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Department of the Treasury Internal Revenue Service

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)

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Inspection

OMB No 1545-0047

	2009 cal	<u>endar yea</u>	ar, or tax year beginni	ing			, an	ıd endi	ng					
Check if app	•	Please use IRS	C Name of organization	CLEARV	ATER JAZ	ZZ HOLID	AY FÖL	UNDAT				tification num	iber	
∐ Address c	-	label or print or	Doing Business As					1_		3-191044				
☐ Name cha ☐ Initial retu	-	type	Number and street (or PO Box 7278	rPO box if mail is	not delivered	to street add	ress)	Room/	/suite E	Telephon 127	e num	52	200	
Terminate	ed	Specific	City or town, state or o	country, and ZIP +						, -, ,		01 00	,00	
Amended	return	Instruc- tions.	CLEARWATER		F	=L	3375	8	G	Gross red	ceipts:	\$	72	24,634
Applicatio	n pending	F Na	ame and address of pri	incipal officer				H((a) Is this	a group ret	turn fo	r affiliates?	Yes	X No
		DAVID F	RUPPELL PO BOX 7	7278, CLEARV	VATER, FL	33758		H((b) Are al	ll affiliates ir	nclude	d۶	Yes	No
Tax-exen	npt status	X 501	1(c) (3) ∢ (ins	sert no)	4947(a)(1)	or 🗌	527		If "No	," attach a l	ıst (se	ee instructions)		_
Website	: ▶ ww		aterjazz com			<u></u> -			c) Group	exemption	numb	er ▶		
Form of or		X Cor		Association	Other ▶	•	L	Year of				M State of lega	al domicile	FL
Part I		mmary								1308	<u>, </u>			
1			he organization's mi	ission or most	significant	activities	lt ıs t	he mis	sion of	the Clea	rwat	er Jazz Ho	lidav	
			the leading propon		-								1445	
			world class, live mu					77 147 2	5-40	baru bubu b				
L L	JE1-1-111													
Activities & Governance	Check t	his hox	▶	ration discontin	ued its one	erations o	r dispos	sed of	more t	han 25%	of its	net assets	 :	
ອ ~ ສ 3			members of the go				. аюрос	30a 01		2070	3	1	,.	21
8 4		-	endent voting memb				. line 1t	b)		•	4			
5			employees (Part V, I		J	., (,		-,			5	;		
ž 6			voluntéers (estimate								6	;		700
7a	Total gr	oss unrel	lated business rever	nue from Part \	/III, columr	n (C), line	12				7:	а		C
b	Net unr	elated bu	isiness taxable incor	me from Form	990-T, line	34					71	b		(
									F	Prior Year		Cu	ırrent Year	
8									5	78,47	73	47	73,204	
9 10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							63,28			16,379			
္ဗီ 10									3,52	24		5,051		
} 11	Other re	evenue (F	Part VIII, colu <u>mn (A)</u>	, lines 5, 6d, 8r	9 c10c ₁:	and 11e)						0		
12			d lines 8 through 11 (ក្				.)			8	45,27		72	24,634
13	Grants	and simila	ar amounts paid (Pa	art-IX, column (A), lines 1	– 3)		\vdash				0		
14	Benefits	s paid to o	or for member APar ompensation Emplo	rt IX, column (A	Ine 48	, , ,						0		9
ي 15 دو	Salaries	s, other co	ompensation emplo	yee benefits w	art IX 60	umn (A),	lines 5	-10)				0		
ຮັ 16a			draising fees (Part I)									0		
~			expenses (Part IX			}	-			0	72.70	24)C FO(
[⊔]		-	(Part IX, column (A) Add lines 13–17 (mi				25\	\vdash			72,79 72,79			96,500 96,500
19		•	penses Subtract lin	•		i (A), iiile	23) .	-			27,5°			28,134
8 8	Kevenic	C ICSS CX	penses Subtract in	ie to nom inte	12				Beainnin	ng of Curre			nd of Year	.0,10-
일 등 20	Total as	ssets (Pa	rt X, line 16)		_						43,6			04,496
21			Part X, line 26)									49		33,062
[22			nd balances Subtra	ct line 21 from	line 20 .					1.	43,30			71,434
Part II		nature						•	_					
			of perjury, I declare that I	have examined thir	s return, includ	ding accomp	anying scl	hedules	and state	ements, and	l to the	best of my kn	owledge	
			rue, correct, and complete			•							-	
	1.	<i>- 1</i> 1.	1.6	201 an=)					1	10	حي أردرا		
ign		11/	Man V	MENTE	<u>ノ</u>						<u>10 </u>	12/10	<u> </u>	
lere		Signature					_	10.14.0		Date	. /			
			Folsom, Treasurer				3,	/8/10						
	Dro.	Type or pri parer's	nnt name and title			Date		Chec	k ıf		Pr	eparer's identif	vina numbe	
		ature				Date		self-	ev 11			e instructions)	אינווטוו פיייק	
aid	1 *					5/14	/2010	empl	oyed	<u> </u>				
	5	n's name (or	yours \		<u> </u>	_			TE	IN .				
reparer'	1		. •											
reparer'	ıf se	If-employed							F	hone no	•			
Paid Preparer's Use Only	ıf se add	lf-employed ress, and ZII		er shown show	e2 (sec in	etructions	· · · · · · · · · · · · · · · · · · ·		P	hone no	<u> </u>		Yes	No

4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by	v evnenses	
4	Describe the exempt purpose achievements for each of the organization's three largest program services b Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amou allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 663,787 including grants of \$ 0) (Revenue \$	0)	_
	The money earned at the Clearwater Jazz Holiday event is used to promote Jazz in the area and is distributed as charitable donations to deserving musicians		
4h	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	0.	_
7.0	(Code) (Expenses #) including grains of # / (Nevenue #		
			
40			
4c			
	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$		
4c	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$		

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part	V Ghecklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
-	Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice	Ţ,		<u> </u>
•	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
Ŭ	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		<u> </u>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			 ^-
0	complete Schedule D, Part III	8		V
0		-		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	L	X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			1 1 1 2 2 1 1 1 2 2 2 1
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	ke. L		real to
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	NE		'sn'g
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		1000	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	٠.		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		Shan	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		2	21 13 A
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No	ur ser de las	rekt.	
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			Γ
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III .	19	ĺ	X

20

VI

Form 9	990 (2009) CLEARWATER JAZZ HOLIDAY FOUNDATION 5	8-1910442	F	age 4
Par	· Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organization	ıs		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25.	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	, \square		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		ĺ	
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	. 31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	. 32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	. 33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1 .	. 34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	d		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part		l	l

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O. .

						Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of						
	U.S. Information Returns. Enter -0- if not applicable	1a		1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable .	1b		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors a gaming (gambling) winnings to prize winners?	and re	portable 		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax]				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		0			
b	If at least one is reported on line 2a, did the organization file all required federal employment ta			_	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return	ı (see					
٥-	instructions)						i
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	covere	а ву	-	2-		
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> .			-	3a 3b	<u> </u>	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or	other :	authority	· -	30	<u> </u>	-
74	over, a financial account in a foreign country (such as a bank account, securities account, or of account)?		-		4-		
b	If "Yes," enter the name of the foreign country				4a		Х
U	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Fo	reign	Rank				
_	and Financial Accounts	_	Darik				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax y			-	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter t If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			-	5b		X
С	Prohibited Tax Shelter Transaction?	Rega	iruiriy		5c		x
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	l did th	ne.		<u> </u>		<u> </u>
	organization solicit any contributions that were not tax deductible?				6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such con	tributio	ons or				
	gifts were not tax deductible?			L	6b		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and part	ly for (goods		_		
	and services provided to the payor?			-	7a	<u> </u>	X
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 required to file Form 8282?	II II Wa	45	ļ	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	· 	i i	70		Â
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums		ersonal				
	benefit contract?	•			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	t contr	act?.		7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as red			. [7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form	1098-0	C as	- 1		ļ	
_	required?		•		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) suppo	-					
	organizations. Did the supporting organization, or a donor advised fund maintained by a spon organization, have excess business holdings at any time during the year?	soring		•	8		
9	Sponsoring organizations maintaining donor advised funds.	•	• •		0		
a	Did the organization make any taxable distributions under section 4966?			ļ =	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		•		9b		t
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12.	10a					ŀ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter	,					
а	Gross income from members or shareholders	11a	ļ				
b	Gross income from other sources (Do not net amounts due or paid to other sources						
40-	against amounts due or received from them)	11b	10117		40		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of				12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1	į.			

for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? Х b 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9a Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 11 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13. 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Χ Does the organization have a written whistleblower policy? 13 13 Х Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b Χ 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 16a with a taxable entity during the year? 16a Х If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Upon request Own website Another's website 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► SUSAN FOLSOM, CPA 727 738-8906

1605 MAIN STREET, 34698

· Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)			(1	C)			(D)	(E)	(F)
Name and Title	Average			chec	k all	that app	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Donna Yarbrough S	2	х						0	0	0
David Ruppel P	2	х						0	0	0
Steven Weinberger VP	2	x						0	0	0
Susan Folsom T	2	x						0	0	0
	Į.									
									_	
	, 								-	

(A)	(B)	ipicy	663		C)	JIICS		(D)	(E)	Jordania	(F)	
Name and title	Average	Po	sition	(chec	k all ti	hat ap	ply)	Reportable	Reportal	ble	Estimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensa from rela organizati (W-2/1099-i	ation ted ions	amount of other compensation from the organization and related organization	on n
					•							
1b Total							•	0		0		0
2 Total number of individuals (including but no		se list	ted a	_	e) wl	ho re	ceiv	ed more than \$1	00,000 in			
reportable compensation from the organizat	lion P			0							Yes N	lo
3 Did the organization list any former officer, employee on line 1a? If "Yes," complete Sci					yee,	, or h	ıghe	est compensated		3	T SAN E	X
4 For any individual listed on line 1a, is the su the organization and related organizations gundividual										4		X
5 Did any person listed on line 1a receive or a services rendered to the organization? If "You	•				•			rganization for		5	The second second	X
Section B. Independent Contractors												
Complete this table for your five highest cor- compensation from the organization	npensated inde	pend	ent o	contr	acto	rs th	at re	ceived more tha	n \$100,00	0 of		
(A) Name and business a	address							(B) Description of ser	vices	Con	(C) npensation	
Tsunamı Marketing LLC 726 25th	Ave, St Petersl	burg,	FL 3	3370	4		T	rketing Consulta			120,0	<u> </u>
							mai	rketing and spor	sor relation			0
												0
	<u>. </u>						<u> </u>					<u>ი</u>
2 Total number of independent contractors (in	cluding but not	limite	ed to	thos	se lis	sted a	abov	re) who received	8			
more than \$100,000 in compensation from t								,	100	ert in	and the state of the second	200

58-1910442

Part	VIII	Statement of Revenue							
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns		1a	0		-		
Contributions, gifts, grants and other similar amounts	b	Membership dues		1b	75,753	İ			
ء <u>ق</u>	c	Fundraising events		1c	70,700	į			
ig:		Related organizations	•	1d	0	İ			
gie	d								
Sir	e	Government grants (contributions)		1e	55,100				1
e E	f	All other contributions, gifts, grants							•
흔동		similar amounts not included above		1f	342,351	1			
בַּ בַּ	g	Noncash contributions included in	ines 1a-1f	δ.	0				
ā ŭ	h	Total. Add lines 1a-1f			•	473,204			
e l					Business Code				<u></u>
еп	2a	Jazz Festival			711300	246,379			
Re	b			•		0			
ice	С					0		·	
erv	d			•		0			
E	е			•		0			
Program Service Revenue	f	All other program service revenue		•	-	0			
Pro	q	Total. Add lines 2a–2f.			—	246,379			
				4		240,575		<u> </u>	
	3	Investment income (including divid	enas, interes	ii, an	5 054]	
		other similar amounts)		٠		5,051		 	
	4	Income from investment of tax-exe	mpt bond pro	ocee	ds 🕨	0		ļ	
	5	Royalties			▶	0			
ŀ			(ı) Real		(ม) Personal				1
	6a	Gross Rents							
	b	Less. rental expenses							
	С	Rental income or (loss)		0	0				
	d	Net rental income or (loss)				o			
	7a	Gross amount from sales of	(i) Securitie	es	(II) Other				
		assets other than inventory		0	0				1
	b	Less cost or other basis							
	_	and sales expenses		0	l ol				
	С	Gain or (loss)		0					1
	d	Net gain or (loss)	L		<u> </u>	0		-	
	8a	Gross income from fundraising							
P	va		0					ł	
ē			<u> 0</u> .						
ě		of contributions reported on line 10)	_					
œ		See Part IV, line 18		a	0				
Other Revenue		Less direct expenses		þ	0			<u></u>	ļ
ŏ		` ,				0			
	9a	Gross income from gaming activities	es						
		See Part IV, line 19		а	0				
	b	Less direct expenses		b	0			<u> </u>	<u> </u>
		Net income or (loss) from gaming a	activities			0			
	10a	Gross sales of inventory, less			ļ				
		returns and allowances		а	l o				ļ
	ь	Less cost of goods sold	•	b	0			1	ļ
	c	Net income or (loss) from sales of	inventory		>	0		· · · · · · · · · · · · · · · · · · ·	
		Miscellaneous Revenue			Business Code				
	11a					0		 	<u> </u>
	ь	••		-		0		 	† · · · · ·
	C			•		0		 	
	ď	All other revenue		-	<u> </u>	0		 	
		T 4 1 4 111 44 44 1				0		 	
	12 e							 	
	12	Total revenue. See instructions			🟲	724,634	() () C

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column	i (A) but are not rec	quired to complete	columns (B), (C), a	ind (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				<u> </u>
	organizations in the U.S. See Part IV, line 21	0			·•
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			i	
	U.S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			-, <u>-</u>
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions) .	0			
9	Other employee benefits	0			
10	Payroll taxes .	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal .	0	<u> </u>		
С	Accounting	2,300		2,300	
d	Lobbying .	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion .	0			
13	Office expenses	6,512		6,512	
14	Information technology	0			
15	Royalties	0	_		
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	 		0
23	Insurance	24,409		24,409	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Annual artist and site event expense	655,609	622,896		
b	Computer	0			
С	Credit Card processing	2,400		2,400	
d	Storage	3,470		3,470	
е	Miscellaneous	1,800		1,800	
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	696,500	622,896	40,891	0
26	Joint costs. Check here ▶ if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation			Ī	

Balance Sheet Part X (A) (B) Beginning of year End of year 1 1 Cash-non-interest-bearing 128,195 189.386 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net. 15,455 4 15,110 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L ol 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L ol 6 Notes and loans receivable, net. ol 7 0 8 Inventories for sale or use 9 Prepaid expenses and deferred charges. 9 10a 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c 0 0 Investments—publicly traded securities 0 11 0 11 0 12 Investments—other securities See Part IV, line 11 0 12 Investments—program-related See Part IV, line 11 o 13 13 0 14 Intangible assets 0 14 0 15 Other assets See Part IV, line 11 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 143,650 204,496 16 17 Accounts payable and accrued expenses 349 17 33,062 18 Grants payable 18 19 Deferred revenue 19 20 0 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L ol 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 0 25 Other liabilities Complete Part X of Schedule D 0 25 26 Total liabilities. Add lines 17 through 25. 349 26 33,062 Organizations that follow SFAS 117, check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 143,301 32 171,434 33 Total net assets or fund balances 143,301 33 171,434 34 Total liabilities and net assets/fund balances 143,650 34 204,496 required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

3b

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.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 **Open to Public** Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► See separate instructions.

			HOLIDAY FOUN								<u>910442</u>		
Par	_			narity Status (All org						nstructio	ns		
	orgai		•	ation because it is: (Fo		-		-	•				
1	닏			rches, or association of			ed in sec	tion 170(b)(1)(A)(i).			
2	닏			on 170(b)(1)(A)(ii). (At		•							
3	Ц	A hospital or	a cooperative h	nospital service organi	zation de:	scribed in	section '	170(b)(1)	(A)(iii).				
4			search organiza me, city, and sta	ation operated in conju ate	inction wit	th a hospi	tal descril	bed in se	ction 170	(b)(1)(A)	(iii). Ent	er the	
5		-	-	r the benefit of a collect (Complete Part II)	ge or univ	ersity owr	ned or ope	erated by	a governi	mental ur	nit descr	ıbed	
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit d	escribed i	n section	170(b)(1	I)(A)(v).				
7		_		y receives a substanti (1)(A)(vi). (Complete I		ıts suppor	t from a g	jovernme	ntal unit c	or from th	e genera	al publi	С
8		A community	y trust described	d in section 170(b)(1)((A)(vi) . (C	omplete F	Part II)						
9	X	receipts from support from	n activities relate i gross investme	ly receives (1) more the dot its exempt function to the income and unrelated after June 30, 1975	ons—subj ted busine	ect to cert ess taxabl	tain excer e income	otions, an (less sec	d (2) no r tion 511 t	nore thar	33 1/3	% of its	
10		An organizat	tion organized a	nd operated exclusive	ly to test	for public	safety Se	ee sectio	n 509(a)(4).			
11		An organizat	tion organized a	ind operated exclusive	ly for the	benefit of	, to perfor	m the fun	ctions of,	or to car	ry out th	e	
		509(a)(3). C	heck the box tha	blicly supported organ at describes the type o	f support	ıng organi	zation an	d comple	-	1e throug	h 11h		on
	_	a Type		Type II c		e III–Fund	•	•			Type III-		
е	Ш			y that the organization			-	-	-		-		
				on managers and othe	er than on	e or more	publicly s	supported	organiza	itions des	scribed ii	1 section	on
ε			section 509(a)(3		a fram tha	JDC that	utus a Tum	o I Tuno	II on Tue	ممينم الل			
f		-	, check this box	a written determination	i irom me	ins man	пізатур	еї, туре	ii, or Typ	e iii supp	orung		
g		_	st 17, 2006, has	the organization acce	pted any	gift or con	tribution f	from any	of the				L
				or indirectly controls,	either alo	ne or toge	ther with	persons (described	ın (ıı)		Yes	No
			_	verning body of the su		rganizatio	n?				11g(i)		
			•	person described in (i			_	•			11g(ii)		
L				ty of a person describe				•	•	•	11g(iii)	L1	
<u>h</u>				ation about the support (iii) Type of organization				ou notify	(vi)	ls the	(vii)	Amount	of
(1)		e of supported anization	(II) EIN	(described on lines 1–9	in col (i) li	sted in your	the organ	nization in	organizat	tion in col		support	
	0.9	3.11 <u>2</u> 3.13.11		above or IRC section (see instructions))	governing	document?		of your oort?		zed in the S?			
			ł	(000	Yes	No	Yes	No	Yes	No	1		
		_		<u> </u>							ļ		0
													0
-													0
													0
													0
Fota						}							0

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (f) Total (e) 2009 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 0 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge 0 0 0 Total. Add lines 1 through 3 0 0 0 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 0 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (d) 2008 (f) Total 7 Amounts from line 4 0 0 0 0 0 0 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 0 0 0 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0 11 Total support. Add lines 7 through 10 0 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 0 00% 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 0 00% 33 1/3% support test-2009. 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 . 33 1/3% support test-2008. 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-2009. 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 10%-facts-and-circumstances test-2008. 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

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 to	he box on line	9 of Part I)				
	tion A. Public Support			·			
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and					·	
	membership fees received (Do not			:			
	include any "unusual grants.") .	372,815	493,151	592,859	578,473	477,580	2,514,878
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
_	organization's tax-exempt purpose	221,951	232,947	248,195	263,281	243,342	1,209,716
3	Gross receipts from activities that are not an						_
4	unrelated trade or business under section 513		····	-			0
4	Tax revenues levied for the organization's benefit and either paid to or expended on	ļ					
	its behalf	o	o	i			0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0				0
6	Total. Add lines 1 through 5	594,766	726,098	841,054	841,754	720,922	3,724,594
7a	Amounts included on lines 1, 2, and 3			1	-		
	received from disqualified persons .						0
b	Amounts included on lines 2 and 3 received				-		
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the				i		
	amount on line 13 for the year						0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from				1		0.70 / 70 /
Sac	line 6) tion B. Total Support					l	3,724,594
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
							-
9	Amounts from line 6	594,766	726,098	841,054	841,754	720,922	3,724,594
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources				3,524	5,051	8,575
b	Unrelated business taxable income (less				3,02		- 0,0,0
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	3,524	5,051	8,575
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						C
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	13,362	0				13,362
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	608,128			845,278	725,973	
14	First five years. If the Form 990 is for the org	ganization's firs	st, second, third	d, fourth, or fifth	n tax year as a	section 501(c)	(3)
	organization, check this box and stop here		<u> </u>				. ▶
	tion C. Computation of Public Support			····			
15	Public support percentage for 2009 (line 8, co		•	olumn (f))		15	99 41%
16 Sec	Public support percentage from 2008 Schedution D. Computation of Investment Inc.	ue A, Part III, li	ne 15 .	-		16	99 53%
<u>3ec</u> 17	tion D. Computation of Investment Inc			no 12 notice 6	<u></u>	47	0.000
17	Investment income percentage for 2009 (line Investment income percentage from 2008 Sc			ie 13, column (עי 	17	0 23% 0 10%
	33 1/3% support tests—2009. If the organiza			line 14 and lin	16 15 is more ti		
	not more than 33 1/3%, check this box and s						. ► X
b	33 1/3% support tests—2008. If the organization d						. • 🗡
	line 18 is not more than 33 1/3%, check this box ai						▶ □
20	Private foundation. If the organization did no		-			-	s ▶
			,				

Schedule A (Form	990 or 990-EZ) 2009	CLEARWAT	ER JAZZ HOLII	DAY FOUNDATION	N	58-1910442	Page 4
Part IV	Supplemental				he explanations required		0,
					er additional information		
•					······································		
			· · · · · · · · · · · · · · · · · · ·				
							· • • • • • • • • • • • • • • • • • • •
							
							
				-			
							 -
		-	-	·			
							
							

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

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

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

Open To Public Inspection

	Name of the organization CLEARWATER JAZZ HOLIDAY FOUNDATION					Employer identification number 58-1910442		
	Fundraising Activities Co		organizat	ion answe	ered "Yes" to Form			
Par	Form 990-EZ filers are not		-					
1	Indicate whether the organization ra	sed funds thro			-			
а	Mail solicitations				of non-government	-		
b	Internet and email solicitations				of government grar	nts		
С	=	Phone solicitations g Special fundraising events						
d								
2a	Did the organization have a written or key employees listed in Form 990	_		•	•		Yes No	
b	If "Yes," list the ten highest paid indito be compensated at least \$5,000 b		•	isers) purs	uant to agreements	under which the fo	undraiser is	
	(i) Name of individual or entity (fundraiser)	(II) Activity	(III) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity			
			Yes	No		ω (ι)		
						_		
			-		0	0	0	
			ļ		0	0	0	
					0	0	0	
					0	0	0	
					0	0	0	
					0	0	0	
					0	0	0	
					0	0	0	
					0	0	0	
					o	0	0	
Tota	I			. •	0	0	0	
3	List all states in which the organization or licensing	on is registere	d or licens	ed to solicit	t funds or has been	notified it is exemp	ot from	
 -								
- -								
								
		·				· · · · · · · · · · · · · · · · · · ·		
- -		·						
						· • • • • • • • • • • • • • • • • • • •		

Pa	rt			nization answered "Yes Sa List events with gros			
Direct Expenses Revenue		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1 2	Gross receipts	0	0	0	0	
	3	contributions Gross income (line 1	0	0	0	0	
		minus line 2)	0	0	0	0	
	4	Cash prizes	0	0	0	0	
	5	Noncash prizes	0	0	0	0	
	6	Rent/facility costs	0		0	0	
	7	Food and beverages	0		0	0	
	8	Entertainment Other direct expenses	0		0	0	
	9	Other direct expenses Direct expense summary				(0)	
	11		•	• •		0	
Pa	rt II			wered "Yes" to Form 99	90, Part IV, line 19, or r	eported more	
		than \$15,000 on Fo	rm 990-EZ, line 6a	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
	_1	Gross revenue				0	
ses	2	Cash prizes				0	
ect Expenses	3	Noncash prizes				0	
Direct I	4	Rent/facility costs				0	
	5	Other direct expenses				0	
	6	Volunteer labor	Yes %	Yes%	Yes%		
	7	Direct expense summary	Add lines 2 through 5 in	column (d)		(0)	
	_8	Net gaming income sumn	Yes No				
9	8	Enter the state(s) in which th					
	a I	s the organization licensed t	9a				
l	ا د ۔	f "No," explain					
40	. ;	Nors any of the account					
10a		Vere any of the organizatior f "Yes," explain	10a				
	-						
11		Does the organization opera	11				
12		s the organization a grantor, ormed to administer charital	. 12				

-_-CLEARWATER JAZZ HOLIDAY FOUNDATION

58-1910442

Sched	ule G (Form 990 or 990-EZ) 2009			Page 3			
			Yes	No			
13	Indicate the percentage of gaming activity operated in.						
а	The organization's facility						
b	An outside facility		1				
14	Enter the name and address of the person who prepares the organization's gaming/special events books		l .	ŀ			
	and records						
	Name ▶						
	Address ▶						
15a	Does the organization have a contract with a third party from whom the organization receives gaming						
	revenue?	15a					
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the						
	amount of gaming revenue retained by the third party ▶ \$						
С	If "Yes," enter name and address of the third party						
	Name ▶						
	Address ▶						
16	Gaming manager information						
	Name ▶			1			
	Gaming manager compensation ► \$0						
	Description of services provided						
	Director/officer Employee Independent contractor						
17	Mandatory distributions						
a							
	retain the state gaming license?	17a					
b	b Enter the amount of distributions required under state law to be distributed to other exempt organizations						
	or spent in the organization's own exempt activities during the tax year ▶ \$						

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

58-1910442 **CLEARWATER JAZZ HOLIDAY FOUNDATION** Form 990 Part VI Section C Line 19 The Organization does not curently make its governing documents. COI policy or financial statements available on its website. They are made available upon request This policy will be reviewed annually Form 990 Part SUMMARY Form 990 has been amended to reclassify certain income and to include an accrual for a program expense that was discovered after the original filing