

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

2012

Open to Public Inspection

Ā	For the	e 2012 calend	dar year, or tax year beginning , and ending				
В	Check if a	applicable	C Name of organization			D Employe	r identification number
	Address	change					
	Name ch	ange	Clearwater Arts! Alliance, Inc.			<u>59-3</u>	629009
	Initial retu	um	Number and street (or P O box, if mail is not delivered to street address)	Room/suit	е	E Telephon	e number
	Terminate	ed	P.O. Box 955				
	Amended	d return	City or town, state or country, and ZIP + 4			F Group E	xemption
$\square$	Application	on pending	Clearwater FL 33757-0955			Number	<b>•</b>
G	Accour	ntıng Method	X Cash Accrual Other (specify) ▶	Н	Check	► X if th	ne organization is not
I	Websi	te: ▶ <u>₩₩₩</u>	.ClearwaterArtsFoundation.org				Schedule B
J_	Tax-exe	empt status (c	heck only one) — X 501(c)(3) 501(c)( ) ◀ (insert no ) 4947(a)(1) or	527	(Form	990, 990-E	Z, or 990-PF)
K	Check	▶ If the	e organization is not a section 509(a)(3) supporting organization or a section 527	organizatio	on and its	s gross rece	eipts are normally
	not mo	ore than \$50,0	000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-pos	stcard) ma	y be requ	ured (see ir	structions) But if
	the org	janization cho	oses to file a return, be sure to file a complete return				
L	Add line	es 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	ssets (Part	II,		
	lıne 25,	column (B) bel	ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	2,805
₽	art I	Reven	ue, Expenses, and Changes in Net Assets or Fund Balances	(see the	instructi	ons for Pa	irt I)
		Check	of the organization used Schedule O to respond to any question in this P	art I			X
	1	Contributions,	gifts, grants, and similar amounts received			1	2,805
	2	Program se	rvice revenue including government fees and contracts			2	
	3	Membership	dues and assessments			3	
	4	Investment	ncome			4	
	5a	Gross amou	int from sale of assets other than inventory 5a			_	
	b	Less cost of	r other basis and sales expenses 5b			_	
	С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	<del></del>
	6	Gaming and	fundraising events				
ne	a	Gross incon	ne from gaming (attach Schedule G if greater than				
Revenue		\$15,000)	6a				
Re	b	Gross incon	ne from fundraising events (not including \$ of contribu	tions			
	l	from fundra	sing events reported on line 1) (attach Schedule G if the				
		sum of such	gross income and contributions exceeds \$15,000) 6b			_	
	С	Less direct	expenses from gaming and fundraising events 6c			_	
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract				
		line 6c)				6d	
	7a	Gross sales	of inventory, less returns and allowances 7a			_	
	b	Less cost o	f goods sold 7b	•		_	
	С	•	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other reven	ue (describe in Schedule O)			8	
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<u> </u>	9	2,805
	10	Grants and	similar amounts paid (list in Schedule O)	· /=>	}	10	
	11	•	d to or for members RECEIVE	:0)	,	11	<del></del>
Se	12	•	ner compensation, and employee benefits	0		12	
Sus.	13	Professiona	I fees and other payments to independent contractors MAY 0 6 201	3 8		13	7,661
Expenses	14		par	3 SS-SS		14	
Ш	15		blications, postage, and snipping	to the same of the same of		15	<del></del>
	16					16	3,557
	17		ises. Add lines 10 through 16		<u> </u>	17	11,218
Š	18		leficit) for the year (Subtract line 17 from line 9)			18	-8,413
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with				<u>.</u>
AS			figure reported on prior year's return)			19	24,993
Ref	20		es in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets of	or fund balances at end of year Combine lines 18 through 20_			21	16,580

For Paperwork Reduction Act Notice, see the separate instructions.

rom 999-EZ (2012) Clearwater Arts! A			29009		Page 2
Part II Balance Sheets (see the instructions	•				
Check if the organization used Schedule	e O to respond to any				
22. O-sh saver-s and several several		(A) Beg	inning of year		(B) End of year
22 Cash, savings, and investments			24,993	22	16,580
<ul><li>23 Land and buildings</li><li>24 Other assets (describe in Schedule O)</li></ul>			<u>0</u>	23	
25 Total assets			24,993	25	16,580
26 Total liabilities (describe in Schedule O)			24,993	26	10,300
27 Net assets or fund balances (line 27 of column (B) mus	st agree with line 21)		24,993	27	16,580
Part III Statement of Program Service Ac		e the instructions for		21	Expenses
Check if the organization used Schedul	•		, c=1	(Re	quired for section
What is the organization's primary exempt purpose?			··	•	(c)(3) and 501(c)(4)
_See Schedule O					anizations and section
Describe the organization's program service accomplishment	ts for each of its three la	rgest program services,		494	7(a)(1) trusts, optional
as measured by expenses. In a clear and concise manner, de-	escribe the services prov	vided, the number of		for o	others)
persons benefited, and other relevant information for each pr	ogram title				
28 To support and promote the Arts in Clear	water, Florida and				
surrounding areas					
	ludes foreign grants, che	eck here	<b>•</b>	28a	3,450
29					
(0)			, —		
	ludes foreign grants, che	eck here	<b>•</b>	29a	
30					
(Grants \$ ) If this amount incl	ludes foreign grants, che	ack horo	▶ □	30a	
31 Other program services (describe in Schedule O)	duces loreigh grants, che	tok nere		Jua	
•	ludes foreign grants, che	ock here	▶ □	31a	7,200
32 Total program service expenses (add lines 28a through		TON THOTO	<u> </u>	32	10,650
Part IV List of Officers, Directors, Trustees, and I	Key Employees List eac	h one even if not compe	nsated (see the	nstructi	
Check if the organization used Schedule O to	(b) Average	(c) Reportable	(d) Heath ben	efits	
(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	(d) Heath ben contributions to e benefit plans.	mployee and	(e) Estimated amount of other compensation
	devoted to position	(If not paid, enter -0-)	deferred compe		outer compensation
Attached				_	
	0.00	0		0	0
			<del></del>		
,					
DAA					Form <b>990-EZ</b> (2012)

Form	990-EZ(2012) Clearwater Arts! Alliance, Inc. 59-3629009		Р	age 3
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			$\overline{\Box}$
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		T	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
24	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			v
250	change on Schedule O (see instructions)	34		X
SSA	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	250		Х
<b>.</b>	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b 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  Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		
50	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions    37a	30		
b	Did the organization file Form 1120-POL for this year?	37b		Х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	57.5		
•••	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	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	Jour		
39	Section 501(c)(7) organizations Enter	1		
а	Initiation fees and capital contributions included on line 9			ĺ
b	Gross receipts, included on line 9, for public use of club facilities  39b	1		
40a	- · · · · · · · · · · · · · · · · · · ·	1		ĺ
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			İ
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	1		ĺ
	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,			l
	4955, and 4958			ĺ
ď	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			ĺ
	reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			ĺ
	transaction? If "Yes," complete Form 8886-T	40e		X
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			
		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		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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	†	Х
	If "Yes," enter the name of the foreign country	120	L	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			►ſ
_	and enter the amount of tax-exempt interest received or accrued during the tax year			٠ ـ
	, <u></u>		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	44a	[	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b	Ī	Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
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		<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
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)	45b	<u></u>	X
DAA	F	orm 99	0-EZ	(2012)

orm	990-EZ	(2012)	Clearv	<u>water</u>	<u>Arts!</u>	<u> </u>	<u>iance, In</u>	<u> </u>	<u>59-36</u>	29009		F	age 4
6	Did th	e organiza	ation engage	tirectly or	indirectly in	nolitical	campaign activitie	s on hah	alf of or in oppo	sition		Yes	No
_		•	r public office?	•	•	•	• •				46	1	X
Pa	rt VI	All se 50 ar	nd 51	(3) organ	izations m	ust ansv	ver questions 47			mplete the tables for li	nes		
7	Did th						ection 501(h) elec			<del></del> -		Yes	No
•		-	omplete Sche			nave a s	ection so i(ii) elec		rect during the t		47		X
8		-					)(A)(iı)? If "Yes," co				48		X
l9a b		-	ation make any e related organ			•	naritable related or	ganizatio	on'y		49a	+	X
50			_			_		(other th	han officers, dire	ectors, trustees and key		<u> </u>	
			_		_	-				none, enter "None "			
		(a) N	ame and title of paid more than		oyee		(b) Average hours per week devoted to position	co	Reportable mpensation W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estima other co		
No	ne												
	<del></del> -								<del></del>				
		_									-		
											-		
_	Total		i athan ann lau		**** \$100 O	20		<u> </u>					
f 51	Comp	olete this ta	f other employable for the org	janization	's five highe	st compe	nsated independe	nt contra	ctors who each	received more than			
	\$100,	000 of cor	npensation fro	m the org	anization If	there is r	none, enter "None	n					
No		Name and a	ddress of each i	ndepender	t contractor p	oald more	than \$100,000	-	(b) Typ	pe of service	(c) Comp	ensation	
NO	iie												
				•									
												<del></del>	
		<del></del>		<del> </del>	<del> </del>								
	T-4-1	mumaha = = = 4	fother and	dost see		<b>.</b>	9400 000	<u> </u>					
d 52			•				ig over \$100,000 i 501(c)(3) organiz	ations ar	nd 4947(a)(1)				
1			ritable trusts m								X Ye		No
rue, c	penait correct,	and comple	ry, i declare that ete De <b>gl</b> aration	of prepare	other than o	officer) is b	ased on all informati	on of which	and statements, a ch preparer has a	and to the best of my knowl ny knowledge	eage and be	iler, it is	
Sign			War	lass		4//	Welax						
Here		M	ature of officer  or print name and		<u>icm</u> :	llar	Tre	asi	vrex ;	ate 4 / 30/	13		
		Print/Type	preparer's name			Pre	parers signature	1	7/	Date Check		N	
Paid Pren	arer	Bruce M		01100 1	M C==	18	Jun.	'n/		104/23/13		018669	
-	Only	Firm's name		ruce    1 Dr	<u>M. Sza</u> uid Rd		P.A. te 717 🕜	,/	$\mathcal{I}$	Firm's EIN ▶	59-2	<u> </u>	45
			C	Learw	ater,	<b>7</b> L :	<u>33756-394</u>	7		Phone no 7	27-44		$\overline{}$
Мау	the IR	S discuss	this return with	the prep	arer shown	above? S	See instructions			<del></del>		Yes	(2012)
											Form 9	プレービム	(2012)

#### 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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Clearwater Arts! Alliance, Inc.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Employer identification number 59-3629009

2	Щ	A school des	cribed in sec	ction 170(b)(1)	(A)(ii). (Attach Schedule E)									
3		A hospital or	a cooperativ	e hospital servi	ce organization described in se	ction 170	(b)(1)(A)(	iii).						
4		A medical res	search orgar	nization operate	d in conjunction with a hospital	described	ın sectio	n 170(b	)(1)(A)(i	ii). Ente	r the h	ospital's name	<del>)</del> ,	
		city, and state	е											
5		An organizati	on operated	for the benefit	of a college or university owned	or operat	ed by a g	overnme	ental unit	t descri	bed in			
		section 170(	b)(1)(A)(iv).	(Complete Part	t II )									
6		A federal, sta	ate, or local g	government or g	governmental unit described in s	ection 17	<sup>7</sup> 0(b)(1)(A	)(v).						
7		An organizati	on that norn	nally receives a	substantial part of its support fr	om a gove	ernmental	unit or t	from the	genera	l public	:		
		described in	section 170	(b)(1)(A)(vi). (C	omplete Part II)									
8		A community	trust descri	bed in section	170(b)(1)(A)(vi). (Complete Par	t II )								
9	X				1) more than 33 1/3% of its sup		contributi	ons, me	mbershij	p fees,	and gro	ss		
		=			npt functions—subject to certain	=					_			
					nd unrelated business taxable ii	-	-	-						
			•		30, 1975 See section 509(a)(2)	•			•					
10		•	-		exclusively to test for public saf			•						
11	П	-	_	•	exclusively for the benefit of, to	-				out the	)			
	_	-	_	•	ted organizations described in s	•			•			1		
					the type of supporting organizat									
		a Type		Type II	c Type III-Function		•	d l	— ·		n-funct	ionally integra	ited	
е				<u> </u>	ganization is not controlled direc	, ,						, ,		
	_				er than one or more publicly sup									
		or section 50	9(a)(2)	_			_				. , ,	•		
f				ed a written dete	ermination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting				
		organization,				•.	•••			•				
g		Since August	t 17, 2006, h	as the organiza	ition accepted any gift or contrib	ution from	any of th	ne						لسا
•		following per		Ū	, ,,		•							
				v or indirectly c	ontrols, either alone or together	with perso	ons descr	ıbed ın (	ıı) and				Yes	No
				-	supported organization?	•			,			11g(i)		
		• •		•	bed in (i) above?							11g(ii)		
				•	described in (i) or (ii) above?							11g(iii		
h				•	the supported organization(s)							(***3(***		•
(i)	Nam	e of supported		ıı) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi) I	s the	(vii) Amount	of mone	tary
		ganization	,	•	(described on lines 1-9	in col (i) li	sted in your	the organ	nzation in	organizat	on in col	supp		•
					above or IRC section	governing document?		, · · ·	of your oort?	(i) organi. U s	zed in the			
					(see instructions))	Yes	No	Yes	No	Yes	No			
(A)				<u> </u>									-	
B)		···												
C)														
D)			1			Ì								
						ļ								
E)														
							1							
<u> Fotal</u>						<u> </u>	<u> </u>							
or P	ane	rwork Reduc	tion Act No	tice, see the In	structions for					Sched	ilo A (F	orm 990 or 9	190-E	7) 2012

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3 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 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (f) Total (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 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 2012 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 16a 33 1/3% support test—2012. 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—2011. 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—2012. 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-2011. 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

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 o	quality under the	e tests listed be	low, please co	mplete Part II.)		
	tion A. Public Support  ndar year (or fiscal year beginning in) ▶	(-) 2002	41.0000	(1) 2010	4 N 0044	( ) 20/2	
	· · · · · · · · · · · · · · · · · · ·	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,925	1,400	1,150	10,251	2,805	17,531
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	2,805	17,531
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		:				
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						17,531
	tion B. Total Support	<u> </u>			1		
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	1,925	1,400	1,150	10,251	2,805	17,531
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	260	195	157	92		704
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	200	133	137	32		104
С	Add lines 10a and 10b	260	195	157	92		704
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,					1	
	and 12)	2,185	1,595	1,307	10,343	2,805	18,235
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)	
900	organization, check this box and stop here tion C. Computation of Public Su		200				
<u> </u>		· · · · · · · · · · · · · · · · · · ·		<b>(5)</b>		45	0.5.1.0/
16	Public support percentage for 2012 (line 8, Public support percentage from 2011 Sche		•	(1))		15	96.14%
	tion D. Computation of Investme					10	91.43%
<u> 17</u>	Investment income percentage for 2012 (li			column (fl)		17	4 %
18	Investment income percentage from 2011					18	9 %
19a	33 1/3% support tests—2012. If the organ			14, and line 15 is r	nore than 33 1/3%	<u> </u>	
	17 is not more than 33 1/3%, check this bo						► X
b			-				
	line 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization did	l not check a box o	n line 14, 19a, or 1	9b, check this box	and see instruction	ns	▶

Page 4

Schedule A (Form 990 or 990-EZ) 2012 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

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

(Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.

QUIZ
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Clearwater Arts! Alliance, Inc.

Employer identification number 59-3629009

Form 990-EZ, Part I, Line 16	- Other	Expens	ses
Description .		Amo	ount
Expenses			
Clearwater Chamber of Com.		\$	316
Art Programs		\$	2,409
Office Expense		\$	243
Website		\$	469
Post Office Box		\$	120
	Total	\$	3 <b>,</b> 557

Form 990-EZ, Part III - Primary Exempt Purpose

Promote art awareness within Clearwater; to promote the arts and the organization.

Federal Statements

59-3629009 FYE: 12/31/2012

593629009 Clearwater Arts! Alliance, Inc.

Schedule A, Part III, Line 1(e)

Description Federated Campaigns Membership Dues and Assessments

Total

Amount	1,505	2,805
	/_	,,

### CLEARWATER ARTS ALLIANCE 2013 Updated 3/25/2013

Mailing address:

P.O. Box 955

Clearwater, Florida

33757-0955

Officers: President

President

Vice President

Treasurer Secretary Roberta Klar John Monte Marly McMillan

Bill Francisco

#### **Voting Members**

NAME (terms expire Dec.)	AFFILIATION/TITLE	MAIL ADDRESS	PHONE/FAX	EMAIL
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	
Kay Campbell (2009) (2013)	Arts Advocate	818 S. Evergreen Avenue Clearwater, FL 33756	Cell: Kgr 415.4826	rits1@hotmail.com
Maria P. Cantonis (2012) (2015)	CAA Arts Education Chair	205 Bayview Drive Belleair, FL33756	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 Secretary (2013)	Adsharp, Inc. President	AdSharp, Inc. 1212 Saint Andrews Drive Dunedin, FL 34698-2721	Ph: 480.3104 O: 733.6970	bill@adsharp.com
Jai Hinson (2006) (2009) (2012) (2015)	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)(2015)	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
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

## **Non-voting Members**

N.	AME/TITLE	MAIL ADDRESS	PHONE/FAX	K 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		

#### CLEARWATER ARTS ALLIANCE 2013 Updated 3/25/2013

Mailing address:

P.O. Box 955

Clearwater, Florida

33757-0955

Officers: President

Vice President

Treasurer

John Monte Marly McMillan Bill Francisco

Roberta Klar

Secretary

### **Voting Members**

NAME	AFFILIATION/TITLE	MAIL ADDRESS	PHONE/FAX	EMAIL
(terms expire Dec.)				
Melinda Bacon	Bright House Networks	700 Carillon Parkway, Suite 1		melinda.bacon@mybrighthouse.com
(2014)	Director of Marketing	St. Petersburg, FL 33716-1101	Cell: 415.0857	
Kay Campbell	Arts Advocate	818 S. Evergreen Avenue		rits1@hotmail com
(2009) (2013)		Clearwater, FL 33756	415.4826	
Maria P. Cantonis	CAA Arts Education Chair	205 Bayview Drive	Ph: 584.4542	Mcan96@tampabay rr.com
(2012) (2015)		Belleair, FL33756	Fax: 586.7618	• • • • • • • • • • • • • • • • • • • •
Beth Daniels	Johnson Pope	Johnson Pope, Bokor,	Ph: 461.1818	bethd@jpfirm.com
(2007) (2010) (2013)	Shareholder	Ruppel & Burns, LLP		
		911 Chestnut		
Bill Francisco	Adsharp, Inc.	Clearwater, FL 33756 AdSharp, Inc.	Ph: 480.3104	bill@adsharp.com
Secretary	President	1212 Saint Andrews Drive	O: 733.6970	omegadana p com
(2013)	resident	Dunedin, FL 34698-2721	0. 155.0710	
Jai Hinson	Life Force Cult. Arts	Life Force Academy	Ph: 481.8091	jaihinson@yahoo com;
(2006) (2009) (2012)	Academy/ Dundu Dole	1751 Kings Highway		
(2015)	Founder/Director	Clearwater, FL 33755		
		Mail: 1606 N. Highland Ave.		
		Clearwater, FL 33755		
Roberta S. Klar	Architect	Klar and Klar Architects, Inc.	Ph. 799.5420	Roberta@klarklar com
President		28473 U.S. 19 N., S-602	Fax: 799.9625	
(2012)(2015)		Clearwater, FL 33761		
Marly McMillan	Arts Advocate	851 Mandalay Avenue	Ph: 461.0525	marly@devlaming com
Treasurer		Clearwater, FL 33767	Fax: 461.7930	
(2008) (2011) (2014)			Hm: 443.2870	
John Monte	JMI Financial Group	JMI Financial Group	Ph: 771.1200	jm@jmifinancial.com
Vice-President	_	3490 East Lake Rd., Suite B	Fax: 771.6088	
(2013)		Palm Harbor, FL 34685		
Suzanne Ruley	Grants Manager	Ruth Eckerd Hall	Wk: 712.2761	sruley@rutheckerdhall.net
(2011) (2014)		1111 McMullen Booth Road Clearwater FL 33759	Hm: 459.5013	ruley@tampabay rr com

#### Non-voting Members

NAME/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@inyclearwater.com	