



## **2008 - 2009 Annual Report**

**[www.crc-global.org](http://www.crc-global.org) 521 North Broadway Box 271 Nyack, New York 10960  
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**The CRC Mission:** Creative Response to Conflict is a global organization that educates individuals and groups to transform conflict into growthful experiences toward a just and peaceful world.

## CRC Themes

**Cooperation skills** are essential in today's collaborative school and workplace environments. CRC cooperation activities build group spirit, support team building, and help participants learn the skills they need to work together towards positive common goals.

**Communication skills** are fundamental to productive interactions. CRC communication activities provide practice and develop skills in listening, speaking, and observation. CRC's high-participation, interactive approach develops oral language skills while literacy connections support reading and writing.

**Affirmation** builds on cooperation and communication to help participants feel positive about themselves and others. CRC's approach validates each individual's contribution and highlights strengths and commonalities.

**Conflict resolution principles** frame conflict as an expected, natural part of life and a pathway to growth, learning, and connection. CRC conflict resolution activities help participants expand their "toolbox" of strategies for responding to conflict. Skills include de-escalating conflict, looking at others' points of view, and developing win-win/fair-fair solutions.

**Creative problem-solving skills** enable participants to generate creative solutions to conflict. CRC problem-solving activities develop critical thinking capabilities for fluency, flexibility, and elaboration as well as creativity and imagination.

**Bias awareness** is key in understanding and responding to conflict. CRC activities create a safe environment in which participants explore and celebrate their cultures; examine personal, cultural, and institutional forms of bias; and develop strategies to effectively respond to bias.

**Mediation** is an approach in which facilitators help those in conflict communicate about the problem and develop creative solutions. CRC has helped many schools establish peer mediation programs, an approach shown to be useful in improving school climate and reducing disciplinary referrals.

**Creative responses to bullying** incorporate a range of strategies appropriate to a wide variety of bullying situations. CRC's holistic approach takes into account the needs of bullies, those they bully, and bystanders as well as issues of power imbalance and bias. Both prevention and intervention are addressed.

## **CRC Board of Directors**

Diana Wege Sherogan – President/ Artist

Priscilla Prutzman – Executive Director CRC – Ex-Officio

Adrienne Benberry – Secretary, retired from Verizon Human Resources

Stephen Yorke – Treasurer Web Alley Cat Computer Company

Diane Devries – Member, retired from County of Westchester Government

Fran Delahanty - Professor, Pace University

## **CRC Advisors to the Board**

Richard Deats – Retired Editor of Fellowship Magazine at FOR

Linda Harris – Adjunct Professor, Bank Street College, New York City

Terry Murray – Professor, SUNY New Paltz

Dorothy Larkin - Professor, College of New Rochelle

Lori Santo – Program Officer Frieda Grove Program, Robert Wood Johnson Foundation

Danny Mallonga Ph.D. Columbia University

Laura Shapiro – former BOCES Instruction Services Program Coordinator

Fran Riemer, Reimer Associates

Leonard Kurz

## **CRC Staff**

Priscilla Prutzman - Co-Founder and Executive Director

Janet Newman - Administration Assistant

Anissa New- Walker - Outreach and Communications Coordinator

Kala Dwarakanath - Development Assistant

Benjamin Carriel - Office Assistant

Shirelle May - Office Assistant



## **2008 - 2009 FUNDING Organizations and Individuals**

Gannett Foundation

International Peace Research Association Foundation

JAMS Foundation collaborating with Temple University

Kurz Family Foundation

Lindley Murray Fund of the Religious Society of Friends

Presidential Life Insurance

Radio Shack Foundation

Rockland Community Capacity Building Initiative (RCCBI)

Rockland County Youth Bureau

Diana Wege Sherogan

Anonymous Contributor



## 2008 - 2009 FUNDING Donors

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|-----------------------|-------------------------------------|
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| Ellen Icolarari       | Beverly Woodward                    |
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| Laurie Kaplan         | Stephen D. Yorke                    |

## 2008 - 2009 CRC Program Report

CRC provides workshops to schools, colleges, faith –based organizations, community centers, colleges and other nonprofits. Our workshops give life lessons in: effective communication skills; resolving conflict; intervening in bullying behaviors at school; how bias negatively affects individuals as well as communities; and solving conflicts big and small through problem solving techniques. Children, young people and adults participate in our workshops through experiential practice. Our trained facilitators use interactive activities, cooperative games, roleplaying that help build skills in all types of conflicts individuals face in life.

Many of our workshops and training take place in the New York, New Jersey and Connecticut area. Our work also spans through out the country at conferences and to other countries such as the Peace Camp for Girls in Katmandu, Nepal.

### Programs

Lunchtime Listeners; Conflict Resolution workshops; Bias Awareness workshops; Bullying Prevention workshops Peer Mediation training; Problem Solving workshops; Conflict Resolution Education Course, Creative Response to Families and Conflict (CRFC): Couples Mediation; Separation and Divorce Mediation; Parenting and Marital Conflict Workshops; Children’s Program; Career Counseling; Finances in the World of Separation.

The following is the breakdown of adults and student participants in CRC programs by the month

#### Programming for Fiscal Year 2008/2009

|              |            |              |
|--------------|------------|--------------|
| July 2008    | 75 adults  | 6 students   |
| August       | 32 adults  | 69 students  |
| September    | 365 adults | 123 students |
| October      | 58 adults  | 624 students |
| November     | 341 adults | 335 students |
| December     | 283 adults | 24 students  |
| January 2009 | 63 adults  | 701 students |
| February     | 74 adults  | 90 students  |
| March        | 238 adults | 38 students  |
| April        | 133 adults | 15 students  |
| May          | 129 adults | 47 students  |
| June         | 140 adults | 0 students   |



**The number of students served: 2,072**  
**The number of adults served: 1,931**  
**Total: 4,003**

## **Conflict Resolution Education Course**

**This course is part of the Humanistic and Multicultural Education Program  
for the State University of New York at New Paltz**

Students of Elementary Education and Social Work take this course to help teach their prospective students and clients that conflict is not negative, but a natural part of life. The lessons learned from this class help these soon to be practitioners teach productive communication skills, affirmation skills, appreciation of diversity, empathy and creative solutions to problems.

### **Some of the objectives of the course:**

1. Examine our own attitudes and values regarding conflict. (intellectual growth)
2. Study the rationale for conflict resolution in schools and examine a variety of approaches and skills for dealing with those conflicts.  
(inquiry, intellectual growth, professionalism, democratic citizenship)
3. Explore peer mediation programs and develop understanding of how to implement them.  
(diversity, democratic citizenship)
4. Examine the implications of nonviolent conflict resolution for both educational and social change.

Some of the text books used in the course are CRC publications: the Friendly Classroom for a Small Planet and the Friendly Classroom Mediation Manual. The course has been very well received at SUNY New Paltz, so CRC is exploring other area colleges to expand this program.

**Number of students for course Fall '09: 16 adults**



## CRC Lunchtime Listener Program

For many students, school lunchtime and recess can be a difficult part of their day. For that reason, about 7 years ago, Creative Response to Conflict developed a program called Lunchtime Listeners. Who is a Lunchtime Listener? They are adults trained in conflict resolution and mediation who volunteer their time during school lunch and recess periods to help students constructively solve disputes and quarrels.

### 2008 - 2009 CRC Lunchtime Listener Program Annual Report

This chart demonstrates how many students have the opportunity to utilize the program at Upper Nyack Elementary.

| <b>Dates</b>         | <b>total students</b> |
|----------------------|-----------------------|
| July 2008 - August   | 0 students *          |
| September - December | 1,106 students        |
| Jan. - March         | 829 students          |
| April - June         | 62 students           |
| July 2009            | 0 students *          |
| Total served :       | 1,997 students        |

\* Lunchtime Listeners is a school program which happens only when school is in session.

#### Dates and number of solved conflicts

**Total number of student conflict interventions: 1,272**  
**Total number of individuals participating in Lunchtime Listener: 3**



## **Creative Response to Families and Conflict (CRFC)**

CRC created the program CRFC because couples and children need to feel positive about their situation when they begin to transition into separation or divorce. Unlike lawyers, mediators bring about peaceful change in family dynamics. CRFC is located in the tranquil retreat center of Shadowcliff in Nyack, New York. At Shadowcliff, CRFC offers a safe space for mediation, confrontation, argument, strong emotion and discussion of uncomfortable subject matter. We offer several programs to help both individuals come back together peacefully, separate or divorce peacefully and/ or help the children in the family find their voice and heal during transition as well.

### **Offerings of the CRFC:**

1. Couples Mediation
2. Separation and Divorce Mediation
3. Parenting and Marital Conflict Workshops
4. Children's Program
5. Career Counseling

**Total participants for workshops: 10**

**Total participants from mediations: 14**

**Total number of mediations/workshops: 24**

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

## 2008 Tax Return(s)

**Prepared for** CREATIVE RESPONSE TO CONFLICT  
Client Code: 13-3714986

**Account Number** 350734  
**Release Number** 2008.05040

**Prepared by** KORN ROSENBAUM LLP  
26 FIREMENS MEMORIAL DRIVE, SUITE 110  
POMONA, NEW YORK  
10970  
  
(845) 354-4646

**Processing** Date: 02/08/2010  
Time: 15:05:03

**Special  
Instructions**

**Messages**

## Return Information

### CAUTION

Form: DP-1 Sheet: 1 Box: 32

- Depreciation. Asset Number 1, EQUIPMENT. This asset has no entry for date placed in service. Depreciation for this asset may be incomplete or calculated incorrectly. Please review and correct if necessary. (20160)

### INFORMATIONAL

Form: CHAR500 Pg1

- New York. Form CHAR500. No entry has been made on Interview Form NY1, Box 31, to designate the Organization Registration Code. This entry may be necessary to determine the appropriate filing fee requirements and the filing due date for Form CHAR500. Because no entry was made it has been assumed that the organization is subject to registration under both Article 7-A (Executive Law) and Article 8 (EPTL). This should be reviewed and corrected, if necessary. (30071)

Form: 990-EZ Pg 3

- Form 990-EZ, Page 3, Part V, line 42b. The question regarding a financial account in a foreign country has defaulted to an answer of "No." This should be reviewed to determine if this is the correct response. If instead this question should be answered as "Yes," make an entry on Interview Form 8, Box 60 and recalculate the return. (31006)

Form: 990-EZ Pg 4

- Form 990-EZ. Page 4. The preparer's social security number and/or employer identification number have been left blank in accordance with the official IRS instructions. Only Section 4947(a)(1) nonexempt charitable trusts that are filing Form 990-EZ in lieu of Form 1041 are instructed to complete this information. If desired, an entry on Interview Form 9, Box 50, may be used to force this information to print. Please note, however, that forcing this information to print when it is not required will disqualify the return from electronic filing. (30103)

Form: 990-EZ Pg 2

- Form 990-EZ. No entry has been made on Interview Form EZ-8, Box 97, to complete the personal benefit contract statement. Consequently, this statement has been produced with both questions answered as "No" indicating that the organization did not participate in any transactions involving personal benefit contracts. If this is not correct, please make the appropriate entry on Interview Form EZ-8, Box 97. (30145)

## 2008 Return Summary

**CREATIVE RESPONSE TO CONFLICT**

**13-3714986**

**Form 990-EZ:**

|                                   |                 |
|-----------------------------------|-----------------|
| <b>Total Revenue</b>              | <b>138,979.</b> |
| <b>Total Expenses</b>             | <b>122,789.</b> |
| <b>Excess &lt;Deficit&gt;</b>     | <b>16,191.</b>  |
| <b>Beginning Net Assets</b>       | <b>23,066.</b>  |
| <b>Changes in Net Assets</b>      | <b>0.</b>       |
| <b>Ending Net Assets (Part I)</b> | <b>39,257.</b>  |

**Balance Sheet Analysis**

|   |                |
|---|----------------|
| <b>Ending Total Assets</b>                                | <b>39,486.</b> |
| <b>Ending Total Liabilities</b>                           | <b>229.</b>    |
| <b>Ending Total Net Assets or Fund Balances (Part II)</b> | <b>39,257.</b> |

|  |           |
|--|-----------|
| <b>Ending Total Assets Minus Liabilities and Net Assets</b>    | <b>0.</b> |
| <b>Ending Net Assets Difference Between Part I and Part II</b> | <b>0.</b> |

**Short Form**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

**2008**

Open to Public Inspection

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009**

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | <b>C Name of organization</b><br>CREATIVE RESPONSE TO CONFLICT   |  | <b>D Employer identification number</b><br>13-3714986 |  |
|  |   | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite<br>BOX 271, 521 N. BROADWAY |  | <b>E Telephone number</b><br>845-358-4601             |  |
|  |   | City or town, state or country, and ZIP + 4<br>NYACK, NY 10960   |  | <b>F Group Exemption Number</b>                       |  |

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting method:**  Cash  Accrual  
Other (specify)

**I Website:** N/A  
**J Organization type** (check only one)  501(c)(3) (insert no.)  4947(a)(1) or  527

**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ.** \$ 138,979.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

| Revenue    | 1   | Contributions, gifts, grants, and similar amounts received   | 1        | 28,944.         |         |
|------------|---|--|----------|-----------------|---------|
|            | 2   | Program service revenue including government fees and contracts  | 2        | 109,852.        |         |
|            | 3   | Membership dues and assessments  | 3        |                 |         |
|            | 4   | Investment income  | 4        |                 |         |
|            | 5a  | Gross amount from sale of assets other than inventory  | 5a       |                 |         |
|            | b   | Less: cost or other basis and sales expenses   | 5b       |                 |         |
|            | 5c  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)  | 5c       |                 |         |
|            | 6   | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>       |          |                 |         |
|            | a   | Gross revenue (not including \$ of contributions reported on line 1)   | 6a       |                 |         |
|            | b   | Less: direct expenses other than fundraising expenses  | 6b       |                 |         |
| c          | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c   |          |                 |         |
| 7a         | Gross sales of inventory, less returns and allowances                                   | 7a   |          |                 |         |
| b          | Less: cost of goods sold  | 7b   |          |                 |         |
| c          | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)          | 7c   |          |                 |         |
| 8          | Other revenue (describe <b>INTEREST</b> )   | 8  | 183.     |                 |         |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8                           | 9  | 138,979. |                 |         |
| Expenses   | 10  | Grants and similar amounts paid (attach schedule)  | 10       |                 |         |
|            | 11  | Benefits paid to or for members  | 11       |                 |         |
|            | 12  | Salaries, other compensation, and employee benefits  | 12       | 80,841.         |         |
|            | 13  | Professional fees and other payments to independent contractors  | 13       | 1,060.          |         |
|            | 14  | Occupancy, rent, utilities, and maintenance  | 14       | See Statement 3 | 13,798. |
|            | 15  | Printing, publications, postage, and shipping  | 15       | 480.            |         |
|            | 16  | Other expenses (describe <b>See Statement 1</b> )  | 16       | 26,609.         |         |
| 17         | <b>Total expenses.</b> Add lines 10 through 16  | 17   | 122,788. |                 |         |
| Net Assets | 18  | Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18       | 16,191.         |         |
|            | 19  | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19       | 23,066.         |         |
|            | 20  | Other changes in net assets or fund balances (attach explanation)  | 20       |                 |         |
|            | 21  | Net assets or fund balances at end of year. Combine lines 18 through 20  | 21       | 39,257.         |         |

**Part II Balance Sheets.** If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

|    |  | (A) Beginning of year |    | (B) End of year |  |
|----|--|-----------------------|----|-----------------|--|
| 22 | Cash, savings, and investments   | 7,138.                | 22 | 12,348.         |  |
| 23 | Land and buildings   |                       | 23 |                 |  |
| 24 | Other assets (describe <b>See Statement 2</b> )                                    | 17,762.               | 24 | 27,138.         |  |
| 25 | <b>Total assets</b>  | 24,900.               | 25 | 39,486.         |  |
| 26 | <b>Total liabilities</b> (describe <b>ACCOUNTS PAYABLE</b> )                       | 1,834.                | 26 | 229.            |  |
| 27 | <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | 23,066.               | 27 | 39,257.         |  |



**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

|     |  | Yes | No  |
|-----|--|-----|-----|
| 33  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   |     | X   |
| 34  | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes   |     | X   |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.         |     |     |
| a   | Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?   |     | X   |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year?   | N/A |     |
| 36  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N   |     | X   |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions.  | 37a | 0.  |
| b   | Did the organization file Form 1120-POL for this year?   | 37b | X   |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?                              | 38a | X   |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved   | 38b | N/A |
| 39  | Section 501(c)(7) organizations. Enter:  |     |     |
| a   | Initiation fees and capital contributions included on line 9   | 39a | N/A |
| b   | Gross receipts, included on line 9, for public use of club facilities  | 39b | N/A |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:<br>section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>  |     |     |
| b   | Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I | 40b | X   |
| c   | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |     | 0.  |
| d   | Enter amount of tax on line 40c reimbursed by the organization   |     | 0.  |
| e   | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T   | 40e | X   |
| 41  | List the states with which a copy of this return is filed. <u>NY</u>   |     |     |
| 42a | The books are in care of <u>PRISCILLA PRUTZMAN</u> Telephone no. <u>845-358-4924</u><br>Located at <u>BOX 271, 521 N.BROADWAY, NYACK, NY</u> ZIP + 4 <u>10960</u>  |     |     |
| b   | 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)?             | 42b | X   |
|     | If "Yes," enter the name of the foreign country: _____   |     |     |
|     | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |     |     |
| c   | At any time during the calendar year, did the organization maintain an office outside of the U.S.?   | 42c | X   |
|     | If "Yes," enter the name of the foreign country: _____   |     |     |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year                                  | 43  | N/A |
| 44  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ   | 44  | X   |
| 45  | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 45  | X   |

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- |   |     | Yes                      | No                                  |
|---|-----|--------------------------|-------------------------------------|
| 46 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 ..... | 46  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II .....   | 47  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....   | 48  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? .....   | 49a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization(s) a section 527 organization? .....   | 49b | <input type="checkbox"/> | <input type="checkbox"/>            |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE   |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
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|  |  |                  |   |  |
|  |  |                  |   |  |
| Total number of other employees paid over \$100,000 .....      |  |                  |   |  |

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000      | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE  |                     |                  |
|   |                     |                  |
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|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
| Total number of other independent contractors each receiving over \$100,000 ..... |                     |                  |

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

**PRISCILLA PRUTZMAN, PRESIDENT**  
Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's Identifying Number (See instr.) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 **KORN ROSENBAUM LLP**  
**26 FIREMENS MEMORIAL DRIVE, SUITE 110**  
**POMONA, NEW YORK 10970**

EIN \_\_\_\_\_  
Phone no. **(845) 354-4646**

May the IRS discuss this return with the preparer shown above? See instructions .....  Yes  No



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

|  |   |
|--|---|
| <b>Name of the organization</b><br>CREATIVE RESPONSE TO CONFLICT | <b>Employer identification number</b><br>13-3714986 |
|--|---|

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|  |                 |    |
|--|-----------------|----|
|  | Yes             | No |
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... | <b>11g(i)</b>   |    |
| (ii) A family member of a person described in (i) above? .....   | <b>11g(ii)</b>  |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  | <b>11g(iii)</b> |    |
- h Provide the following information about the organizations the organization supports.

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 - 3 .....  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public Support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4 .....  |          |          |          |          |          |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... |          |          |          |          |          |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...                             |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                             |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          |           |

**12** Gross receipts from related activities, etc. (see instructions) ..... **12**

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

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

|  |           |   |
|--|-----------|---|
| <b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) ..... | <b>14</b> | % |
| <b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....                    | <b>15</b> | % |

**16a 33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**b 33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**17a 10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**b 10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   | 103,639. | 233,401. | 90,062.  | 64,574.  | 28,944.  | 520,620.  |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....       |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 - 5 .....   | 103,639. | 233,401. | 90,062.  | 64,574.  | 28,944.  | 520,620.  |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 ..... |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          | 520,620.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  | 103,639. | 233,401. | 90,062.  | 64,574.  | 28,944.  | 520,620.  |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... | 17.      |          |          | 48.      | 183.     | 248.      |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  | 17.      |          |          | 48.      | 183.     | 248.      |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          | 520,868.  |

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

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

|  |           |         |
|--|-----------|---------|
| <b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | 99.95 % |
| <b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....                    | <b>16</b> | 99.98 % |

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

|   |           |       |
|---|-----------|-------|
| <b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | .05 % |
| <b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....                      | <b>18</b> | .02 % |

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2008**

Name of the organization

Employer identification number

CREATIVE RESPONSE TO CONFLICT

13-3714986

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

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

**Special Rules**

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

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

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

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

|  |   |
|--|---|
| Name of organization<br><b>CREATIVE RESPONSE TO CONFLICT</b> | Employer identification number<br><b>13-3714986</b> |
|--|---|

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                 | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|---|--------------------------------|--|
| 1          | HERBET KURZ<br>69 LYDECKER ST.<br>NYACK, NY 10960 | \$ 10,866.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | DIANA WEGE<br>36 DANS HWY<br>NEW CANAAN, CT 06840 | \$ 15,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|            |   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

2008 DEPRECIATION AND AMORTIZATION REPORT

Form 990-EZ Page 1

990-EZ

| Asset No. | Description                    | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|--------------------------------|---------------|--------|------|----------|--------------------------|------------|--------------------|------------------------|--------------------------|-----------------|------------------------|
| 1         | EQUIPMENT                      |               | VAR    | .000 | 16       | 21,845.                  |            |                    | 21,845.                | 21,845.                  |                 | 0.                     |
|           | * 990-EZ Pg 1 Total            |               |        |      |          |                          |            |                    |                        |                          |                 |                        |
|           | Other                          |               |        |      |          | 21,845.                  |            | 0.                 | 21,845.                | 21,845.                  | 0.              | 0.                     |
|           | Management and General         |               |        |      |          |                          |            |                    |                        |                          |                 |                        |
| 2         | COMPUTER EQUIPMENT             | 070104        | 200DB  | 5.00 | 17       | 2,900.                   |            |                    | 2,900.                 | 2,336.                   |                 | 376.                   |
| 3         | COMPUTER EQUIPMENT             | 103104        | 200DB  | 5.00 | 17       | 1,647.                   |            |                    | 1,647.                 | 1,327.                   |                 | 213.                   |
|           | * 990-EZ Pg 1 Total            |               |        |      |          |                          |            |                    |                        |                          |                 |                        |
|           | Management and General         |               |        |      |          | 4,547.                   |            | 0.                 | 4,547.                 | 3,663.                   | 0.              | 589.                   |
|           | * Grand Total 990-EZ Pg 1 Depr |               |        |      |          | 26,392.                  |            | 0.                 | 26,392.                | 25,508.                  | 0.              | 589.                   |

| Form 990-EZ                   | Other Expenses | Statement     | 1 |
|-------------------------------|----------------|---------------|---|
| <u>Description</u>            |                | <u>Amount</u> |   |
| WORKSHOP EXPENSES             |                | 16,173.       |   |
| OFFICE SUPPLIES               |                | 668.          |   |
| MERCHANDISE                   |                | 814.          |   |
| TELEPHONE                     |                | 1,547.        |   |
| MISCELLANEOUS                 |                | 861.          |   |
| CONFERENCES                   |                | 529.          |   |
| TAXES                         |                | 5,370.        |   |
| BANK CHARGES                  |                | 647.          |   |
| Total to Form 990-EZ, line 16 |                | 26,609.       |   |

| Form 990-EZ                   | Other Assets | Statement           | 2                  |
|-------------------------------|--------------|---------------------|--------------------|
| <u>Description</u>            |              | <u>Beg. of Year</u> | <u>End of Year</u> |
| ACCOUNTS RECEIVABLE           |              | 8,077.              | 18,836.            |
| INVENTORY                     |              | 8,801.              | 8,007.             |
| Other Depreciable Assets      |              | 884.                | 295.               |
| Total to Form 990-EZ, line 24 |              | 17,762.             | 27,138.            |

| Form 990-EZ                   | Occupancy, Rent, Utilities and Maintenance | Statement     | 3 |
|-------------------------------|--|---------------|---|
| <u>Description</u>            |  | <u>Amount</u> |   |
| Depreciation                  |  | 589.          |   |
| Other Expenses                |  | 13,209.       |   |
| Total to Form 990-EZ, line 14 |  | 13,798.       |   |





**Depreciation and Amortization 990-EZ**  
 (Including Information on Listed Property)

OMB No. 1545-0172

**2008**

Attachment  
 Sequence No. 67

▶ See separate instructions. ▶ Attach to your tax return.

|                               |   |                    |
|-------------------------------|---|--------------------|
| Name(s) shown on return       | Business or activity to which this form relates | Identifying number |
| CREATIVE RESPONSE TO CONFLICT | Form 990-EZ Page 1                              | 13-3714986         |

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

|   |                             |                              |
|---|-----------------------------|------------------------------|
| 1 Maximum amount. See the instructions for a higher limit for certain businesses .....  | <b>1</b>                    | 250,000.                     |
| 2 Total cost of section 179 property placed in service (see instructions) .....   | <b>2</b>                    |                              |
| 3 Threshold cost of section 179 property before reduction in limitation .....   | <b>3</b>                    | 800,000.                     |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....  | <b>4</b>                    |                              |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ..... | <b>5</b>                    |                              |
| <b>6</b>  | (a) Description of property | (b) Cost (business use only) |
|   |                             | (c) Elected cost             |
|   |                             |                              |
|   |                             |                              |
|   |                             |                              |
| 7 Listed property. Enter the amount from line 29 .....  | <b>7</b>                    |                              |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....  | <b>8</b>                    |                              |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....   | <b>9</b>                    |                              |
| 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 .....  | <b>10</b>                   |                              |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....  | <b>11</b>                   |                              |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....  | <b>12</b>                   |                              |
| 13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 .....  | <b>13</b>                   |                              |

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

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

|   |           |  |
|---|-----------|--|
| 14 Special depreciation for qualified property (other than listed property) placed in service during the tax year ..... | <b>14</b> |  |
| 15 Property subject to section 168(f)(1) election .....   | <b>15</b> |  |
| 16 Other depreciation (including ACRS) .....  | <b>16</b> |  |

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

**Section A**

|  |                          |      |
|--|--------------------------|------|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2008 .....  | <b>17</b>                | 589. |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ..... | <input type="checkbox"/> |      |

**Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

|  |           |      |
|--|-----------|------|
| 21 Listed property. Enter amount from line 28 .....  | <b>21</b> |      |
| 22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.<br>Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. .... | <b>22</b> | 589. |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....   | <b>23</b> |      |

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

| <b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No                        |                               |  |                               | <b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |                              |                                  |                                       |
|---|-------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
| (a)<br>Type of property<br>(list vehicles first)  | (b)<br>Date placed in service | (c)<br>Business/<br>investment<br>use percentage | (d)<br>Cost or<br>other basis | (e)<br>Basis for depreciation<br>(business/investment<br>use only)                                     | (f)<br>Recovery<br>period | (g)<br>Method/<br>Convention | (h)<br>Depreciation<br>deduction | (i)<br>Elected<br>section 179<br>cost |
| <b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use |                               |  |                               |  |                           |                              | <b>25</b>                        |                                       |
| <b>26</b> Property used more than 50% in a qualified business use:  |                               |  |                               |  |                           |                              |                                  |                                       |
|   |                               | %  |                               |  |                           |                              |                                  |                                       |
|   |                               | %  |                               |  |                           |                              |                                  |                                       |
|   |                               | %  |                               |  |                           |                              |                                  |                                       |
| <b>27</b> Property used 50% or less in a qualified business use:  |                               |  |                               |  |                           |                              |                                  |                                       |
|   |                               | %  |                               |  |                           | S/L -                        |                                  |                                       |
|   |                               | %  |                               |  |                           | S/L -                        |                                  |                                       |
|   |                               | %  |                               |  |                           | S/L -                        |                                  |                                       |
| <b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1   |                               |  |                               |  |                           |                              | <b>28</b>                        |                                       |
| <b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1  |                               |  |                               |  |                           |                              |                                  | <b>29</b>                             |

**Section B - Information on Use of Vehicles**

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

| 30 Total business/investment miles driven during the year (do not include commuting miles) | (a) Vehicle |    | (b) Vehicle |    | (c) Vehicle |    | (d) Vehicle |    | (e) Vehicle |    | (f) Vehicle |    |
|--|-------------|----|-------------|----|-------------|----|-------------|----|-------------|----|-------------|----|
|  |             |    |             |    |             |    |             |    |             |    |             |    |
| 31 Total commuting miles driven during the year  |             |    |             |    |             |    |             |    |             |    |             |    |
| 32 Total other personal (noncommuting) miles driven  |             |    |             |    |             |    |             |    |             |    |             |    |
| 33 Total miles driven during the year. Add lines 30 through 32                             |             |    |             |    |             |    |             |    |             |    |             |    |
| 34 Was the vehicle available for personal use during off-duty hours?                       | Yes         | No | Yes         | No | Yes         | No | Yes         | No | Yes         | No | Yes         | No |
|  |             |    |             |    |             |    |             |    |             |    |             |    |
| 35 Was the vehicle used primarily by a more than 5% owner or related person?               |             |    |             |    |             |    |             |    |             |    |             |    |
| 36 Is another vehicle available for personal use?  |             |    |             |    |             |    |             |    |             |    |             |    |

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

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

|  |            |           |
|--|------------|-----------|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  | <b>Yes</b> | <b>No</b> |
| <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners |            |           |
| <b>39</b> Do you treat all use of vehicles by employees as personal use?   |            |           |
| <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?   |            |           |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?  |            |           |

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

| (a)<br>Description of costs  | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| <b>42</b> Amortization of costs that begins during your 2008 tax year:               |                                 |                           |                     |  |                                   |
|  |                                 |                           |                     |  |                                   |
| <b>43</b> Amortization of costs that began before your 2008 tax year                 |                                 |                           |                     |  | <b>43</b>                         |
| <b>44 Total.</b> Add amounts in column (f). See the instructions for where to report |                                 |                           |                     |  | <b>44</b>                         |

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of Exempt Organization<br><b>CREATIVE RESPONSE TO CONFLICT</b>  | Employer identification number<br><b>13-3714986</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>BOX 271, 521 N. BROADWAY</b>          |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>NYACK, NY 10960</b> |   |

**Check type of return to be filed**(file a separate application for each return):

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**PRISCILLA PRUTZMAN**

- The books are in the care of ▶ **BOX 271, 521 N. BROADWAY - NYACK, NY 10960**  
Telephone No. ▶ **845-358-4924** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **February 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |           |    |            |
|---|-----------|----|------------|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  | <b>3a</b> | \$ |            |
| <b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.   | <b>3b</b> | \$ |            |
| <b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | <b>3c</b> | \$ | <b>N/A</b> |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

|   |  |                                  |
|---|--|----------------------------------|
| Form <b>CHAR500</b>   | <b>Annual Filing for Charitable Organizations</b><br>New York State Department of Law (Office of the Attorney General)<br>Charities Bureau - Registration Section<br>120 Broadway<br>New York, NY 10271<br><a href="http://www.oag.state.ny.us/bureaus/charities/about.html">http://www.oag.state.ny.us/bureaus/charities/about.html</a> | <b>2008</b>                      |
| This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006) |  | <b>Open to Public Inspection</b> |

|   |  |            |  |
|---|--|------------|--|
| <b>1. General Information</b>   |  |            |  |
| a. For the fiscal year beginning (mm/dd/yyyy) <b>07/01/2008</b> and ending (mm/dd/yyyy) <b>06/30/2009</b>   |  |            |  |
| b. Check if applicable for NYS:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial filing<br><input type="checkbox"/> Final filing<br><input type="checkbox"/> Amended filing<br><input type="checkbox"/> NY registration pending | c. Name of organization<br><b>CREATIVE RESPONSE TO CONFLICT</b>  |            | d. Fed. employer ID no. (EIN)<br><b>13-3714986</b> |
|   | e. NY State registration no.<br><b>05-45-79</b>  |            | f. Telephone number<br><b>845 358 4601</b>         |
|   | Number and street (or P.O. box if mail not delivered to street address)<br><b>BOX 271, 521 N. BROADWAY</b> | Room/suite | g. Email   |
|   | City or town, state or country and ZIP + 4<br><b>NYACK, NY 10960</b>                                       |            |  |

|   |                           |                  |      |
|---|---------------------------|------------------|------|
| <b>2. Certification - Two Signatures Required</b>   |                           |                  |      |
| We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. |                           |                  |      |
| a. President or Authorized Officer  | <b>PRISCILLA PRUTZMAN</b> | <b>PRESIDENT</b> |      |
| Signature   | Printed Name              | Title            | Date |
| b. Chief Financial Officer or Treas.  |                           |                  |      |
| Signature   | Printed Name              | Title            | Date |

|   |  |
|---|--|
| <b>3. Annual Report Exemption Information</b>   |  |
| a. <b>Article 7-A</b> annual report exemption (Article 7-A registrants and dual registrants)<br>Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <b>and</b> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.<br><br><b>NOTE:</b> An organization may claim this exemption if no PFR or FRC was used <b>and</b> either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal <b>and</b> contributions from other sources did not exceed \$25,000 <b>or</b> 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A. |  |
| b. <b>EPTL</b> annual report exemption (EPTL registrants and dual registrants)<br>Check <input type="checkbox"/> if gross receipts did not exceed \$25,000 <b>and</b> assets (market value) did not exceed \$25,000 at any time during this fiscal year.  |  |
| For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.<br><b>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</b>  |  |

|  |   |
|--|---|
| <b>4. Article 7-A Schedules</b>  |   |
| If you did <b>not</b> check the Article 7-A annual report exemption above, complete the following for this fiscal year:  |   |
| a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ... <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No | * If "Yes", complete <b>Schedule 4a</b> . |
| b. Did the organization receive government contributions (grants)? ..... <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No  | * If "Yes", complete <b>Schedule 4b</b> . |

|   |               |
|---|---------------|
| <b>5. Fee Submitted:</b> See last page for <b>summary of fee requirements</b> .                   |               |
| Indicate the filing fee(s) you are submitting along with this form:                               |               |
| a. Article 7-A filing fee .....   | \$ <u>10.</u> |
| b. EPTL filing fee .....  | \$ <u>25.</u> |
| c. <b>Total fee</b> .....   | \$ <u>35.</u> |
| <b>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</b> |               |

|   |
|---|
| <b>6. Attachments</b> - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments <b>▶▶▶</b> |
|---|



