COMMUNITY MEMBERS IN PALM BEACH COUNTY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 797,008

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	X	
9	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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
f	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)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17	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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 45		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?		
	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
	14a		
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>		
	14b		

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (8), 1b (0), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> FL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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, physical address, and telephone number of the person who possesses the books and records of the organization: THE CENTER FOR CREATIVE EDUCATION, INC. 561-805-9927 425 24TH STREET, WEST PALM BEACH, FL 33407

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee				Former
(1) MAURA ZISKA-CHRISTU ----- BOARD DIRECTOR	1.00 0.00	X							
(2) VICKI HALMOS ----- BOARD DIRECTOR	1.00 0.00	X							
(3) BRUCE HELANDER ----- BOARD DIRECTOR	4.00 0.00	X							
(4) DR. DANIEL KAPP ----- BOARD DIRECTOR	1.00 0.00	X							
(5) KENN KARAKUL ----- HONORARY CHAIR	1.00 0.00	X							
(6) SHANA PETERSON-SHEPTAK ----- BOARD DIRECTOR	1.00 0.00	X							
(7) JOHN PESCOLIDLO ----- DIRECTOR FINANCE	25.00 0.00	X							
(8) BEAU BRECKENRIDGE ----- VICE CHAIR	4.00 0.00			X					
(9) G. PHILIP FRIEDLY ----- TREASURER	10.00 0.00			X					
(10) PAM MILLER ----- CHAIRPERSON	10.00 0.00			X					
(11) ROBERT HAMON ----- EXECUTIVE DIRECTOR	40.00 0.00			X	X	X	140,000		
(12) -----									
(13) -----									
(14) -----									

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							140,000	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							140,000	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 **▶** 1

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
4 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>		X
5 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>		X

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) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

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 **▶** 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 660				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 37,371				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 873,804				
	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f ▶	911,835				
	Program Service Revenue			Business Code			
		2a	STUDENT TUITION	611710	3,616	3,616	
b		OTHER	611710	950			
c		. . . . .		0		
d		. . . . .		0		
e		. . . . .		0		
f		All other program service revenue		0			
g		Total. Add lines 2a-2f ▶	4,566				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		0			
	4	Income from investment of tax-exempt bond proceeds ▶		0			
	5	Royalties ▶		0			
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss) ▶		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				0	0		
	b	Less: cost or other basis and sales expenses	0	0			
	c	Gain or (loss)	0	0			
	d	Net gain or (loss) ▶		0			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	207,411			
b			Less: direct expenses	105,975			
c			Net income or (loss) from fundraising events ▶	101,436		101,436	
9a	Gross income from gaming activities. See Part IV, line 19	a	0				
		b	Less: direct expenses	0			
		c	Net income or (loss) from gaming activities ▶	0			
10a	Gross sales of inventory, less returns and allowances	a	0				
		b	Less: cost of goods sold	0			
		c	Net income or (loss) from sales of inventory ▶	0			
Miscellaneous Revenue		Business Code					
11a	. . . . .		0			
b	. . . . .		0			
c	. . . . .		0			
d	All other revenue		0				
e	Total. Add lines 11a-11d ▶		0				
12	Total revenue. See instructions. ▶		1,017,837	3,616	0	101,436	

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. X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	308,386	228,206	43,174	37,006
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	59,098	43,732	8,274	7,092
10	Payroll taxes	93,978	69,544	13,157	11,277
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	11,145	10,588	529	28
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	199,129	199,129	0	0
12	Advertising and promotion	26,000	24,765	1,235	0
13	Office expenses	19,797	18,831	906	60
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	19,440	18,517	923	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	125,017	119,982	5,035	0
23	Insurance	12,560	12,413	147	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	TAXES, LICENSE, PERMITS	4,791	4,563	228	0
b	REPAIRS & MAINTENANCE	4,506	4,281	214	11
c	PHONE & UTILITIES	30,844	29,302	1,465	77
d	EQUIPMENT RENTAL	13,811	13,155	656	0
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	928,502	797,008	75,943	55,551
26	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 X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	67,731	1	126,325
	2 Savings and temporary cash investments	683	2	683
	3 Pledges and grants receivable, net	598,639	3	638,151
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	9,274
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,710,688		
	b Less: accumulated depreciation	10b 443,405	4,299,640	10c 4,267,283
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)		4,966,693	16	5,041,716
Liabilities	17 Accounts payable and accrued expenses	19,768	17	35,864
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	467,532	23	437,059
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25		487,300	26	472,923
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,479,393	27	4,302,737
	28 Temporarily restricted net assets	0	28	266,056
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances		4,479,393	33	4,568,793
34 Total liabilities and net assets/fund balances		4,966,693	34	5,041,716

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,017,837
2	Total expenses (must equal Part IX, column (A), line 25)	2	928,502
3	Revenue less expenses. Subtract line 2 from line 1	3	89,335
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,479,393
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	65
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,568,793

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	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?		X
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		

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Attachment
Sequence No. 179

Name(s) shown on return THE CENTER FOR CREATIVE EDUCATION, IN 990
Business or activity to which this form relates
Identifying number 65-0594599

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Section 179 election. Line 1: 500,000; Line 2: 55,612; Line 3: 2,000,000; Line 4: 0; Line 5: 500,000. Includes a table for (a) Description of property, (b) Cost, and (c) Elected cost.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

Table for Part II with 3 rows. Line 14: Special depreciation allowance; Line 15: Property subject to section 168(f)(1) election; Line 16: Other depreciation (including ACRS) totaling 43,414.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table for Section A with 2 rows. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2013 totaling 79,034.

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

Table for Section B with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, Residential rental, and Nonresidential real property.

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

Table for Section C with 3 rows. Line 20 a: Class life; Line 20 b: 12-year; Line 20 c: 40-year.

Part IV Summary (See instructions.)

Table for Part IV with 3 rows. Line 21: Listed property amount 2,567; Line 22: Total amount 125,015; Line 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI

Amortization

42 Amortization of costs that begins during your 2013 tax year (see instructions): 43 Amortization of costs that began before your 2013 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2013

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization THE CENTER FOR CREATIVE EDUCATION, INC.	Employer identification number 65-0594599
--	---

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,208,929	1,171,383	360,738	1,166,320	911,835	4,819,205
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	1,208,929	1,171,383	360,738	1,166,320	911,835	4,819,205
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						4,819,205

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,208,929	1,171,383	360,738	1,166,320	911,835	4,819,205
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	384	674	0	0	950	2,008
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						4,821,213
12 Gross receipts from related activities, etc. (see instructions)					12	
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99.96%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	92.79%
16a 33 1/3% support test—2013. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2012. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2013. 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—2012. 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 ▶

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

Schedule of Contributors

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization THE CENTER FOR CREATIVE EDUCATION, INC.	Employer identification number 65-0594599
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE CENTER FOR CREATIVE EDUCATION, INC.	Employer identification number 65-0594599
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARY ALICE FORTIN FOUNDATION ----- 425 24TH STREET ----- WEST PALM BEACH FL 33401 Foreign State or Province: ----- Foreign Country: -----	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MONSANTO FOUNDATION ----- 425 24TH STREET ----- WEST PALM BEACH FL 33401 Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	TRISHA QUICK ----- 425 24TH STREET ----- WEST PALM BEACH FL 33401 Foreign State or Province: ----- Foreign Country: -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THRIFT, INC ----- 425 24TH STREET ----- WEST PALM BEACH FL 33401 Foreign State or Province: ----- Foreign Country: -----	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE WILLETS FOUNDATION ----- 425 24TH STREET ----- WEST PALM BEACH FL 33401 Foreign State or Province: ----- Foreign Country: -----	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	PNC FINANCIAL SERVICES ----- 425 24TH STREET ----- WEST PALM BEACH FL 33401 Foreign State or Province: ----- Foreign Country: -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CENTER FOR CREATIVE EDUCATION, INC.	Employer identification number 65-0594599
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CULTURAL COUNCIL OF P B COUNTY 425 24TH STREET WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 14,792	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	PRIMETIME PALM BEACH 425 24TH STREET WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 420,215	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	FAMILY CENTRAL 425 24TH STREET WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CHURCH OF BETHESDA BY THE SEA 425 24TH STREET WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 14,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	CELIA LIPTON & VICTOR FARRIS FOUNDATION 425 24TH STREET WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 249,086	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	ROSENBERG EBIN FAMILY FOUNDATION 425 24TH STREET WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 16,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CENTER FOR CREATIVE EDUCATION, INC.	Employer identification number 65-0594599
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	PAULA BUTLER ----- 425 24TH STREET ----- WEST PALM BEACH FL 33401 Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	BERTON KORMAN ----- 425 24TH STREET ----- WEST PALM BEACH FL 33401 Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	MAURA ZISKA ----- 425 24TH STREET ----- WEST PALM BEACH FL 33401 Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	ELIZABETH WETHERELL ----- 425 24TH STREET ----- WEST PALM BEACH FL 33401 Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	MARIO NIEVERA DESIGNS ----- 425 24TH STREET ----- WEST PALM BEACH FL 33401 Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	LLOYD MILLER ----- 425 24TH STREET ----- WEST PALM BEACH FL 33401 Foreign State or Province: ----- Foreign Country: -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CENTER FOR CREATIVE EDUCATION, INC.	Employer identification number 65-0594599
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	JACK ELKINS ----- 425 24TH STREET ----- WEST PALM BEACH FL 33401 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CENTER FOR CREATIVE EDUCATION, INC.	Employer identification number 65-0594599
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization THE CENTER FOR CREATIVE EDUCATION, INC.	Employer identification number 65-0594599
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Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ 0
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov. Country	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov. Country	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov. Country	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov. Country	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Open to Public Inspection

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

- ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
- ▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE CENTER FOR CREATIVE EDUCATION, INC.	Employer identification number 65-0594599
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____ 0
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____
(5)	_____	_____	_____	_____
(6)	_____	_____	_____	_____

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		0												
c	Total lobbying expenditures (add lines 1a and 1b)	0	0												
d	Other exempt purpose expenditures		0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	0	0												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	0	0												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	0	0												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount				0	0
b Lobbying ceiling amount (150% of line 2a, column(e))					0
c Total lobbying expenditures				0	0
d Grassroots nontaxable amount				0	0
e Grassroots ceiling amount (150% of line 2d, column (e))					0
f Grassroots lobbying expenditures				0	0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			0
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	0
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	0

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization: **THE CENTER FOR CREATIVE EDUCATION, INC.** Employer identification number: **65-0594599**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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) Revenues included in Form 990, Part VIII, line 1	▶ \$	_____	0
(ii) Assets included in Form 990, Part X	▶ \$	_____	7,500

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 Revenues included in Form 990, Part VIII, line 1	▶ \$	_____	0
b Assets included in Form 990, Part X	▶ \$	_____	0

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
- 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" to 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 |
|--|-------------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f 0 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? 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" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

- 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 in 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 |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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" to 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
1a Land	0	433,126		433,126
b Buildings	0	3,931,849	375,048	3,556,801
c Leasehold improvements	0	9,075	209	8,866
d Equipment	0	292,160	68,148	224,012
e Other	0	44,478	0	44,478
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,267,283

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

Part IX Other Assets.

Complete if the organization answered "Yes" to 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,123,812
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,123,812
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-105,975	
c	Add lines 4a and 4b		4c	-105,975
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,017,837

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,034,411
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-66	
e	Add lines 2a through 2d		2e	-66
3	Subtract line 2e from line 1		3	1,034,477
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-105,975	
c	Add lines 4a and 4b		4c	-105,975
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	928,502

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.

Part XI Line 4B DIRECT FUNDRAISING EXPENSES OFFSETTING FUNDRAISING REVENUES ON PART VIII

STATEMENT OF REVENUE

Part XII Line 4B DIRECT FUNDRAISING EXPENSES OF 105,975 ARE REFLECTED AS AN OFFSET TO

TOTAL REVENUES ON PART VIII STATEMENT OF REVENUE

Part XII Line 2E 66 BOOK VERSUS TAX DIFFERENCE IN IMPORT OF FIXED ASSET AND DEPRECIATION

DATA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GALA (event type)	LUNCHEON (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	70,775	131,630	5,006	207,411
	2	Less: Contributions			0	0
	3	Gross income (line 1 minus line 2)	70,775	131,630	5,006	207,411
Direct Expenses	4	Cash prizes			0	0
	5	Noncash prizes			0	0
	6	Rent/facility costs	35,010	11,454	0	46,464
	7	Food and beverages		1,025	0	1,025
	8	Entertainment		1,061	0	1,061
	9	Other direct expenses		34,508	22,917	57,425
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(105,975)
	11	Net income summary. Subtract line 10 from line 3, column (d)				101,436

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	1	Gross revenue . . . . .			0
Direct Expenses	2	Cash prizes			0
	3	Noncash prizes			0
	4	Rent/facility costs			0
	5	Other direct expenses			0
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			(0)
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			0

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

THE CENTER FOR CREATIVE EDUCATION, INC.

65-0594599

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		X
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?		X
b	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.		X
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?		X
b	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.		X
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)							
	(ii)							
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 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. ▶ See separate instructions.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization

THE CENTER FOR CREATIVE EDUCATION, INC.

Employer identification number

65-0594599

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$	0					

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization THE CENTER FOR CREATIVE EDUCATION, INC.	Employer identification number 65-0594599
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment	29			
--	-----------	--	--	--

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		
b If "Yes," describe in Part II.			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CENTER FOR CREATIVE EDUCATION, INC.

Employer identification number

65-0594599

Form 990, Part VI, Line 7a: THE BOARD OF DIRECTORS NOMINATE POTENTIAL BOARD MEMBERS AND THE
EXECUTIVE COMMITTEE WITHIN THE BOARD APPROVES

Form 990, Part VI, Line 12C: ONGOING CERTIFICATION FOR NOT-FOR-PROFIT STATUS INCLUDING THE
REVIEW FOR COMPLIANCE WITH DOCUMENTED POLICIES AND PROCEDURES. THE CONFLICT OF INTEREST
STATEMENT IS SIGNED ANNUALLY BY ALL STAFF AND BOARD MEMBERS.

Form 990, Part VI, Line 11B: MANAGEMENT AND THE BOARD OF DIRECTORS REVIEW A COPY OF THE FORM
990 FOR ACCURACY OR SIGNIFICANT OMISSIONS PRIOR TO FILING.

Form 990, Part VI, Line 15A & B: EXECUTIVE DIRECTOR, MANAGEMENT AND KEY EMPLOYEE COMPENSATION
ARE SUBJECT TO REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS

Form 990, Part VI, Line 19: UPON REQUEST, GOVERNING DOCUMENTS, AUDITED FINANCIAL STATEMENTS
AND THE FORM 990 ARE AVAILABLE AT THE ADMINISTRATIVE OFFICES AND CAN BE REVIEWED DURING
BUSINESS HOURS. ADDITIONALLY, THE ORGANIZATION'S WEBSITE CONTAINS LINKS TO THE GOVERNING
POLICIES AND PROCEDURES AS WELL AS THE AUDITED FINANCIAL STATEMENTS.

Form 990, Part IX, Line 11GA: ARTIST FEES AND DEVELOPMENT COSTS \$199,129

Form 990, Part XI, Line 9: \$65 ADJUSTMENT DUE TO BOOK VERSUS TAX DIFFERENCE IN ASSET IMPORT

Form 4562 Statement - 990

9/30/2014

Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2013 Deprec.	2013 Accum. Deprec.
Depreciation Detail																
ACRS and other depreciation (Line 16)																
3	Furniture & Equip	1/1/2006	F-6	100.00%	12,129	0	0	0	0	0	5	SL	HY	9,862	2,267	12,129
5	Furn & Equip	1/1/2007	F-11	100.00%	1,716	0	0	0	0	1,716	10	SL	HY	1,158	172	1,330
6	Furn & Equip	3/1/2007	F-6	100.00%	9,351	0	0	0	0	0	5	SL	HY	7,948	1,403	9,351
507	Zultys Zip 33i Desk Phone 1 of	4/22/2013		100.00%	200	0	0	0	0	200	7	SL	FM	12	29	41
508	Zultys Zip 33i Desk Phone 2 of	4/22/2013		100.00%	200	0	0	0	0	200	7	SL	FM	12	29	41
509	Zultys Zip 33i Desk Phone 3 of	4/22/2013		100.00%	200	0	0	0	0	200	7	SL	FM	12	29	41
510	Zultys Zip 33i Desk Phone 4 of	4/22/2013		100.00%	200	0	0	0	0	200	7	SL	FM	12	29	41
511	Zultys Zip 33i Desk Phone 5 of	4/22/2013		100.00%	200	0	0	0	0	200	7	SL	FM	12	29	41
512	Zultys Zip 33i Desk Phone 6 of	4/22/2013		100.00%	200	0	0	0	0	200	7	SL	FM	12	29	41
513	Zultys Zip 33i Desk Phone 7 of	4/22/2013		100.00%	200	0	0	0	0	200	7	SL	FM	12	29	41
514	Zultys Zip 33i Desk Phone 8 of	4/22/2013		100.00%	200	0	0	0	0	200	7	SL	FM	12	29	41
515	Zultys Zip 33i Desk Phone 9 of	4/22/2013		100.00%	200	0	0	0	0	200	7	SL	FM	12	29	41
516	Zultys MX30 PBX System & Sc	4/22/2013		100.00%	3,179	0	0	0	0	3,179	7	SL	FM	189	454	643
518	Konftel 300ip Conference Phor	4/22/2013		100.00%	650	0	0	0	0	650	7	SL	FM	39	93	132
517	Network Switch 4x Gig Ports	5/6/2013		100.00%	358	0	0	0	0	358	7	SL	FM	21	51	72
39	Flock Sq. Ottoman White 1 of 4	7/1/2013	F-11	100.00%	344	0	0	0	0	344	7	SL	HY	12	49	61
40	Flock Sq. Ottoman White 2 of 4	7/1/2013	F-11	100.00%	344	0	0	0	0	344	7	SL	HY	12	49	61
41	Flock Sq. Ottoman White 3 of 4	7/1/2013	F-11	100.00%	344	0	0	0	0	344	7	SL	HY	12	49	61
42	Flock Sq. Ottoman White 4 of 4	7/1/2013	F-11	100.00%	344	0	0	0	0	344	7	SL	HY	12	49	61
48	Flock Sq. lounge chair Navy 1	7/1/2013	F-11	100.00%	821	0	0	0	0	821	7	SL	HY	29	117	146
49	Flock Sq. lounge chair Navy 2	7/1/2013	F-11	100.00%	821	0	0	0	0	821	7	SL	HY	29	117	146
50	Flock Sq. ottoman - Navy 1 of 2	7/1/2013	F-11	100.00%	344	0	0	0	0	344	7	SL	HY	12	49	61
51	Flock Sq. ottoman - Navy 2 of 2	7/1/2013	F-11	100.00%	344	0	0	0	0	344	7	SL	HY	12	49	61
52	Flock Sq. lounge chair - Sal 1 of 2	7/1/2013	F-11	100.00%	821	0	0	0	0	821	7	SL	HY	29	117	146
53	Flock Sq. lounge chair - Sal 2 of 2	7/1/2013	F-11	100.00%	821	0	0	0	0	821	7	SL	HY	29	117	146
54	Flock 26 Cylinder table - Bo 1 of 2	7/1/2013	F-11	100.00%	282	0	0	0	0	282	7	SL	HY	10	40	50
55	Flock 26 Cylinder table - Bo 2 of 2	7/1/2013	F-11	100.00%	282	0	0	0	0	282	7	SL	HY	10	40	50
56	Flip Top Base for 18x60 & 18 1/2	7/1/2013	F-11	100.00%	266	0	0	0	0	266	7	SL	HY	10	38	48
57	Flip Top Base for 18x60 & 18 1/2	7/1/2013		100.00%	266	0	0	0	0	266	7	SL	FM	10	38	48
58	Flip Top Base for 18x60 & 18 1/2	7/1/2013		100.00%	266	0	0	0	0	266	7	SL	FM	10	38	48
59	Flip Top Base for 18x60 & 18 1/2	7/1/2013		100.00%	266	0	0	0	0	266	7	SL	FM	10	38	48
60	18x60 Table Top w/T mold 1 of 4	7/1/2013		100.00%	124	0	0	0	0	124	7	SL	FM	4	18	22
61	18x60 Table Top w/T mold 2 of 4	7/1/2013		100.00%	124	0	0	0	0	124	7	SL	FM	4	18	22
62	18x60 Table Top w/T mold 3 of 4	7/1/2013		100.00%	124	0	0	0	0	124	7	SL	FM	4	18	22
63	18x60 Table Top w/T mold 4 of 4	7/1/2013		100.00%	124	0	0	0	0	124	7	SL	FM	4	18	22
64	Mid-Bk, Mesh BK 3D adj arms	7/1/2013		100.00%	300	0	0	0	0	300	7	SL	FM	11	43	54
65	Mid-Bk, Mesh BK 3D adj arms	7/1/2013		100.00%	300	0	0	0	0	300	7	SL	FM	11	43	54
66	Mid-Bk, Mesh BK 3D adj arms	7/1/2013		100.00%	300	0	0	0	0	300	7	SL	FM	11	43	54
67	Mid-Bk, Mesh BK 3D adj arms	7/1/2013		100.00%	300	0	0	0	0	300	7	SL	FM	11	43	54
68	Mid-Bk, Mesh BK 3D adj arms	7/1/2013		100.00%	300	0	0	0	0	300	7	SL	FM	11	43	54
69	Mid-Bk, Mesh BK 3D adj arms	7/1/2013		100.00%	300	0	0	0	0	300	7	SL	FM	11	43	54
70	Mid-Bk, Mesh BK 3D adj arms	7/1/2013		100.00%	300	0	0	0	0	300	7	SL	FM	11	43	54
71	Mid-Bk, Mesh BK 3D adj arms	7/1/2013		100.00%	300	0	0	0	0	300	7	SL	FM	11	43	54
72	Mid-Bk, Mesh BK 3D adj arms	7/1/2013		100.00%	300	0	0	0	0	300	7	SL	FM	11	43	54
73	Mid-Bk, Mesh BK 3D adj arms	7/1/2013		100.00%	300	0	0	0	0	300	7	SL	FM	11	43	54
74	Mid-Bk, Mesh BK 3D adj arms	7/1/2013		100.00%	300	0	0	0	0	300	7	SL	FM	11	43	54
75	Mid-Bk, Mesh BK 3D adj arms	7/1/2013		100.00%	300	0	0	0	0	300	7	SL	FM	11	43	54
76	Mid-Bk, Mesh BK 3D adj arms	7/1/2013		100.00%	300	0	0	0	0	300	7	SL	FM	11	43	54

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77	Mid-Bk, Mesh BK 3D adj arms	7/1/2013		100.00%	300	0	0	0	0	300	7	SL	FM	11	43	54
78	Mid-Bk, Mesh BK 3D adj arms	7/1/2013		100.00%	300	0	0	0	0	300	7	SL	FM	11	43	54
79	Mid-Bk, Mesh BK 3D adj arms	7/1/2013		100.00%	300	0	0	0	0	300	7	SL	FM	11	43	54
80	192"Wx48"W Rectangular Sha	7/1/2013		100.00%	920	0	0	0	0	920	7	SL	FM	33	131	164
81	Laminate Cube Base for 192" \	7/1/2013		100.00%	1,437	0	0	0	0	1,437	7	SL	FM	51	205	256
82	Motivate 4'Leg Stack Chair-S 1	7/1/2013		100.00%	235	0	0	0	0	235	7	SL	FM	8	34	42
83	Motivate 4'Leg Stack Chair-S 2	7/1/2013		100.00%	235	0	0	0	0	235	7	SL	FM	8	34	42
84	Motivate 4'Leg Stack Chair-S 3	7/1/2013		100.00%	235	0	0	0	0	235	7	SL	FM	8	34	42
85	Motivate 4'Leg Stack Chair-S 4	7/1/2013		100.00%	235	0	0	0	0	235	7	SL	FM	8	34	42
86	Motivate 4'Leg Stack Chair-S 5	7/1/2013		100.00%	235	0	0	0	0	235	7	SL	FM	8	34	42
87	Motivate 4'Leg Stack Chair-S 6	7/1/2013		100.00%	235	0	0	0	0	235	7	SL	FM	8	34	42
88	Motivate Task-Flex Back-Up S	7/1/2013		100.00%	287	0	0	0	0	287	7	SL	FM	10	41	51
89	Flip Top Base for 18x60 & 18 1	7/1/2013		100.00%	266	0	0	0	0	266	7	SL	FM	10	38	48
90	Flip Top Base for 18x60 & 18 2	7/1/2013		100.00%	266	0	0	0	0	266	7	SL	FM	10	38	48
91	Flip Top Base for 18x60 & 18 3	7/1/2013		100.00%	266	0	0	0	0	266	7	SL	FM	10	38	48
92	Flip Top Base for 18x60 & 18 4	7/1/2013		100.00%	266	0	0	0	0	266	7	SL	FM	10	38	48
93	Flip Top Base for 18x60 & 18 5	7/1/2013		100.00%	266	0	0	0	0	266	7	SL	FM	10	38	48
94	Flip Top Base for 18x60 & 18 6	7/1/2013		100.00%	266	0	0	0	0	266	7	SL	FM	10	38	48
95	18"x60" Table Top w/T-mold 1	7/1/2013		100.00%	124	0	0	0	0	124	7	SL	FM	4	18	22
96	18"x60" Table Top w/T-mold 2	7/1/2013		100.00%	124	0	0	0	0	124	7	SL	FM	4	18	22
97	18"x60" Table Top w/T-mold 3	7/1/2013		100.00%	124	0	0	0	0	124	7	SL	FM	4	18	22
98	18"x60" Table Top w/T-mold 4	7/1/2013		100.00%	124	0	0	0	0	124	7	SL	FM	4	18	22
99	18"x60" Table Top w/T-mold 5	7/1/2013		100.00%	124	0	0	0	0	124	7	SL	FM	4	18	22
100	18"x60" Table Top w/T-mold 6	7/1/2013		100.00%	124	0	0	0	0	124	7	SL	FM	4	18	22
101	Presentation Cart Desktop Lec	7/1/2013		100.00%	170	0	0	0	0	170	7	SL	FM	6	24	30
102	Motivate Presentation Cart Mo	7/1/2013		100.00%	94	0	0	0	0	94	7	SL	FM	3	13	16
103	Presentation Cart Standing HT	7/1/2013		100.00%	621	0	0	0	0	621	7	SL	FM	22	89	111
104	Presentation Cart Shelf Dbl 4' (	7/1/2013		100.00%	156	0	0	0	0	156	7	SL	FM	6	22	28
105	Motivate 4'Leg Stack Chair-S 1	7/1/2013		100.00%	235	0	0	0	0	235	7	SL	FM	8	34	42
106	Motivate 4'Leg Stack Chair-S 2	7/1/2013		100.00%	235	0	0	0	0	235	7	SL	FM	8	34	42
107	Motivate 4'Leg Stack Chair-S 3	7/1/2013		100.00%	235	0	0	0	0	235	7	SL	FM	8	34	42
108	Motivate 4'Leg Stack Chair-S 4	7/1/2013		100.00%	235	0	0	0	0	235	7	SL	FM	8	34	42
109	Motivate Task-Flex Back Up S	7/1/2013		100.00%	287	0	0	0	0	287	7	SL	FM	10	41	51
110	Flip Top Base for 18x60 & 18 1	7/1/2013		100.00%	266	0	0	0	0	266	7	SL	FM	10	38	48
111	Flip Top Base for 18x60 & 18 2	7/1/2013		100.00%	266	0	0	0	0	266	7	SL	FM	10	38	48
112	Flip Top Base for 18x60 & 18 3	7/1/2013		100.00%	266	0	0	0	0	266	7	SL	FM	10	38	48
113	Flip Top Base for 18x60 & 18 4	7/1/2013		100.00%	266	0	0	0	0	266	7	SL	FM	10	38	48
114	18"x60" Table Top w/T-mold 1	7/1/2013		100.00%	124	0	0	0	0	124	7	SL	FM	4	18	22
115	18"x60" Table Top w/T-mold 2	7/1/2013		100.00%	124	0	0	0	0	124	7	SL	FM	4	18	22
116	18"x60" Table Top w/T-mold 3	7/1/2013		100.00%	124	0	0	0	0	124	7	SL	FM	4	18	22
117	18"x60" Table Top w/T-mold 4	7/1/2013		100.00%	124	0	0	0	0	124	7	SL	FM	4	18	22
118	Presentation Cart Desktop Lec	7/1/2013		100.00%	170	0	0	0	0	170	7	SL	FM	6	24	30
119	Motivate Presentation Cart Mo	7/1/2013		100.00%	94	0	0	0	0	94	7	SL	FM	3	13	16
120	Presentation Cart Standing HT	7/1/2013		100.00%	621	0	0	0	0	621	7	SL	FM	22	89	111
121	Presentation Cart Shelf Dbl 4' (	7/1/2013		100.00%	156	0	0	0	0	156	7	SL	FM	6	22	28
122	Mid-Bk, Mesh BK3D adj arms:	7/1/2013		100.00%	244	0	0	0	0	244	7	SL	FM	9	35	44
123	Two-seat w/ Center Table, No	7/1/2013		100.00%	1,134	0	0	0	0	1,134	7	SL	FM	41	162	203
124	Motivate 4-Leg Stack Chair- 1	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
125	Motivate 4-Leg Stack Chair- 2	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
126	Motivate 4-Leg Stack Chair- 3	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
127	Motivate 4-Leg Stack Chair- 4	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59

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128	Motivate 4-Leg Stack Chair- 5	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
129	Motivate 4-Leg Stack Chair- 6	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
130	Motivate 4-Leg Stack Chair- 7	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
131	Motivate 4-Leg Stack Chair- 8	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
132	Motivate 4-Leg Stack Chair- 9	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
133	Motivate 4-Leg Stack Chair- 1	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
134	Motivate 4-Leg Stack Chair- 1	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
135	Motivate 4-Leg Stack Chair- 1	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
136	Motivate 4-Leg Stack Chair- 1	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
137	Motivate 4-Leg Stack Chair- 1	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
138	Motivate 4-Leg Stack Chair- 1	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
139	Motivate 4-Leg Stack Chair- 1	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
140	Motivate 4-Leg Stack Chair- 1	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
141	Motivate 4-Leg Stack Chair- 1	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
142	Motivate 4-Leg Stack Chair- 1	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
143	Motivate 4-Leg Stack Chair- 2	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
144	Motivate 4-Leg Stack Chair- 2	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
145	Motivate 4-Leg Stack Chair- 2	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
146	Motivate 4-Leg Stack Chair- 2	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
147	Motivate 4-Leg Stack Chair- 2	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
148	Motivate 4-Leg Stack Chair- 2	7/1/2013		100.00%	327	0	0	0	0	327	7	SL	FM	12	47	59
149	24 D Cantilever One Pair Gre 1	7/1/2013		100.00%	27	0	0	0	0	27	7	SL	FM	1	4	5
150	24 D Cantilever One Pair Gre 2	7/1/2013		100.00%	27	0	0	0	0	27	7	SL	FM	1	4	5
151	24 D Cantilever One Pair Gre 3	7/1/2013		100.00%	27	0	0	0	0	27	7	SL	FM	1	4	5
152	24 D Cantilever One Pair Gre 4	7/1/2013		100.00%	27	0	0	0	0	27	7	SL	FM	1	4	5
153	T Connector 65H Greige 1 of 2	7/1/2013		100.00%	52	0	0	0	0	52	7	SL	FM	2	7	9
154	T Connector 65H Greige 2 of 2	7/1/2013		100.00%	52	0	0	0	0	52	7	SL	FM	2	7	9
155	T Connector 65H Greige 3 of 2	7/1/2013		100.00%	52	0	0	0	0	52	7	SL	FM	2	7	9
156	T Connector 65H Greige 4 of 2	7/1/2013		100.00%	52	0	0	0	0	52	7	SL	FM	2	7	9
157	T Connector 65H Greige 5 of 2	7/1/2013		100.00%	52	0	0	0	0	52	7	SL	FM	2	7	9
158	T Connector 65H Greige 6 of 2	7/1/2013		100.00%	52	0	0	0	0	52	7	SL	FM	2	7	9
159	T Connector 65H Greige 7 of 2	7/1/2013		100.00%	52	0	0	0	0	52	7	SL	FM	2	7	9
160	T Connector 65H Greige 8 of 2	7/1/2013		100.00%	52	0	0	0	0	52	7	SL	FM	2	7	9
161	T Connector 65H Greige 9 of 2	7/1/2013		100.00%	52	0	0	0	0	52	7	SL	FM	2	7	9
162	T Connector 65H Greige 10 of	7/1/2013		100.00%	52	0	0	0	0	52	7	SL	FM	2	7	9
163	T Connector 65H Greige 11 of	7/1/2013		100.00%	52	0	0	0	0	52	7	SL	FM	2	7	9
164	T Connector 65H Greige 12 of	7/1/2013		100.00%	52	0	0	0	0	52	7	SL	FM	2	7	9
165	T Connector 65H Greige 13 of	7/1/2013		100.00%	52	0	0	0	0	52	7	SL	FM	2	7	9
166	T Connector 65H Greige 14 of	7/1/2013		100.00%	52	0	0	0	0	52	7	SL	FM	2	7	9
167	T Connector 65H Greige 15 of	7/1/2013		100.00%	52	0	0	0	0	52	7	SL	FM	2	7	9
168	T Connector 65H Greige 16 of	7/1/2013		100.00%	52	0	0	0	0	52	7	SL	FM	2	7	9
169	T Connector 65H Greige 17 of	7/1/2013		100.00%	52	0	0	0	0	52	7	SL	FM	2	7	9
170	T Connector 65H Greige 18 of	7/1/2013		100.00%	52	0	0	0	0	52	7	SL	FM	2	7	9
171	T Connector 65H Greige 19 of	7/1/2013		100.00%	52	0	0	0	0	52	7	SL	FM	2	7	9
172	T Connector 65H Greige 20 of	7/1/2013		100.00%	52	0	0	0	0	52	7	SL	FM	2	7	9
173	Panel Finished End Covers 65	7/1/2013		100.00%	20	0	0	0	0	20	7	SL	FM	1	3	4
174	Panel Finished End Covers 65	7/1/2013		100.00%	20	0	0	0	0	20	7	SL	FM	1	3	4
175	Panel Finished End Covers 65	7/1/2013		100.00%	20	0	0	0	0	20	7	SL	FM	1	3	4
176	Panel Finished End Covers 65	7/1/2013		100.00%	20	0	0	0	0	20	7	SL	FM	1	3	4
177	Panel Finished End Covers 65	7/1/2013		100.00%	20	0	0	0	0	20	7	SL	FM	1	3	4
178	Panel Finished End Covers 65	7/1/2013		100.00%	20	0	0	0	0	20	7	SL	FM	1	3	4

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179	Panel Finished End Covers 65	7/1/2013		100.00%	20	0	0	0	0	20	7	SL	FM	1	3	4
180	Panel Finished End Covers 65	7/1/2013		100.00%	20	0	0	0	0	20	7	SL	FM	1	3	4
181	Panel Finished End Covers 65	7/1/2013		100.00%	20	0	0	0	0	20	7	SL	FM	1	3	4
182	Panel Finished End Covers 65	7/1/2013		100.00%	20	0	0	0	0	20	7	SL	FM	1	3	4
183	Panel Finished End Covers 65	7/1/2013		100.00%	20	0	0	0	0	20	7	SL	FM	1	3	4
184	Trackable Panel 65H x 24W 1	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
185	Trackable Panel 65H x 24W 2	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
186	Trackable Panel 65H x 24W 3	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
187	Trackable Panel 65H x 24W 4	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
188	Trackable Panel 65H x 24W 5	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
189	Trackable Panel 65H x 24W 6	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
190	Trackable Panel 65H x 24W 7	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
191	Trackable Panel 65H x 24W 8	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
192	Trackable Panel 65H x 24W 9	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
193	Trackable Panel 65H x 24W 10	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
194	Trackable Panel 65H x 24W 11	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
195	Trackable Panel 65H x 24W 12	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
196	Trackable Panel 65H x 24W 13	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
197	Trackable Panel 65H x 24W 14	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
198	Trackable Panel 65H x 24W 15	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
199	Trackable Panel 65H x 24W 16	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
200	Trackable Panel 65H x 24W 17	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
201	Trackable Panel 65H x 24W 18	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
202	Trackable Panel 65H x 24W 19	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
203	Trackable Panel 65H x 24W 20	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
204	Trackable Panel 65H x 24W 21	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
205	Trackable Panel 65H x 24W 22	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
206	Trackable Panel 65H x 24W 23	7/1/2013		100.00%	137	0	0	0	0	137	7	SL	FM	5	20	25
207	Trackable Panel 65H x 36W 1	7/1/2013		100.00%	160	0	0	0	0	160	7	SL	FM	6	23	29
208	Trackable Panel 65H x 36W 2	7/1/2013		100.00%	160	0	0	0	0	160	7	SL	FM	6	23	29
209	Trackable Panel 65H x 36W 3	7/1/2013		100.00%	160	0	0	0	0	160	7	SL	FM	6	23	29
210	Trackable Panel 65H x 36W 4	7/1/2013		100.00%	160	0	0	0	0	160	7	SL	FM	6	23	29
211	Trackable Panel 65H x 36W 5	7/1/2013		100.00%	160	0	0	0	0	160	7	SL	FM	6	23	29
212	Trackable Panel 65H x 36W 6	7/1/2013		100.00%	160	0	0	0	0	160	7	SL	FM	6	23	29
213	Trackable Panel 65H x 36W 7	7/1/2013		100.00%	160	0	0	0	0	160	7	SL	FM	6	23	29
214	Trackable Panel 65H x 36W 8	7/1/2013		100.00%	160	0	0	0	0	160	7	SL	FM	6	23	29
215	Trackable Panel 65H x 36W 9	7/1/2013		100.00%	160	0	0	0	0	160	7	SL	FM	6	23	29
216	Trackable Panel 65H x 36W 10	7/1/2013		100.00%	160	0	0	0	0	160	7	SL	FM	6	23	29
217	Trackable Panel 65H x 36W 11	7/1/2013		100.00%	160	0	0	0	0	160	7	SL	FM	6	23	29
218	Trackable Panel 65H x 36W 12	7/1/2013		100.00%	160	0	0	0	0	160	7	SL	FM	6	23	29
219	Trackable Panel 65H x 36W 13	7/1/2013		100.00%	160	0	0	0	0	160	7	SL	FM	6	23	29
220	Trackable Panel 65H x 36W 14	7/1/2013		100.00%	160	0	0	0	0	160	7	SL	FM	6	23	29
221	Trackable Panel 65H x 36W 15	7/1/2013		100.00%	160	0	0	0	0	160	7	SL	FM	6	23	29
222	Trackable Panel 65H x 36W 16	7/1/2013		100.00%	160	0	0	0	0	160	7	SL	FM	6	23	29
223	Trackable Panel 65H x 36W 17	7/1/2013		100.00%	160	0	0	0	0	160	7	SL	FM	6	23	29
224	Trackable Panel 65H x 36W 18	7/1/2013		100.00%	160	0	0	0	0	160	7	SL	FM	6	23	29
225	Trackable Panel 65H x 36W 19	7/1/2013		100.00%	160	0	0	0	0	160	7	SL	FM	6	23	29
226	Trackable Panel 65H x 36W 20	7/1/2013		100.00%	160	0	0	0	0	160	7	SL	FM	6	23	29
227	Trackable Panel 65H x 36W 21	7/1/2013		100.00%	160	0	0	0	0	160	7	SL	FM	6	23	29
228	Trackable Panel 65H x 48W 1	7/1/2013		100.00%	183	0	0	0	0	183	7	SL	FM	7	26	33
229	Trackable Panel 65H x 48W 2	7/1/2013		100.00%	183	0	0	0	0	183	7	SL	FM	7	26	33

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230	Trackable Panel 65H x 48W 3	7/1/2013		100.00%	183	0	0	0	0	183	7	SL	FM	7	26	33
231	Trackable Panel 65H x 48W 4	7/1/2013		100.00%	183	0	0	0	0	183	7	SL	FM	7	26	33
232	Trackable Panel 65H x 48W 5	7/1/2013		100.00%	183	0	0	0	0	183	7	SL	FM	7	26	33
233	Trackable Panel 65H x 48W 6	7/1/2013		100.00%	183	0	0	0	0	183	7	SL	FM	7	26	33
234	Trackable Panel 65H x 48W 7	7/1/2013		100.00%	183	0	0	0	0	183	7	SL	FM	7	26	33
235	Trackable Panel 65H x 48W 8	7/1/2013		100.00%	183	0	0	0	0	183	7	SL	FM	7	26	33
236	Trackable Panel 65H x 48W 9	7/1/2013		100.00%	183	0	0	0	0	183	7	SL	FM	7	26	33
237	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
238	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
239	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
240	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
241	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
242	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
243	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
244	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
245	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
246	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
247	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
248	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
249	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
250	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
251	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
252	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
253	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
254	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
255	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
256	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
257	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
258	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
259	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
260	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
261	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
262	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
263	Lock Core Replacement Kit Ch	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
264	Tasklight 30W 1 of 18	7/1/2013		100.00%	74	0	0	0	0	74	7	SL	FM	3	11	14
265	Tasklight 30W 2 of 18	7/1/2013		100.00%	74	0	0	0	0	74	7	SL	FM	3	11	14
266	Tasklight 30W 3 of 18	7/1/2013		100.00%	74	0	0	0	0	74	7	SL	FM	3	11	14
267	Tasklight 30W 4 of 18	7/1/2013		100.00%	74	0	0	0	0	74	7	SL	FM	3	11	14
268	Tasklight 30W 5 of 18	7/1/2013		100.00%	74	0	0	0	0	74	7	SL	FM	3	11	14
269	Tasklight 30W 6 of 18	7/1/2013		100.00%	74	0	0	0	0	74	7	SL	FM	3	11	14
270	Tasklight 30W 7 of 18	7/1/2013		100.00%	74	0	0	0	0	74	7	SL	FM	3	11	14
271	Tasklight 30W 8 of 18	7/1/2013		100.00%	74	0	0	0	0	74	7	SL	FM	3	11	14
272	Tasklight 30W 9 of 18	7/1/2013		100.00%	74	0	0	0	0	74	7	SL	FM	3	11	14
273	Tasklight 30W 10 of 18	7/1/2013		100.00%	74	0	0	0	0	74	7	SL	FM	3	11	14
274	Tasklight 30W 11 of 18	7/1/2013		100.00%	74	0	0	0	0	74	7	SL	FM	3	11	14
275	Tasklight 30W 12 of 18	7/1/2013		100.00%	74	0	0	0	0	74	7	SL	FM	3	11	14
276	Tasklight 30W 13 of 18	7/1/2013		100.00%	74	0	0	0	0	74	7	SL	FM	3	11	14
277	Tasklight 30W 14 of 18	7/1/2013		100.00%	74	0	0	0	0	74	7	SL	FM	3	11	14
278	Tasklight 30W 15 of 18	7/1/2013		100.00%	74	0	0	0	0	74	7	SL	FM	3	11	14
279	Tasklight 30W 16 of 18	7/1/2013		100.00%	74	0	0	0	0	74	7	SL	FM	3	11	14
280	Tasklight 30W 17 of 18	7/1/2013		100.00%	74	0	0	0	0	74	7	SL	FM	3	11	14

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281	Tasklight 30W 18 of 18	7/1/2013		100.00%	74	0	0	0	0	74	7	SL	FM	3	11	14
282	Elect Pass-Thru Cable 25-1/2	7/1/2013		100.00%	42	0	0	0	0	42	7	SL	FM	1	6	7
283	Elect Pass-Thru Cable 25-1/2	7/1/2013		100.00%	42	0	0	0	0	42	7	SL	FM	1	6	7
284	Elect Pass-Thru Cable 25-1/2	7/1/2013		100.00%	42	0	0	0	0	42	7	SL	FM	1	6	7
285	Elect Pass-Thru Cable 25-1/2	7/1/2013		100.00%	42	0	0	0	0	42	7	SL	FM	1	6	7
286	Electric Power Harness 36W 3	7/1/2013		100.00%	68	0	0	0	0	68	7	SL	FM	2	10	12
287	Electric Power Harness 36W 3	7/1/2013		100.00%	68	0	0	0	0	68	7	SL	FM	2	10	12
288	Electric Power Harness 36W 3	7/1/2013		100.00%	68	0	0	0	0	68	7	SL	FM	2	10	12
289	Electric Power Harness 36W 3	7/1/2013		100.00%	68	0	0	0	0	68	7	SL	FM	2	10	12
290	Electric Power Harness 36W 3	7/1/2013		100.00%	68	0	0	0	0	68	7	SL	FM	2	10	12
291	Electric Power Harness 36W 3	7/1/2013		100.00%	68	0	0	0	0	68	7	SL	FM	2	10	12
292	Electric Power Harness 36W 3	7/1/2013		100.00%	68	0	0	0	0	68	7	SL	FM	2	10	12
293	Electric Power Harness 36W 3	7/1/2013		100.00%	68	0	0	0	0	68	7	SL	FM	2	10	12
294	Electric Power Harness 36W 3	7/1/2013		100.00%	68	0	0	0	0	68	7	SL	FM	2	10	12
295	Electric Power Harness 36W 3	7/1/2013		100.00%	68	0	0	0	0	68	7	SL	FM	2	10	12
296	Electric Power Harness 36W 3	7/1/2013		100.00%	68	0	0	0	0	68	7	SL	FM	2	10	12
297	Electric Power Harness 36W 3	7/1/2013		100.00%	68	0	0	0	0	68	7	SL	FM	2	10	12
298	Electric Power Harness 36W 3	7/1/2013		100.00%	68	0	0	0	0	68	7	SL	FM	2	10	12
299	Electric Power Harness 36W 3	7/1/2013		100.00%	68	0	0	0	0	68	7	SL	FM	2	10	12
300	Electric Power Harness 36W 3	7/1/2013		100.00%	68	0	0	0	0	68	7	SL	FM	2	10	12
301	Electric Power Harness 36W 3	7/1/2013		100.00%	68	0	0	0	0	68	7	SL	FM	2	10	12
302	Electric Power Harness 36W 3	7/1/2013		100.00%	68	0	0	0	0	68	7	SL	FM	2	10	12
303	Electric Power Harness 36W 3	7/1/2013		100.00%	68	0	0	0	0	68	7	SL	FM	2	10	12
304	Electric Power Harness 36W 3	7/1/2013		100.00%	68	0	0	0	0	68	7	SL	FM	2	10	12
305	Electric Power Harness 36W 3	7/1/2013		100.00%	68	0	0	0	0	68	7	SL	FM	2	10	12
306	Electric Power Harness 36W 3	7/1/2013		100.00%	68	0	0	0	0	68	7	SL	FM	2	10	12
307	Duplex Receptacle Circuit 4 1	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
308	Duplex Receptacle Circuit 4 2	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
309	Duplex Receptacle Circuit 4 3	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
310	Duplex Receptacle Circuit 4 4	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
311	Duplex Receptacle Circuit 4 5	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
312	Duplex Receptacle Circuit 4 6	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
313	Duplex Receptacle Circuit 4 7	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
314	Duplex Receptacle Circuit 4 8	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
315	Duplex Receptacle Circuit 4 9	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
316	Duplex Receptacle Circuit 4 10	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
317	Duplex Receptacle Circuit 4 1	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
318	Duplex Receptacle Circuit 4 1	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
319	Duplex Receptacle Circuit 4 1	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
320	Duplex Receptacle Circuit 4 1	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
321	Duplex Receptacle Circuit 4 1	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
322	Duplex Receptacle Circuit 4 1	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
323	Duplex Receptacle Circuit 4 1	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
324	Duplex Receptacle Circuit 4 1	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
325	Duplex Receptacle Circuit 4 1	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
326	Duplex Receptacle Circuit 4 2	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
327	Duplex Receptacle Circuit 4 2	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
328	Duplex Receptacle Circuit 4 2	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
329	Duplex Receptacle Circuit 4 2	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
330	Duplex Receptacle Circuit 4 2	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
331	Duplex Receptacle Circuit 4 2	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2

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332	Duplex Receptacle Circuit 4 2	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
333	Duplex Receptacle Circuit 4 2	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
334	Base In-Feed Cable Base 3-1	7/1/2013		100.00%	76	0	0	0	0	76	7	SL	FM	3	11	14
335	Base In-Feed Cable Base 3-1	7/1/2013		100.00%	76	0	0	0	0	76	7	SL	FM	3	11	14
336	Ceiling In-Feed Cable Base 3-	7/1/2013		100.00%	79	0	0	0	0	79	7	SL	FM	3	11	14
337	Power Pole w/o receptacles 6'	7/1/2013		100.00%	89	0	0	0	0	89	7	SL	FM	3	13	16
338	Flat Bracket 24D 1 of 5	7/1/2013		100.00%	19	0	0	0	0	19	7	SL	FM	1	3	4
339	Flat Bracket 24D 2 of 5	7/1/2013		100.00%	19	0	0	0	0	19	7	SL	FM	1	3	4
340	Flat Bracket 24D 3 of 5	7/1/2013		100.00%	19	0	0	0	0	19	7	SL	FM	1	3	4
341	Flat Bracket 24D 4 of 5	7/1/2013		100.00%	19	0	0	0	0	19	7	SL	FM	1	3	4
342	Flat Bracket 24D 5 of 5	7/1/2013		100.00%	19	0	0	0	0	19	7	SL	FM	1	3	4
343	Cord Cover 1 of 18	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
344	Cord Cover 2 of 18	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
345	Cord Cover 3 of 18	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
346	Cord Cover 4 of 18	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
347	Cord Cover 5 of 18	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
348	Cord Cover 6 of 18	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
349	Cord Cover 7 of 18	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
350	Cord Cover 8 of 18	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
351	Cord Cover 9 of 18	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
352	Cord Cover 10 of 18	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
353	Cord Cover 11 of 18	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
354	Cord Cover 12 of 18	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
355	Cord Cover 13 of 18	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
356	Cord Cover 14 of 18	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
357	Cord Cover 15 of 18	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
358	Cord Cover 16 of 18	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
359	Cord Cover 17 of 18	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
360	Cord Cover 18 of 18	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
361	Overhead-Metal Flipper Door	7/1/2013		100.00%	182	0	0	0	0	182	7	SL	FM	6	26	32
362	Overhead-Metal Flipper Door	7/1/2013		100.00%	182	0	0	0	0	182	7	SL	FM	6	26	32
363	Overhead-Metal Flipper Door	7/1/2013		100.00%	182	0	0	0	0	182	7	SL	FM	6	26	32
364	Overhead-Metal Flipper Door	7/1/2013		100.00%	182	0	0	0	0	182	7	SL	FM	6	26	32
365	Overhead-Metal Flipper Door	7/1/2013		100.00%	182	0	0	0	0	182	7	SL	FM	6	26	32
366	Overhead-Metal Flipper Door	7/1/2013		100.00%	182	0	0	0	0	182	7	SL	FM	6	26	32
367	Overhead-Metal Flipper Door	7/1/2013		100.00%	182	0	0	0	0	182	7	SL	FM	6	26	32
368	Overhead-Metal Flipper Door	7/1/2013		100.00%	182	0	0	0	0	182	7	SL	FM	6	26	32
369	Overhead-Metal Flipper Door	7/1/2013		100.00%	182	0	0	0	0	182	7	SL	FM	6	26	32
370	Open Shelf 36" 1 of 9	7/1/2013		100.00%	88	0	0	0	0	88	7	SL	FM	3	13	16
371	Open Shelf 36" 2 of 9	7/1/2013		100.00%	88	0	0	0	0	88	7	SL	FM	3	13	16
372	Open Shelf 36" 3 of 9	7/1/2013		100.00%	88	0	0	0	0	88	7	SL	FM	3	13	16
373	Open Shelf 36" 4 of 9	7/1/2013		100.00%	88	0	0	0	0	88	7	SL	FM	3	13	16
374	Open Shelf 36" 5 of 9	7/1/2013		100.00%	88	0	0	0	0	88	7	SL	FM	3	13	16
375	Open Shelf 36" 6 of 9	7/1/2013		100.00%	88	0	0	0	0	88	7	SL	FM	3	13	16
376	Open Shelf 36" 7 of 9	7/1/2013		100.00%	88	0	0	0	0	88	7	SL	FM	3	13	16
377	Open Shelf 36" 8 of 9	7/1/2013		100.00%	88	0	0	0	0	88	7	SL	FM	3	13	16
378	Open Shelf 36" 9 of 9	7/1/2013		100.00%	88	0	0	0	0	88	7	SL	FM	3	13	16
379	Straight Connector Kit 1 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
380	Straight Connector Kit 2 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
381	Straight Connector Kit 3 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
382	Straight Connector Kit 4 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1

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383	Straight Connector Kit 5 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
384	Straight Connector Kit 6 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
385	Straight Connector Kit 7 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
386	Straight Connector Kit 8 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
387	Straight Connector Kit 9 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
388	Straight Connector Kit 10 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
389	Straight Connector Kit 11 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
390	Straight Connector Kit 12 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
391	Straight Connector Kit 13 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
392	Straight Connector Kit 14 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
393	Straight Connector Kit 15 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
394	Straight Connector Kit 16 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
395	Straight Connector Kit 17 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
396	Straight Connector Kit 18 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
397	Straight Connector Kit 19 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
398	Straight Connector Kit 20 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
399	Straight Connector Kit 21 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
400	Straight Connector Kit 22 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
401	Straight Connector Kit 23 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
402	Straight Connector Kit 24 of 24	7/1/2013		100.00%	5	0	0	0	0	5	7	SL	FM	0	1	1
403	File/File 28Hx22 7/8Dx15W 1 c	7/1/2013		100.00%	159	0	0	0	0	159	7	SL	FM	6	23	29
404	File/File 28Hx22 7/8Dx15W 2 c	7/1/2013		100.00%	159	0	0	0	0	159	7	SL	FM	6	23	29
405	File/File 28Hx22 7/8Dx15W 3 c	7/1/2013		100.00%	159	0	0	0	0	159	7	SL	FM	6	23	29
406	File/File 28Hx22 7/8Dx15W 4 c	7/1/2013		100.00%	159	0	0	0	0	159	7	SL	FM	6	23	29
407	File/File 28Hx22 7/8Dx15W 5 c	7/1/2013		100.00%	159	0	0	0	0	159	7	SL	FM	6	23	29
408	File/File 28Hx22 7/8Dx15W 6 c	7/1/2013		100.00%	159	0	0	0	0	159	7	SL	FM	6	23	29
409	File/File 28Hx22 7/8Dx15W 7 c	7/1/2013		100.00%	159	0	0	0	0	159	7	SL	FM	6	23	29
410	File/File 28Hx22 7/8Dx15W 8 c	7/1/2013		100.00%	159	0	0	0	0	159	7	SL	FM	6	23	29
411	File/File 28Hx22 7/8Dx15W 9 c	7/1/2013		100.00%	159	0	0	0	0	159	7	SL	FM	6	23	29
412	File/File 28Hx22 7/8Dx15W 10	7/1/2013		100.00%	159	0	0	0	0	159	7	SL	FM	6	23	29
413	File/File 28Hx22 7/8Dx15W 11	7/1/2013		100.00%	159	0	0	0	0	159	7	SL	FM	6	23	29
414	File/File 28Hx22 7/8Dx15W 12	7/1/2013		100.00%	159	0	0	0	0	159	7	SL	FM	6	23	29
415	File/File 28Hx22 7/8Dx15W 13	7/1/2013		100.00%	159	0	0	0	0	159	7	SL	FM	6	23	29
416	File/File 28Hx22 7/8Dx15W 14	7/1/2013		100.00%	159	0	0	0	0	159	7	SL	FM	6	23	29
417	File/File 28Hx22 7/8Dx15W 15	7/1/2013		100.00%	159	0	0	0	0	159	7	SL	FM	6	23	29
418	File/File 28Hx22 7/8Dx15W 16	7/1/2013		100.00%	159	0	0	0	0	159	7	SL	FM	6	23	29
419	File/File 28Hx22 7/8Dx15W 17	7/1/2013		100.00%	159	0	0	0	0	159	7	SL	FM	6	23	29
420	File/File 28Hx22 7/8Dx15W 18	7/1/2013		100.00%	159	0	0	0	0	159	7	SL	FM	6	23	29
421	Worksurface Bracket Kit 1 of 2	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
422	Worksurface Bracket Kit 2 of 2	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
423	Worksurface Bracket Kit 3 of 2	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
424	Worksurface Bracket Kit 4 of 2	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
425	Worksurface Bracket Kit 5 of 2	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
426	Worksurface Bracket Kit 6 of 2	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
427	Worksurface Bracket Kit 7 of 2	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
428	Worksurface Bracket Kit 8 of 2	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
429	Worksurface Bracket Kit 9 of 2	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
430	Worksurface Bracket Kit 10 of :	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
431	Worksurface Bracket Kit 11 of :	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
432	Worksurface Bracket Kit 12 of :	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
433	Worksurface Bracket Kit 13 of :	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3

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434	Worksurface Bracket Kit 14 of :	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
435	Worksurface Bracket Kit 15 of :	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
436	Worksurface Bracket Kit 16 of :	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
437	Worksurface Bracket Kit 17 of :	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
438	Worksurface Bracket Kit 18 of :	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
439	Worksurface Bracket Kit 19 of :	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
440	Worksurface Bracket Kit 20 of :	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
441	Worksurface Bracket Kit 21 of :	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
442	Worksurface Bracket Kit 22 of :	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
443	Worksurface Bracket Kit 23 of :	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
444	Worksurface Bracket Kit 24 of :	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
445	Worksurface Bracket Kit 25 of :	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
446	Worksurface Bracket Kit 26 of :	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
447	Worksurface Bracket Kit 27 of :	7/1/2013		100.00%	14	0	0	0	0	14	7	SL	FM	1	2	3
448	Rectangle Worksurface 48"Wx	7/1/2013		100.00%	114	0	0	0	0	114	7	SL	FM	4	16	20
449	Rectangle Worksurface 48"Wx	7/1/2013		100.00%	114	0	0	0	0	114	7	SL	FM	4	16	20
450	Rectangle Worksurface 48"Wx	7/1/2013		100.00%	114	0	0	0	0	114	7	SL	FM	4	16	20
451	Rectangle Worksurface 48"Wx	7/1/2013		100.00%	114	0	0	0	0	114	7	SL	FM	4	16	20
452	Rectangle Worksurface 48"Wx	7/1/2013		100.00%	114	0	0	0	0	114	7	SL	FM	4	16	20
453	Rectangle Worksurface 72"Wx	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
454	Rectangle Worksurface 72"Wx	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
455	Rectangle Worksurface 72"Wx	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
456	Rectangle Worksurface 72"Wx	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
457	Rectangle Worksurface 72"Wx	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
458	Rectangle Worksurface 72"Wx	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
459	Rectangle Worksurface 72"Wx	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
460	Rectangle Worksurface 72"Wx	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
461	Rectangle Worksurface 72"Wx	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
462	Rectangle Worksurface 72"Wx	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
463	Rectangle Worksurface 72"Wx	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
464	Rectangle Worksurface 72"Wx	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
465	Rectangle Worksurface 72"Wx	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
466	Mid BK, Mesh Adj Arms, BLK ε	7/1/2013		100.00%	244	0	0	0	0	244	7	SL	FM	9	35	44
467	Mid BK, Mesh Adj Arms, BLK ε	7/1/2013		100.00%	244	0	0	0	0	244	7	SL	FM	9	35	44
468	Mid BK, Mesh Adj Arms, BLK ε	7/1/2013		100.00%	244	0	0	0	0	244	7	SL	FM	9	35	44
469	Mid BK, Mesh Adj Arms, BLK ε	7/1/2013		100.00%	244	0	0	0	0	244	7	SL	FM	9	35	44
470	Mid BK, Mesh Adj Arms, BLK ε	7/1/2013		100.00%	244	0	0	0	0	244	7	SL	FM	9	35	44
471	Mid BK, Mesh Adj Arms, BLK ε	7/1/2013		100.00%	244	0	0	0	0	244	7	SL	FM	9	35	44
472	Mid BK, Mesh Adj Arms, BLK ε	7/1/2013		100.00%	244	0	0	0	0	244	7	SL	FM	9	35	44
473	Mid BK, Mesh Adj Arms, BLK ε	7/1/2013		100.00%	244	0	0	0	0	244	7	SL	FM	9	35	44
474	Mid BK, Mesh Adj Arms, BLK ε	7/1/2013		100.00%	244	0	0	0	0	244	7	SL	FM	9	35	44
475	Motivate Task-Flex Back Uph	7/1/2013		100.00%	261	0	0	0	0	261	7	SL	FM	9	37	46
476	Motivate Task-Flex Back Uph	7/1/2013		100.00%	261	0	0	0	0	261	7	SL	FM	9	37	46
477	Motivate Task-Flex Back Uph	7/1/2013		100.00%	261	0	0	0	0	261	7	SL	FM	9	37	46
478	Motivate Task-Flex Back Uph	7/1/2013		100.00%	261	0	0	0	0	261	7	SL	FM	9	37	46
479	Motivate Task-Flex Back Uph	7/1/2013		100.00%	261	0	0	0	0	261	7	SL	FM	9	37	46
480	Motivate Task-Flex Back Uph	7/1/2013		100.00%	261	0	0	0	0	261	7	SL	FM	9	37	46
481	Motivate Task-Flex Back Uph	7/1/2013		100.00%	261	0	0	0	0	261	7	SL	FM	9	37	46
482	Motivate Task-Flex Back Uph	7/1/2013		100.00%	261	0	0	0	0	261	7	SL	FM	9	37	46
483	Motivate Task-Flex Back Uph	7/1/2013		100.00%	261	0	0	0	0	261	7	SL	FM	9	37	46
484	Motivate Task-Flex Back Uph	7/1/2013		100.00%	261	0	0	0	0	261	7	SL	FM	9	37	46

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485	Flip Top Base 18x60, 18x72, 1	7/1/2013		100.00%	266	0	0	0	0	266	7	SL	FM	10	38	48
486	Flip Top Base 18x60, 18x72, 2	7/1/2013		100.00%	266	0	0	0	0	266	7	SL	FM	10	38	48
487	Flip Top Base 18x60, 18x72, 3	7/1/2013		100.00%	266	0	0	0	0	266	7	SL	FM	10	38	48
488	Flip Top Base 18x60, 18x72, 4	7/1/2013		100.00%	266	0	0	0	0	266	7	SL	FM	10	38	48
489	18"x60" Table Top w/T mold 1	7/1/2013		100.00%	124	0	0	0	0	124	7	SL	FM	4	18	22
490	18"x60" Table Top w/T mold 2	7/1/2013		100.00%	124	0	0	0	0	124	7	SL	FM	4	18	22
491	32"x48" Extended Half Round	7/1/2013		100.00%	165	0	0	0	0	165	7	SL	FM	6	24	30
492	32"x48" Extended Half Round	7/1/2013		100.00%	165	0	0	0	0	165	7	SL	FM	6	24	30
493	Lock Core Replacement Kit Br	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
494	Lock Core Replacement Kit Br	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
495	Lock Core Replacement Kit Br	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
496	Lock Core Replacement Kit Br	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
497	Lock Core Replacement Kit Br	7/1/2013		100.00%	11	0	0	0	0	11	7	SL	FM	0	2	2
498	30W 4-Drawer "R" Pull Lateral	7/1/2013		100.00%	606	0	0	0	0	606	7	SL	FM	22	87	109
499	36W 4Drawer R Pull Lateral w	7/1/2013		100.00%	689	0	0	0	0	689	7	SL	FM	25	98	123
500	36W 4Drawer R Pull Lateral w	7/1/2013		100.00%	689	0	0	0	0	689	7	SL	FM	25	98	123
501	36W 4Drawer R Pull Lateral w	7/1/2013		100.00%	689	0	0	0	0	689	7	SL	FM	25	98	123
502	36W 4Drawer R Pull Lateral w	7/1/2013		100.00%	689	0	0	0	0	689	7	SL	FM	25	98	123
503	Flip Base Shadow 1 of 2	7/1/2013		100.00%	266	0	0	0	0	266	7	SL	FM	10	38	48
504	Flip Base Shadow 2 of 2	7/1/2013		100.00%	266	0	0	0	0	266	7	SL	FM	10	38	48
505	Table, 60x24 1 of 2	7/1/2013		100.00%	147	0	0	0	0	147	7	SL	FM	5	21	26
506	Table, 60x24 2 of 2	7/1/2013		100.00%	147	0	0	0	0	147	7	SL	FM	5	21	26
519	Credenza	7/1/2013		100.00%	850	0	0	0	0	850	7	SL	FM	30	121	151
523	Flock Ganging Brackets 1 of 2	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
524	Flock Ganging Brackets 2 of 2	7/1/2013		100.00%	13	0	0	0	0	13	7	SL	FM	0	2	2
525	Gold Arm Chair 1 of 4	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
526	Gold Arm Chair 2 of 4	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
527	Gold Arm Chair 3 of 4	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
528	Gold Arm Chair 4 of 4	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
529	Round Coffee Table	7/1/2013		100.00%	100	0	0	0	0	100	7	SL	FM	4	14	18
530	Book Case 1 of 2	7/1/2013		100.00%	200	0	0	0	0	200	7	SL	FM	7	29	36
531	Book Case 2 of 2	7/1/2013		100.00%	200	0	0	0	0	200	7	SL	FM	7	29	36
532	Computer Table	7/1/2013		100.00%	400	0	0	0	0	400	7	SL	FM	14	57	71
533	2 Drawer File Cabinets 1 of 7	7/1/2013		100.00%	200	0	0	0	0	200	7	SL	FM	7	29	36
534	2 Drawer File Cabinets 2 of 7	7/1/2013		100.00%	200	0	0	0	0	200	7	SL	FM	7	29	36
535	2 Drawer File Cabinets 3 of 7	7/1/2013		100.00%	200	0	0	0	0	200	7	SL	FM	7	29	36
536	2 Drawer File Cabinets 4 of 7	7/1/2013		100.00%	200	0	0	0	0	200	7	SL	FM	7	29	36
537	2 Drawer File Cabinets 5 of 7	7/1/2013		100.00%	200	0	0	0	0	200	7	SL	FM	7	29	36
538	2 Drawer File Cabinets 6 of 7	7/1/2013		100.00%	200	0	0	0	0	200	7	SL	FM	7	29	36
539	2 Drawer File Cabinets 7 of 7	7/1/2013		100.00%	200	0	0	0	0	200	7	SL	FM	7	29	36
540	Guest Arm Chair 1 of 9	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
541	Guest Arm Chair 2 of 9	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
542	Guest Arm Chair 3 of 9	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
543	Guest Arm Chair 4 of 9	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
544	Guest Arm Chair 5 of 9	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
545	Guest Arm Chair 6 of 9	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
546	Guest Arm Chair 7 of 9	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
547	Guest Arm Chair 8 of 9	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
548	Guest Arm Chair 9 of 9	7/1/2013		100.00%	150	0	0	0	0	150	7	SL	FM	5	21	26
549	Large Desk	7/1/2013		100.00%	500	0	0	0	0	500	7	SL	FM	18	71	89
550	Unidentified Asset	7/1/2013		100.00%	448	0	0	0	0	448	7	SL	FM	16	64	80

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Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2013 Deprec.	2013 Accum. Deprec.
551	2013 Capital Additions	7/1/2013		100.00%	923,212	0	0	0	0	923,212	39	SL	FM	5,918	23,672	29,590
520	Porcelain dry erase boards & 1	9/24/2013		100.00%	327	0	0	0	0	327	7	SL	FM	0	47	47
521	Porcelain dry erase boards & 2	9/24/2013		100.00%	327	0	0	0	0	327	7	SL	FM	0	47	47
522	Laminate Presentation Cabinet	9/24/2013		100.00%	746	0	0	0	0	746	7	SL	FM	0	107	107
610	Rolldown Projector Screen	11/2/2013		100.00%	7,829	0	0	0	0	7,829	5	SL	FM	0	1,435	1,435
607	Flat Screen TV	2/2/2014		100.00%	7,829	0	0	0	0	7,829	5	SL	FM	0	1,044	1,044
605	leasehold - cabinetry	2/17/2014		100.00%	4,630	0	0	0	0	4,630	20	SL	FM	0	135	135
606	Development & employee work	3/4/2014		100.00%	6,725	0	0	0	0	6,725	5	SL	FM	0	785	785
612	3 laptops	3/7/2014		100.00%	3,454	0	0	0	0	3,454	3	SL	FM	0	672	672
608	Signage	5/30/2014		100.00%	2,223	0	0	0	0	2,223	20	SL	FM	0	37	37
609	Signage	5/30/2014		100.00%	2,223	0	0	0	0	2,223	20	SL	FM	0	37	37
552	Cello	7/10/2014		100.00%	509	0	0	0	0	509	5	SL	FM	0	25	25
553	Cello	7/10/2014		100.00%	509	0	0	0	0	509	5	SL	FM	0	25	25
554	Cello	7/10/2014		100.00%	509	0	0	0	0	509	5	SL	FM	0	25	25
555	Cello	7/10/2014		100.00%	509	0	0	0	0	509	5	SL	FM	0	25	25
556	Cello	7/10/2014		100.00%	509	0	0	0	0	509	5	SL	FM	0	25	25
557	Cello	7/10/2014		100.00%	509	0	0	0	0	509	5	SL	FM	0	25	25
558	Viola	7/10/2014		100.00%	189	0	0	0	0	189	5	SL	FM	0	9	9
559	Viola	7/10/2014		100.00%	189	0	0	0	0	189	5	SL	FM	0	9	9
560	Viola	7/10/2014		100.00%	189	0	0	0	0	189	5	SL	FM	0	9	9
561	Viola	7/10/2014		100.00%	189	0	0	0	0	189	5	SL	FM	0	9	9
562	Viola	7/10/2014		100.00%	189	0	0	0	0	189	5	SL	FM	0	9	9
563	Viola	7/10/2014		100.00%	189	0	0	0	0	189	5	SL	FM	0	9	9
564	Viola	7/10/2014		100.00%	189	0	0	0	0	189	5	SL	FM	0	9	9
565	Violin	7/10/2014		100.00%	90	0	0	0	0	90	5	SL	FM	0	5	5
566	Violin	7/10/2014		100.00%	90	0	0	0	0	90	5	SL	FM	0	5	5
567	Violin	7/10/2014		100.00%	90	0	0	0	0	90	5	SL	FM	0	5	5
568	Violin	7/10/2014		100.00%	90	0	0	0	0	90	5	SL	FM	0	5	5
569	Violin	7/10/2014		100.00%	90	0	0	0	0	90	5	SL	FM	0	5	5
570	Violin	7/10/2014		100.00%	90	0	0	0	0	90	5	SL	FM	0	5	5
571	Violin	7/10/2014		100.00%	90	0	0	0	0	90	5	SL	FM	0	5	5
572	Violin	7/10/2014		100.00%	90	0	0	0	0	90	5	SL	FM	0	5	5
573	Violin	7/10/2014		100.00%	90	0	0	0	0	90	5	SL	FM	0	5	5
574	Violin	7/10/2014		100.00%	90	0	0	0	0	90	5	SL	FM	0	5	5
575	Violin	7/10/2014		100.00%	90	0	0	0	0	90	5	SL	FM	0	5	5
576	Violin	7/10/2014		100.00%	90	0	0	0	0	90	5	SL	FM	0	5	5
577	Violin	7/10/2014		100.00%	90	0	0	0	0	90	5	SL	FM	0	5	5
578	Double Bass	7/10/2014		100.00%	727	0	0	0	0	727	5	SL	FM	0	36	36
579	Double Bass	7/10/2014		100.00%	727	0	0	0	0	727	5	SL	FM	0	36	36
580	Cello Rock Stops (6)	7/10/2014		100.00%	42	0	0	0	0	42	5	SL	FM	0	2	2
581	Bass Rock Stops (2)	7/10/2014		100.00%	15	0	0	0	0	15	5	SL	FM	0	1	1
582	Violin	7/10/2014		100.00%	90	0	0	0	0	90	5	SL	FM	0	5	5
583	Violin	7/10/2014		100.00%	90	0	0	0	0	90	5	SL	FM	0	5	5
Total ACRS and other depreciation (Line 16)					1,067,824	0	0	0	0	1,046,344				27,801	43,414	71,215

MACRS deductions for prior years (Line 17)

1	Commercial Building	3/1/2005	R-5	100.00%	1,183,965	0	0	0	0	1,183,965	40	SL/GDS	MM	254,059	29,599	283,658
15	Capital Improvement In Progre	7/1/2013	R-5	100.00%	12,008	0	0	0	0	12,008	39	SL/GDS	MM	77	308	385
16	Capital Improvement In Progre	7/1/2013	R-5	100.00%	93,339	0	0	0	0	93,339	39	SL/GDS	MM	598	2,393	2,991
17	Capital Improvement In Progre	7/1/2013	R-5	100.00%	535,878	0	0	0	0	535,878	39	SL/GDS	MM	3,435	13,740	17,175
18	Unamortized Loan Cost	7/1/2013	R-5	100.00%	34,215	0	0	0	0	34,215	39	SL/GDS	MM	219	877	1,096

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Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2013 Deprec.	2013 Accum. Deprec.
19	Construction In Process	7/1/2013	R-5	100.00%	72,079	0	0	0	0	72,079	39	SL/GDS	MM	462	1,848	2,310
20	Unamortized Loan Cost	7/1/2013	R-5	100.00%	12,184	0	0	0	0	12,184	39	SL/GDS	MM	78	312	390
21	Construction In Process	7/1/2013	R-5	100.00%	196,578	0	0	0	0	196,578	39	SL/GDS	MM	1,260	5,040	6,300
22	Unamortized Loan Cost	7/1/2013	R-5	100.00%	19,670	0	0	0	0	19,670	39	SL/GDS	MM	126	504	630
23	Construction In Process	7/1/2013	R-5	100.00%	38,607	0	0	0	0	38,607	39	SL/GDS	MM	247	990	1,237
24	Construction In Process	7/1/2013	R-5	100.00%	4,115	0	0	0	0	4,115	39	SL/GDS	MM	26	106	132
25	Construction In Process	7/1/2013	R-5	100.00%	581,209	0	0	0	0	581,209	39	SL/GDS	MM	3,726	14,902	18,628
26	Unamortized Loan Cost	7/1/2013	R-5	100.00%	1,057	0	0	0	0	1,057	39	SL/GDS	MM	7	27	34
27	Construction in Process	7/1/2013	R-5	100.00%	17,333	0	0	0	0	17,333	39	SL/GDS	MM	111	444	555
28	Construction in Process	7/1/2013	R-5	100.00%	93,292	0	0	0	0	93,292	39	SL/GDS	MM	598	2,392	2,990
30	Capital Construction	7/1/2013	R-5	100.00%	27,628	0	0	0	0	27,628	39	SL/GDS	MM	177	708	885
31	Unamortized Loan Cost	7/1/2013	R-5	100.00%	19,589	0	0	0	0	19,589	39	SL/GDS	MM	126	502	628
32	Construction in Process	7/1/2013	R-5	100.00%	35,570	0	0	0	0	35,570	39	SL/GDS	MM	228	912	1,140
35	Capitalized operational costs	7/1/2013	R-5	100.00%	91,906	0	0	0	0	91,906	39	SL/GDS	MM	589	2,356	2,945
36	Capitalized Construction Costs	7/1/2013	R-5	100.00%	25,131	0	0	0	0	25,131	39	SL/GDS	MM	161	644	805
37	Capitalized Interest	7/1/2013	R-5	100.00%	16,771	0	0	0	0	16,771	39	SL/GDS	MM	108	430	538
Total MACRS deductions for prior years (Line 17)					3,112,124	0	0	0	0	3,112,124				266,418	79,034	345,452
Subtotal Depreciation					4,179,948	0	0	0	0	4,158,468				294,219	122,448	416,667
Listed Property																
Listed property with more than 50% business use (Line 25 and 26)																
9	Computer	7/8/2009	F-4	100.00%	1,350	0	0	0	0	1,350	5	SL	FM	1,147	203	1,350
10	Computer	9/25/2009	F-4	100.00%	280	0	0	0	0	280	5	SL	FM	224	56	280
29	Computer setup	9/13/2011	F-4	100.00%	14,854	0	0	0	0	14,854	10	SL	FM	3,095	1,485	4,580
8	Furn & Equip	4/1/2008	F-15	100.00%	2,280	0	0	0	0	0	5	SL	HY	2,280	0	2,280
2	Furn & equip- Piano	1/1/2005	F-15	100.00%	312	0	0	0	0	0	3	SL	HY	312	0	312
4	Furn & Equip-Piano	1/1/2006	F-15	100.00%	16,463	0	0	0	0	0	5	SL	HY	16,691	0	16,691
44	GE washer & dryer stackable	5/14/2013	F-15	100.00%	1,060	0	0	0	0	1,060	5	SL	HY	88	212	300
12	HD Television	10/12/2009	F-4	100.00%	1,077	0	0	0	0	1,077	5	SL	FM	861	215	1,076
11	HP Computer	10/15/2009	F-4	100.00%	500	0	0	0	0	500	5	SL	FM	400	100	500
45	Kitchen Aid Disposal	5/14/2013	F-15	100.00%	100	0	0	0	0	100	5	SL	HY	8	20	28
47	Maytag dishwasher stainless	5/14/2013	F-15	100.00%	480	0	0	0	0	480	5	SL	HY	40	96	136
46	Whirlpool Refridg. 25 stainless	5/14/2013	F-15	100.00%	900	0	0	0	0	900	5	SL	HY	75	180	255
Total listed prop with > 50% business use					39,656	0	0	0	0	20,601				25,221	2,567	27,788
Subtotal Listed Property					39,656	0	0	0	0	20,601				25,221	2,567	27,788
Total Depreciation and Amortization					4,219,604	0	0	0	0	4,179,069				319,440	125,015	444,455