

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2017 calendar year, or tax year beginning 10/1/2017, and ending 9/30/2018	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization THE CENTER FOR CREATIVE EDUCATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 425 24TH STREET City or town State ZIP code WEST PALM BEACH FL 33407 Foreign country name Foreign province/state/county Foreign postal code
D Employer identification number 65-0594599	
E Telephone number (561) 805-9927	
G Gross receipts \$ 2,096,949	
F Name and address of principal officer: ROBERT L HAMON 425 24TH STREET, WEST PALM BEACH, FL 33407	
H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. (see instructions)	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527	
J Website: WWW.CCEFLORIDA.ORG	
H(c) Group exemption number	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other	L Year of formation: 1994
M State of legal domicile: FL	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE CENTER FOR CREATIVE EDUCATION WAS CREATED TO STRENGTHEN THE ACADEMIC PERFORMANCE OF STUDENTS AND CLASSROOM TEACHERS WHEREVER TEACHING AND LEARNING TAKES PLACE.		
	2	Check this box ☐ 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	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	17
	6	Total number of volunteers (estimate if necessary)	6	12
	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 2,080,447	Current Year 1,874,200
	9	Program service revenue (Part VIII, line 2g)	93,390	92,895
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	64,126
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	273,787	-739
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,447,624	2,030,482
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	655,705	907,423
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) 82,918		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	932,585	973,147
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,588,290	1,880,570
19	Revenue less expenses. Subtract line 18 from line 12	859,334	149,912	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 7,746,603	End of Year 7,888,307
	21	Total liabilities (Part X, line 26)	393,657	385,449
	22	Net assets or fund balances. Subtract line 21 from line 20	7,352,946	7,502,858

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			
	ROBERT L HAMON	CHIEF EXECUTIVE OFFICER			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	LARRISA M SHAFFER	LARRISA M SHAFFER	5/21/2019		P01353373
	Firm's name LARRISA M. SHAFFER, CPA. P.A.	Firm's EIN 47-2647396			
	Firm's address 2875 JUPITER PARK DRIVE, STE 800, JUPITER, FL 33458	Phone no. 561-529-2512			

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. ☒ **X**

- 1** Briefly describe the organization's mission:
 THE CENTER FOR CREATIVE EDUCATION'S MISSION IS TO "EMPOWER STUDENTS TO GROW ACADEMICALLY, CREATIVELY AND SOCIALLY THROUGH ARTS-BASED EDUCATION". CCE ENVISIONS A WORLD WHERE EACH CHILD HAS THE OPPORTUNITY TO LEARN AND GROW IN THE WAY THAT MEETS THEIR NEEDS AND ALLOWS THEM TO REACH THEIR FULL POTENTIAL AS CITIZENS AND CONTRIBUTORS TO SOCIETY.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,683,952 including grants of \$) (Revenue \$ 92,895)
 ARTS FOR LITERACY- OUR IN-SCHOOL PROGRAM DESIGNED TO SPECIFICALLY ADDRESS LITERACY SKILLS TO ENSURE THAT THE MAXIMUM NUMBER OF STUDENTS ARE READING AT GRADE LEVEL BY 3RD GRADE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
 AFTER SCHOOL - OUR OUTREACH AFTER-SCHOOL PROGRAM IS DESIGNED TO INTRODUCE STUDENTS TO THE MANY FORMS OF ART, TARGETED AT SPECIFIC GRADE LEVELS TO HELP DEVELOP SOCIAL AND EMOTIONAL GROWTH.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
 IN HOUSE PROGRAMMING - A TECHNOLOGY-BASED PROGRAM FOR AT RISK YOUTH WHICH TARGETS MIDDLE AND HIGH SCHOOL STUDENTS. COMBINING THE ARTS AND TECHNOLOGY TO SUPPORT STUDENT'S ACADEMIC, SOCIAL AND CREATIVE DEVELOPMENT.

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

4e Total program service expenses **1,683,952**

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 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>	3	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>	4	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>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7	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>	8 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>	9	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>	10 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>	11a X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c	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>	11d	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>	11e	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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	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>	17	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>	18 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>	19	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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? <i>If "Yes," complete Schedule L, Part II.</i>		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>		
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?	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 17	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
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)?	4a	X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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?	6a	X
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?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	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?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	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? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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?	14a	X
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

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official.	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►

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 ContractorsCheck 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) BEAU BRECKENRIDGE BOARD DIRECTOR	1.00 0.00	X								
(2) MAURA ZISKA-CHRISTU BOARD DIRECTOR	1.00 0.00	X								
(3) VICKI HALMOS BOARD DIRECTOR	1.00 0.00	X								
(4) BRUCE HELANDER BOARD DIRECTOR	1.00 0.00	X								
(5) DR. DANIEL KAPP BOARD DIRECTOR	1.00 0.00	X								
(6) PAM MILLER CHAIR EMERITUS	1.00 0.00	X								
(7) DANIEL BARSKY BOARD DIRECTOR	1.00 0.00	X								
(8) GRAHAM DAVIDSON BOARD DIRECTOR	1.00 0.00	X								
(9) MICHELLE KUKLA SECRETARY	4.00 0.00	X		X						
(10) KRISTEN SCARPA BISSETT TREASURER	4.00 0.00	X		X						
(11) MICHELLE VOGEL VICE CHAIR	4.00 0.00	X		X						
(12) SALLIE KORMAN BOARD DIRECTOR	1.00 0.00	X								
(13) BARBARA MCQUINN BOARD DIRECTOR	1.00 0.00	X								
(14) JAMES B. MEANY BOARD DIRECTOR	1.00 0.00	X								

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) ALAN BRAINERD BOARD DIRECTOR	1.00 0.00	X								
(16) LARITA GORDON BOARD DIRECTOR	1.00 0.00	X								
(17) G. PHILIP FRIEDLY CHAIRPERSON	4.00 0.00			X						
(18) ROBERT HAMON CHIEF EXECUTIVE OFFICER	40.00 0.00			X	X	X		168,027		
(19) JOHN PESCOSOLIDO DIRECTOR FISCAL OPERATIONS	25.00 0.00				X					
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								168,027	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								168,027	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**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual.*

	Yes	No
3		X
4	X	
5		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? *If "Yes," complete Schedule J for such individual.*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person.*

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 RevenueCheck 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 0				
	c	Fundraising events	1c 289,691				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,584,509				
	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f	1,874,200				
	Program Service Revenue			Business Code			
2a		PROGRAM REVENUES	611710	92,895	92,895		
b				0			
c				0			
d				0			
e				0			
f		All other program service revenue		0			
g		Total. Add lines 2a-2f		92,895			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		64,126	64,126		
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real (ii) Personal				
	6a	Gross rents					
	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 \$ 289,691 of contributions reported on line 1c). See Part IV, line 18	a 44,621				
	b	Less: direct expenses	b 66,467				
	c	Net income or (loss) from fundraising events		-21,846			
	9a	Gross income from gaming activities. See Part IV, line 19	a 0				
	b	Less: direct expenses	b 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	b 0				
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a	LOT 23 ARTISTS	611710	21,107	21,107			
b			0				
c			0				
d	All other revenue		0				
e	Total. Add lines 11a-11d		21,107				
12	Total revenue. See instructions.		2,030,482	178,128	0	0	

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. ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	168,027	127,701	30,245	10,081
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	607,179	537,539	33,322	36,318
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	78,797	67,624	6,461	4,712
10 Payroll taxes	53,420	45,888	4,380	3,152
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	11,701	10,041	960	700
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.)	13,861	11,895	1,136	830
12 Advertising and promotion	0			
13 Office expenses	30,565	26,229	2,507	1,829
14 Information technology	1,550	1,331	127	92
15 Royalties	0			
16 Occupancy	0			
17 Travel	599	514	49	36
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	11,805	10,131	968	706
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	241,564	207,310	19,809	14,445
23 Insurance	19,996	17,160	1,640	1,196
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	5,041	4,326	414	301
b REPAIRS & MAINTENANCE	75,136	64,479	6,163	4,494
c PHONE & UTILITIES	37,476	32,163	3,072	2,241
d EQUIPMENT RENTAL	6,317	5,421	518	378
e All other expenses	517,536	514,200	1,929	1,407
25 Total functional expenses. Add lines 1 through 24e	1,880,570	1,683,952	113,700	82,918
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 ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	476,209	1	656,543
	2 Savings and temporary cash investments	0	2	
	3 Pledges and grants receivable, net	481,289	3	183,000
	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	0	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	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	0	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,094,381		
	b Less: accumulated depreciation	10b 1,141,281	6,067,000	10c 5,953,100
	11 Investments—publicly traded securities	689,966	11	1,023,664
	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	32,139	15	72,000
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,746,603	16	7,888,307	
Liabilities	17 Accounts payable and accrued expenses	53,966	17	75,585
	18 Grants payable	0	18	
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	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	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	339,691	23	309,864
	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	393,657	26	385,449
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,943,377	27	7,260,789
	28 Temporarily restricted net assets	409,569	28	242,069
	29 Permanently restricted net assets	0	29	
	Organizations that do not follow SFAS 117 (ASC958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	
33 Total net assets or fund balances	7,352,946	33	7,502,858	
34 Total liabilities and net assets/fund balances	7,746,603	34	7,888,307	

Part XI Reconciliation of Net AssetsCheck 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	2,030,482
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,880,570
3	Revenue less expenses. Subtract line 2 from line 1	3	149,912
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,352,946
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,502,858

Part XII Financial Statements and ReportingCheck 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: ☐ Cash ☒ Accrual ☐ 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: ☒ Separate basis ☐ Consolidated basis ☐ 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: ☒ Separate basis ☐ Consolidated basis ☐ 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		

Name(s) shown on return THE CENTER FOR CREATIVE EDUCATION, INC.	Identifying number 65-0594599
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[illegible]

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment
Sequence No. 179

Name(s) shown on return THE CENTER FOR CREATIVE EDUCATION, INC. Business or activity to which this form relates 990 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.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	130,788
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	510,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	130,788
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,462

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	177,728
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property			5	HY	200DB	
c 7-year property			7	HY	200DB	
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	65,748
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	375,726
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2017)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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? ☐ Yes ☐ No					24b If "Yes," is the evidence written? ☐ Yes ☐ No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
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)							25		
26 Property used more than 50% in a qualified business use:									
		%							
		%							
See statement		%					65,748		
27 Property used 50% or less in a qualified business use:									
		%				S/L –			
		%				S/L –			
		%				S/L –			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	65,748	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	0	

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.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't 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?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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 **aren't** more than 5% owners or related persons (see instructions).

	Yes	No
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," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2017 tax year (see instructions):					
43 Amortization of costs that began before your 2017 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44
					0

Like-Kind Exchanges
(and section 1043 conflict-of-interest sales)

► Attach to your tax return.
► Go to www.irs.gov/Form8824 for instructions and the latest information.

OMB No. 1545-1190

2017

Attachment
Sequence No. **109**

Name(s) shown on tax return

THE CENTER FOR CREATIVE EDUCATION, INC.

Identifying number

65-0594599

Part I Information on the Like-Kind Exchange

Note: If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country.

1 Description of like-kind property given up:

4 electric pianos

2 Description of like-kind property received:

Yamaha Clavanova Piano

3	Date like-kind property given up was originally acquired (month, day, year)	3	3/28/2016
4	Date you actually transferred your property to the other party (month, day, year)	4	9/30/2018
5	Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written identification requirement	5	9/30/2018
6	Date you actually received the like-kind property from other party (month, day, year). See instructions	6	9/30/2018

7 Was the exchange of the property given up or received made with a related party, either directly or indirectly (such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part III ☐ Yes ☒ No

Note: Do not file this form if a related party sold property into the exchange, directly or indirectly (such as through an intermediary); that property became your replacement property; and none of the exceptions in line 11 applies to the exchange. Instead, report the disposition of the property as if the exchange had been a sale. If one of the exceptions on line 11 applies to the exchange, complete Part II.

Part II Related Party Exchange Information

8	Name of related party	Relationship to you	Related party's identifying number
	Address (no., street, and apt., room, or suite no.)	City or town	State ZIP code

9 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party sell or dispose of any part of the like-kind property received from you (or an intermediary) in the exchange? ☐ Yes ☐ No

10 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received? ☐ Yes ☐ No

If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is **not** the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 **unless** one of the exceptions on line 11 applies.

11 If one of the exceptions below applies to the disposition, check the applicable box.

- a ☐ The disposition was after the death of either of the related parties.
- b ☐ The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange.
- c ☐ You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as one of its principal purposes. If this box is checked, attach an explanation. See instructions.

Name(s) shown on tax return. Do not enter name and social security number if shown on other side.

Your social security number

THE CENTER FOR CREATIVE EDUCATION, INC.

65-0594599

Part III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received**Caution:** If you transferred **and** received (a) more than one group of like-kind properties or (b) cash or other (not like-kind) property, see **Reporting of multi-asset exchanges** in the instructions.**Note:** Complete lines 12 through 14 **only** if you gave up property that was not like-kind. Otherwise, go to line 15.

12	Fair market value (FMV) of other property given up	12			
13	Adjusted basis of other property given up	13			
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale	14		0	
Caution: If the property given up was used previously or partly as a home, see Property used as home in the instructions.					
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred. See instructions	15			
16	FMV of like-kind property you received	16		8,200	
17	Add lines 15 and 16	17		8,200	
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15. See instructions	18		1,085	
19	Realized gain or (loss). Subtract line 18 from line 17.	19		7,115	
20	Enter the smaller of line 15 or line 19, but not less than zero	20		0	
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16. See instructions	21			
22	Subtract line 21 from line 20. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies. See instructions	22		0	
23	Recognized gain. Add lines 21 and 22	23		0	
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions	24		7,115	
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25		1,085	

Part IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales**Note:** This part is to be used **only** by officers or employees of the executive branch of the Federal Government or judicial officers of the Federal Government (including certain spouses, minor or dependent children, and trustees as described in section 1043) for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used **only** if the cost of the replacement property is more than the basis of the divested property.

26	Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.)	26	
27	Description of divested property ▶	27	
28	Description of replacement property ▶	28	
29	Date divested property was sold (month, day, year)	29	
30	Sales price of divested property. See instructions	30	
31	Basis of divested property	31	
32	Realized gain. Subtract line 31 from line 30	32	0
33	Cost of replacement property purchased within 60 days after date of sale	33	
34	Subtract line 33 from line 30. If zero or less, enter -0-	34	0
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions	35	
36	Subtract line 35 from line 34. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797. See instructions	36	0
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37	0
38	Basis of replacement property. Subtract line 37 from line 33	38	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations 0
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	911,835	2,385,988	1,229,191	1,284,552	1,874,200	7,685,766
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	911,835	2,385,988	1,229,191	1,284,552	1,874,200	7,685,766
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						7,685,766

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	911,835	2,385,988	1,229,191	1,284,552	1,874,200	7,685,766
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	950					950
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				198,956	157,021	355,977
11 Total support. Add lines 7 through 10						8,042,693
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 ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	95.56%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	97.21%
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						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 2017 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	0.00%

- 19a 33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		0
7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	0
10	Line 8 amount divided by line 9 amount	0.000

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013	0		
c	From 2014	0		
d	From 2015	0		
e	From 2016	0		
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2017 distributable amount			0
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2017 from Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2017 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		0	
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			0
7	Excess distributions carryover to 2018. Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2013	0		
b	Excess from 2014	0		
c	Excess from 2015	0		
d	Excess from 2016	0		
e	Excess from 2017	0		

Part VI

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 300,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 15,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 50,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (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	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 25,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 12,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 100,000	Person ☒ Payroll ☐ Noncash ☐ (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	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 20,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
15	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
16	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
17	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
18	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 65,000	Person ☒ Payroll ☐ Noncash ☐ (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	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 50,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
20	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 25,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
21	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 25,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
22	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 11,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
23	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
24	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 30,000	Person ☒ Payroll ☐ Noncash ☐ (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
25	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
26	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 55,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
27	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
28	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
29	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
30	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (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
31	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
32	ANONYMOUS ANONYMOUS WEST PALM BEACH FL 33401 Foreign State or Province: _____ Foreign Country: _____	\$ 50,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (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
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(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., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** 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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☒ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c 0
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, for escrow or custodial account liability? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	689,966	108,464	0	0	
b Contributions	280,000	550,685	100,000		
c Net investment earnings, gains, and losses	53,698	30,817	8,464		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,023,664	689,966	108,464	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 ☒ 99%
- b** Permanent endowment ☐ %
- c** Temporarily restricted endowment ☐ 1%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i) X	
(ii) related organizations	3a(ii)	X
b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	433,126		433,126
b Buildings	0	5,895,018	904,128	4,990,890
c Leasehold improvements	0	103,487	14,591	88,896
d Equipment	0	21,752	20,795	957
e Other	0	640,998	201,767	439,231
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,953,100

Part VII Investments—Other Securities.

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

(a) Description of security or category (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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: 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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

Part X Other Liabilities.

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

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

1	Total revenue, gains, and other support per audited financial statements	1	2,096,949
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) 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	66,467
e	Add lines 2a through 2d	2e	66,467
3	Subtract line 2e from line 1	3	2,030,482
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	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,030,482

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

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

1	Total expenses and losses per audited financial statements	1	1,947,037
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	66,467
e	Add lines 2a through 2d	2e	66,467
3	Subtract line 2e from line 1	3	1,880,570
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	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,880,570

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 2D SPECIAL EVENT DIRECT COSTS REDUCING GROSS REVENUES INCLUDED IN PART I TO

NET

Part XII Line 2D SPECIAL EVENT DIRECT COSTS PRESENTED AGAINST GROSS EVENT REVENUES

Part III Line 1A ART AND COLLECTIONS - THE ORGANIZATION HOLDS VARIOUS PIECES OF ART

CREATED BY LOCAL ARTISTS WITH AN ESTIMATED VALUE OF \$47,500. THE ORGANIZATION HAS ADOPTED

A POLICY OF NOT CAPITALIZING ART OR COLLECTIONS IN ITS FINANCIAL STATEMENTS, ACCORDINGLY,

NO COLLECTION ITEMS ARE RECOGNIZED AS ASSETS, WHETHER THEY ARE PURCHASED OR RECEIVED AS A

DONATION. PURCHASES OF COLLECTION ITEMS REDUCE NET ASSETS IN THE PERIOD WHEN PURCHASED.

Part V Line 4 THE BOARD OF DIRECTORS HAS DESIGNATED A PORTION OF UNRESTRICTED NET ASSETS

INTO AN ENDOWMENT FUND FOR FUTURE OPERATIONAL USE AND SPECIAL PROJECTS.

Part XIII Supplemental Information (continued)

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

THE CENTER FOR CREATIVE EDUCATION, INC.

65-0594599

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☒ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 RY AND THEATRE E (event type)	(b) Event #2 LUNCHEON (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	7,351	326,961	0	334,312
	2 Less: Contributions		289,691	0	289,691
	3 Gross income (line 1 minus line 2)	7,351	37,270	0	44,621
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs			0	0
	7 Food and beverages			0	0
	8 Entertainment			0	0
	9 Other direct expenses	8,934	57,533	0	66,467
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(66,467)
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-21,846

Part III Gaming. Complete if the organization answered "Yes" on 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	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ 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 conducts gaming activities: _____

a Is the organization licensed to conduct 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: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ 0 and the amount of gaming revenue retained by the third party ► \$ _____ 0 .
- c** If "Yes," enter name and address of the third party:

Name ▶

Address ►

- 16** Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ 0

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 0

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CENTER FOR CREATIVE EDUCATION, INC.

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td>☐ First-class or charter travel</td> <td>☐ Housing allowance or residence for personal use</td> </tr> <tr> <td>☐ Travel for companions</td> <td>☐ Payments for business use of personal residence</td> </tr> <tr> <td>☐ Tax indemnification and gross-up payments</td> <td>☐ Health or social club dues or initiation fees</td> </tr> <tr> <td>☐ Discretionary spending account</td> <td>☐ Personal services (such as, maid, chauffeur, chef)</td> </tr> </table>	☐ First-class or charter travel	☐ Housing allowance or residence for personal use	☐ Travel for companions	☐ Payments for business use of personal residence	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees	☐ Discretionary spending account	☐ Personal services (such as, maid, chauffeur, chef)			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use										
☐ Travel for companions	☐ Payments for business use of personal residence										
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees										
☐ Discretionary spending account	☐ Personal services (such as, 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.	1b										
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 on line 1a?	2										
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. <table border="0"> <tr> <td>☐ Compensation committee</td> <td>☐ Written employment contract</td> </tr> <tr> <td>☐ Independent compensation consultant</td> <td>☐ Compensation survey or study</td> </tr> <tr> <td>☐ Form 990 of other organizations</td> <td>☐ Approval by the board or compensation committee</td> </tr> </table>	☐ Compensation committee	☐ Written employment contract	☐ Independent compensation consultant	☐ Compensation survey or study	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee					
☐ Compensation committee	☐ Written employment contract										
☐ Independent compensation consultant	☐ Compensation survey or study										
☐ Form 990 of other organizations	☐ Approval by the board or compensation committee										
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <table border="0"> <tr> <td>a Receive a severance payment or change-of-control payment?</td> <td>4a</td> <td></td> </tr> <tr> <td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td>4b</td> <td></td> </tr> <tr> <td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td>4c</td> <td></td> </tr> </table> If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	a Receive a severance payment or change-of-control payment?	4a		b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		c Participate in, or receive payment from, an equity-based compensation arrangement?	4c			
a Receive a severance payment or change-of-control payment?	4a										
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b										
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c										
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.											
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <table border="0"> <tr> <td>a The organization?</td> <td>5a</td> <td>X</td> </tr> <tr> <td>b Any related organization?</td> <td>5b</td> <td>X</td> </tr> </table> If "Yes" on line 5a or 5b, describe in Part III.	a The organization?	5a	X	b Any related organization?	5b	X					
a The organization?	5a	X									
b Any related organization?	5b	X									
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <table border="0"> <tr> <td>a The organization?</td> <td>6a</td> <td>X</td> </tr> <tr> <td>b Any related organization?</td> <td>6b</td> <td>X</td> </tr> </table> If "Yes" on line 6a or 6b, describe in Part III.	a The organization?	6a	X	b Any related organization?	6b	X					
a The organization?	6a	X									
b Any related organization?	6b	X									
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X									
8 Were any amounts reported on 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.	8	X									
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9										

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 on 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 aren't 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ROBERT HAMON CHIEF EXECUTIVE OFFICER	(i)					0	
		(ii)					0	
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)						

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a blank sheet of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting or typing. There are no margins, text, or other markings on the page.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

THE CENTER FOR CREATIVE EDUCATION, INC.

Employer identification number

65-0594599

Form 990, Part VI, Section B, Line 11B: THE FORM 990 IS REVIEWED BY MANAGEMENT AND MEMBERS OF

THE BOARD OF DIRECTORS PRIOR TO APPROVAL FOR SUBMISSION

Form 990, Part VI, Section C, Line 19: DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON

REQUEST.

Form 990, Part III, Line 1: MISSION - THE MISSION IS TO "SUPPORT PUBLIC EDUCATION" BY TRAINING

AND PARTNERING WITH EDUCATORS TO BRING THE ARTS BACK INTO SCHOOLS THROUGH A CONCEPT CALLED "ARTS

INTEGRATION". THE KENNEDY CENTER DEFINES ARTS INTEGRATION AS AN APPROACH TO TEACHING AND

LEARNING IN WHICH STUDENTS CONSTRUCT AND DEMONSTRATE UNDERSTANDING THROUGH AN ART FORM.

STUDENTS ENGAGE IN A CREATIVE PROCESS WHICH CONNECTS AN ART FORM AND ANOTHER SUBJECT AREA AND

MEETING THE EVOLVING OBJECTIVES OF BOTH. THIS APPROACH ACCOMPLISHES TWO SPECIFIC GOALS-THE

FIRST BEING IMPROVING ACADEMIC PERFORMANCE, WITH THE SECOND GOAL OF GAINING THE ADDITIONAL

BENEFITS OF ENGAGEMENT IN THE ARTS AND THE DOCUMENTED EFFECT THIS HAS ON STUDENT LEARNING.

Employer identification number

65-0594599

[illegible]

Form 4562 Statement - 990

9/30/2018

THE CENTER FOR CREATIVE EDUCATION, INC. 65-0594599

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	2017 Deprec.	2017 Accum. Deprec.
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Depreciation Detail**ACRS and other depreciation (Line 16)**

649	Software: Adobe	2/20/2017	F-1	100.00%	2,496	0	0	0	0	2,496	3	SL	FM	555	832	1,387
651	Software: Studica	3/2/2017	F-1	100.00%	1,889	0	0	0	0	1,889	3	SL	FM	367	630	997
660	TV's	1/16/2018	F-1	100.00%	2,960	0	0	2,960	0	0	3	SL	FM	0	0	2,960
655	Dell Workstations	6/28/2018	F-1	100.00%	959	0	0	959	0	0	3	SL	FM	0	0	959

Total ACRS and other depreciation (Line 16)

8,304	0	0	3,919	0	4,385	922	1,462	6,303
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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	39	SL/GDS	MM	371,603	30,357	401,960
29	Computer setup	9/13/2011	F-10	100.00%	14,854	0	0	0	0	14,854	7	200DB	HY	8,661	662	9,323
507	9- Zultys Zip 33i Desk Phone	4/22/2013	F-11	100.00%	1,800	0	0	0	0	1,800	7	200DB	HY	315	161	476
516	Zultys MX30 PBX System & Sc	4/22/2013	F-10	100.00%	3,179	0	0	0	0	3,179	7	200DB	HY	1,875	284	2,159
518	Konftel 300ip Conference Phor	4/22/2013	F-11	100.00%	650	0	0	0	0	650	7	200DB	HY	385	58	443
517	Network Switch 4x Gig Ports	5/6/2013	F-11	100.00%	358	0	0	0	0	358	7	200DB	HY	211	32	243
44	GE washer & dryer stackable	5/14/2013	F-3	100.00%	1,060	0	0	0	0	1,060	5	200DB	HY	866	61	927
45	Kitchen Aid Disposal	5/14/2013	F-3	100.00%	100	0	0	0	0	100	5	200DB	HY	82	6	88
46	Whirlpool Refridg, 25 stainless	5/14/2013	F-3	100.00%	900	0	0	0	0	900	5	200DB	HY	735	52	787
47	Maytag dishwasher stainless	5/14/2013	F-3	100.00%	480	0	0	0	0	480	5	200DB	HY	392	28	420
39	Flock Sq. Ottoman White - 4	7/1/2013	F-11	100.00%	1,374	0	0	0	0	1,374	7	200DB	HY	320	123	443
48	Flock Sq. lounge chair Navy- 2	7/1/2013	F-11	100.00%	1,641	0	0	0	0	1,641	7	200DB	HY	566	146	712
50	Flock Sq. ottoman Navy- 2	7/1/2013	F-11	100.00%	687	0	0	0	0	687	7	200DB	HY	236	61	297
52	Flock Sq. lounge chair Sal - 2	7/1/2013	F-11	100.00%	1,641	0	0	0	0	1,641	7	200DB	HY	566	146	712
54	Flock 26 Cylinder table Bo - 2	7/1/2013	F-11	100.00%	564	0	0	0	0	564	7	200DB	HY	194	50	244
56	Flip Top Base for 18x60 & 18 -	7/1/2013	F-11	100.00%	1,065	0	0	0	0	1,065	7	200DB	HY	249	95	344
60	18x60 Table Top w/T mold - 4	7/1/2013	F-11	100.00%	496	0	0	0	0	496	7	200DB	HY	116	44	160
64	Mid-Bk, Mesh BK 3D adj arms	7/1/2013	F-11	100.00%	4,800	0	0	0	0	4,800	7	200DB	HY	722	428	1,150
80	192"Wx48"W Rectangular Sha	7/1/2013	F-11	100.00%	920	0	0	0	0	920	7	200DB	HY	521	82	603
81	Laminate Cube Base for 192" \	7/1/2013	F-11	100.00%	1,437	0	0	0	0	1,437	7	200DB	HY	814	128	942
82	6- Motivate 4'Leg Stack Chair &	7/1/2013	F-11	100.00%	1,409	0	0	0	0	1,409	7	200DB	HY	278	126	404
88	Motivate Task-Flex Back-Up S	7/1/2013	F-11	100.00%	287	0	0	0	0	287	7	200DB	HY	162	26	188
89	6 - Flip Top Base for 18x60 & 1	7/1/2013	F-11	100.00%	1,597	0	0	0	0	1,597	7	200DB	HY	315	142	457
95	6- 18"x60" Table Top w/T-mold	7/1/2013	F-11	100.00%	745	0	0	0	0	745	7	200DB	HY	146	66	212
101	Presentation Cart Desktop Lec	7/1/2013	F-11	100.00%	170	0	0	0	0	170	7	200DB	HY	96	15	111
102	Motivate Presentation Cart Mo	7/1/2013	F-11	100.00%	94	0	0	0	0	94	7	200DB	HY	52	8	60
103	Presentation Cart Standing HT	7/1/2013	F-11	100.00%	621	0	0	0	0	621	7	200DB	HY	352	55	407
104	Presentation Cart Shelf Dbl 4' (	7/1/2013	F-11	100.00%	156	0	0	0	0	156	7	200DB	HY	88	14	102
105	4 - Motivate 4'Leg Stack Chair-	7/1/2013	F-11	100.00%	940	0	0	0	0	940	7	200DB	HY	220	84	304
109	Motivate Task-Flex Back Up S	7/1/2013	F-11	100.00%	287	0	0	0	0	287	7	200DB	HY	162	26	188
110	4 - Flip Top Base for 18x60 & 1	7/1/2013	F-11	100.00%	1,065	0	0	0	0	1,065	7	200DB	HY	249	95	344
114	4- 18"x60" Table Top w/T-mold	7/1/2013	F-11	100.00%	496	0	0	0	0	496	7	200DB	HY	116	44	160
118	Presentation Cart Desktop Lec	7/1/2013	F-11	100.00%	170	0	0	0	0	170	7	200DB	HY	96	15	111
119	Motivate Presentation Cart Mo	7/1/2013	F-11	100.00%	94	0	0	0	0	94	7	200DB	HY	52	8	60
120	Presentation Cart Standing HT	7/1/2013	F-11	100.00%	621	0	0	0	0	621	7	200DB	HY	352	55	407
121	Presentation Cart Shelf Dbl 4' (	7/1/2013	F-11	100.00%	156	0	0	0	0	156	7	200DB	HY	88	14	102
122	Mid-Bk, Mesh BK3D adj arms:	7/1/2013	F-11	100.00%	244	0	0	0	0	244	7	200DB	HY	139	22	161
123	Two-seat w/ Center Table, No	7/1/2013	F-11	100.00%	1,134	0	0	0	0	1,134	7	200DB	HY	642	101	743
124	25 - Motivate 4-Leg Stack Chai	7/1/2013	F-11	100.00%	8,167	0	0	0	0	8,167	7	200DB	HY	1,145	729	1,874
149	4 - 24 D Cantilever One Pair G	7/1/2013	F-11	100.00%	106	0	0	0	0	106	7	200DB	HY	25	9	34
153	20 - T Connector 65H Greige	7/1/2013	F-11	100.00%	1,046	0	0	0	0	1,046	7	200DB	HY	150	93	243

Form 4562 Statement - 990

9/30/2018

THE CENTER FOR CREATIVE EDUCATION, INC. 65-0594599

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	2017 Deprec.	2017 Accum. Deprec.
173	11 - Panel Finished End Cover	7/1/2013	F-11	100.00%	225	0	0	0	0	225	7	200DB	HY	38	20	58
184	23 - Trackable Panel 65H x 24'	7/1/2013	F-11	100.00%	3,148	0	0	0	0	3,148	7	200DB	HY	447	281	728
209	21- Trackable Panel 65H x 36v	7/1/2013	F-11	100.00%	3,363	0	0	0	0	3,363	7	200DB	HY	484	300	784
228	9- Trackable Panel 65H x 48W	7/1/2013	F-11	100.00%	1,644	0	0	0	0	1,644	7	200DB	HY	282	147	429
237	27- Lock Core Replacement Ki	7/1/2013	F-11	100.00%	309	0	0	0	0	309	7	200DB	HY	43	28	71
264	18- Tasklight 30W	7/1/2013	F-11	100.00%	1,331	0	0	0	0	1,331	7	200DB	HY	196	119	315
282	4- Elect Pass-Thru Cable 25-1/	7/1/2013	F-11	100.00%	167	0	0	0	0	167	7	200DB	HY	38	15	53
286	21- Electric Power Harness 36'	7/1/2013	F-11	100.00%	1,433	0	0	0	0	1,433	7	200DB	HY	206	128	334
307	27- Duplex Receptacle Circuit	7/1/2013	F-11	100.00%	353	0	0	0	0	353	7	200DB	HY	49	31	80
336	Ceiling In-Feed Cable Base 3-	7/1/2013	F-11	100.00%	79	0	0	0	0	79	7	200DB	HY	45	7	52
337	Power Pole w/o receptacles 6'	7/1/2013	F-11	100.00%	89	0	0	0	0	89	7	200DB	HY	51	8	59
338	5- Flat Bracket 24D	7/1/2013	F-11	100.00%	94	0	0	0	0	94	7	200DB	HY	20	8	28
343	18- Cord Cover	7/1/2013	F-11	100.00%	206	0	0	0	0	206	7	200DB	HY	30	18	48
362	9- Overhead-Metal Flipper Doc	7/1/2013	F-10	100.00%	1,636	0	0	0	0	1,636	7	200DB	HY	280	146	426
370	9- Open Shelf 36"	7/1/2013	F-11	100.00%	791	0	0	0	0	791	7	200DB	HY	137	71	208
379	24- Straight Connector Kit	7/1/2013	F-11	100.00%	118	0	0	0	0	118	7	200DB	HY	17	10	27
403	18- File/File 28Hx22 7/8Dx15V	7/1/2013	F-11	100.00%	2,861	0	0	0	0	2,861	7	200DB	HY	420	255	675
421	27- Worksurface Bracket Kit	7/1/2013	F-11	100.00%	375	0	0	0	0	375	7	200DB	HY	52	33	85
448	5- Rectangle Worksurface 48"	7/1/2013	F-11	100.00%	572	0	0	0	0	572	7	200DB	HY	120	51	171
453	13- Rectangle Worksurface 72"	7/1/2013	F-11	100.00%	1,955	0	0	0	0	1,955	7	200DB	HY	305	174	479
466	9- Mid BK, Mesh Adj Arms, BLI	7/1/2013	F-11	100.00%	2,192	0	0	0	0	2,192	7	200DB	HY	378	196	574
475	10- Motivate Task-Flex Back U	7/1/2013	F-11	100.00%	2,610	0	0	0	0	2,610	7	200DB	HY	436	233	669
485	4- Flip Top Base 18x60, 18x72	7/1/2013	F-11	100.00%	1,065	0	0	0	0	1,065	7	200DB	HY	249	95	344
489	2-18"x60" Table Top w/T mold	7/1/2013	F-11	100.00%	248	0	0	0	0	248	7	200DB	HY	85	22	107
491	32"x48" Extended Half Round	7/1/2013	F-11	100.00%	330	0	0	0	0	330	7	200DB	HY	113	29	142
493	5- Lock Core Replacement Kit	7/1/2013	F-11	100.00%	57	0	0	0	0	57	7	200DB	HY	12	5	17
498	30W 4-Drawer "R" Pull Lateral	7/1/2013	F-11	100.00%	606	0	0	0	0	606	7	200DB	HY	343	54	397
499	4- 36W 4Drawer R Pull Lateral	7/1/2013	F-11	100.00%	2,754	0	0	0	0	2,754	7	200DB	HY	642	246	888
503	2- Flip Base Shadow	7/1/2013	F-11	100.00%	532	0	0	0	0	532	7	200DB	HY	184	47	231
505	2- Table, 60x24	7/1/2013	F-11	100.00%	294	0	0	0	0	294	7	200DB	HY	101	26	127
519	Credenza	7/1/2013	F-11	100.00%	850	0	0	0	0	850	7	200DB	HY	481	76	557
523	2- Flock Ganging Brackets	7/1/2013	F-11	100.00%	26	0	0	0	0	26	7	200DB	HY	9	2	11
525	4- Gold Arm Chair	7/1/2013	F-11	100.00%	600	0	0	0	0	600	7	200DB	HY	140	54	194
529	Round Coffee Table	7/1/2013	F-11	100.00%	100	0	0	0	0	100	7	200DB	HY	56	9	65
530	2- Book Case	7/1/2013	F-11	100.00%	400	0	0	0	0	400	7	200DB	HY	139	36	175
532	Computer Table	7/1/2013	F-11	100.00%	400	0	0	0	0	400	7	200DB	HY	226	36	262
533	7- 2 Drawer File Cabinets	7/1/2013	F-11	100.00%	1,400	0	0	0	0	1,400	7	200DB	HY	262	125	387
540	9- Guest Arm Chair	7/1/2013	F-11	100.00%	1,350	0	0	0	0	1,350	7	200DB	HY	231	120	351
549	Large Desk	7/1/2013	F-11	100.00%	500	0	0	0	0	500	7	200DB	HY	282	45	327
15	Capital Improvement In Progre	7/1/2013	R-5	100.00%	12,008	0	0	0	0	12,008	39	SL/GDS	MM	1,546	308	1,854
16	Capital Improvement In Progre	7/1/2013	R-5	100.00%	93,339	0	0	0	0	93,339	39	SL/GDS	MM	12,021	2,393	14,414
17	Capital Improvement In Progre	7/1/2013	R-5	100.00%	535,878	0	0	0	0	535,878	39	SL/GDS	MM	69,013	13,740	82,753
18	Unamortized Loan Cost	7/1/2013	R-5	100.00%	34,215	0	0	0	0	34,215	39	SL/GDS	MM	4,406	877	5,283
19	Construction In Process	7/1/2013	R-5	100.00%	72,079	0	0	0	0	72,079	39	SL/GDS	MM	9,282	1,848	11,130
20	Unamortized Loan Cost	7/1/2013	R-5	100.00%	12,184	0	0	0	0	12,184	39	SL/GDS	MM	1,570	312	1,882
21	Construction In Process	7/1/2013	R-5	100.00%	196,578	0	0	0	0	196,578	39	SL/GDS	MM	25,316	5,040	30,356
22	Unamortized Loan Cost	7/1/2013	R-5	100.00%	19,670	0	0	0	0	19,670	39	SL/GDS	MM	2,533	504	3,037
23	Construction In Process	7/1/2013	R-5	100.00%	38,607	0	0	0	0	38,607	39	SL/GDS	MM	4,971	990	5,961
24	Construction In Process	7/1/2013	R-5	100.00%	4,115	0	0	0	0	4,115	39	SL/GDS	MM	530	106	636
25	Construction In Process	7/1/2013	R-5	100.00%	581,209	0	0	0	0	581,209	39	SL/GDS	MM	74,851	14,902	89,753
26	Unamortized Loan Cost	7/1/2013	R-5	100.00%	1,057	0	0	0	0	1,057	39	SL/GDS	MM	136	27	163

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THE CENTER FOR CREATIVE EDUCATION, INC. 65-0594599

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	2017 Deprec.	2017 Accum. Deprec.
27	Construction in Process	7/1/2013	R-5	100.00%	17,333	0	0	0	0	17,333	39	SL/GDS	MM	2,232	444	2,676
28	Construction in Process	7/1/2013	R-5	100.00%	93,292	0	0	0	0	93,292	39	SL/GDS	MM	12,014	2,392	14,406
30	Capital Construction	7/1/2013	R-5	100.00%	27,628	0	0	0	0	27,628	39	SL/GDS	MM	3,558	708	4,266
31	Unamortized Loan Cost	7/1/2013	R-5	100.00%	19,589	0	0	0	0	19,589	39	SL/GDS	MM	2,523	502	3,025
32	Construction in Process	7/1/2013	R-5	100.00%	35,570	0	0	0	0	35,570	39	SL/GDS	MM	4,581	912	5,493
35	Capitalized operational costs	7/1/2013	R-5	100.00%	91,906	0	0	0	0	91,906	39	SL/GDS	MM	11,837	2,356	14,193
36	Capitalized Construction Costs	7/1/2013	R-5	100.00%	25,131	0	0	0	0	25,131	39	SL/GDS	MM	3,236	644	3,880
37	Capitalized Interest	7/1/2013	R-5	100.00%	16,771	0	0	0	0	16,771	39	SL/GDS	MM	2,160	430	2,590
551	2013 Capital Additions	7/1/2013	R-5	100.00%	923,212	0	0	0	0	923,212	39	SL/GDS	MM	118,895	23,671	142,566
550	Unidentified Asset	7/1/2013	F-11	100.00%	600	0	0	0	0	600	7	200DB	HY	273	54	327
520	2- Porcelain dry erase boards	9/24/2013	F-11	100.00%	655	0	0	0	0	655	7	200DB	HY	214	58	272
522	Laminate Presentation Cabinet	9/24/2013	F-11	100.00%	746	0	0	0	0	746	7	200DB	HY	396	67	463
610	Rolldown Projector Screen	11/2/2013	F-6	100.00%	7,829	0	0	0	0	7,829	5	200DB	HY	5,300	902	6,202
607	Flat Screen TV	2/2/2014	F-6	100.00%	7,829	0	0	0	0	7,829	5	200DB	HY	5,311	902	6,213
605	leasehold - cabinetry	2/17/2014	R-2	100.00%	4,630	0	0	0	0	4,630	15	150DB	HY	962	321	1,283
606	Development & employee work	3/4/2014	F-3	100.00%	6,725	0	0	0	0	6,725	5	200DB	HY	4,450	775	5,225
608	Signage	5/30/2014	R-7	100.00%	2,223	0	0	0	0	2,223	15	SL/GDS	HY	407	148	555
609	Signage	5/30/2014	R-2	100.00%	2,223	0	0	0	0	2,223	15	SL/GDS	HY	407	148	555
552	6- Cello	7/10/2014	F-5	100.00%	3,054	0	0	0	0	3,054	5	SL/GDS	HY	829	611	1,440
558	7- Viola	7/10/2014	F-5	100.00%	1,323	0	0	0	0	1,323	5	200DB	HY	301	152	453
566	15- Violin	7/10/2014	F-5	100.00%	1,350	0	0	0	0	1,350	5	SL/GDS	HY	309	270	579
578	2- Double Bass	7/10/2014	F-5	100.00%	1,453	0	0	0	0	1,453	5	SL/GDS	HY	602	291	893
580	Cello Rock Stops (6)	7/10/2014	F-5	100.00%	42	0	0	0	0	42	5	SL/GDS	HY	25	8	33
581	Bass Rock Stops (2)	7/10/2014	F-5	100.00%	15	0	0	0	0	15	5	SL/GDS	HY	10	3	13
613	41 chairs	10/15/2014	F-11	100.00%	3,050	0	0	0	0	3,050	7	200DB	HY	1,554	381	1,935
614	Signage	3/17/2015	R-3	100.00%	898	0	0	0	0	898	20	150DB	HY	147	55	202
616	Signage	3/17/2015	R-3	100.00%	750	0	0	0	0	750	20	150DB	HY	123	46	169
615	Letterbox and Newspaper hold	6/1/2015	F-11	100.00%	435	0	0	0	0	435	7	200DB	HY	180	54	234
617	Signage	9/3/2015	R-3	100.00%	3,350	0	0	0	0	3,350	20	150DB	HY	480	207	687
630	Furn & Equip	10/14/2015	F-11	100.00%	15,560	0	0	0	0	15,560	7	150DB	HY	3,327	2,339	5,666
633	Furn & Equip	12/2/2015	F-11	100.00%	7,500	0	0	0	0	7,500	7	150DB	HY	1,604	1,127	2,731
624	Phone System	12/11/2015	F-11	100.00%	3,528	0	0	1,764	0	1,764	7	150DB	HY	2,290	265	2,555
634	Furn & Equip	1/10/2016	F-11	100.00%	701	0	0	0	0	701	7	150DB	HY	150	105	255
635	Furn & Equip	1/12/2016	F-11	100.00%	4,000	0	0	0	0	4,000	7	150DB	HY	855	601	1,456
645	Furn & Equip	1/12/2016	F-11	100.00%	413	0	0	0	0	413	7	150DB	HY	88	62	150
623	ID Security System	3/23/2016	F-10	100.00%	2,234	0	0	1,117	0	1,117	7	150DB	HY	1,451	168	1,619
625	4 electric pianos	3/28/2016	F-5	100.00%	5,650	0	0	2,825	0	2,825	5	200DB	HY	4,294	271	4,565
639	Furn & Equip	5/9/2016	F-11	100.00%	4,540	0	0	0	0	4,540	7	150DB	HY	971	682	1,653
628	Security System	7/8/2016	F-11	100.00%	12,644	0	0	6,322	0	6,322	7	150DB	HY	8,208	950	9,158
646	Theater Chairs	9/17/2016	F-11	100.00%	5,724	0	0	0	0	5,724	7	150DB	HY	1,223	860	2,083
643	Furniture - Music Cabinets	9/27/2016	F-11	100.00%	425	0	0	0	0	425	7	150DB	HY	91	64	155
611	2014 Phase 2 Capital Constr	10/1/2016	R-5	100.00%	36,540	0	0	0	0	36,540	39	SL/GDS	MM	899	937	1,836
619	Phase II additions	10/1/2016	R-5	100.00%	183,654	0	0	0	0	183,654	39	SL/GDS	MM	4,520	4,709	9,229
647	2016 Phase II Construction	10/1/2016	R-5	100.00%	548,755	0	0	0	0	548,755	39	SL/GDS	MM	13,505	14,070	27,575
648	Phase II Cap Construction	10/1/2016	R-5	100.00%	131,697	0	0	0	0	131,697	39	SL/GDS	MM	3,241	3,377	6,618
652	Furniture Office	12/12/2016	F-11	100.00%	21,077	0	0	10,539	0	10,538	7	200DB	HY	12,045	2,581	14,626
647	Furniture	12/26/2016	F-11	100.00%	5,724	0	0	2,862	0	2,862	7	200DB	HY	3,271	701	3,972
654	Phase III Construction	9/30/2017	R-5	100.00%	1,062,524	0	0	0	0	1,062,524	39	SL/GDS	MM	1,137	27,243	28,380
Total MACRS deductions for prior years (Line 17)					6,232,080	0	0	25,429	0	6,206,651				854,644	177,728	1,032,372

GDS 5-year property (Line 19b)

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THE CENTER FOR CREATIVE EDUCATION, INC. 65-0594599

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	2017 Deprec.	2017 Accum. Deprec.
625	Yamaha Clavanova Piano	9/30/2018	F-5	100.00%	1,085	0	0	1,085	0	0	5	200DB	HY	0	0	1,085
Total GDS 5-year property (Line 19b)					1,085	0	0	1,085	0	0				0	0	1,085
GDS 7-year property (Line 19c)																
664	Furniture	10/30/2017	F-11	100.00%	13,608	0	0	13,608	0	0	7	200DB	HY	0	0	13,608
658	Construction of new Classroom	12/11/2017	F-11	100.00%	65,000	0	0	65,000	0	0	7	200DB	HY	0	0	65,000
659	Furniture	1/19/2018	F-11	100.00%	17,769	0	0	17,769	0	0	7	200DB	HY	0	0	17,769
657	Fire Alarm and Security Syster	2/26/2018	F-10	100.00%	10,634	0	0	10,634	0	0	7	200DB	HY	0	0	10,634
656	Signage	3/29/2018	F-10	100.00%	5,190	0	0	5,190	0	0	7	200DB	HY	0	0	5,190
661	Furniture	3/29/2018	F-11	100.00%	5,000	0	0	5,000	0	0	7	200DB	HY	0	0	5,000
662	Theatre Furniture Improvemen	4/3/2018	F-11	100.00%	2,083	0	0	2,083	0	0	7	200DB	HY	0	0	2,083
663	Kitchen Hood	7/18/2018	F-11	100.00%	6,500	0	0	6,500	0	0	7	200DB	HY	0	0	6,500
Total GDS 7-year property (Line 19c)					125,784	0	0	125,784	0	0				0	0	125,784
Subtotal Depreciation					6,367,253	0	0	156,217	0	6,211,036				855,566	179,190	1,165,544
Listed Property																
Listed property with more than 50% business use (Line 25 and 26)																
621	3 Dell Computer	1/12/2016	F-4	100.00%	2,349	0	0	1,175	0	1,174	5	150DB	HY	1,651	105	1,756
631	Apple Electronics	10/19/2015	F-4	100.00%	3,861	0	0	1,931	0	1,930	5	150DB	HY	2,712	345	3,057
626	Apple TV	3/28/2016	F-4	100.00%	199	0	0	100	0	99	5	150DB	HY	139	9	148
627	Apple TV	9/9/2016	F-4	100.00%	199	0	0	100	0	99	5	150DB	HY	139	18	157
645	Camera Equip	2/23/2017	F-8	100.00%	31,225	0	0	0	0	31,225	7	200DB	HY	4,462	7,647	12,109
646	Computers: Apple	5/30/2017	F-4	100.00%	26,050	0	0	0	0	26,050	5	200DB	HY	5,210	8,336	13,546
653	Computers: Apple	1/2/2017	F-4	100.00%	61,147	0	0	0	0	61,147	5	200DB	HY	12,229	19,567	31,796
620	Dell Computer	5/12/2016	F-4	100.00%	849	0	0	425	0	424	5	150DB	HY	596	38	634
622	Digital Camera	10/13/2015	F-4	100.00%	761	0	0	381	0	380	5	150DB	HY	534	68	602
648	Security Cameras	5/1/2017	F-8	100.00%	13,378	0	0	0	0	13,378	7	200DB	HY	1,912	3,276	5,188
618	Software-donor system	7/30/2015	F-8	100.00%	19,580	0	0	0	0	19,580	7	200DB	HY	7,870	2,446	10,316
650	Theatre: Screen & lights	4/17/2017	F-8	100.00%	97,561	0	0	0	0	97,561	7	200DB	HY	13,941	23,893	37,834
Total listed prop with > 50% business use					257,159	0	0	4,112	0	253,047				51,395	65,748	117,143
Subtotal Listed Property					257,159	0	0	4,112	0	253,047				51,395	65,748	117,143
Total Depreciation and Amortization					6,624,412	0	0	160,329	0	6,464,083				906,961	244,938	1,282,687

Elections

Election made under section 1.168(i)-6(i)

Pursuant to IRC Regulations section 1.168(i)-6(i), the taxpayer elects to treat the adjusted basis of the following exchanged property as if it was disposed of at the time of the exchange or involuntary conversion.

Date of Exchange	Property Given Up	Property Received
9/30/2018	4 electric pianos	Yamaha Clavanova Piano
