990

CHANGE OF ACCUMPAGE PERSON Return of Organization Exempt From Income Tax

2014

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Ā	For the	2014 calend	lar year, or tax year b	eginning	01-	-01 , 2015, and	endir	ng	08-3	31 , 2015
_		applicable:	PHYSICAL PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE	reative Arts Work		MARKET THE WARRY OF SHE WANTED BY			-	Employer identification no.
	Address	change		reative Art Works						3-3638436
	Name ch	ange		P.O. box if mail is not delivered			Ro	oom/suite		Telephone number
	Initial ret	urn	520 Eighth Av		,			01A		(646) 424-0392
	Final retu	urn/terminated		ovince, country, and ZIP or for	reign postal code			OIA	-	1,011,934
	Amended		New York, NY		orgin poolal oodo				G	Gross receipts\$
		on pending	F Name and address of p		RICKLIN				- 0	Gross receiptso
			Same as C abo	2012-1-1 - Care Control (1900)	***************************************			H(a) Is this a g subordina	oup retur	n for Yes X No
ı	Tax-exer	npt status:	501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527				s included? Yes No
J	Website		v.creativeartwork] 021		If "No	o," attach	a list. (see instructions)
			Corporation Trust	Association Other		L Year of formation:			of legal of	
-	rt I	Summar				E rour or formation.	1331	in olate	or legal c	Johnsone. 141
	1			nission or most significant	t activities: CAW	V's mission is	+0	improve th	e life	e of New
				the visual and mul						e or wem
Governance				ly in Upper Manha						
na			(continued on Sch		eccuir, ciriougii i	in beneet and	out (OI SCHOOL	CIME	
Ve	2			ation discontinued its ope	erations or disposed o	of more than 25% of	f ite no	at accote		
	3			overning body (Part VI, li		71 THOIC GIATI 20 /0 C	1110110	7. d33013.	3	20
Activities &	4		-	bers of the governing bo	,				4	19
itie	5			ed in calendar year 2014					5	
ĊĘ.	6		r of volunteers (estimat						6	113
ď				om Part VIII, column (C),					7a	0
				me from Form 990-T, line					7b	0
-							Ť	Prior Year	10	Current Year
Revenue	8	Contributions	s and grants (Part VIII,	ine 1h)					9,286	955,635
	9		vice revenue (Part VIII,	,			-		5,979	41,212
	10			n (A), lines 3, 4, and 7d)			-	13	332	137
Re	11), lines 5, 6d, 8c, 9c, 10c,			-		332	14,950
	12			11 (must equal Part VIII,			-	1 24	5,597	
	13			art IX, column (A), lines 1		• • • • • • •	1	1,24	3,391	1,011,934
	14			rt IX, column (A), line 4)			-		-	0
	15			oyee benefits (Part IX, co	olumn (A), lines 5-10)		-	74	4,263	622,006
ses	16a			X, column (A), line 11e)	, ,,				1/203	022,000
Expenses	b		sing expenses (Part IX	. ,. , ,	>	170,002				v
X	17), lines 11a-11d, 11f-24e)			56	6,408	374,386
	18			ust equal Part IX, colum					0,671	996,392
	19		s expenses. Subtract I						5,074)	15,542
20	3	***************************************					Begi	inning of Curren		End of Year
sets	20	Total assets	(Part X, line 16)				- 3		4,543	417,548
Net Assets	21	Total liabilitie	es (Part X, line 26) .						5,664	33,127
Ne l	22	Net assets or	r fund balances. Subtra	act line 21 from line 20					3,879	384,421
Pa	rt II	Signatu	re Block		***************************************					
Unde	r penaltie	s of perjury, I dee	are that I have examined thi	s return, including accompanyi	ing schedules and stateme	nts, and to the best of r	ny know	ledge and belief,	it is	
uue,	correct, a	nd complete: Ded	maration of preparer (other th	an officer) is based on all infor	mation of which preparer h	as any knowledge.				
		1	7/							
Sig	n	Signatur	re of officer						Date	1 -
Hei	re	Brian	n Ricklin, EXECU	TIVE DIRECTOR AND	CEO				2-2	29-260
		Type or	print name and title							
		Print/Type pre	eparer's hame	Preparer's signature		Date		Check	if PT	îN
Pai	d fr		olo Espiritu			12-29-2015		self-employ		P01304010
Pre	parei	Firm's name	Padil	la and Company LLI	P		Fire	m's EIN		
Use	Only	Firm's addres	is ▶ 175-6	l Hillside Avenue	Ste 200			one no.		
			Jamai	ca NY 11432					8-558	-5858
May	the IRS	discuss this r	eturn with the preparer	shown above? (see instr	ructions)					Yes X No

Form	990 (2014) Creative Arts Workshops for Kids Inc.	13-3638436	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	${ t CAW}$'s mission is to improve the life of New York City youth through the ${ t v}$	isual and multimedia	
	arts. CAW serves thousands of young people each year, primarily in Upper	Manhattan, through	-
	in-school and out-of-school-time classes, (continued on Schedule O)		
2	Did the organization undertake any significant program services during the year which were not listed on		П.,
	prior Form 990 or 990-EZ?	Yes	x No
•	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	· · · · · · · · · · · · · · · · · · ·	X NO
4	Describe the organization's program service accomplishments for each of its three largest program service	as as massured by	
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and		
	the total expenses, and revenue, if any, for each program service reported.	anocations to others,	
	and the state of t		
4a	(Code:) (Expenses \$ 374,855 including grants of \$) (Revenue \$	23,562)
	Creative Art Works had its largest Public Art Youth Employment year to da		,
	academic-year projects and eight worksites in the summer. Young adults 14	-24 years old were	
	given full-time summer jobs and part-time after-school jobs; they created	large-scale public	
	art and multimedia projects around Manhattan, and for the first time, one	in the Bronx, which	
	also represented CAW's first work inside a secure juvenile detention cent	er. Starting with	
	concept development through to public unveiling, they developed tangible	employment skills as	
	well as general life skills such as leadership, teamwork, the power of ta	king initiative and	
	responsibility while creating eight murals and related videos, blog entri		
	the first time, the summer multimedia team had its own culminating celebr		
	unveiling events were well attended, including by senior-level NYC agency	officials and	
	elected representatives. (continued on services page)		
4b	(Code:) (Expenses \$ 192,385 including grants of \$	\	0.150 \
710	(Code:) (Expenses \$192,385 including grants of \$ CAW's Out-of-School-Time (OST) arts programs provide K-12 students through) (Revenue \$	3,150)
	with enriching, educational activities outside of the regular school day.		
	participants with out-of-school-time programs, serving the same number in		
	2015 as it did in the 12 months of FY 2014. Conducted in after-school set		
	Saturdays in NYC public schools, libraries, and community and cultural ce		
	programs provided safe and engaging educational environments for creative		
	2015 also included a new summer OST program in collaboration with the JCC		
	Camp. Each CAW OST program ran for a semester and provided professional t	eaching artists	
	imparting artistic and developmental skills through mixed media, multimed	ia, graphic novels,	
	and three-dimensional sculpture. Participating students demonstrated enha	nced artistic,	
	social and problem-solving skills; (continued on services page)		
		/	
4c	,, ,		10,000)
	Creative Art Work's In-School arts programs further developed in 2015 wit		
	middle school integrative learning program into an art education program,		
	of visual arts education in the school, and the addition of our first hig		
	integration program in anatomy and physiology. In each case, CAW's professartists collaborated with school teaching staff and administrators to hel		
	arts education requirements and aligning lesson plans with core curriculum		
	demonstrable impacts on school attendance and performance. Curricula were		
	with the National Core Arts Standards, New York State Learning Standards		
	the New York City Blueprint for Teaching and Learning in the Arts.	TOT CITC III CO, and	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ $46,622$ including grants of \$) (Revenue	\$ 4,500)	
4e	Total program service expenses 700,061		
EEA		Fo	rm 990 (2014)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C,			
	Part III	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? If			
_	"Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			7.7
•	complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV			V
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		X
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI.	10		Λ
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	- 1.0		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
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)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
40	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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? If "Yes," complete Schedule F, Parts I and IV	4.41-		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		Λ
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		Λ
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	.0		23
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	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? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014)

Part IV C 4) Creative Arts Workshops for Kids Inc.
Checklist of Required Schedules (continued) 13-3638436

			Yes	No
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? If "Yes," complete Schedule I, Parts I and II	21		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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule J	23		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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3.7
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		Λ
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			-23
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	0.4		v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		X
02	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		21
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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? If "Yes," complete Schedule R,			
	Part VI	37		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	38	X	

Form	990 (2014) Creative Arts Workshops for Kids Inc. 13-36384	36	F	Page 5
Par	rt 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	5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	. 1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
		13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 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
С	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).			
а	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		
С	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			
е	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.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
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? If "No," provide an explanation in Schedule O

14b

	13-363843 Creative Arts Workshops for Kids Inc.			age o
Par	rt 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
Sec	tion 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 20			
	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 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2		Χ
2				
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		Χ
	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?	-		
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			3.7
	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:			
а	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
Sec	ction 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	
С	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	Χ	
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?			
а	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				
	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	100		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16h		
Sec	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed NY	-		-
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)	-		
10	available for public inspection. Indicate how you made these available. Check all that apply.			
10				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
~0	ende die name, address, and telephone number of the person who possesses the diganizations books and records.			

BRIAN RICKLIN (646)424-0392, 520 Eighth Avenue, Suite 201A, New York, NY 10018

1 01111 330 (20	Cleative Alts Wolkshops for its	us inc.		
Part VII	Compensation of Officers, Directors, Trus	tees, Key Employees, Higher	st Compensated Employees, a	and
	Independent Contractors			

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

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

- 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.

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

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

				(C)					
(A) Name and Title	(B) Average hours per week (list any hours for	box,	unles	eck m	son i	han one is both a r/trustee	n	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
•	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) ANDREW LEVIN PRESIDENT	1.00	X		X				0	0	0
(2) BRIAN RICKLIN	40.00									
EXECUTIVE DIRECTOR AND CEO		X		Χ				122,743	0	0
(3) KATHY EASON	1.00									
TREASURER		X		X				0	0	0
(4) RICHARD MORRIS	1.00									
SECRETARY		X		X				0	0	0
(5) JUSTINE BLAU	1.00									
BOARD MEMBER		X						0	0	0
(6) JOANNA BRODY BOARD MEMBER	1.00	Х						0	0	0
(7) MARC BRODY	1.00									
BOARD MEMBER		X						o	0	0
(8) MOSELY CHASZAR	1.00									
BOARD MEMBER		X						O C	0	0
(9) ANDREA CHIN BOARD MEMBER	1.00	Х						C	0	0
(10) FRANK DIBRINO	1.00									
BOARD MEMBER		X						C	0	0
(11) ADAM ENDICK	1.00									
BOARD MEMBER		X						C	0	0
(12) MARK FURMAN	1.00									
BOARD MEMBER		X						C	0	0
(13)ED HARRIS BOARD MEMBER	1.00	X						C	0	0
(14) NIKKO HAYES	1.00									
BOARD MEMBER		X						C	0	0
EEA										Form 990 (2014)

	90 (2014) Creative Arts Worksho	ps for Ki	ds I	nc.							13-363843	6	Paç	ge 8
Part	VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Con	pen	sated	I Employees	(continued)			
	(A) Name and title	(B) Average hours per week (list any	box, office	unless er and	s pers	ore the	an one both ar trustee)			(D) eportable npensation from	(E) Reportable compensation from related		(F) stimated mount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		the rganization 2/1099-MISC)	organizations (W-2/1099-MISC)	f org an	npensation from the ganization ad related anizations	
	IITA KALRA ARD MEMBER	1.00_	Х							0	0			0
	UCE ROTHMAN ARD MEMBER	1.00	Х							0	0			0
	AUDIO SCHAPSIS	1.00_	Х							0	0			0
	LES SHARE ARD MEMBER	1.00_	Х							0	0			0
	FF TURKANIS ARD MEMBER	1.00	Х							0	0			0
	CTOR WARNEMENT ARD MEMBER	1.00	Х							0	0			0
(21)_														
(22)_														
(23)_														
(24)														
(25)_														
1b	Sub-total							>						
c d	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)							>		122,743	0			0
2	Total number of individuals (including but not limited to						d mor	e tha	n \$10					
	reportable compensation from the organization									****	1			
3	Did the organization list any former officer, directo	r or trustoo	kov o	mnlo	V00	orb	siahoo	t 001	mnon	antad			Yes I	No
Ü	employee on line 1a? If "Yes," complete Schedule J for											3		Χ
4	For any individual listed on line 1a, is the sum of report	rtable compe	nsation	and	othe	er co	mpen	satio	n from	the				
	organization and related organizations greater than \$							for s	such					3.7
5	individual							· ·	or indi	vidual		4		X
·	for services rendered to the organization? If "Yes," co											5		Χ
Secti	on B. Independent Contractors	**************************************									AND THE PROPERTY OF THE PARTY O			
1	Complete this table for your five highest compensated compensation from the organization. Report compens year.										n's tax			
***************************************	(A)									(B)			(C)	
	Name and business address								+	Description of	services	Comp	ensation	
							~~~							
									+					
2	Total number of independent contractors (including but			e list	ed a	bove	e) who			19				
	received more than \$100,000 of compensation from the	he organization	on	P										

13-3638436 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (D) Revenue Related or Unrelated Total revenue excluded from tax exempt business function revenue under sections 512-514 Federated campaigns ..... 1a Contributions, Gifts, Grants and Other Similar Amounts 1b **c** Fundraising events . . . . . . . . 1c 676,949 d Related organizations ..... 1d e Government grants (contributions) . . 43,000 f All other contributions, gifts, grants, and similar amounts not included above 1f 235,686 g Noncash contributions included in lines 1a-1f: \$ 187,765 h Total. Add lines 1a-1f ...... 955,635 **Business Code** Program Service Revenue 2a Program Service Revenue 900099 41,212 41,212 f All other program service revenue ..... g Total. Add lines 2a-2f ..... 41,212 3 Investment income (including dividends, interest, 137 137 Income from investment of tax-exempt bond proceeds (i) Real 6a Gross rents ..... **b** Less: rental expenses . . . . c Rental income or (loss) . . . d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses .... c Gain or (loss) ..... Other Revenue 8a Gross income from fundraising events (not including \$ 676,949 of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . a b Less: direct expenses . . . . . . . . b 25,829 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 . . . . . . . . . a b Less: direct expenses .....b c Net income or (loss) from gaming activities ...... 10a Gross sales of inventory, less returns and allowances . . . . . . . . . a b Less: cost of goods sold ..... b c Net income or (loss) from sales of inventory . . . Miscellaneous Revenue **Business Code** 11a Other Revenue 14,950 14,950 b e Total. Add lines 11a-11d ...... 14,950

1,011,934

56,299

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Do not include amounts reported on lines 6b, 7b, Program service expenses Management and general expenses Total expenses Fundraising 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments, See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees ....... 100,082 122,743 9,495 13,166 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages . . . . . . . . . . . . . . . 411,049 335,161 31,798 44,090 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,348 2,348 Other employee benefits ...... 9 46,846 37,929 3,743 5,174 10 39,020 31,594 3,117 4,309 Fees for services (non-employees): 11 28,478 10,646 9,015 8,817 d Professional fundraising services. See Part IV, line 17 Investment management fees ....... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 23,497 18,457 4,949 91 12 Advertising and promotion 150,275 90,165 30,055 30,055 . . . . . . . . . . . . . 13 9,379 619 8,717 43 14 9,386 4,866 3,503 1,017 15 16 4,853 2,387 2,466 17 16,213 12,173 1,360 2,680 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 317 77 19 Conferences, conventions, and meetings 40 200 20 21 Depreciation, depletion, and amortization 22 7,006 9,467 852 1,609 23 6,790 3,384 3,207 199 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.) Printing and office supplies 16,616 6,385 5,964 4,267 Art supplies 27,676 27,676 Special events 51,853 51,853 Food supplies 7,018 5,120 1,827 d 71 All other expenses 12,568 6,334 3,873 2,361 Total functional expenses. Add lines 1 through 24e 996,392 700,061 25 126,329 170,002 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and following SOP 98-2 (ASC 958-720)

Form 990 (2014) 13-3638436 Page 11 Creative Arts Workshops for Kids Inc. Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 Cash - non-interest-bearing 39,213 1 72,525 2 Savings and temporary cash investments ....... 219,980 2 220,116 Pledges and grants receivable, net 3 3 4 4 105,750 93,149 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 6 organizations (see instructions). Complete Part II of Schedule L . . . . . . . . . . . . . . . . . . 7 7 Notes and loans receivable, net 8 Prepaid expenses and deferred charges 9 2,606 5,251 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 72,601 Less: accumulated depreciation . . . . . . . . . . . . 10b 16,994 10c 26,507 b 46,094 11 Investments - publicly traded securities ........ 11 Investments - other securities. See Part IV, line 11 12 12 13 13 Investments - program-related. See Part IV, line 11 ........ 14 14 15 15 16 16 384,543 417,548 17 17 Accounts payable and accrued expenses ....... 15,664 33,127 18 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . . . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 ....... 25 26 15,664 26 33,127 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 27 325,515 27 351,921 43,364 28 32,500 Permanently restricted net assets ....... 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30

31

32

33

Paid-in or capital surplus, or land, building, or equipment fund

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

384,421

31

32

33

34

368,879

384,543

Form	990 (2014) Creative Arts Workshops for Kids Inc.	3-363	8436		Pa	ige 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					.Ц_
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,0	11,9	934
2	Total expenses (must equal Part IX, column (A), line 25)	2		9	96,3	392
3	Revenue less expenses. Subtract line 2 from line 1	3			15,5	542
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	368,8	379
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				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		3	384,	421
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 📙
					Yes	No
1	Accounting method used to prepare the Form 990:					
	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?		[	2a		X
	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		187			
b	Were the organization's financial statements audited by an independent accountant?		[	2b	X	
	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:					
С	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?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
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?			3a		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			3b		
				orm	000 /	2014)

# Statement of Program Service Accomplishments 2014 01 Your Social Security Number Name(s) as shown on return Creative Arts Workshops for Kids Inc. 13-3638436 Form 990, Part III 4(a) Program Service Code Program Service Expenses \$374855 Grants and allocations included in above expense | \$0 Program Services Revenue \$23562 Explanation After meaningful interactions with clients and stakeholders, our young artists by the end of the program were empowered by their professional engagement, the enduring accomplishment of their artwork, and its positive impact on the community. Most gained their first employment experience and more than 95% demonstrated improved job readiness and life skills.

	Statement of Program	Service Accompli	shments	2014 01	
ame(s) as shown on return		_		Your Social Security N	
Creative Ar	ts Workshops for Kids	s Inc.		13-36	38436
	Form 990,	Part III 4(b)			
Program Ser	vice Code vice Expenses		\$19238	5	
Grants and	allocations included	in above expen		5	
Program Ser	vices Revenue	•	\$3150		
explanation					
rograms were furt	her tailored to enhance school	engagement and attend	ance as well a	as outcomes for	r English
inguage Learners.					

	Overflow Statement		<b>2014</b> Page 1
Name(s) as shown on return	Overnow otatement	F	EIN
Creative Arts	Workshops for Kids Inc.		13-3638436
	Office Expenses - Program	Services	
Description	-		Amount
Equipment Rent	<u>al</u>	Total:	\$ 619 <b>\$ 619</b>
	Office Expenses - Management	and General	
Description			Amount
Bank and Proce Equipment Renta	ssing Fees		\$ 7,558
Equipment Rent	d1	Total:	\$ <b>8,717</b>
	Office Expenses - Fundraisin	g Expenses	
<b>Description</b> Bank and Proce	ssing Fees		\$ Amount
		Total:	\$ 43
<b>Description</b> Rent and Occupa	Occupancy - Program Ser	Total:	Amount \$ 2,387 \$ 2,387
	Occupancy - Management and	General	
Description			Amount
Rent and Occupa Utilities	ancy		\$ 225 2,241
		Total:	\$ 2,466
	Other Expenses - Program S	ervices	
Description			Amount
Staff Developme Other Expenses	ent		\$ 105 3,997
In-kind others		Total:	\$ 6,334

# 990 2014 Page 2 **Overflow Statement** Name(s) as shown on return Creative Arts Workshops for Kids Inc. 13-3638436 Other Expenses - Management and General Description Amount 3,873 Other Expenses Total: 3,873 Other Expenses - Fundraising Description Amount \$ 2,361 Other Expenses Total: 2,361 Other Direct Expenses Amount Description 961 Program Staff \$ Contract Services 5,104 Reproduction Costs 5,836 312 Postage 3,100 Printing and Copying 3,424 Supplies Travel 1,401 3,370 Others Total: 23,508

#### **SCHEDULE A**

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	of the	organization					Employer identific	cation number			
Crea	tiv	e Arts Workshops for Kids In	ic.				13-363843	6			
Pai	tΙ	Reason for Public Charity	<b>/ Status</b> (All or	ganizations must co	omplete :	this part.	) See instruction	S.			
The o	orgar	nization is not a private foundation becau	ise it is: (For lines 1	through 11, check only or	ne box.)						
1		A church, convention of churches, or	association of chu	rches described in <b>sect</b>	ion 170(b)	(1)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
		hospital's name, city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (Complete	Part II.)								
6		A federal, state, or local government	or governmental u	nit described in section	170(b)(1)(	A)(v).					
7	X	An organization that normally receives	a substantial part of	its support from a govern	mental unit	or from the	e general public				
		described in section 170(b)(1)(A)(vi	). (Complete Part I	l.)							
8		A community trust described in secti	on 170(b)(1)(A)(vi	). (Complete Part II.)							
9		An organization that normally receives:	(1) more than 33 1	/3% of its support from co	ntributions,	membersh	ip fees, and gross				
		receipts from activities related to its exe	empt functions - sub	ject to certain exceptions,	and (2) no	more than	33 1/3% of its				
		support from gross investment income	and unrelated busin	ness taxable income (less	section 51	1 tax) from	businesses				
		acquired by the organization after Ju-	ne 30, 1975. See s	section 509(a)(2). (Com	plete Part	III.)					
10		An organization organized and opera	ated exclusively to	test for public safety. Se	e <b>section</b>	509(a)(4).					
11		An organization organized and operate	ed exclusively for the	benefit of, to perform the	functions of	of, or to can	y out the purposes of				
		one or more publicly supported organ	nizations described	in section 509(a)(1) or	section 5	09(a)(2). S	ee section 509(a)(3	). Check			
		the box in lines 11a through 11d that de									
	а	Type I. A supporting organization						ring			
		the supported organization(s) the p						9			
		organization. You must complet					oc or and supporting				
	b	Type II. A supporting organizatio	-		th its sunn	orted orga	nization(s) by having	,			
		control or management of the supp						9			
		organization(s). You must comp			ris triat corr	uoror man	age the supported				
	С	Type III functionally integrated			noction wi	th and fur	ectionally intograted s	with			
	C							viui,			
	٨	its supported organization(s) (see						an/a)			
	d	Type III non-functionally integrated. T						on(s)			
		that is not functionally integrated. T					u an allenliveness				
		requirement (see instructions). Y					II Time III				
	е	Check this box if the organization r				Type I, Type	е п, туре пт				
		functionally integrated, or Type III r		grated supporting organiz	ation.						
	f	Enter the number of supported organiz									
	g	Provide the following information about			T						
	(i	) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o		(v) Amount of monetary support (see	(vi) Amount of			
				above or IRC section	docum	nent?	instructions)	other support (see instructions)			
			4	(see instructions))							
					Yes	No					
(A)					1.5						
					-						
(B)											
(C)							TI.				
(D)											
(E)											
_											

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		PROTESTA GARANTANIA PER SANTA SELEKTRA PER SANTA P	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) December, 31 2014	(e) August 31, 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	173,592	696,728	757,204	872,018	824,032	3,323,574
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	173,592	696,728	757,204	872,018	824,032	3,323,574
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						3,323,574
_	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) December, 31 2014	(e) August 31, 2015	(f) Total
7	Amounts from line 4	173,592	696,728	757,204	872,018	824,032	3,323,574
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11	356	540	332	137	1,376
9	Net income from unrelated business activities, whether or not the business is regularly carried on			8			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						3,324,950
12	Gross receipts from related activities, etc. (see	e instructions)				12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	r as a section 501(	c)(3)	
	organization, check this box and stop here			<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	▶□
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for August 31, 201			column (f)) .		. 14	99.96 %
15	Public support percentage from December 31					. 15	97.63 %
16a	33 1/3% support test - 2014. If the organiz				3 1/3% or more, ch	eck this	
20	box and stop here. The organization qualif						▶ 🏻
b	33 1/3% support test - 2013. If the organize				5 is 33 1/3% or mor	e,	
	check this box and stop here. The organization			•			▶ 📙
17a	10%-facts-and-circumstances test - 2014						
	10% or more, and if the organization meets					n in	
	Part VI how the organization meets the "facts-						
	organization						▶ ⊔
b	10%-facts-and-circumstances test - 2013					line	
	15 is 10% or more, and if the organization r						
	Explain in Part VI how the organization meets						. —
10							▶ ⊔
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b,	1/a, or 17b, ched	ck this box and see		

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	F		÷			
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b				<u> </u>		
8	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	(a) 2010	(b) 2011	(6) 2012	(u) 2013	(e) 2014	(I) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here	ganization's first,	, second, third, four	th, or fifth tax yea	r as a section 501(	c)(3)	
Sec	ction C. Computation of Public Sup	port Percen	tage				
15	Public support percentage for 2014 (line 8, colu	mn (f) divided by	line 13, column (f))			15	%
16	Public support percentage from 2013 Schedule			<u> </u>		16	%
Sec	tion D. Computation of Investmen	t Income Pe	rcentage				
17	Investment income percentage for 2014 (line	10c, column (f)	divided by line 13, o	column (f))		. 17	%
18	Investment income percentage from 2013 Sc	chedule A, Part II	II, line 17			. 18	%
19a	33 1/3% support tests - 2014. If the organiz 17 is not more than 33 1/3%, check this box	ation did not che and <b>stop here.</b> T	eck the box on line 1 The organization qu	4, and line 15 is ralifies as a public	more than 33 1/3% ly supported organ	, and line	▶□
b	33 1/3% support tests - 2013. If the organiz line 18 is not more than 33 1/3%, check this	ation did not che	ck a box on line 14	or line 19a, and li	ne 16 is more than	n 33 1/3%, and	▶□
20	Private foundation If the organization did n						

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

2014

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	eative Arts Workshops for Kids Inc.	13-3638436
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	s.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate 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	
-	_	
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	
Pa	conferring impermissible private benefit?	Yes No
ı u		
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	
	☐ Protection of natural habitat ☐ Preservation of a certified histor	oric structure
•	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conserva	
	easement on the last day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	during the
	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
	<b>\$</b>	
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, a	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that described	ribes the
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and bala	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	nce 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 furtherar	nce of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included in 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	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990. Part X	<b>\$</b>

_	till Organizations Maintaining							13-36384	
	rt III Organizations Maintaining C	olle	ctions of A	rt, Histo	rical Ire	easures, o	r Oth	er Similar Asse	ets (continued)
3	Using the organization's acquisition, accession, ar	nd oth	er records, chec	ck any of th	e following	that are a sign	nificant ı	use of its	
	collection items (check all that apply):								
а	Public exhibition		d Loa	n or excha	nge prograi	ms			
b	Scholarly research		e Othe	er					
С	Preservation for future generations								
4	Provide a description of the organization's collection	ons ar	nd explain how t	hev further	the organi	zation's exemi	ot purpo	se in Part	
	XIII.			,			p p		
5	During the year, did the organization solicit or rece	ive do	nations of art	nistorical tra	agurae or	other similar			
	assets to be sold to raise funds rather than to be n								. 🗌 Yes 🗌 No
Pai	rt IV Escrow and Custodial Arrang	ieme	nte as part or t	ne organiz	audi i s colle	ection?	• • •	· · · · · · · · · · · ·	. U Yes U No
	Complete if the organization an			Form 9	00 Part	IV line 0	or ron	orted an amoun	on Form
	990, Part X, line 21.	0110	100 100 10	1 01111 0	oo, r art	10, 1116 5,	л тер	nted an amoun	CONTONI
1a	Is the organization an agent, trustee, custodian or	other	intermedian, for	r contribution	one or other	r accets not			
			_						Пу. Пы
h									. Yes No
D	If "Yes," explain the arrangement in Part XIII and o	ompie	ete the following	table:				Т .	
	D						-	Amo	ount
C	Beginning balance						_	:	
d	Additions during the year						. 10	1	
е	Distributions during the year						. 16	)	
f	Ending balance								
2a	Did the organization include an amount on Form 9						y?		Yes No
_ <u>b</u>	If "Yes," explain the arrangement in Part XIII. Chec	ck her	e if the explanat	tion has be	en provide	d in Part XIII		<i>.</i>	
Pai	rt V Endowment Funds.								
	Complete if the organization an	swe	red "Yes" to	Form 9	90, Part	IV, line 10.			
		(a)	Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Four years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance				***************************************				
2	Provide the estimated percentage of the current year	ar on	d halanco (lino	1a column	(a)) hold a	L			
~ a	Board designated or quasi-endowment	cai Cii	u palarice (iirie	rg, coluirii	r (a)) rielu a	5.			
h	Permanent endowment  %								
c	Temporarily restricted endowment		0/						
·			<u></u> %						
2-	The percentages in lines 2a, 2b, and 2c should eq								
3a	Are there endowment funds not in the possession	of the	organization th	at are held	and admin	istered for the			
	organization by:								Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
b	If "Yes" to 3a(ii), are the related organizations listed								3b
4	Describe in Part XIII the intended uses of the organ		on's endowment	funds.					
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization an	swer	ed "Yes" to	Form 99	90, Part	IV, line 11a	a. See	Form 990, Part	X, line 10.
	Description of property		(a) Cost or other			r other basis		Accumulated	(d) Book value
	1		(investme	ent)	(0	other)	d	epreciation	
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment			72,601				46,094	26,507

26,507

•

13-3638436

Part VII	Investments - Other Securities.  Complete if the organization answer	red "Yes" to Form 990 Pa	art 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 de	***************************************		
	d equity interests		
3) Other	7		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
		red "Yes" to Form 990, Pa	art IV, line 11c. See Form 990, Part X, line 13.
*	(a) Description of investment	(b) Book value	(c) Method of valuation:
(1)			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX	) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.		
raitin		rod "Vos" to Form 000 Pr	art IV line 11d See Form 000 Part V line 15
			art IV, line 11d. See Form 990, Part X, line 15.
/1\	(a _i	) Description	(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
	nn (b) must equal Form 990, Part X, col. (B) line	15 \	
Part X	Other Liabilities.	15.)	
Tartx	Complete if the organization answer	red "Yes" to Form 990, Pa	art IV, line 11e or 11f. See Form 990, Part X,
1.	line 25.	#2 5 . I	
	(a) Description of liability ncome taxes	(b) Book value	
(2)	noono taxoo		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	) must equal Form 990, Part X, col. (B) line 25.)		
I Iability for	uncertain tax positions. In Part XIII, provide the tex	of the toothote to the organization	one tinancial etatemente that reporte 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

Sched	ule D (Form 990) 2014 Creative Arts Workshops for Kids Inc.		13	3-3638436	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Revenue per F	Return.	
	Complete if the organization answered "Yes" to Form 990, Page 1	art IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1,116,944
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	103,862		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,148		
е	Add lines 2a through 2d			2e	105,010
3	Subtract line 2e from line 1			3	1,011,934
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>	-		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,011,934
	t XII Reconciliation of Expenses per Audited Financial States				1,011,934
· u	Complete if the organization answered "Yes" to Form 990, F			ei itetuiii.	
1	Total expenses and losses per audited financial statements			1	1 101 100
2					1,101,402
	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	0-1	400.000		
a		2a	103,862		
b	Prior year adjustments	2b			
С.	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	1,148	_	
е	Add lines 2a through 2d			2e	105,010
3	Subtract line 2e from line 1			3	996,392
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	996,392
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1			ne	
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional inf	ormation.		
~ 1					
01	. Other revenues not included on Form 990 (F	Part	XI, line 2d	.)	
The	\$1,148 represents in-kind professional services.				
				***************************************	
************					

Schedule D (Form 990) 2014

EEA

Schedule D (Form 990) 2014 Creative Arts Workshops for Kids Inc.  Part XIII Supplemental Information (continued)	***************************************	13-3638436	Page 5
Part XIII Supplemental Information (continued)			
		Marie Commission of the State o	
02. Other expenses not included on Form 990 (Part X	[I, line	2d)	
The \$1,148 represents in-kind professional services.			
			***************************************
	*****		
			***************************************

Schedule D (Form 990) 2014

EEA

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

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Crea	tive Arts Workshops for Kid	is Inc				13-363	9436
	Eundraining Astinities		the organi	ization ans	swered "Yes" to F		
Par	Form 990-EZ filers are no				5W0100 100 101	om ooo, rarriv, i	17.
1	Indicate whether the organization rais				s. Check all that apply		***************************************
а	Mail solicitations	9			of non-government gra		
b	☐ Internet and email solicitations		f $\sqcap$		of government grants	110	
С	Phone solicitations		g 🗌		draising events		
d	In-person solicitations		9 🗆	opcolar land	araising events		
	Did the organization have a written or	oral agreement wit	h any individ	ual (including	officers directors true	toos	
	or key employees listed in Form 990,						es 🗌 No
b	If "Yes," list the ten highest paid individ						s
-	compensated at least \$5,000 by the o		naraisors) pa	isuani to agre	cernents under which t	ne idildiaisei is to be	
	σοπροποαίσα ακτομοί φο,σσο by απο σ	rgarnzadori.					
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(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		001. (1)	***************************************
1							
	-						
2							
3							
4							
5							
6							
7							
8							
9							
10							
		_L					
Total		· · · · · · · · · · · · · · · · · · ·		•			
	List all states in which the organization	is registered or lice	nsed to solici	t contribution	s or has been notified i	t is exempt from	
1	registration or licensing.						
			-				
						***************************************	
			***************************************				

	41 6 11	than \$15,000 of fundraising	event contributions an	d gross income on Form	ท 990, Part IV, line 18, 0 า 990-EZ, lines 1 and 6b	or reported more  or List events with
		gross receipts greater than	\$5,000. (a) Event #1 Annual Benef	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	707,720	(event type)	(total number)	707,720
œ	Less: Contributions		680,920			680,920
		line 2)	26,800			26,800
	4	Cash prizes				20,800
	5	Noncash prizes				
suses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	2,321			2,321
Dire	8	Entertainment				
2	9	Other direct expenses	23,508			23,508
	10 11	Direct expense summary. Add lines 4 Net income summary. Subtract line 10				25,829 971
Pa	rt II	Gaming. Complete if the or	rganization answered "	Yes" to Form 990, Part	V, line 19, or reported n	nore
		than \$15,000 on Form 990-	-EZ, line 6a.			
Revenue		_	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes		,		
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	☐ Yes % No	
	7	Direct expense summary. Add lines 2	through 5 in column (d)	• • • • • • • • • • • • • • • • • • • •		
	8	Net gaming income summary. Subtract	ct line 7 from line 1, column	(d)		
9		er the state(s) in which the organization	n conducts gaming activities	s:		
a b		he organization licensed to conduct gar	ning activities in each of the	ese states?		Yes No
10a b		re any of the organization's gaming lice /es," explain:	enses revoked, suspended	or terminated during the tax	year?	Yes No
EEA					0.1.1.	

# SCHEDULE M (Form 990)

### **Noncash Contributions**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service
Name of the organization

Attach to Form 990.

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

Open to Public Inspection

Employer identification number

	tive Arts Workshops for Ki	ds Inc.			13-3638436	i	
Pai	t I Types of Property						
		(a) Check if	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	Method o	(d)  f determining	
1	Art - Works of art	аррисавіс	Itomo contributos	T GITTI GOO, T GIT VIII, IIII G 19	TIOTIOGOTI COTI	and did in diffic	, and
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household					***************************************	
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property					***************************************	
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other					-	
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (Printing a )	Х		3,6			
26	Other (Food Suppl	Х		7,8			
27	Other (Advertisin)	X		171,4			
28	Other (Others)	X		4,8	68 fair marke	t value	
29	Number of Forms 8283 received by	-	-	outions for			
	which the organization completed Fo	orm 8283, Parl	IV, Donee Acknowledgement		29		Т
200	During the year did the arresization		-t-'lt'	in Dort I. linns 4 than and		Yes	s No
30a	During the year, did the organization						
	28, that it must hold for at least three to be used for exempt purposes for t	•				20-	
h			ng penoa?			30a	
b 31	If "Yes," describe the arrangement in		that requires the reminural and	, non standard			
31	Does the organization have a gift ac contributions?					24	
32a			Valend arganizations to solicit pr			31	+
JZa	Does the organization hire or use thi contributions?					220	
b	If "Yes," describe in Part II.					32a	
33	If the organization did not report an a	amount in colu	mn (c) for a type of property for	which column (a) is checked			
55	describe in Part II	arrount in colu	inin (6) for a type of property for	willon column (a) is checked,			

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

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

13-3638436 Creative Arts Workshops for Kids Inc. 01. Form 990 governing body review (Part VI, line 11) The Form 990 is approved by the Board of Directors before it is filed. 02. Conflict of interest policy compliance (Part VI, line 12c) Compliance with Conflict of Interest Policy is monitored/reviewed during the meeting of the Board of Directors. 03. CEO, executive director, top management comp (Part VI, line 15a) Compensation of the Executive Director/CEO is reviewed by the Executive Committee consisting of the officers of the Organization - based on such individual's achievements, the overall Organization's performance, and related supporting market data; final compensation is approved by the Board in accordance with its approval of the Organization's operating budgets. Other staff compensation is determined solely by the Executive Director, provided such costs are in accordance with the approved budget; any such variance from budgeted costs may be approved by the Executive Committee provided there is no material adverse change to operating performance. 04. Governing documents, etc, available to public (Part VI, line 19) Circulated to all staff and board members and made avaiable upon request. 05. General explanation attachment Part 1, Line 1 (continued) community art-making events, and public art youth employment programs. CAW's programs build confidence, unlock a love of learning, and create profound connections between young people and their communities. Students are never charged for participation.