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Form 990-EZ

Department of the Treasury

Internal Revenue Service

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$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

OMB No 1545-1150

2011

Open to Public Inspection

Α	For the	e 2011 calend	dar year, or tax year beginning , and ending			
В	Check if	applicable	C Name of organization	DE	mployer ide	ntification number
	Address	change				
	Name ch	ange	Clearwater Arts! Alliance, Inc.	59-3629009		
	Initial reti	um	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephone number		
	Terminate	ed	P.O. Box 955			
	Amended	d return	City or town, state or country, and ZIP + 4	FG	Group Exem	ption
\prod	Application	on pending	Clearwater FL 33757-0955		Number	•
G	Accour	nting Method	X Cash Accrual Other (specify) ► H Check ►	X	if the organ	ization is not
1	Websi	te: 🕨 ww		_	ach Schedu	
J	Tax-exe	empt status (cl			0-EZ, or 99	
ĸ	Check	▶ If the	organization is not a section 509(a)(3) supporting organization or a section 527 organization and			
	not mo		00 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be re-			
			oses to file a return, be sure to file a complete return	•	- (
	-		b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,			
			ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ	ı	▶ \$	10,343
	art I		ue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc		<u> </u>	
			f the organization used Schedule O to respond to any question in this Part I			X
	1		gifts, grants, and similar amounts received		1	10,251
	2		vice revenue including government fees and contracts	_	2	10/201
	3	_	dues and assessments	-	3	
	4	Investment i			4	92
	5a		nt from sale of assets other than inventory 5a			
	b		r other basis and sales expenses 5b	\dashv		
	c		from sale of assets other than anventory (Subtract line 5b from line 5a)	\dashv ,	5c	
	6		fundraising events	F	-	
ā	a		ne from gaming (áttach Schédule G if greater than			
en		\$15,000)	6a			
Revenue	ь		ne from fundraising events not including \$ of contributions	\dashv	1	
Ľ			sing events reported on line 1)-(attach Schedule G if the			
			gross/inconfigured on tributions exceeds \$15,000) 6b			
	C	Less direct	expenses from gamingcand fundraising events 6c	╡		
	ď		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	\dashv		
	"	line 6c)	or (1005) from San Ingental fundaising events (and lines on and ob and subtract	1.	6d	
	7a	,	of inventory less returns and allowances 7a	·	00	
	b	Less cost of	→	\dashv		
			or (loss) from sales of inventory (Subtract line 7b from line 7a)	┨.	7c	
S	.ı ×		ue (describe in Schedule O)		8	
S	9				9	10,343
Ź	10		similar amounts paid (list in Schedule O)		10	10,040
K	11		d to or for members		11	
Ö	12		er compensation, and employee benefits		12	
ses	13		fees and other payments to independent contractors		13	1,378
CANNED subtra 0 4	14		rent, utilities, and maintenance		14	1,370
番	15		plications, postage, and shipping		15	
0	16		ses (describe in Schedule O)		16	8,286
	17	•		_	17	9,664
Net Assets 00	18		eficit) for the year (Subtract line 17 from line 9)	$\neg \vdash$	18	679
ets)	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with	-	10	019
SS	'		figure reported on prior year's return)	1.	10	24,314
et A	20	•	es in net assets or fund balances (explain in Schedule O)		19	
ž	20				20	24,993
For			r fund balances at end of year Combine lines 18 through 20 Act Notice, see the separate instructions.	- 1 4	21	24,993 Form 990-EZ (2011)
DAA			300 and dopulate men agrically.		F	orm 330-E.Z. (2011)
						•/

Part II Balance Sheets. (see the instructions for Part II.)					Page 2
, , , , , , , , , , , , , , , , , , ,					
Check if the organization used Schedule O to respond to an	ny question in this				
22 Oash saves and control	_	(A) Beginning of year	\rightarrow		End of year
22 Cash, savings, and investments	<u> </u>	24,3		22	24,993
23 Land and buildings24 Other assets (describe in Schedule O)	<u> </u>	 .	<u> </u>	23	
25 Total assets	<u> </u>	24.3		24	24 002
26 Total liabilities (describe in Schedule O)	_	24,3	0	25	24,993
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	_	24,3		27	<u>0</u> 24,993
Part III Statement of Program Service Accomplishments (eae the instruction		1 4		xpenses
Check if the organization used Schedule O to respond to ar		,	X		d for section
What is the organization's primary exempt purpose?	ry question in this	T GIT III			and 501(c)(4)
See Schedule O			- 1		ions and section
Describe the organization's program service accomplishments for each of its three	largest program ser	vices.	— I	•	l) trusts, optional
as measured by expenses In a clear and concise manner, describe the services pr				for others	
persons benefited, and other relevant information for each program title					,
28 To support and promote the Arts in Clearwater, Florida an	ıd	-			
surrounding areas					
(Grants \$) If this amount includes foreign grants, ch	neck here			28a	8,180
29					
(Grants \$) If this amount includes foreign grants, ch	neck here	<u> </u>	Щ	29a	
30				-	
			ı		
(Cronto C			<u></u>		
(Grants \$) If this amount includes foreign grants, ch 31 Other program services (describe in Schedule O)	neck_nere		!	30a	
(Grants \$) If this amount includes foreign grants, ch	ook boro	_	пl	31a	
32 Total program service expenses (add lines 28a through 31a)	ieck neie		╁┼	32	8,180
Part IV List of Officers, Directors, Trustees, and Key Employees. List e	ach one even if not	compensated (se	e the		for Part IV)
Check if the organization used Schedule O to respond to any quest		(c) Reportable	(4)	Heath benefits,	
(a) Name and address	(b) Title and average hours per week	compensation (Forms W-2/1099-MISC)	contribu	utions to employe efit plans, and	e (e) Estimated amount of
	devoted to position	(If not paid, enter -0-)	nen	enii pians, and	
Attached			deferre	ed compensation	other compensation
			deferre	ed compensation	other compensation
	0.00	0			outer compensation 0
	0.00	0			
	0.00	0			
	0.00	0			
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	0.00	0			
DAA	0.00	0			

Form	1990-EZ (2011) Clearwater Arts! Alliance, Inc. 59-3629009		Р	age :
Pê	art V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V		1	
33	Did the erganization engage in any eignificant activity not provided to the IDC2 if "Yes." provide a		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		
J -1	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		_ X
35a				^_
004	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		_
•	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Χ
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	000		- 11
	during the year? If "Yes," complete applicable parts of Schedule N	36		Χ
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b	t i	Х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	<u> </u>		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	1	Х
b	remarks and the second of the	000		
39	Section 501(c)(7) organizations Enter	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b	1		
40a		1		
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization			
е	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		Χ
41	List the states with which a copy of this return is filed ▶ None			
42a	The organization's books are in care of ▶ Marly McMillan Telephone no ▶			
	851 Mandalay Avenue			
	Located at ▶ Clearwater FL ZIP + 4 ▶ 33	767		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	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			
_	At any time during the colonder was did the assessment or projection as office outside of the U.S.2	40		v
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	X
42	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			▶
	and enter the amount of tax-exempt interest received or accrued during the tax year			N1 -
440	Did the organization maintain any denor advised funds during the year? If "Yea " Form 000 must be		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44-		Х
h	·	44a		^
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	445		v
_	completed instead of Form 990-EZ	44b		X
Q C	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44s, has the organization filed a Form 720 to report these payments? If "No." provide an	44c	 	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
AE-	·			Х
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	AEL		Х
DAA	Total 555 E2 (See Histiacions)	45b	10-E2	

•	,,	_													
orm 990-E	Z (2011)	Clear	<u>water</u>	Arts!	Al	<u>lian</u>	<u>ce, I</u>	nc.	5	<u>9-36290</u>	09				age 4
ופ הייז זו	ha araan:==+:=	n ongo	directly co	indiroctly :	n naliti-	nal aa	olan aster	utio=	hahalf of a-	In opposition				Yes	No
	he organizatio ndidates for p		•	-	•	•	•	ities on	benair or or	in opposition			46	•	Х
Part VI	Section	n 501(c)(3) orga	nizations	s and	sectio	n 4947((a)(1) r	onexem	pt charitab	ole tr	usts only. All s	ection	<u> </u>	
	501(c)(3	3) organı	zations ar	nd section tables for	4947(a	a)(1) no	nexempt	t charita	ble trusts	must answe	r que	estions 47-49b			
								anv aue	stion in thi	s Part VI					
47 D.44														Yes	No
	he organizatio ? If "Yes," com				n nave a	a section	n 501(n) e	election i	n enect duri	ng the tax			47		Χ
•	organization	•			n 170(b))(1)(A)(u)? If "Yes '	" comple	ete Scheduk	e F			48	_	X
	he organizatio						-	•		_			49a		X
b If "Ye	es," was the re	lated orga	anization a	section 527	organi	zation?		J					49b		
50 Com _l	plete this table	e for the o	rganization	's five highe	est com	pensate	d employe	ees (oth	er than offic	ers, directors,	, trust	ees and key			
empl	oyees) who ea	ach receiv	ed more th	an \$100,00	0 of cor	mpensat	tion from t	he orga	nization If the	here is none,	enter	"None "			
			and address of d more than \$	each employee 100,000	9			ho	tle and average ars per week oted to position	(c) Reporta compensati (Forms W-2/1099	ION	(d) Health benefits, contributions to employe benefit plans, and deferre compensation	erra.	timated a	
None	.											compensation			
								_			<u> </u>		+-		
				·			•				-				
 _								_		<u> </u>			+-		
	<u> </u>									l 		<u> </u>			
	I number of ot	•	•	•					▶ _						
	plete this table 0,000 of compe								ntractors wh	no each receiv	ed m	ore than			
_	Name and add		_						(b) ⁻	Type of service		(c) C	ompensa	ition	_
None	·		<u> </u>	<u>`</u>								·	<u> </u>		
					 -										
	I number of ot	•				•	-		• <u> </u>			·			
	he organizatio						c)(3) orgai	nization	s and 4947(a)(1)		▶ ∑	Yes		Na
	exempt charita						companyin	na schodi	les and state	ments and to t	the he	st of my knowledge a			No
	, and complete												ind bein	51, IC 13	
		•													
Sign	Signatur	e of officer	5.5 /		Γ.		•			Date	^				
Here	Type or i	print name ai	nd title	ear		(CSI	dent			5-1-13					
-	Print/Type prep	·				Prepareta	signature	7	_/	1	Date		PTIN	 I	
Paid	1				k	/ 1	me	Sha .	/5/	h/			ıf		
Paid Preparer	Bruce M S		ruce	M. Sza		P.A		67				26/12 self-employed		18669 097	
Use Only				uid Ro			717	\leftarrow	$\overline{}$		\dashv	I HITS EIN F	<u>, - 2</u> 5	, U J 1	1 J
,			learw		FL		56 - 39	47				Phone no 727-	-446	5-37	72
May the IR	RS discuss this												(es	No
													Form 9	90-EZ	(2011)

SCHEDULE A (Fórm 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

			_ Clearwater A	Arts! Alliance,	Inc.				59	-362	9009		
Pa	irt l	Reas	on for Public Charity	Status (All organizations	must co	omplete	this pa	art.) Se					
he	orga			se it is (For lines 1 through 11,									
1				sociation of churches described									
2	\Box		scribed in section 170(b)(1)(
3	\sqcap			ice organization described in se	ction 170	(b)(1)(A)	iii).						
4	\prod			d in conjunction with a hospital)(1)(A)(i	iii). Ent	er the h	ospital's nam	ne.	
		city, and stat		,				74 - 74 - 74	,			,	
5				of a college or university owned	or operat	ed by a o	overnme	ental uni	t descr	hed in			
			(b)(1)(A)(iv). (Complete Part			, 9		oman am	4000	.500			
6				jovernmental unit described in s	ection 17	70(b)(1)(A	11(v)						
7	П			substantial part of its support fr				from the	gener:	al nublic	•		
			section 170(b)(1)(A)(vi). (C		- J				gonon	ai public	•		
8				170(b)(1)(A)(vi). (Complete Par	ш								
9	X			1) more than 33 1/3% of its sup		contributi	ons me	mhersh:	ın fees	and are	nee		
	ш			npt functions—subject to certain					•	-	,,,,		
				nd unrelated business taxable in									
				0, 1975 See section 509(a)(2)				,	,uoii103	303			
10				exclusively to test for public safe									
11	П			exclusively for the benefit of, to	-				v out th	e			
	_			ted organizations described in s							1		
				the type of supporting organizati							•		
		a Type		c Type III-Function		-	d		e III–O	her			
е		By checking	this box, I certify that the org	ganization is not controlled direc	-		one or m				าร		
				er than one or more publicly sup									
		or section 50		, , ,	•	•					,		
f		If the organiz	ation received a written dete	ermination from the IRS that it is	a Type I,	Type II,	or Type	III suppe	orting				
			check this box				••	• •	Ū				
g		Since Augus	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution fron	n any of th	ne						ш
_		following per				•							
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ibed in (ıı) and				Yes	No
		(III) belo	w, the governing body of the	supported organization?				•			11g(i)		
		(ii) A family	member of a person describ	bed in (i) above?							11g(ıi		
		(iii) A 35% c	controlled entity of a person of	described in (i) or (ii) above?							11g(ii		
h		Provide the	following information about t	he supported organization(s)									
(()	Nam	e of supported	(II) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did)	ou notify	(vi)	s the	(vii) An	nount of	
	org	janization		(described on lines 1–9		sted in your		nization in of your	organizat	ion in col zed in the	sup	port	
				above or IRC section (see instructions))	governing	document?		or your		S ?			
					Yes	No	Yes	No	Yes	No			
۹)													
3)					i								
2)									l				
)													
Ξ)	_				 								
-1													
ota													

10%-facts-and-circumstances test—2010. 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

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

	•	· [_

Schedule A (Form 990 or 990-EZ) 2011

organization

instructions

supported organization

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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below please complete Part II.)

Sec	tion A. Public Support	quality under the	e tests listed be	siow, piease co	inplete Fart II		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any *unusual grants *)		1,925	1,400	1,150	10,251	14,726
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		1,925	1,400	1,150	10,251	14,726
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
<u></u>	line 6)	<u> </u>					14,726
	tion B. Total Support ndar year (or fiscal year beginning in) ▶	(a) 2007	(h) 2000	(=) 2000	(4) 2040	(-) 0044	
9	Amounts from line 6	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
			1,925	1,400	1,150	10,251	14,726
10a	Gross income from interest, dividends, payments received on securities loans, rents,				-		
	royalties and income from similar sources	677	260	195	157	92	1,381
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	677	260	195	157	92	1,381
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		<u></u>				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	677	2,185	1,595	1,307	10,343	16,107
14	First five years. If the Form 990 is for the		second, third, four	th, or fifth tax year	as a section 501(c)(3)	. 🗆
500	organization, check this box and stop here tion C. Computation of Public Su						▶
			_ -	(0)			
15 16	Public support percentage for 2011 (line 8. Public support percentage from 2010 Sche	• • •	•	(1))		15	91.43%
	tion D. Computation of Investme				-		29.12%
<u>000</u> 17	Investment income percentage for 2011 (li			column (fl)		17	9 %
18	Investment income percentage from 2010		-	Column (1))		18	5 %
19a	33 1/3% support tests—2011. If the organ			14, and line 15 is m	nore than 33 1/3%	\	
	17 is not more than 33 1/3%, check this bo						▶ [X]
b	33 1/3% support tests—2010. If the organ						
	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did						▶□

Page 4

Schedule A (Form 990 or 990-EZ) 2011 Clearwater Arts! Alliance, Inc. 59-3629009

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization

Clearwater Arts! Alliance, Inc.

Employer identification number 59-3629009

Form 990-EZ, Part I, Line 16 - 6	Other Expens	es
Description	Amo	unt
Expenses		
Clearwater Chamber of Com.	\$	316
Suzanne Ruley	\$	40
Margo Walbolt	\$	6 , 760
Office Expense	\$	177
Website	\$	509
Other Program Misc.	\$	484
To	otal \$	8,286

Form 990-EZ, Part III - Primary Exempt Purpose Promote art awareness within Clearwater; to promote the arts and the organization.

CLEARWATER ARTS ALLIANCE 2012

Mailing address:

P.O Box 955 Clearwater, Florida 33757-0955

Officers. President

Vice President Treasurer

Secretary

Roberta Klar John Monte Marly McMillan Bill Francisco

Voting Members

NAME (terms expire	AFFILIATION/TITLE	MAIL ADDRESS	PHONE/FAX	EMAIL
Dec. of year noted)				
Melinda Bacon	Bright House Networks	700 Carillon Parkway, Suite 1	Ph: 329.2934	melinda.bacon@mybrighthouse.com
(2014)	Director of Marketing	St. Petersburg, FL 33716-1101	Cell: 415.0857	
Maria P. Cantonis (2012)	CAA Arts Education Board	205 Bayview Drive Belleair, Fl 33756	Ph: 584.4542 Fax: 586.7618	Mcan96@tampabay.rr com
Beth Daniels (2007) (2010) (2013)	Johnson Pope Shareholder	Johnson Pope, Bokor, Ruppel & Burns, LLP 911 Chestnut Clearwater, FL 33756	Ph: 461.1818	bethd@jpfirm.com
Bill Francisco	Adsharp, Inc.	AdSharp, Inc.	Ph: 480 3104	bill@adsharp.com
Secretary (2013)	President	1212 Saint Andrews Drive Dunedin, FL 34698-2721	O: 733.6970	
Jai Hinson (2006) (2009) (2012)	Life Force Cult. Arts Academy/ Dundu Dole Founder/Director	Life Force Academy 1751 Kings Highway Clearwater, FL 33755 Mail: 1606 N. Highland Ave. Clearwater, FL 33755	Ph: 481.8091	jaihinson@yahoo com;
Roberta S. Klar President (2012)	Architect	Klar and Klar Architects, Inc. 28473 U.S. 19 N., S-602 Clearwater, FL 33761	Ph. 799.5420 Fax: 799.9625	Roberta@klarklar.com
Marly McMillan Treasurer (2008) (2011) (2014)	Arts Advocate	851 Mandalay Avenue Clearwater, FL 33767	Ph: 461.0525 Fax: 461.7930 Hm: 443.2870	marly@devlaming.com
John Monte Vice-President (2013)	JMI Financial Group	JMI Financial Group 3490 East Lake Rd., Suite B Palm Harbor, FL 34685	Ph: 771.1200 Fax: 771.6088	jm@jmifinancial.com
Sallie Parks (2009) (2012)	Arts Advocate Governance Chair	1328 Michigan Avenue Palm Harbor, FL 34683	Cell: 742.5555 Ph: 781.4153	Sparks2@tampabay rr com
Carlen Petersen (2013)	Attorney/Community Volunteer	2582 Anderson Drive W. Clearwater, FL 33761-3806	Ph: 796.7050	Cp2582@tampabay.rr.com
Suzanne Ruley (2011) (2014)	Grants Manager	Ruth Eckerd Hall 1111 McMullen Booth Road Clearwater FL 33759	Wk: 712.2761 Hm: 459.5013	sruley@rutheckerdhall.net ruley@tampabay.rr com
Dr. Jonathan Steele (2012)	Dean of Humanities & Fine Arts	St. Petersburg College P.O. Box 13489 Clearwater, FL 33733	Ph: 791.5987 Fax: 791.5909	Steele.jonathan@spcollege edu

CLEARWATER ARTS ALLIANCE 2011

Non-voting Members

NA	ME/TITLE	MAIL ADDRESS	PHONE/FAX	EMAIL	
Marsha Beall	City of Clearwater Staff Assistant	City of Clearwater Parks & Recreation 100 S. Myrtle Ave. Clearwater, Fl 33756	Ph: 562.4832 Fax: 562.4825	marsha.beall@myclearwater.com	
Felicia Leonard	City of Clearwater Liaison	City of Clearwater Parks & Recreation 100 S. Myrtle Ave. Clearwater, Fl 33756	Ph. 562.4852 Cell: 638.9959	Felicia.Leonard@myclearwater.com	
Margo Walbolt Executive Director	Arts Administrator	2079 Envoy Court Clearwater, FL 33764	Ph: 535.1155 Cell: 421.7030	margo.walbolt@mac.com	

(Temp. Hiatus)	Arts Advocate	818 S. Evergreen Avenue	Cell:	Kgrits1@hotmail com
Kay Campbell		Clearwater, Fl 33756	415.4826	
(2009) (2013)				
143:				