Form **990**

Return of Organization Exempt From Income Tax

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

2015

OMB No 1545-0047

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

<u> </u>	For the	2015 calend	lar year, or tax year b	eginning	07-0	01 , 2015, and e	nding		06-	-30 ,2016		
В	Check if as	heck if applicable C Name of organization CREATIVE LABOR SERVICES, INC.							╗	D Employer identification no.		
П.	Address ch	ess change Doing business as								86-0572292		
$\overline{}$	Name char	-		O box if mail is not delivered to street add	(ross)		Room/	suite.		Telephone number		
=	Initial retur	-	PO BOX 1090				11001111	Juice		(520) 836-9213		
\equiv		vterminated	· · · · · · · · · · · · · · · · · · ·				ــــــــــــــــــــــــــــــــــــــ		-	1,944,139		
=			CASA GRANDE	ovince, country, and ZIP or foreign postal c	oue				1.			
二	Amended r				TT 0D					Gross receipts\$		
U .	Application	pending	F Name and address of pr	•	RTOK		H(a)	ls this a gro subordinate	up retu	ım for (55)		
		55	SAME AS C A				_					
	Tax-exemp		501(c)(3) 501(c)() ◀ (insert no) 4947(a)	(1) or	527	Н(ь)	Are all subo	rdinate ' attach	s included? Yes No n a list (see instructions)		
<u>J</u>	Website:	 -					H(c)	Group exem	ption r	number •		
			Corporation Trust	Association Other		L Year of formation 1	.986	M State of	of legal	domicile AZ		
Pa	rt I	Summar										
	1	Briefly descr	be the organization's	mission or most significant activit	ies. TRA	INING DEVELO	PMENT	ALLY DI	SAB	LED		
•												
2	-											
Governance												
ŏ	2	Check this b	ox > if the organiz	ation discontinued its operations	or disposed	of more than 25% of	of its ne	t assets.				
Ö	3	Number of v	oting members of the	governing body (Part VI, line 1a)					3	6		
Activities &	4	Number of in	ndependent voting mer	nbers of the governing body (Par	t VI, line (16)	CEIVED		[4	4		
ij	5	Total numbe	r of individuals employ	ed in calendar year 2015 (Part V	line 2a) -		70	[5	80		
: É			r of volunteers (estima	·	1 1	. n. n. n. 2047.	S		6			
ď	1		•	rom Part VIII, column (C), line 12	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AR: 0 2: 2017:	12	` ` ` ` `	- <u>-</u> 7a	666,446		
	1			ome from Form 990-T, line 34		agragas a reast-statemen time			7b	000,110		
	 - -	TTO CONTROLLE	d basiness taxable inc	0///C II/0/// 0//// 390-1, II/C 04	1 7	SDEN, UI	<u>, , , , </u>	Prior Year	7.0	C		
	8	Contribution	s and grants (Part VIII	line 1h)				1,234	011	Current Year		
Revenue	i											
	5	_	· ·	l, line 2g)		-		599	, 05/	666,446		
ě				mn (A), lines 3, 4, and 7d)		F				0		
œ			·	A), lines 5, 6d, 8c, 9c, 10c, and 11	-	j =				0		
				11 (must equal Part VIII, column				1,833	, 968	1,944,139		
				Part IX, column (A), lines 1-3) .						0		
		=	d to or for members (P		1,020,261							
ģ	1				ee benefits (Part IX, column (A), lines 5-10)							
Expenses	16a	Professional	fundraising fees (Part	IX, column (A), line 11e)						0		
8	b	Total fundrai	sing expenses (Part I)	(, column (D), line 25) ▶		0						
ш	17	Other expen	ses (Part IX, column (A), lines 11a-11d, 11f-24e)			890,3			879,645		
	18	Total expens	ses. Add lines 13-17 (must equal Part IX, column (A), lii	ne 25)	[1,918,548 1,899			1,899,906		
		Revenue les	s expenses. Subtract	line 18 from line 12	<u></u>			(84	580) 44,233		
5 8						L	Beginnir	ng of Current	fear_	End of Year		
Net Assets or	20	Total assets	(Part X, line 16)			[805	870	827,823		
ASS	21	Total liabilitie	es (Part X, line 26) .					22	, 280	0		
Ž	22	Net assets o	r fund balances. Subt	ract line 21 from line 20		[783.	, 590	827,823		
Pa	rt II	Signatu	re Block		·-							
Unde	penalties	of penjury, I dec	lare that I have examined this	s return, including accompanying schedule in officer) is based on all information of whi	s and statement	s, and to the best of my	knowledg	e and belief, it	ıs			
true, c	correct, and	d complete Dec	leration of preparer (other that	an officer) is based on all information of whi	ch preparer has	any knowledge						
			chess 71	Nachelh					2	110/17		
Sig	n	Signatui	re of officer						Date	/ 		
Hei	re li	TERE	SA MACHELOR, P	RESIDENT								
	-		print name and title				-					
				Proparer's suggestives		Date		Check X	. ا ر	OTIN		
Pai	d	TOM BAR	eparer's name	Preparer's signature)	ì	PTIN P.0.0.2.4.5.9.2		
_				TOM BAKER EA		02-08-2017	T_	self-employe	0	P00034582		
	parer											
US	e Only								26 2622			
	==		CASA GRANDE AZ 85122-3525					52	0-8	36-2608		
_				er shown above? (see instruction	ıs)	<u></u>		<u></u>	<u></u>	🛚 Yes 🗌 No		
For	Paperw 4 8 1	ork Reducti	on Act Notice, see th	e separate instructions.						Form 990 (2015)		

SCHWARFO WAR 222017,

Form	990 (2015) CREATIVE LABOR SERVICES, INC.	86-0572292	Page 2							
	rt 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:									
	TRAINING DEVELOPMENTALLY DISABLED.									
_										
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 🔣 I	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?									
	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	red by								
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to organizations.	others,								
	the total expenses, and revenue, if any, for each program service reported.									
4a	(Code:) (Expenses \$ 1,844,431 including grants of \$) (Revenue	\$ 666,4	46)							
	STATE OF AZ. DEPT. OF ECONOMIC SECURITY DEPT. OF DEVELOPMENTAL DISABILITIES	EMPLOYMENT								
	RELATED PROGRAMS PAID UNDER BID FOR SERVICES AND COST REIMBURSEMENT. CLIENT	'S SERVED 64.								
		<u></u>								
	\-									
		<u> </u>								
		·								
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)							
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)							
		<u></u>								
4d	Other program services (Describe in Schedule O.)									
	(Expenses \$ including grants of \$) (Revenue \$									
<u>4e</u>	Total program service expenses ▶ 1,844,431									
EEA		Form 99	90 (2015)							

5) CREATIVE LABOR SERVICES, INC.
Checklist of Required Schedules Part IV

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 II 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 5 Is the organization ascellos foll(c)(4), 501(c)(5), or 501(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 38-199 (If "Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the inpit to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization realized or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or histone structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical tressures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account hability; serve as a custodian for amounts not lated in Part X, or provide credit consensingling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes,				Yes	No
2 is the organization capital of induction infered printered protections and an activities on health of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I section 501(c)(3) organization candidates for public office? If "Yes," complete Schedule C, Part I section 501(c)(3) organization. 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 I is the organization activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization maintain say denor advised Schedule C, Part II is the organization maintain say denor 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 is often the one-women. Historic land areas, or historic advised nessement, including assements to preserve open space, the environment, historic land areas, or historic activities? If "Yes," complete Schedule D, Part II is the environment, historic land areas, or historic activities? If "Yes," complete Schedule D, Part II is the environment, historic land areas, or historic activities, or other similar assets? If "Yes," complete Schedule D, Part II is the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV is complete Schedule D, Part IV in the organization amount in port X, Inn 21, for escrew or custodial account lability, serve as a custodian for amounts not lated in Part X, or provide credit counsaling, debt management, credit repair, or debt negotions envires? If "Yes," complete Schedule D, Part V in In the organization is answer to any of the following questions is "Yes," complete Schedule D, Part V in In the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V in In	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
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 II 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 5 Is the organization ascellos foll(c)(4), 501(c)(5), or 501(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 38-199 (If "Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the inpit to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization realized or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or histone structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical tressures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account hability; serve as a custodian for amounts not lated in Part X, or provide credit consensingling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes,		complete Schedule A	1	X	
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4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in officed during the tax year? If "Yes," complete Schedule C, Part III 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 38-19? If "Yes," complete Schedule C, Part III 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 III 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical tend areas, or historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrew or custodial account hability, serve as a custodian for amounts in lotsed in Part X; or provide credit consuleing, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, organization, and assets in temporarily restricted endowments, permanent endowments, organization, and amount for lives the full of the organization report an amount for livestments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 1 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 2 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X II 3 Did the organization report an amount for investments - rother securities in Part X, line 10? If "Yes," complete Schedule D, Part X II 4 Did the organization report an amount for investments - rother se	3				
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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 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the ingrit to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization maintain collections of works of art, historical did assessed in the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7, XX 20 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 7, XX 20 Did the organization report an amount in Part X, line 21, for escrow or custodial account lability, serve as a custodian for amounts not lated in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 XX 20 Did the organization report an amount for land the provided credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, If the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16, If "Yes," complete Schedule D, Part VII 11 X 20 Did the organization report an amount for investments - other securities in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 16 If "Yes," complete Schedule D, Part VII 11 X 20 Did the organization report an amount for investments - program related in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 16 If "Yes," complete Schedule D, Part X III 11 X 20 Did the organization shallenge	4				
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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 II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X X Did the organization report an amount in Part X, line 21, for escrow or custodial account hability; serve as a custodian for amounts not listed in Part X; or provide redit counseling, debt management, credit repar, or debt regolation services? If "Yes," complete Schedule D, Part IV 9 X X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X X If the organization's answer to any of the following questions is "Yes," complete Schedule D, Part V 10 X X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 11 If X X Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 X X Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part V II X X Did the organization report an amount for investments - program related in Part X, line 16? If "Yes," complete Schedule D, Part V II X X 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 V II X X Did the organization report an amount for other assets in Part X, line 19 that X, line 19 that is 5% or more of its total assets reported in Part X, line 19 If "Yes," complete Schedule D, Part X II A X X Did the organization in equation is		•	_		v
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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 III 7, X 2 2 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2			۰		Y
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b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 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	12a				
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13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 14 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 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? If "Yes," complete Schedule F, Parts II and IV 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? If "Yes," complete Schedule F, Parts III and IV 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? If "Yes," complete Schedule G, Part I (see instructions) 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 Zignation report and set of the United States? 19 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	b		40:		v
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foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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? If "Yes," complete Schedule F, Parts II and IV 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? If "Yes," complete Schedule F, Parts III and IV 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? If "Yes," complete Schedule G, Part I (see instructions) 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	b				
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Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			15		Х
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16				 -
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	-		16		х
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17				<u> </u>
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			17		х
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18				
) 			18		Х
19 Uid the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	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		If "Yes," complete Schedule G, Part III	19	L	X

Part IV **Checklist of Required Schedules** (continued) Yes No Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Х h If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 23 Х 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 X through 24d and complete Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a 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? Х 25b 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 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee. 27 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 X 27 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): X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Х complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes." complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a 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 X 36 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, X 37

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

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	t V Statements Regarding Other IRS Filings and Tax Compliance	-		aye s
rai	Check if Schedule O contains a response or note to any line in this Part V			\Box
	Check it Schedule O contains a response of note to any line in this Fart V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		168	RO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	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			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 80			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	ĺ
	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	x	Ì
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	Х	
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		Х
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		ļ
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	ļ	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7е	Ī	
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
9	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			-
0	sponsoring organization have excess business holdings at any time during the year?	8	Ì	1
9	Sponsoring organizations maintaining donor advised funds.		<u> </u>	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1	Ì
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		1	I
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]	I	
11	Section 501(c)(12) organizations. Enter:		1	
а	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources		Ī	
	against amounts due or received from them.)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	1	
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	<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O.		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans	-	I	
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
<u>_b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	┸—

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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct Х supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X 6 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X X Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X 9 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х **10a** Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? 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? 15a Х The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 ► AZ 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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: CREATIVE LABOR SERVICES INC (520)836-9213, 1410 N TREKELL RD, CASA GRANDE,

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CREATIVE LABOR SERVICES, INC.

86-0572292

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Form 990 (2015)

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

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

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

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

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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck m ss per	rson ı	han one s both a r/trustee	n)	(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
(1) TERESA MACHELOR PRESIDENT	40.00	х		X		х		100,000	0	0
(2) JAMES MACHELOR DIRECTOR	40.00	х				х		100,000		0
(3) WARREN DAVISON DIRECTOR		x						c	0	0
(4) TOM BAKER DIRECTOR		х							0	0
(5) JOHN MCEVOY DIRECTOR		х						o c	0	0
(6) JOHNATHON JOHNS DIRECTOR		х								0
(7)										
(8)										
(9)			_							
(10)										
(11)										
(12)										
(13)										
(14)										

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n	ot che unless er and	Posi eck me s pers a dire	tion ore th	employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	comp fro orga and	(F) Imated Dunt of Other ensation im the inization related inizations
(15)											
(16)		-			-			<u> </u>		 	
(17)											
(18)											
(19)											
(20)					-					<u> </u>	
(21)	<u> </u>										
(22)											- -
(23)					-						
(24)					-			!			
(25)										<u> </u>	_
1b Sub-total	ion A	 	 	 	· ·	· · ·	•	200,000 than \$100,000 of	0		0
reportable compensation from the organization		_							0		Yes No
 Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sum of recorganization and related organizations greater than 	J for such ind portable comp	vidual pensat	ion a	 ınd o	ther		ensa	ation from the		3	X
individual		from a	any u	 unrel	ated	orgar				5	X
	Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax										
(A) Name and business addres	s	(B) Description of services					(Compe	ensation			
Total number of independent contractors (including received more than \$100,000 of compensation from the contractors of the			ose	listed	i ab	ove) w	/ho				

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		Check if Schedule O contains a response or r	ote to any line in thi	s Part VIII			<i>.</i>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a			······································		
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b					
ΘĔ	С	Fundraising events 1c					
ar/	d	Related organizations 1d					
O.E	9	Government grants (contributions) 1e	1,276,943				
i Sign	f	All other contributions, gifts, grants,]	
the		and similar amounts not included above 1f	750				
돌	g	Noncash contributions included in lines 1a-1f: \$				1	
äÖ	h	Total. Add lines 1a-1f	>	1,277,693			
			Business Code		Limite de la constantina		······································
<u> </u>	2a	RESTAURANT	722100	605,129		605,129	
946	b	LANDSCAPING	812900	61,317		61,317	
8	С						
ڇ	d						
S E	е						
Program Service Revenue	f	All other program service revenue					
<u>~</u>	g	Total. Add lines 2a-2f		666,446	···· ··· · · · · · · · · · · · · · · ·		
		Investment income (including dividends, interest,		"		1	<u> </u>
		and other similar amounts)					
	4	Income from investment of tax-exempt bond prod	eeds >				
	5	Royalties					
		(ı) Real	(II) Personal		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	6a	Gross rents				1	
	b	Less: rental expenses					
	С	Rental income or (loss)				1	
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory]	
	ь	Less: cost or other basis				1	
		and sales expenses				1	
	С	Gain or (loss)		1			
	d	Net gain or (loss)	<u> ▶</u>				
Ē	8a	Gross income from fundraising				1	
		events (not including \$					
2		of contributions reported on line 1c).	İ			1	
Other Reve		See Part IV, line 18				1	
Ö	\$	Less: direct expenses b				1	
	ı	Net income or (loss) from fundraising events .	<u> ▶</u>				
	9a	Gross income from gaming activities.				1	
		See Part IV, line 19					
	ı	Less: direct expenses b	L			†	
	С	Net income or (loss) from gaming activities	<u> ▶</u>				
	10a	Gross sales of inventory, less					
	1	returns and allowances a				1	
		Less: cost of goods sold b				1	
	<u> </u>	Net income or (loss) from sales of inventory	<u></u>	<u> </u>		ļ	, , , , , , , , , , , , , , , , , , ,
	<u> </u>	Miscellaneous Revenue	Business Code			‡	
	11a			 			
	þ						
	C			 			
		All other revenue				1	_
		Total. Add lines 11a-11d		<u>-</u> -		<u></u>	-
	12	Total revenue. See instructions	<u></u> ▶	1,944,139		d 666,446	0

Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must complete all colu	umns. All other organiz	ations must complete of	column (A).	
	Check if Schedule O contains a response or note to any	y line in this Part IX	<u>.</u>		
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21		1		
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				
	ındividuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	200,000	150,000	50,000	
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	735,124	735,124		
8	Pension plan accruals and contributions (include	ļ			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	85,137	81,312	3,825	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	1,650		1,650	
d	Lobbying				
8	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	70.040	10.040		
13 14	Office expenses	12,048	12,048		
15	Information technology				
16	Occupancy	243,605	243,605		
17	Travel	559	559		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	İ			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	55,277	55,277		
23	Insurance	39,016	39,016		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	REPAIRS AND MAINTENANCE	17,952	17,952		
b	FUEL	45,316	45,316		
C	TAXES AND LICENSES	51,914	51,914		
d	RESTAURANT PURCHASES	322,750	322,750		<u> </u>
8	All other expenses	89,558	89,558		
25	Total functional expenses. Add lines 1 through 24e	1,899,906	1,844,431	55,475	0
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)			ľ	

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 1 522,409 623,459 2 2 3 3 108,464 4 84,644 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 6 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 7 7 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 472,751 b Less: accumulated depreciation 10b 353,031 174,997 10c 119,720 11 11 12 12 13 13 14 14 15 15 827,823 16 805,870 16 17 22,280 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, -iabilities trustees, key employees, highest compensated employees, and 22 23 23 Secured mortgages and notes 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 25 26 22,280 26 0 Organizations that follow SFAS 117 (ASC 958), check here > and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕒 💹 and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 783,590 827,823 32 33 783,590 33 827,823 34 Total liabilities and net assets/fund balances 805,870 827,823 34

POIII	1990 (2015) CREATIVE LABOR SERVICES, INC.	86-05/22	<u> </u>	P	age 12
Pa	rt XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u> .	<u>.</u>	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1,	944,	139
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,	899,	906
3	Revenue less expenses. Subtract line 2 from line 1	. 3		44,	233
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		783,	590
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		827,	823
Pa	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: Cash Accrual Other HYBRID				
	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	Ī	Х
	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				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Ţ	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:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
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?		. 2c		
	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		Х
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

EEA

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.

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.

2015 Open to Public

Inspection

Name of the organization Employer identification number 86-0572292 CREATIVE LABOR SERVICES, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (II) EIN (iii) Type of organization (described on lines 1-9 listed in your governing support (see other support (see instructions) instructions) above (see instructions)) document? Yes No (A) (B) (C) (D) (E)

86-0572292

Par	til Support Schedule for Or						
	(Complete only if you chec						y under
	Part III. If the organization	fails to qualify u	inder the tests	listed below, p	lease complete	Part III.)	
	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,426,201	1,277,195	1,361,882	1,234,911	1,277,693	6,577,88
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	1,426,201	1,277,195	1,361,882	1,234,911	1,277,693	6,577,88
5	The portion of total contributions by			1			
	each person (other than a						
	governmental unit or publicly	1	į				
	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	<u> </u>					6,577,88
	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,426,201	1,277,195	1,361,882	1,234,911	1,277,693	6,577,88
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	14,298					14,29
11	Total support. Add lines 7 through 10 .					: 	6,592,18
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here	<u> </u>	<u> </u>				▶ 🗌
Sec	tion C. Computation of Public S						
14	Public support percentage for 2015 (line 6,	• •	•	• •		14	99.78 %
15	Public support percentage from 2014 Scheo						100.00 %
16a	33 1/3% support test - 2015. If the organiz						. 107
	box and stop here. The organization qualifi						▶ 🏻
b	33 1/3% support test - 2014. If the organiz						▶ □
	check this box and stop here. The organiza						
17a	10%-facts-and-circumstances test - 2015 10% or more, and if the organization meets	the "facts-and-circu	umstances" test, ch	eck this box and s	stop here. Explain	ın	
	Part VI how the organization meets the "fac		_	•	•		
b	organization	I. If the organization	did not check a bo	x on line 13, 16a,	16b, or 17a, and lir		▶ ⊔
	15 is 10% or more, and if the organization in				-	. L.	
							▶ □
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	17a, or 17b, check	this box and see		

SCHEDULE D (Form 990)

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.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No 1545-0047

2015

	of the organization	Employer identification number
	EATIVE LABOR SERVICES, INC.	86-0572292
Pa		counts.
	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?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	ed .
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	•
	conferring impermissible private benefit?	
Pa	rt 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)	cally important land area
	☐ Protection of natural habitat ☐ Preservation of a certifie	•
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	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	
	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?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserve	ation 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 st	atement, 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.	
Pa	rt 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 statemer	nt 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 ar	nd 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 g	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	•• • • • •
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	

	ile D (Form 990) 2015 CREATIVE LABOR					72292 Page 2
Par	t III Organizations Maintaining C	ollections	of Art, Hist	orical Treasure	s, or Other Similar /	Assets (continued)
3	Using the organization's acquisition, accession, a	and other recor	ds, check any o	of the following that a	re a significant use of its	
	collection items (check all that apply):					
а	Public exhibition	d 🗌	Loan or excha	nge programs		
b	Scholarly research	e 🗌	Other			
C	Preservation for future generations					
4	Provide a description of the organization's collect	tions and expla	in how they furt	her the organization's	s exempt purpose in Part	
	XIII.					
5	During the year, did the organization solicit or rec	eive donations	of art, historica	I treasures, or other	similar	
	assets to be sold to raise funds rather than to be	maintained as	part of the orga	nızation's collection?	<u> </u>	Yes D No
Par	t IV Escrow and Custodial Arrang	ements.		-		
	Complete if the organization ans	swered "Ye	s" on Form 9	990, Part IV, line	9, or reported an am	ount on Form
	990, Part X, line 21.					
1a	Is the organization an agent, trustee, custodian o	r other interme	diary for contrib	outions or other asset	s not	_
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII and	complete the f	following table:			
						Amount
С	Beginning balance					
d	Additions during the year				1d	·- <u>-</u>
е	Distributions during the year					
f	Ending balance					
2a	Did the organization include an amount on Form				•	🗌 Yes 🔲 No
	If "Yes," explain the arrangement in Part XIII. Che	eck here if the	explanation has	been provided on Pa	art XIII	<u></u>
Par	111 111 11 11 11 11 11 11 11 11 11 11 1					
	Complete if the organization and	swered "Ye	s" on Form 9	990, Part IV, line	10.	
		(a) Current year	ar (b) Pn	or year (c) Two y	ears back (d) Three years ba	ack (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		ļ			
	programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the current			ımn (a)) held as:		
а	Board designated or quasi-endowment	%	•			
b	Permanent endowment ▶ %					
C	Temporarily restricted endowment	%				
	The percentages in lines 2a, 2b, and 2c should e	•				
3a	Are there endowment funds not in the possession	n of the organia	zation that are h	neld and administered	I for the	
	organization by:					Yes No
	(,)					3a(i)
	` '					. 3a(ii)
b	If "Yes" on 3a(ii), are the related organizations lis					3b
4	Describe in Part XIII the intended uses of the org		dowment funds.			
Pa	Land, Buildings, and Equipm			000 D 11111		D () () ()
	Complete if the organization an	swered "Ye	s" on Form			
	Description of property	1 ''	t or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(ir	ivestment)	(other)	depreciation	
1a	Land	· · ·			_	
b	Buildings	• •				
C	Leasehold improvements	· · ·		123,34		47,602
d	Equipment	· · ·		349,40	7 277,289	72,118
<u> </u>	Other					
Total	. Add lines 1a through 1e. (Column (d) must equa	al Form 990, P	art X, column (E	3), line 10c.)	<u> </u>	119,720

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, of Form 990-EZ, Part V, line 38a or 40b.

2015

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

OMB No 1545-0047

Name of the organization CREATIVE LABOR SERVICES, INC. Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4),						Employer identification number							
						86-0572292							
Complete if the	organization a					line 25a	a or 25b, or	Form 990	-EZ,	Part \			
1 (a) Name of disqualified per	son	(b) Relationship between disqualified person and organization			(c) Description of trans			saction			(d) Corrected		
					(-)						Yes	No	
(4)													
(1)	}- -					 							
(2)						i							ŀ
				<u></u>		1							
(3)													I i
2 Enter the amount of tax in	curred by the org	anization manag	ers or di	isqualified	persons o	during the	e year						
under section 4958									▶ \$	5			
3 Enter the amount of tax, it	fany, on line 2, at	ove, reimbursed	by the	organızati	ion				▶ \$	<u> </u>			
,													
Part II Loans to and/	•		-										
Complete if the							38a or Form	i 990, Pai	t IV, I	line 2	6; or i	f the	
organization re	ported an amo	unit on Form 9	90, Par	t A, line	5, 6, OF 2		₁						
(a) Name of interested person	(b) Relationship			(d) Loan to or (e) On from the		-	(f) Balance du	ue (g) In d	default?		proved	(i) Written agreement?	
	with organization	loan	1	nization?	principal	amount		Ì		1 '	ard or	agreen	nent
	1		То		}			Yes	No	Yes	No	Yes	No
	 		10	From				105	140	105	NO	162	NO
(1)	İ			1									
	 								1	-			
(2)					ĺ								
(3)			ļ										
			1	1	Ì			1		İ			
(4)	_			-					ļ	ļ			
				1)					
<u>(5)</u>	ــــــــــــــــــــــــــــــــــــــ	L	<u> </u>		<u> </u>				<u> </u>		L	<u></u>	
	sistance Bene				· · · · ·	. • \$	<u> </u>	<u>I</u>		! .		<u> </u>	
	e organization	-			Part IV	line 27	,						
					<u></u>								
(a) Name of interested person	1 '''	hip between intereste nd the organization	:a (c) Amount of	assistance	"	i) Type of assistar	ice	(6) Purpo:	se of ass	sistance	
(1)													
(2)													
													
(3)													
(4)	1		1			1							

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shanng organization revenues?	
			LEASE-BELOW MARKET	Yes	<u> </u>
I) TERESA MACHELOR	LANDLORD	180,000	VALUE		
2) TERESA MACHELOR	PRESIDENT/EMPLOYEE	100,000	SALARY		
3) JAMES MACHELOR	DIRECTOR/EMPLOYEE	100,000	SALARY		+
)					ļ
)					
art V Supplemental Information		- 0-6 4-4- 1 /			
Provide additional informa	tion for responses to questions o	n Schedule L (see	e instructions).		
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				<u> </u>	
					_

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

86-0572292 CREATIVE LABOR SERVICES, INC. 01. Officer, directors, etc. family relationship (Part VI, line 2) PART VI LN 2 - JAMES & TERESA MACHELOR ARE MARRIED. 02. Committee meeting documentation (Part VI, line 8b) THERE ARE NO COMMITTEES ESTABLISHED BY THE GOVERNING BOARD. 03. Form 990 governing body review (Part VI, line 11) FORM 990 AVAILABLE UPON REQUEST BY A BOARD MEMBER. 04. CEO, executive director, top management comp (Part VI, line 15a) COMPENSATION BASED ON COMPARABILITY AND STATE GUIDELINES. 05. Other officer or key employee compensation (Part VI, line 15b COMPENSATION BASED ON COMPARABILITY AND STATE GUIDELINES. 06. Governing documents, etc, available to public (Part VI, line 19) UPON WRITTEN REQUEST.