

The White Family Foundation
Grant Request #782
Creative Clay
January 24, 2023

Date of grant proposal submission	Tuesday, January 24, 2023
Are you an IRS compliant 501(c)3 public charity/nonprofit?	No
Legal name of organization	Creative Clay Inc.
Address	1846 1st Ave South Saint Petersburg, FL 33712 United States
Website	http://www.creativeclay.org
Telephone	727-825-0515
Organization Director/ Title	Kim Dohrman, CEO
Contact Person/Title	Kim Dohrman, CEO
Contact Person's Telephone	727-421-3125
Contact Person's Email	kim@creativeclay.org
Grant Request Amount	\$10,000.00

Please provide us with a brief description of your organization (no more than 500 words).

Creative Clay's mission is to help people with disabilities achieve full and inclusive lives by providing expressive, educational, and vocational experiences in the arts. The organization's wide range of innovative programs and special events celebrate community and the richness of our local and regional arts. Our programs include Community Arts, Transition, Creative Care, Artlink Apprenticeship, and Open Studio.

Grant Purpose (one paragraph)

Artlink Apprenticeship Program (since 2003)--In addition to creating art and honing artistic skills, Creative Clay's member artists learn to market their art, speak with gallery visitors about their work, advocate for themselves, and engage in empowering activities that connect them with the community. There is a vocational aspect to the programming that is even more pronounced in the Artlink Apprenticeship Program. Creative Clay will be launching Artlink 2024, pairing a Creative Clay member artist with a local professional artist to work one on one together for 3-6 months in preparation for an exhibit at the end of the year. The teams work together to establish an artist statement, artist resume, body of work--both collaborative and solo--and a retail product to showcase. The Artlink event will be held at a cultural venue in the area. The most recent Artlink event was held at the Museum of Fine Arts in St. Petersburg and had over 200 in attendance. Teams were multidisciplinary and highlighted theater and music performances as well as the visual arts. Other venues have included The St. Petersburg International Museum, Florida CraftArt, The St. Petersburg Museum of History, and Hana Art Center in Takamatsu, Japan.

Annual Project/Program Budget (if request is for a specific project) \$60,000.00

Annual Organization Budget \$583,060.00



Creative Clay

1846 1st Avenue South
 St. Petersburg, FL 33712
 727-825-0515

Contact: Kim Dohrman, CEO

Project Title: Artlink Apprenticeship Program

Total Project Amount Requested: \$10,000

Annual Operating Budget FYE 2022: \$609,380

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Case Statement:

Mission: Our mission is to help people with disabilities achieve full and inclusive lives by providing expressive, educational, and vocational experiences in the arts.

Background: Creative Clay has provided local artists with disabilities, as well as people in healthcare and institutional settings, the opportunity for expressive, educational, and vocational arts experiences since 1995. The organization's wide range of innovative programs and special events celebrate community and the richness of our local and regional arts. Our programs include *Community Arts, Transition, Creative Care, Artlink Apprenticeship, and Open Studio*.

People with disabilities experience joblessness, abuse, isolation, poverty and discrimination at a higher rate than the general public. According to Cornell University's 2017 Disability Report (disabilitystatistics.org), in Florida only 24% of people with a cognitive disability were employed that year and 28% were living in poverty. In an article by the World Health Organization, a 2012 study was published citing that children with disabilities are four times more likely to experience violence than children without disabilities.

Adults who attend our programs have physical, cognitive and/or mental health disabilities. In addition to creating art and honing artistic skills, the people who attend studio classes also learn to market their art, speak with gallery visitors about their work, advocate for themselves, and engage in empowering activities that connect them with the community.

Research suggests that exposure and inclusion of individuals with disabilities within the general population improves outcomes in a variety of domains, including access to health care, employment, decreased isolation, improved community safety, and decreased abuse. At Creative Clay, artists with disabilities receive training and participate in a vocation as professionals alongside other working artists. We provide the individuals we serve with a sense of belonging and connection to St. Petersburg's arts community. Research further indicates that exposure is not enough to reduce prejudice toward individuals with disabilities; the quality of interaction significantly affects the attitudes of the public. Creative Clay's Artlink Program takes the artists of Creative Clay and in the community who are serious about art as a career and work to hone the skills mentioned above.

Artlink: Professional Artist Apprenticeship Program

Since 2003, Creative Clay's Artlink Apprenticeship Program has paired artists with developmental and/or intellectual disabilities with professional artists in the local community. Artlink participants meet with their professional artist supervisors a minimum of four hours per week for three months for a total of 48 hours per team. During these sessions, student-artists work alongside professional artists as they engage in artistic and business skills that are transferable to a variety of settings. Artist mentors pass on important business skills necessary for a successful career as a professional artist. At the conclusion of the apprenticeship, a selection of the works created during the training program will be included in an art exhibition held at a public museum, gallery, or other cultural venue in St. Petersburg, FL.

In 2019, the Artlink Apprenticeship program was made possible by the National Endowment for the Arts and culminated in a 10-team exhibit at the St. Petersburg Museum of Fine Arts. Expectations for Artlink apprenticeships include setting artistic goals, writing a project proposal and budget, creating an Apprenticeship Journal, creating artist statements/bio, attending gallery openings and events, creating a minimum of five art pieces in any medium, preparation of artwork for gallery submission, initiating and completing artwork submission process, networking, marketing, and community engagement. For the next Artlink cycle beginning in 2024, Creative Clay would like to support 12 Artlink teams, each comprised of a professional artist and Creative Clay member artist.

The White Family Foundation will be one of five sources Creative Clay has identified to fund this Artlink project.

Artlink Goals, Objectives, and Activities 2023-2025:

Increase opportunities for career development for artists at Creative Clay.

Objective 1: Restructure and formalize by securing funding for the Artlink Employment Program, an art-based workforce development program for people with disabilities, by 2025.

Activity 1: Hire Artlink Manager by December 2023 to grow annual program funding for the Artlink Program through OJT, grants, and sponsorships.

Activity 2: Create marketing strategy by December 2023 with pitch deck for Artlink sponsorships totaling at least \$20,000 per year, or five team sponsorships.

Activity 3: Identify list of potential grantors for Artlink. Write and submit at least three grants that identify Artlink as one of the recipient programs.

Activity 4: Submit up to four Artlink teams per year for OJT's reimbursement.

Objective 2: Establish quarterly apprenticeships within the Artlink program, featuring skills training, marketing, and sales opportunities.

Activity 1: Disseminate a call to artists in October 2023, conduct interviews, and hire at least four Artlink professional artist mentors by November 2023 to begin the apprenticeships in January 2024.

Activity 2: Create quarterly call to professional artists flier to distribute to arts venues and advocate organizations to recruit professional art mentors. (Distribute: Oct. 2023 and Jan., April, July, and Oct. 2024 and repeat in successive years)

Activity 3: Community Arts Director will identify Creative Clay member artists who are interested in quarterly apprenticeships by (Identify 4 for each quarter by Oct. 2023 and Jan., April, July, and Oct. 2024 and repeat in successive years)

Activity 4: Confirm interested member artists' current eligibility for Vocational Rehabilitation by January, then April, then July.

Activity 5: Match four eligible member artists with four available apprenticeships by January, then April, then July.

Activity 6: Implement quarterly assessment of apprenticeship program by end of March, June and October.

Activity 7: Present final Artlink event highlighting the Artlink apprenticeship teams at a local gallery or museum between Oct.-Dec.

Objective 3: Implement an annual pre-employment training program for the Artlink Program.

Activity 1: Create flier with marketing firm to pitch program and disseminate to Transition programs throughout Pinellas County in October of each year, beginning in 2023.

Activity 2: Conduct pre-employment training session to 6-10 Vocational Rehabilitation clients in November of each year, beginning in 2024.

Objective 4: Provide targeted supported employment placement for eligible member artists in the Artlink Program.

Activity 1: Identify Vocational Rehabilitation clients at Creative Clay who would like Creative Clay to provide their supported employment, by April of each year, beginning in 2024.

Activity 2: Begin recruitment and placement process in May of each year for interested member artists.

Measures of Success

- Creative Clay will have offered and funded four Artlink apprenticeships to artists with intellectual and/or developmental disabilities per quarter (three quarters) from January through September of each year, with four per year being enrolled member artists and four per year being paid apprenticeships through Vocational Rehabilitation.
- Creative Clay will have conducted one pre-employment training session per year for a total of three training sessions offered by 2025.
- Creative Clay will have placed at least three member artists in supported employment placements per year in 2024, and in 2025, for a total of at least six such placements.

		Jan - Dec 23
Ordinary Income/Expense		
Income		
4010 - Art Sales		20,000.00
4012 - Thrift Store Sales		3,000.00
4020 - Fees for services		
4021 - CAP Private Pay		33,700.00
4022 - Transition		43,497.00
4023 - C C Connects Private Pay		3,300.00
4020 - Artlink		0.00
4030 - Medicaid Waiver		210,000.00
Total 4020 - Fees for services		290,497.00
4040 - Support		
4041 - Donations		
4042 - Good Folk Society		28,050.00
4044 - Legends Donations		8,500.00
4041 - Donations - Other		57,500.00
Total 4041 - Donations		94,050.00
4060 - Grants		
4061 - Federal		0.00
4062 - State		53,758.00
4063 - County		0.00
4064 - City		15,000.00
4065 - Corporate		8,000.00
4066 - Foundations		60,000.00
Total 4060 - Grants		136,758.00
4070 - Events		16,500.00
4080 - Scholarships		3,000.00
4090 - Sponsorships		50,000.00
Total 4040 - Support		300,308.00
Total Income		613,805.00
Expense		
6000 - Advertising / Mktg / Website		12,000.00
6010 - Art Commissions		9,000.00
6020 - Art Supplies		3,600.00
6030 - Bank / Merchant Proc. Fees		2,950.00
6040 - Building Maint. / Supplies		19,200.00
6070 - Dues & Subscriptions		3,170.00
6090 - Event Expenses		11,525.00
6095 - Gifts Given		728.38
6100 - Legal & Professional Fees		17,212.50
6110 - Liability, D&O, Property Insurance		4,044.00
6120 - Licenses & Permits		402.50
6130 - Meals & Entertainment		1,775.36
6140 - Occupancy		54,384.00
6150 - Outside Services		187.50
6160 - Payroll - Exec. Director		51,569.78
6170 - Payroll - Staff		
Total 6172 - Program Personnel		192,305.88
6170 - Payroll - Staff - Other		116,228.00
Total 6170 - Payroll - Staff		308,533.88
6180 - Payroll Processing Fees		521.50
6190 - Payroll Taxes		31,148.97
6200 - Postage & Delivery		490.00
6210 - Program Personnel 1099		5,380.50
6230 - Supplies (Office/General)		
6176 - Kiln Fire		85.00
6230 - Supplies (Office/General) - Other		8,524.35
Total 6230 - Supplies (Office/General)		8,609.35
6250 - Telephone / Internet		3,660.00
6260 - Training / Screening		1,200.00
6270 - Travel/ Transport Expenses		1,500.00
6275 - Utilities		12,200.00
6280 - Vehicle Expense		
Total 6280 - Vehicle Expense		3,629.71
6290 - Vehicle Insurance		10,500.00
6300 - Worker's Comp.		3,946.00
Total Expense		583,058.92
Net Ordinary Income		30,746.08

Creative Clay Inc
Balance Sheet
 As of December 31, 2022

	Dec 31, 22
ASSETS	
Current Assets	
Checking/Savings	
10003 · Square Bank Account	3,565.33
10005 · Bay First Bank	150,671.35
1004 · Paypal	1,831.28
1005 · Seacoast Bank 4498	167,385.87
1006 · Seacoast Savings	8,013.51
Total Checking/Savings	331,467.34
Accounts Receivable	
1100 · Accounts Receivable	44,103.04
Total Accounts Receivable	44,103.04
Other Current Assets	
1103 · Undeposited Funds	6,373.60
1105 · Prepaid Expenses	6,982.00
Total Other Current Assets	13,355.60
Total Current Assets	388,925.98
Fixed Assets	
1200 · Fixed Assets	80,285.18
1210 · Camera System	4,222.00
Total Fixed Assets	84,507.18
Other Assets	
1260 · Security Deposits	6,700.00
Total Other Assets	6,700.00
TOTAL ASSETS	480,133.16
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 · Accounts Payable	7,971.42
Total Accounts Payable	7,971.42
Credit Cards	
2005 · BoA 0916 (8162)	3,388.70
2006 · BoA 7811 (8173)	856.97
Total Credit Cards	4,245.67
Other Current Liabilities	
2008 · Gift Cards	1,095.00
2102 · Direct Deposit Liabilities	-226.00
2104 · Payroll Liabilities	4,903.41
2106 · Sales Tax Payable	274.59
2108 · Prepaid Revenue	2,917.01
Total Other Current Liabilities	8,964.01
Total Current Liabilities	21,181.10
Total Liabilities	21,181.10
Equity	
3001 · Board Restricted Assets	6,820.19
3009 · Restricted Scholarships	1,435.50
3500 · Unrestricted Net Assets	388,695.59
Net Income	62,000.78
Total Equity	458,952.06
TOTAL LIABILITIES & EQUITY	480,133.16

Creative Clay Inc
Profit & Loss
January through December 2022

	<u>Jan - Dec 22</u>
Ordinary Income/Expense	
Income	
4000 · Admin / Allowances	-192.08
4010 · Art Sales	21,564.49
4012 · Thrift Store Sales	2,635.34
4020 · Fees for services	244,261.97
4040 · Support	341,109.39
49900 · Uncategorized Income	1.85
Total Income	<u>609,380.96</u>
Expense	
6000 · Advertising / Mktg / Website	6,694.20
6010 · Art Commissions	8,463.37
6020 · Art Supplies	3,348.84
6030 · Bank / Merchant Proc. Fees	3,846.10
6040 · Building Maint. / Supplies	28,668.42
6070 · Dues & Subscriptions	4,154.11
6090 · Event Expenses	11,871.64
6095 · Gifts Given	935.68
6100 · Legal & Professional Fees	19,961.47
6110 · Liability Insurance	7,959.21
6120 · Licenses & Permits	275.00
6130 · Meals & Entertainment	2,425.24
6140 · Occupancy	58,652.00
6150 · Outside Services	1,375.00
6160 · Payroll - Exec. Director	52,838.57
6170 · Payroll - Staff	253,885.49
6180 · Payroll Processing Fees	565.25
6190 · Payroll Taxes	24,026.15
6200 · Postage & Delivery	94.86
6210 · Program Personnel 1099	12,001.24
6230 · Supplies (Office/General)	8,971.98
6240 · Supported Employment	2,280.00
6250 · Telephone / Internet	3,505.89
6260 · Training / Screening	1,643.46
6270 · Travel/ Transport Expenses	64.50
6275 · Utilities	10,836.56
6280 · Vehicle Expense	3,317.87
6290 · Vehicle Insurance	7,894.80
6300 · Worker's Comp.	5,208.00
66900 · Reconciliation Discrepancies	0.04
Total Expense	<u>545,764.94</u>
Net Ordinary Income	63,616.02
Other Income/Expense	
Other Income	
4410 · In Kind / Volunteer Donations	18,700.41
7000 · Interest Income	431.08
7005 · Uncleared Check Income	645.71
7010 · COVID Income	1,770.97
Total Other Income	<u>21,548.17</u>
Other Expense	
6060 · Depreciation	4,463.00
6410 · In-Kind / Volunteer Adjust.	18,700.41
Total Other Expense	<u>23,163.41</u>
Net Other Income	-1,615.24
Net Income	<u><u>62,000.78</u></u>

Artlink Budget

EXPENSES	Number of Person	Salary	Amount
Artlink Manager			
16 hours per week: \$25/hr x 16 hrs/wk x 40 wks=\$16,000	1	\$16,000	\$16,000.00
Professional Artist Mentors--Contracted	12		\$24,000.00
Q1: \$25/hr x 5 hrs/wk x 12 weeks--Jan-Mar 2023=\$1500	4	\$6,000.00	
Q2: \$25/hr x 5 hrs/wk x 12 weeks--Mar-May 2023=\$1500	4	\$6,000.00	
Q3: \$25/hr x 5 hrs/wk x 12 weeks--Jun-Aug 2023=\$1500	4	\$6,000.00	
Member Artist Mentors through Vocational Rehabilitation On the Job Traini	4	\$ 600.00	\$2,400.00
\$12.50/hr x 4/hrs/wk x 12 weeks x 4 member artists=\$600 per on the job training internship			
Art Supplies	12	\$500.00	\$6,000.00
\$500 stipend per team			
Artlink Administrative Costs			\$11,600.00
Venue costs, Food, Marketing, Fundraising, Management staff			
TOTAL			\$60,000.00
INCOME			
Anonymous Family Foundation			\$10,000.00
Vocational Rehabilitation--4 apprenticeships benchmarks			\$10,000.00
White Family Foundation			\$10,000.00
State of Florida Division of Arts and Culture Grant			\$10,000.00
Corporate Sponsorships and individual contributions			\$20,000.00
			\$60,000.00

Return of Organization Exempt From Income Tax

2021

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization Creative Clay, Inc.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1846 1st Ave South
 City or town, state or province, country, and ZIP or foreign postal code
Saint Petersburg, FL 33712

D Employer identification number
59-3338595

E Telephone number
(727) 825-0515

G Gross receipts \$ 462,971.

F Name and address of principal officer:
Kim Dohrman, 1846 1st Ave S, St Petersburg, FL 33712

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ N/A

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 1995 **M** State of legal domicile: FL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Our mission is to help people with disabilities achieve full and inclusive lives through access to the arts by providing expressive, educational and vocational experiences.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	22
	6	Total number of volunteers (estimate if necessary)	6	28
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 316,375.	Current Year 301,266.
	9	Program service revenue (Part VIII, line 2g)	130,581.	156,383.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	447.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,296.	4,647.
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	457,699.	462,296.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	182,203.	254,735.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>75,851.</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	181,956.	154,811.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	364,159.	409,546.	
19	Revenue less expenses. Subtract line 18 from line 12	93,540.	52,750.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 276,597.	End of Year 411,641.
	21	Total liabilities (Part X, line 26)	6,521.	14,601.
	22	Net assets or fund balances. Subtract line 21 from line 20	270,076.	397,040.

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 05/02/2022

Kim Dohrman, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name <u>Jodi Chemes</u>	Preparer's signature <u>Jodi Chemes</u>	Date <u>05/16/2022</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01060809</u>
Firm's name ▶ <u>Jodi Chemes CPA PLLC</u>			Firm's EIN ▶ <u>45-1634164</u>	
Firm's address ▶ <u>5020 15th Ave N, St. Petersburg, FL 33710</u>			Phone no. <u>(727) 237-6223</u>	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Our mission is to help people with disabilities achieve full and inclusive lives through access to the arts by providing expressive, educational and vocational experiences.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 234,185. including grants of \$ 0.) (Revenue \$ 144,366.)

Research suggests that exposure and inclusion of individuals with disabilities within the general population improves outcomes in a variety of domains, including access to health care, employment, decreased isolation, improved community safety and decreased abuse. At Creative Clay, artists with disabilities receive training and participate in a vocation as professional artists alongside other working artists. We provide the individuals we serve with a sense of belonging and connection to St. Petersburg's arts community. Research further indicates that exposure is not enough to reduce prejudice toward individuals with disabilities; the quality of interaction significantly affects the attitudes of the public. When a Creative Clay member artist goes into the community, they do
See Part III, Ln 4a statement

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶** 234,185.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No

Table with 3 main columns: Question/Description, Yes, No. Rows include 2a-2c, 3a-3c, 4a-4b, 5a-5c, 6a-6b, 7 Organizations that may receive deductible contributions under section 170(c), 8 Sponsoring organizations maintaining donor advised funds, 9 Sponsoring organizations maintaining donor advised funds, 10 Section 501(c)(7) organizations, 11 Section 501(c)(12) organizations, 12a Section 4947(a)(1) non-exempt charitable trusts, 13 Section 501(c)(29) qualified nonprofit health insurance issuers, 14a-14b, 15, 16, 17 Section 501(c)(21) organizations.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 11		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 11		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	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 on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ►
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
 Jodi Chemes, 5020 15th Ave N, St Petersburg, FL 33710 (727)237-6223

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Sean Kennedy President	1.00	X						0.	0.	0.
(2) Manny Rosario VP	1.00	X						0.	0.	0.
(3) Anne Q. Pollack Secretary	1.00	X						0.	0.	0.
(4) Susan Farias Board Member	1.00	X						0.	0.	0.
(5) Hal Freedman Board Member	1.00	X						0.	0.	0.
(6) Page Garrison Board Member	1.00	X						0.	0.	0.
(7) Lauren Hanley Board Member	1.00	X						0.	0.	0.
(8) Julie Kessel, M.D. Board Member	1.00	X						0.	0.	0.
(9) Natalie Fisher Board Member	1.00	X						0.	0.	0.
(10) Freddy Cuevas Board Member	1.00	X		X				0.	0.	0.
(11) Tim Church Board Member	1.00	X		X				0.	0.	0.
(12) Kim Dohrman CEO	40.00			X				55,189.	0.	0.
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							55,189.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							55,189.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	91,643.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	209,623.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		301,266.			
Program Service Revenue	2a	Fees for services	Business Code 900099	144,366.	144,366.	0.	
	b	Art sales	900099	10,527.	10,527.	0.	
	c	Thrift store sales	900099	1,490.	1,490.	0.	
	d						
	e						
	f	All other program service revenue . . .					
	g	Total. Add lines 2a-2f		156,383.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	5,322.				
b	Less: direct expenses	8b	675.				
c	Net income or (loss) from fundraising events . . .		4,647.	0.	4,647.		
9a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities . . .						
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue	11a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		462,296.	156,383.	0.	4,647.	

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 (A).

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

Do not include amounts reported on lines 6b, 7b, 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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	48,904.	12,226.	17,116.	19,562.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	187,609.	114,382.	31,304.	41,923.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	18,222.	8,450.	6,717.	3,055.
11 Fees for services (nonemployees):				
a Management				
b Legal	13,332.	0.	13,332.	0.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	3,990.	976.	408.	2,606.
13 Office expenses	6,862.	1,147.	5,600.	115.
14 Information technology				
15 Royalties				
16 Occupancy	52,800.	42,240.	7,920.	2,640.
17 Travel	164.	164.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,304.	12,304.	0.	0.
23 Insurance	11,658.	7,254.	4,404.	0.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Program personnel	360.	360.	0.	0.
b Bldg maintenance & supplies	16,518.	13,214.	2,478.	826.
c Training/Screening	189.	0.	189.	0.
d Licenses & Permits	504.	78.	426.	0.
e All other expenses	36,130.	21,390.	9,616.	5,124.
25 Total functional expenses. Add lines 1 through 24e	409,546.	234,185.	99,510.	75,851.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	172,859.	1	281,970.
	2 Savings and temporary cash investments		2	8,011.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	14,496.	4	28,835.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,700.	9	6,700.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 150,004.		
	b Less: accumulated depreciation	10b 63,879.	82,542.	10c 86,125.
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		276,597.	16	411,641.
Liabilities	17 Accounts payable and accrued expenses	6,521.	17	14,601.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		6,521.	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	257,094.	27	382,451.
	28 Net assets with donor restrictions	12,982.	28	14,589.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	270,076.	32	397,040.
33 Total liabilities and net assets/fund balances	276,597.	33	411,641.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	462,296.
2	Total expenses (must equal Part IX, column (A), line 25)	2	409,546.
3	Revenue less expenses. Subtract line 2 from line 1	3	52,750.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	270,076.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	322,826.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .		

Additional information from your Form 990: Return of Organization Exempt from Income Tax

**Form 990: Return of Organization Exempt from Income Tax
Form 990, Page 2, Part III, Line 4a (continued)**

Continuation Statement

Description
so as representatives of our organization and professionals with a unique
perspective to share. Our member artists market their work at gallery openings,
partner exhibits, on radio and television shows, fundraisers, art festivals and other
collaborative community events, and they receive a 50% commission for every
piece of artwork they sell.
Creative Clay has provided local artists with disabilities, as well as people in
healthcare settings, the opportunity for expressive, educational, and vocational
arts experiences since 1995. The organization's wide range of innovative
programs and special events celebrate community and the richness of our local
and regional arts.
Creative Clay's daily studio and outreach programs serve over 100
unique individuals per year between the ages of 6 and 80. We estimate that
approximately 2500 individuals within the community are impacted by our
organization's gallery openings, festivals, workshops, and collaborative exhibits
and events. 80% of the individuals who attend our daily programs have physical,
cognitive and/or mental health disabilities, but all have expressed a desire to
learn how to create art, hone existing art skills, work toward creating art that is
gallery ready, market their art, speak with gallery visitors about their art,
advocate for themselves as an individual in society who has a disability, and
dispel myths that exist surrounding those with disabilities. Our seven programs
include Community Arts, Transition, Creative Care, Artlink Apprenticeship,
Summer Youth Arts Camp, Summer Studio and Open Studio.

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization Creative Clay, Inc.	Employer identification number 59-3338595
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	261,277.	267,299.	100,892.	316,375.	301,267.	1,247,110.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	261,277.	267,299.	100,892.	316,375.	301,267.	1,247,110.
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)						
6 Public support. Subtract line 5 from line 4						1,247,110.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	261,277.	267,299.	100,892.	316,375.	301,267.	1,247,110.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	48.					48.
11 Total support. Add lines 7 through 10						1,247,158.
12 Gross receipts from related activities, etc. (see instructions)					12 161,705.	
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	100 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.98 %
16a 33 1/3% support test—2021. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test—2020. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2020. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
	11a		
b	A family member of a person described on line 11a above?		
	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
	11c		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Creative Clay, Inc.

Employer identification number

59-3338595

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Creative Clay, Inc.	Employer identification number 59-3338595
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	David Ramsdell 4750 Ocean Blvd Ste 302 Sarasota FL 34242	\$ 10,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Hal Freedman & Willi Rudowsky 1 Beach Drive SE #2705 Saint Petersburg FL 33701	\$ 6,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Duke Energy 299 1st Ave N Saint Petersburg FL 33701	\$ 5,198.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Pinellas Community Foundation 17755 US Hwy 19 N #150 Clearwater FL 33764	\$ 9,979.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	AFIRE PO Box 6635 Clearwater FL 33758	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Legends Hospitality 61 Broadway Suite 2400 New York NY 10006	\$ 6,378.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Creative Clay, Inc.	Employer identification number 59-3338595
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Michael McDonald 138 Warren Haynes Dr Asheville NC 28806	\$ 24,162.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	J Crayton Pruitt Foundation PO Box 233 Saint Petersburg FL 33731	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Anonymous 830 North Shore Drive NE Saint Petersburg FL 33701	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	John Sweeny 8252 26th Ave N Saint Petersburg FL 33710	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Anonymous 1001 62nd St S Saint Petersburg FL 33707	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	White Family Foundation PO Box 2491 Tarpon Springs FL 34688	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Creative Clay, Inc.	Employer identification number 59-3338595
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization Creative Clay, Inc.	Employer identification number 59-3338595
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
.....
.....

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
.....
.....

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
.....
.....

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
.....
.....

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: Creative Clay, Inc. Employer identification number: 59-3338595

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for lines 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ %
- b** Permanent endowment ▶ %
- c** Term endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	94,375.		24,707.	69,668.
d Equipment	55,629.		39,172.	16,457.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				86,125.

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dashed lines for providing supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

Creative Clay, Inc.

Employer identification number

59-3338595

Pt VI, Line 4: Board members approve the Executive Directors compensation based
on salaries at comparable size nonprofits.

Pt VI, Line 11b: Form 990 is emailed to all Board Members for review prior to
filing.

Pt VI, Line 12c: All decisions are discussed at Board meetings and those with
conflicts are not permitted to vote.

Pt VI, Line 15a: Board members approve the Executive Director's compensation
based on salaries at comparable size nonprofits.

Other: In Part I, our comparison to prior year is skewed because in the prior
year we filed a short 3 month year in order to change our tax year to a calendar
year ending 12/31 from a fiscal year ending 9/30.

Federal Depreciation Options

2021

▶ Keep for your records

Name as Shown on Return Creative Clay, Inc.	Employer Identification No. 59-3338595
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MACRS Convention

Compute convention (result shown below)

When 'Compute convention' is checked, the program determines which convention applies to MACRS personal property assets placed in service in 2021, and checks the appropriate box below. The program uses the 'Half-year convention' unless the 'Mid-quarter convention' box is checked.

1 Half-year convention 2 Mid-quarter convention

MACRS Computation

Use IRS tables for all MACRS property placed in service this year? Yes No
 Treat all MACRS assets for this activity as qualified Indian reservation property? Yes No
 Treat all assets acquired after Aug 27, 2005 as qualified GO Zone property? . . . Reg Ext No
 Treat all assets acquired after May 4, 2007 as
 qualified Kansas Disaster Zone property? Yes No
 Was this business located in a Qualified Disaster Area? Yes No

Form 990-T Section 179 Information

1 Taxable income computed without the Section 179 or contribution deduction . .	1	_____
2 Contribution deduction for purposes of Section 179 limitation	2	_____
3 Taxable income computed for the Section 179 limitation	3	_____
4 Elect to treat Qualified Real Property as "Section 179 Property"	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5 a Calculated "Total cost of Section 179 property placed in service"	5 a	_____
b Additions or subtractions to calculated value	b	_____
6 Section 179 carryover from 2020 to 2021	6	_____

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: Creative Clay, Inc., Form 990 / Form 990EZ, 59-3338595

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns for lines 1-13. Line 1: Maximum amount. Line 2: Total cost of section 179 property. Line 3: Threshold cost of section 179 property. Line 4: Reduction in limitation. Line 5: Dollar limitation for tax year. Line 6-7: Description of property and cost. Line 8: Total elected cost. Line 9: Tentative deduction. Line 10: Carryover of disallowed deduction. Line 11: Business income limitation. Line 12: Section 179 expense deduction. Line 13: Carryover of disallowed deduction to 2022.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 columns for lines 14-16. Line 14: Special depreciation allowance for qualified property. Line 15: Property subject to section 168(f)(1) election. Line 16: Other depreciation (including ACRS).

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 3 columns for lines 17-18. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2021. Line 18: If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, and Nonresidential real property.

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows include 12-year, 30-year, and 40-year class life.

Part IV Summary (See instructions.)

Table with 3 columns for lines 21-23. Line 21: Listed property. Line 22: Total. Line 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

24a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If "Yes," is the evidence written? **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .							25	
26 Property used more than 50% in a qualified business use:								
2019 Transiworks SmartAccess 350	07/05/2019	100 %	8,554.	8,554.	5.00	200 DB-HY	1,755.	
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							28	1,755.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year (see instructions):					
43 Amortization of costs that began before your 2021 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20_____

2021

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer Creative Clay, Inc.	EIN or SSN 59-3338595
Name and title of officer or person subject to tax Kim Dohrman, CEO	

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here . . . <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>462,296.</u>
2a Form 990-EZ check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here . . . <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b _____
5a Form 8868 check here . . . <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here . . . <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here . . . <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here . . . <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here . . . <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature

ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Date **05/02/2022**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5	0	9	2	4	9	2	6	5	3	5
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date **05/16/2022**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

**990-EZ, 990, 990-T and 990-PF
Information Worksheet**

2021

Part I – Identifying Information

Employer Identification Number . 59-3338595

Name Creative Clay, Inc.

Doing Business As _____

Address 1846 1st Ave South Room/Suite . _____

City Saint Petersburg State . . . FL ZIP Code . . 33712

Province/State _____ Foreign Postal Code . . _____

Foreign Code _____ Foreign Country _____

Telephone Number (727) 825-0515 Extension. _____ Foreign Phone No. _____

Fax _____ E-Mail Address . . kim@creativeclay.org

Eligible for hurricane tax relief legislation benefits, check here

Part II – Type of Return

IMPORTANT

For tax years beginning on or after July 2, 2019, section 3101 of P.L. 116-25 requires that returns by exempt organizations be filed electronically. The appropriate electronic filing box(es) must be checked in Part VII - Electronic Filing Information.

- | | |
|--|---|
| <input type="checkbox"/> Form 990-EZ only | <input type="checkbox"/> Form 990-EZ and Form 990-T |
| <input checked="" type="checkbox"/> Form 990 only | <input type="checkbox"/> Form 990 and Form 990-T |
| <input type="checkbox"/> Form 990-PF only | <input type="checkbox"/> Form 990-PF and Form 990-T |
| <input type="checkbox"/> Form 990-T only | <input type="checkbox"/> Form 990-N (gross receipts \$50,000 or less) |

QuickBooks Import Users & 990 to 990-EZ Data Transfer Option: Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

IMPORTANT

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization

- | | | |
|--|------------------------------|---|
| <input checked="" type="checkbox"/> 501(c) Corporation/Association | <u>3</u> (subsection number) | <input type="checkbox"/> 220(e) Trust |
| <input type="checkbox"/> 501(c) Trust | _____ (subsection number) | <input type="checkbox"/> 408A Trust |
| <input type="checkbox"/> 4947(a)(1) Trust | | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust | | <input type="checkbox"/> 529(a) Trust |
| <input type="checkbox"/> 401(a) Trust | | <input type="checkbox"/> 530(a) Trust |
| <input type="checkbox"/> Other _____ (describe) | Corporation/Association | <input type="checkbox"/> 527 Organization |
| | Or Trust | <input type="checkbox"/> 501(c) Association |

Part IV – Tax Year and Filing Information

- Calendar year
- Fiscal year — Ending month . . . _____
- Short year — Beginning date . . _____ Ending date . . . _____
- Change of Accounting Period _____
- Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part V – 2021 Estimated Taxes Paid

Check this box if the organization is a private foundation

Form 990-T Form 990-PF

Amount of 2020 overpayment credited to 2021 estimated tax _____

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	<u>04/15/21</u>				
2nd Quarter Payment	<u>06/15/21</u>				
3rd Quarter Payment	<u>09/15/21</u>				
4th Quarter Payment	<u>12/15/21</u>				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

Part VI - Taxpayer Signature Information

Officer's Name Kim Dohrman
 Officer's SSN 475-06-5032 Officer's Title CEO

Part VII – Electronic Filing Information

IMPORTANT: Do **not** use the Miscellaneous Statement **or** Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

QuickZoom to the Electronic Filing Information Worksheet ► _____

Electronic Filing:

- File the federal 990, 990-EZ, 990-PF, or 990-N **return** electronically
- File the federal 990-T **return** electronically
- File the state(s) electronically

* Select the state or states to file electronically. (Multiple states can be entered)

State(s) *

File Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

Practitioner PIN program:

- Sign this return electronically using the Practitioner PIN
- ERO entered PIN

Officer's PIN (enter any 5 numbers) . . . 38595
 Date PIN entered 05/01/2022

Electronic Filing of Extensions:

- Check this box to file **Form 8868** (application for extension of time to file return) electronically
- Check this box to file **Form 8868** for **990-T** electronically

QuickZoom to the Form 8868 Electronic Filing Information Worksheet. ► _____

Electronic Filing of Amended Return:

- File the federal 990, 990-EZ or 990-PF **amended return** electronically
- File the federal 990-T **amended return** electronically
- File the state(s) **amended return** electronically

* Select the state(s) amended return to file electronically.

State(s) *

File Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

Part VIII – Electronic Funds Withdrawal Information (Form 990-PF and Form 990-T filers only)

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of Form 990-PF Return balance due (EF Only)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of Form 990-PF Extension Form 8868 balance due (EF Only)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of Form 990-PF Amended balance due (EF Only)? |
| | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of Form 990-T Return balance due? (EF Only) |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of Form 990-T Extension Form 8868 balance due? (EF Only) |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of Form 990-T Amended balance due? (EF Only) |

Bank Information

Check to confirm transferred account information (which appears in green) is correct . . .

Name of Financial Institution (optional) . . . _____

Check the appropriate box Checking Savings

Routing number _____

Account number _____

Form 990-PF Payment Information

Enter the Form 990-PF payment date _____

Balance due amount from this Form 990-PF return _____

Enter an amount to withdraw tax payment _____

If partial payment is made, the remaining balance due _____

Enter the Form 990-PF Extension payment date _____

Balance-due amount from this 990-PF Extension _____

Payment date for amended Form 990-PF returns _____

Balance due amount for amended Form 990-PF return _____

Form 990-T Payment Information

Enter the Form 990-T payment date _____

Balance-due amount from this 990-T return _____

Enter the Form 990-T Extension payment date _____

Balance-due amount from this 990-T Extension _____

Enter the amended Form 990-T payment date _____

Balance-due amount from Form 990-T amended _____

Date 990-T Exempt Organization Return was EFiled _____

Date 990-T Exempt Organization Return was accepted _____

Date 990-T Exempt Organization Extension was EFiled _____

Date 990-T Exempt Organization Extension was accepted _____

Date 990-T Exempt Organization Amended Return was EFiled _____

Date 990-T Exempt Organization Amended Return was accepted _____

Part IX – Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date	_____	_____	_____

Letter Salutation . . . _____

Part X – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help) . . . 01

QuickZoom to Firm/Preparer Info _____

QuickZoom to Form 990-EZ, Pages 1 through 4 _____

QuickZoom to Form 990, Page 1 _____

QuickZoom to Form 990-PF, Page 1 ▶ _____
QuickZoom to Form 990-T, Page 1 ▶ _____
QuickZoom to Form 990-N, e-PostCard ▶ _____

QuickZoom to Client Status ▶ _____

Name as Shown on Return
Creative Clay, Inc.

Identifying Number
59-3338595

Activity: Form 990 - / Form 990EZ

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depr Allowance	Depr Basis	Life	Method/Convention	Prior Depr	Current Depr	Adj/Pref
DEPRECIATION													
Outdoor Classroom		03/19/21	6,531		100.00		6,531	0	15.00	SL/HY		0	0.
SUBTOTAL CURRENT YEAR			6,531	0		0	6,531	0			0	0	0.
Computers/Accessories		10/02/12	5,476		100.00			5,476	5.00	150DB/HY	5,476	0	0.
Computers/Accessories		11/23/16	5,096		100.00			5,096	5.00	150DB/HY	4,976	120	-17.
Leasehold Improvements		09/30/18	59,065		100.00			59,065	39.00	SL/MM	15,238	1,194	0.
Furniture/Equipment		09/30/18	13,482		100.00			13,482	7.00	150DB/HY	7,701	1,285	54.
Computers/Accessories		01/17/19	1,878		100.00			1,878	5.00	150DB/HY	890	296	8.
2019 Transitworks SmartAccess 350A		07/05/19	8,554		100.00			8,554	5.00	150DB/HY	3,223	1,599	156.
Leasehold Improvements		08/23/19	16,583		100.00			16,583	39.00	SL/MM	584	425	0.
Computer Purchase		12/18/19	2,106		100.00		2,106		05.00	200DB/MQ	0	0	0.
Dell Computer		01/23/20	1,185		100.00		1,185		05.00	200DB/MQ	0	0	0.
A/C Upgrade		08/05/20	2,400		100.00		2,400		015.00	SL/MQ	0	0	0.
Carport/Outdoor Classroom		12/10/20	9,797		100.00			9,797	15.00	SL/MQ	82	653	0.
SUBTOTAL PRIOR YEAR			125,622	0		0	5,691	119,931			38,170	5,572	201.
TOTALS			132,153	0		0	12,222	119,931			38,170	5,572	201.

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS, P = Passive

IRS e-file Authentication Statement

2021

Keep for your records

Table with 2 columns: Name(s) Shown on Return (Creative Clay, Inc.) and Employer ID No. (59-3338595)

A - Practitioner PIN Authorization

QuickZoom to the Federal Information Worksheet to enter PIN information

Please indicate how the taxpayer(s) PIN(s) are entered into the program. Officer entered PIN [X] ERO entered Officer's PIN []

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN 509249 Self-Select PIN 26535

C - Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2021 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN 38595 Date 05/01/2022

Electronic Filing Information Worksheet

Keep for your records

2021

Name(s) shown on return
Creative Clay, Inc.

Identifying number
59-3338595

Part I - State Electronic Filing:

Check this box to force state only filing for all states selected to be filed electronically

Part II - Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)
enter the EFIN for the ERO that is responsible for this return 509249

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)
enter a PIN for the ERO that is responsible for filing return

ERO Name: Jodi Chemes CPA PLLC
ERO Address: 5020 15th Ave N
City: St. Petersburg, State: FL, ZIP Code: 33710
ERO Electronic Filers Identification Number (EFIN): 509249
ERO Employer Identification Number: 45-1634164
ERO Social Security Number or PTIN:

Part III - Paid Preparer Information

Firm Name: Jodi Chemes CPA PLLC
Preparer Name: Jodi Chemes
Address: 5020 15th Ave N
City: St. Petersburg, State: FL, ZIP Code: 33710
Preparer Social Security Number or PTIN: P01060809
Employer Identification Number: 45-1634164
Phone Number: (727) 237-6223
Preparer E-mail Address: jodi@jodichemescpa.com

Part IV - Selection of Additional Amended Returns

Enter the payment date to withdraw tax payment
Amount you are paying with the amended return

- Check this box to file another federal amended return electronically
Check this box to file another 990-T amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

* Select the state and/or city amended return(s) to file electronically.

Table with columns for checkboxes and State/City. Row 1: California State Exempt

Part V - Name Control

Name Control, enter here to override default CREA

Smart Worksheets from your 2021 Federal Exempt Tax Return

SMART WORKSHEET FOR: Form 990: Return of Organization Exempt from Income Tax

Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet				
To enter assets, QuickZoom to Asset Entry Worksheet ➔				
To view a calculated report of all depreciation information for Form 990, QuickZoom to the Depreciation/Amortization Report ➔				
QuickZoom to Form 4562 for Form 990 ➔				
The following items carry to line 22 below:				
Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
A Depreciation	12,304.	12,304.	0.	0.
B Depletion				
C Amortization				

SMART WORKSHEET FOR: Schedule B: Contributors (Copy 1)

General Information Smart Worksheet	
A	Description for this copy of Schedule B, Part I. <u>Copy 1</u>

SMART WORKSHEET FOR: Schedule B: Contributors (Copy 1)

General Information Smart Worksheet	
A	Description for this copy of Schedule B, Part I. <u>Copy 2</u>

Additional information from your 2021 Federal Exempt Tax Return**Form 990: Return of Organization Exempt from Income Tax****Line 23 col (C)****Itemization Statement**

Description	Amount
Liability	3,663.
Workers Comp	741.
Total	4,404.

Schedule D: Supplemental Financial Statements**Equipment col (a)****Itemization Statement**

Description	Amount
Van	8,554.
Other Equipment	47,075.
Total	55,629.

Creative Clay Leadership Team

Kim Dohrman, CEO—Team member since July 2007

Kim Dohrman graduated from the University of Tampa in 1996 with a BA, majoring in Creative Writing and minoring in Art and English. With MA coursework completion in Montessori education, she has over 20 years of arts education experience in integrated classroom settings. She began working at Creative Clay in 2007, first as a volunteer and then as a Teaching Artist. She has served in several roles at Creative Clay, including Director of Education, but has served as Creative Clay's CEO since 2011.

Shane Hoffman, Development Coordinator—Team member since October 2018

Shane has a Master of Fine Art from University of South Florida and has been working with artists with disabilities for 10 years. Shane builds donor relationships, writes grants, manages events and manages Creative Clay's donor database.

Emily Turnage, Director of Community Arts—Team member since August 2012

Emily Turnage graduated from University of South Florida with a bachelor's degree in psychology. Turnage joined Creative Clay in 2013 and became the Director of Community Arts in 2016. As an accomplished musician, Turnage brings a musical perspective to her leadership and direction of Creative Clay's Community Arts Program.

Jody Bikoff, Director of Exhibitions—Team member since July 2007

Jody holds a BFA from Carnegie Mellon University School of Fine Arts in Painting and Textiles. In addition to a first career in the fiber arts, Jody is the former owner/operator of a custom color and black & white photo lab in New York City.

Kerry Kriseman, Public Relations Manager—Team member since Sept. 2008

Kerry is a graduate of University of South Florida with a B.A. in Mass Communications/Broadcasting. Kerry worked in print media for the St. Petersburg Times (now Tampa Bay Times) in various positions in the Newsroom and Marketing Department.

Board of Directors

Sean Kennedy (President)

VP Strategy & Development
People Empowering and Restoring
Communities
Board Member Since: February 2014

Anne Q. Pollack (Secretary)

Partner, Fletcher Fischer Pollack PL
Board Member Since: December
2018

Julie Kessel, M.D. (Treasurer)

Medical Director, Cigna
Board Member Since: February 2021

Derek Berset

Vice President
Comegys Insurance Agency
Board Member Since: March 2022

Shelby Meaders

Executive Director
Florida Harm Reduction Collective
Board Member Since: April 2023

Tim Church

Director of Franchise Development
The RepM Group
Board Member Since: Sept. 2019

Hal Freedman

Independent Realtor/Consultant
Board Member Since: September
2014

Natalie Fisher

Associate Project Manager
Raymond James Marketing
Board Member Since: August 2019

Page Garrison

Master Carpenter
Scott-Douglas Design
Board Member Since: January 2012

Lauren Hanley

Director
Patterson Real Estate Advisory
Board Member Since: February 2021

Manny Rosario

Director of Offshore Services &
Quality Assurance
Gale Healthcare Solutions
Board Member Since: March 2020

Board requirements:

Minimum 75% board meeting attendance or 9/12
Raise or donate \$1500 per year
Membership in Good Folk Society monthly giving program
Serve on one board committee: Finance & Strategic Planning, Marketing &
Development or Executive



SUPPORT MATERIALS TABLE OF CONTENTS

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CREATIVE CLAY ANNUAL REPORT

Creative Clay Exhibitions, Events and Performances 2023



FRI, APR 21

Spring for the Arts

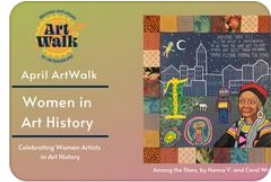
NOVA 535 · St Petersburg
Event by Creative Clay



FRI, APR 14

BONUS Friday Art Market

Creative Clay · St Petersburg
Event by Creative Clay



SAT, APR 8

Women in Art History

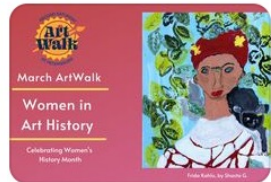
Creative Clay · St Petersburg
Event by Creative Clay



FRI, APR 7

April Friday Art Market

Creative Clay · St Petersburg
Event by Creative Clay



SAT, MAR 11

March ArtWalk: Women in Art History: Celebrating

Creative Clay · St Petersburg
Event by Creative Clay



FRI, MAR 3

Friday Art Market

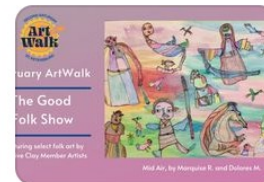
Creative Clay · St Petersburg
Event by Creative Clay



THU, MAR 2

Exhibit of Fidelio-Inspired Artwork

Event by Creative Clay



SAT, FEB 11

The Good Folk Show

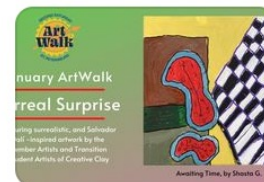
Creative Clay · St Petersburg
Event by Creative Clay



FRI, FEB 3

Friday Art Market

Creative Clay · St Petersburg
Event by Creative Clay



SAT, JAN 14

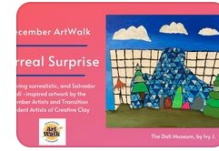
January ArtWalk

Creative Clay · St Petersburg
Event by Creative Clay

Creative Clay Exhibitions, Events and Performances 2022



FRI, JAN 13
Friday Art Market
Creative Clay · St Petersburg
Event by Creative Clay



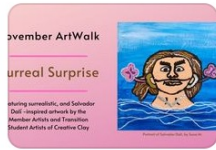
SAT, DEC 10, 2022
December ArtWalk: Surreal Surprise
Creative Clay · St Petersburg
Event by Creative Clay



SAT, DEC 10, 2022
Meet Author Lenora Mitchell
Creative Clay · St Petersburg
Event by Creative Clay



FRI, DEC 2, 2022
Friday Art Market
Creative Clay · St Petersburg
Event by Creative Clay



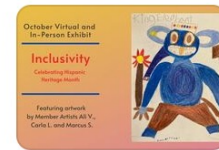
SAT, NOV 12, 2022
November ArtWalk: Surreal Surprise
Creative Clay · St Petersburg
Event by Creative Clay



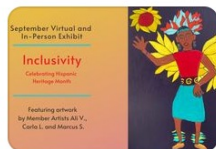
FRI, NOV 4, 2022
Friday Art Market
Creative Clay · St Petersburg
Event by Creative Clay



FRI, OCT 7, 2022
Friday Art Market
Creative Clay · St Petersburg
Event by Creative Clay



SAT, OCT 1, 2022
Inclusivity: Celebrating Hispanic Heritage
Creative Clay · St Petersburg
Event by Creative Clay



THU, SEP 15, 2022
Inclusivity: Celebrating Hispanic Heritage Month
Creative Clay · St Petersburg
Event by Creative Clay



FRI, SEP 2, 2022
Friday Art Market
Creative Clay · St Petersburg
Event by Creative Clay



MON, AUG 1, 2022
Summertime: August Virtual ArtWalk
Creative Clay · St Petersburg
Event by Creative Clay



FRI, JUL 1, 2022
Summertime: July Virtual ArtWalk
Creative Clay · St Petersburg
Event by Creative Clay



Teaching Artist Annie Pelucarte working with Marquise Russ at ArtWalk.

Creative Clay In the News

[Creative Clay provides safe, inclusive space for people with disabilities to make art](#) ABC Action News, April 5, 2023

[It's the season for love, art and celebration](#) Creative Pinellas, by Cindy Stovall, April 19, 2023

[Celebrating Women Artists in Art History](#) Creative Pinellas, by Sheila Cowley, March 21, 2023

[Creative Clay](#) Artisan Magazine March 2023 issue (p.24-25) by Robin O'Dell

[Creative Clay nurtures artists with disabilities](#) 10 Tampa Bay by Kathryn Bursch, Nov. 2022

[Art Accessible to All with Gayle Guyardo](#) News Channel 8, Oct. 25, 2022

[Quarterly Art Wall Exhibition Features Creative Clay Artist, Yalanda Speights](#)
Community Foundation Tampa Bay, Oct. 17, 2022

['Inclusivity' celebrates Hispanic Heritage Month](#)—The Weekly Challenger, Sept. 20, 2022

[Diverse Abilities Arts Festival](#) 83 Degrees, Sept. 20, 2022, Summer Strickland

[Creative Clay's Hispanic Heritage Month exhibit focuses on Inclusivity](#) Bay News 9, Sept. 20, 2022

[Community Partnerships and Collaborations a Winning Combination for a Nonprofit's Success](#)
St. Pete Catalyst July 18, 2022

2022 CREATIVE CLAY NEWSLETTER LINKS

[JUNE NEWSLETTER](#)

[AUGUST NEWSLETTER](#)

[SEPTEMBER NEWSLETTER](#)

[OCTOBER NEWSLETTER](#)

[NOVEMBER NEWSLETTER](#)

[DECEMBER NEWSLETTER](#)

2023 CREATIVE CLAY NEWSLETTER LINKS

[JANUARY NEWSLETTER](#)

[FEBRUARY NEWSLETTER](#)

[MARCH NEWSLETTER](#)

[APRIL NEWSLETTER](#)

CREATIVE CLAY SHORT FILM

FIRST CREATIVE CLAY MUSIC VIDEO
IN MY HEART FOREVER



24 March 2023

The Artisan Magazine



Creative Clay. The name does not even begin to define what this dynamic cultural arts center is about. Headed up by its indomitable leader, CEO Kim Dohman, it has been helping people with disabilities achieve full and inclusive lives since 1995.

This mission is achieved through a cornucopia of services and opportunities. Perhaps the most recognized is their Community Arts Program. The facility provides teaching artists and open studio space to adults with developmental and/or physical disabilities where they create paintings, drawings, ceramics, and crafts. These are offered for sale through the Good Folk Gallery and gift shop, which offers monthly themed exhibitions and retail products.

Creative Clay refers to the works as Folk Art, and indeed, for many years hosted a Folk Art Festival (Folkfest St. Pete) that exhibited both well established artists like "Missionary" Mary Proctor (in the collection of the St. Petersburg Museum of Fine Art, Smithsonian Institution, and the Metropolitan Museum of Art

in New York) alongside the artists of Creative Clay. Sometimes also called outsider art or naïve art, these items are generally handmade by artists with little or no contact with the conventions of the art world. While the artists at Creative Clay do have teaching artists who help guide themes and encouragement, the participants are left to share their own unconventional ideas and elaborate fantasy-based worlds. The results are wonderfully surprising feasts of color and imagination. Lest you think it is just visual arts, they also have the Willi Rudowsky and Hal Freedman Performing Arts Studio as well as provide opportunities with theater and videography.

If that's all they did, it would be a lot. But, there is so very much more. There is the Transition program that offers vocational arts training to adults aged 18 to 22 in partnership with Pinellas County Schools. They also offer an apprentice program called Artlink, which provides one-on-one mentorship, on-the-job training, pre-placement training and supported employment services. In addition to the gallery, there is also a small portion of their 5,000

square foot facility given over to Creative Thrift, where you can purchase repurposed art supplies for a name-your-price amount. Are you now asking yourself why you haven't visited?

There are so many ways to participate and support this worthy cause. Come buy artwork and cards from the gallery. Come to one of their many upcoming events including a monthly outdoor Friday Art market and monthly exhibits for the SPAA's Second Saturday ArtWalk. Attend their premiere fundraising party, Spring for the Arts, which will be at NOVA St. Pete on April 21. You can also join the Good Folk Society and donate a monthly amount and get all kinds of sweet swag. Give a sponsorship or join the Visionary Society and include Creative Clay in your estate plans. Or just give a one-time donation. Better yet, buy them a building with a kiln space, dance studio, recording studio and small theater. That would be a game changer!

Creative Clay gives its member artists fifty percent of all works sold, thus making them actual working artists. Acknowledging the cliché, CEO Kim Dohman

gives this advice to other aspiring artists, "...do what you love and love what you do. Learn the business of being an artist if you want to make a living at it." This group of people, both those who work tirelessly to make it all happen and those who participate, offer inspiration about the impact that art can have on individual lives and those of our community. Hopefully, Creative Clay will be around and thrive for another twenty-eight years.

Upcoming events:

Each month during the Pinellas County Schools' calendar year, Creative Clay's Member Artists host an outdoor Friday Art Market on the first Friday of the month. Art Market features art for sale in a variety of mediums (ceramics, jewelry, cards, paintings, garden stones). Also featured is Member Artist karaoke, live music by a local musician, and an on-site food truck. The remaining Art Markets for the 2022-2023 school year will be:

- March 3, 10 a.m.-2 p.m.
- April 7, 10 a.m.-2 p.m.
- May 5, 10 a.m.-2 p.m.

Creative Clay hosts new exhibits in its Good Folk Gallery each month, opening during the second Saturday ArtWalk. Creative Clay is open 5-7 p.m. during ArtWalk. The Good Folk Gallery is open Monday-Friday, 9 a.m. to 4 p.m.

Spring for the Arts - April 21, 6-9 p.m., NOVA St. Pete.

This is Creative Clay's premier fundraising party, and it's an opportunity to enjoy a festive atmosphere while seeing Creative Clay's mission in action. Member Artists are present, performing with Sparks Collaborative Ensemble and selling their art. Gourmet food by Island Flavors and Tings, silent auction, and local live music TBA.

Upcoming Exhibits:

- Women Artists in Art History - March (Women's History Month) - Creative Clay's Good Folk Gallery
- Fidelio Exhibit at St. Petersburg Opera Company - Art by the artists of Creative Clay, as inspired by Beethoven's opera, Fidelio, Feb. 27-March

The Artisan Magazine

March 2023 25



Creative Clay on ABC Action News Morning Blend, April 4, 2023



Creative Clay at the Capitol for Arts & Culture Day March 22, 2023

**Creative Clay thanks Rep. Lindsay Cross
for hosting us for Arts & Culture Day at the Capitol 2023.**



Ongoing Partnerships and Collaborations

Creative Clay's partnerships enhance our impact in the community through creating more arts opportunities for people with disabilities. Each of the organizations we partner with have unique outcomes, most of which help us to reach our goal of inclusion.

Pinellas County School System: Since 2008, Creative Clay has partnered with the Pinellas County School System to provide vocational arts training to students with disabilities ages 18-22.

St. Petersburg Museum of History: From 2010-2021, the SPMOH exhibited the artwork of the children in Creative Clay's inclusive *Art Around the World* summer camp. In addition, the Community Art Program member artists have a permanent exhibit of Egyptian artwork which hangs in the Flight One Gallery at the museum. From October 2021 through January 2022, Creative Clay had its Sister City Celebration exhibit partnership with Heart Artlink Takamatsu-St. Petersburg in the Flight One Gallery. The Consul-General of Japan, Kazuhiro Nakai honored us by coming to the opening of the exhibit on Oct. 14, the official 60-Year Anniversary of the Sister City partnership.

Black Crow Coffee: Creative Clay has its own private label through Black Crow Coffee Roasters, a for-profit business in St. Petersburg. All coffee sold in Creative Clay's Good Folk Gallery goes directly to its programs. Creative Clay also has a mural at the Grand Central Location.

Scroll below for more partnerships.



Notecards inspired by the talents of Salvador Dalí created by Creative Clay artists now available!

Creative Clay's mission is to help people with disabilities achieve full and inclusive lives by providing expressive, educational and vocational experiences in the arts.

Equality through Art made possible by:



WWW.CREATIVECLAY.ORG



-PARTNERSHIP- The Dalí Museum.



*Leonore as Fidelio
by Marquise R.*



*Beethoven
by Lindsay J.*



*Fidelio
by Ashton J.*

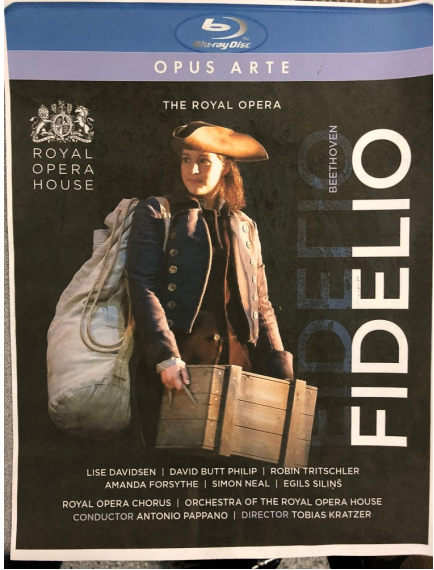
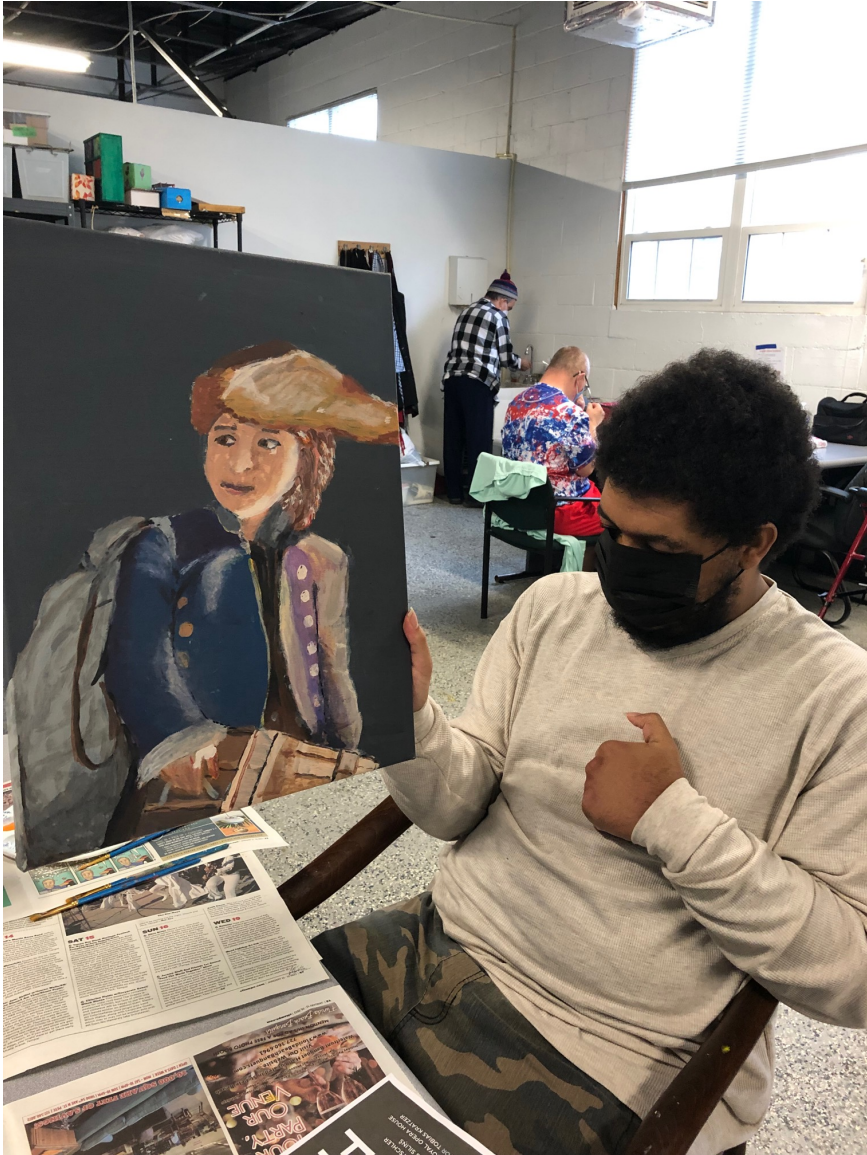
FIDELIO



Paintings inspired by FIDELIO on exhibit through April 30 at the St. Petersburg Opera Company
www.creativeclay.org • equality through art since 1995

PARTNERSHIP WITH ST. PETERSBURG OPERA COMPANY SINCE 2014

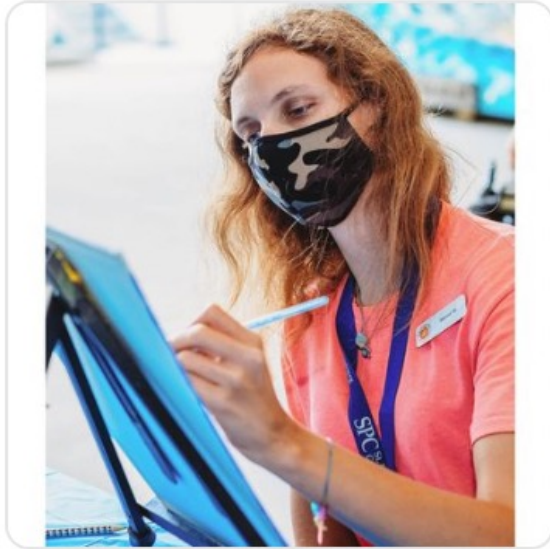
Creative Clay Exhibit inspired by *Fidelio* St. Petersburg Opera Company



Artists Represented:

- Ashton T.
- Suna H.
- Lindsay Johnson
- Shasta Gordon
- Grace Parietti
- Stephanie P.
- Samuel Scott
- Marquise Russ
- Forest L.
- Hanna V.

-PARTNERSHIP-



Creative Clay was invited to paint Nicholas the dolphin live at the Clearwater Marine Aquarium and was filmed by Channel 10 Bay News.

-PARTNERSHIP-

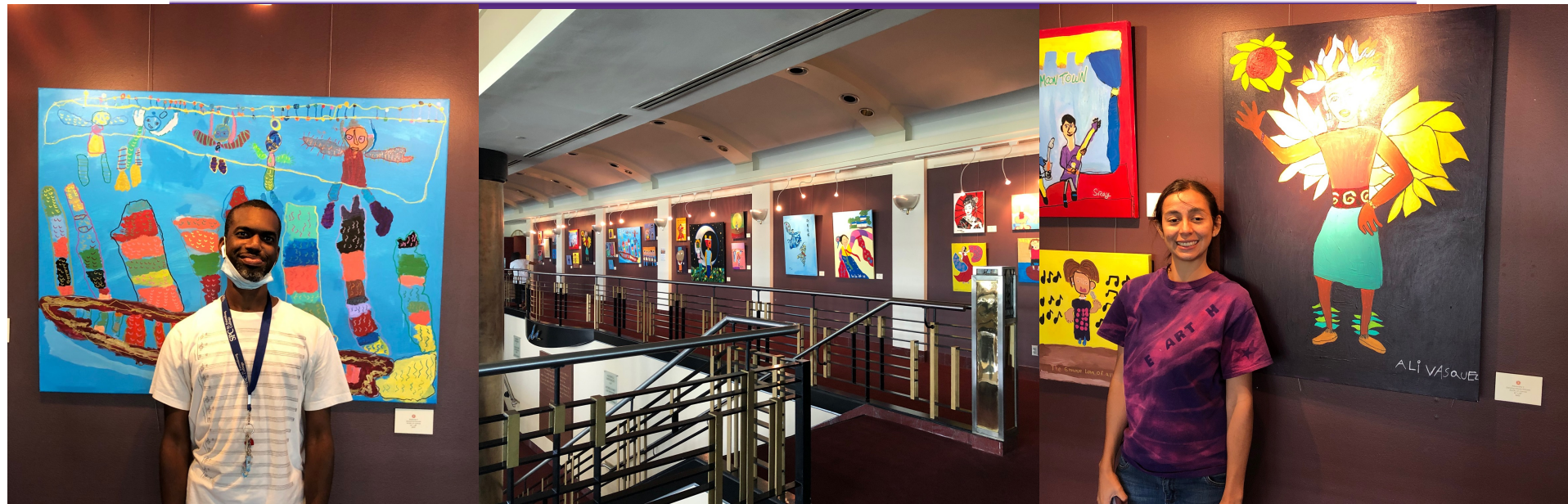
MUSIC & MUSINGS

at The Mahaffey

Duke Energy Center
For The Arts

The Mahaffey
Theater

Bill Edwards
FOUNDATION FOR THE ARTS



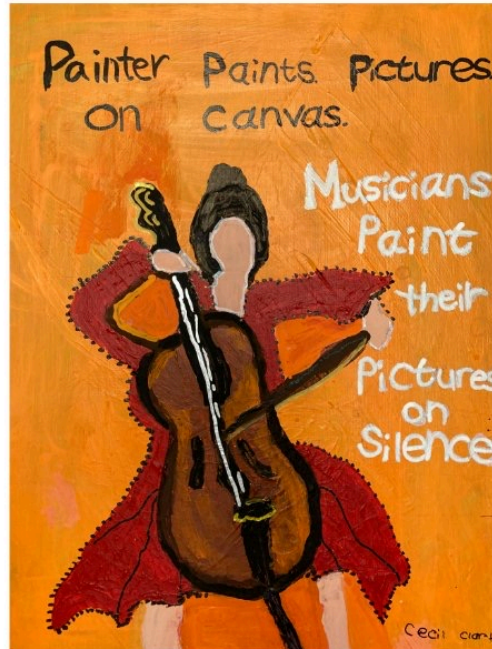
-PARTNERSHIP-



PAINTINGS INSPIRED BY THE PERFORMING ARTS



The Mayan Princess
by Ali V.



Musicians Paint their Pictures on Silence
by Cecil C. and Jung In Kang



Ballerinas
by Ivy J. and Coral Walden

Creative Clay exhibit *Paintings Inspired by the Performing Arts* at the Mahaffey Theater Summer 2022.

-PARTNERSHIP-

RECORDING AT THE ICEHOUSE, GULFPORT



Thank you to Tim Church for your volunteer time and expertise in production of the Creative Clay song, *In My Heart Forever* by Teaching Artist Stephanie Roberts and her Thursday Performing Arts class. Pictured: Tym'arie, Stephanie, and Tim.

-PARTNERSHIP-

Thank you, Greg and Deana, for your long-time support of Creative Clay



-PARTNERSHIP-

SUNSHINE CENTER SENIOR CENTER



We treasure our partnership with the Sunshine Center Senior Center. Bingo Day presentation: Theresa H. and Lindsay Johnson spoke about Creative Clay and handed out the bingo winner gifts.

-PARTNERSHIP-

SUPPORT
EQUALITY
THROUGH
ART
CREATIVE CLAY ST PETE

Equality through Art t-shirt designed by Chad Mize



Alhambra Health and Rehabilitation Center · [Follow](#)

November 14, 2022 · 🌐



Thank you [Creative Clay](#) for coming to Alhambra. They are a team of professional artists that provide outreach art experiences. Our residents love them!



Creative Clay volunteers at Alhambra Health and Rehabilitation Center

-PARTNERSHIP-



Teaching Artist Julie Price and Member Artist Grace Parietti working on their piece for the **Women in Art History exhibit.**



Summer Kluytman and Carla L., celebrating German photomontage artist Hannah Höch with *The Bride*, mixed media on canvas



Emily Turnage and Ivy J. collaborating on music and digital media, inspired by funk singer, songwriter and producer Betty Davis



ALEX M. AND EMILY TURNAGE PERFORMING AT THE MAY OUTDOOR ART MARKET.



WHEN THE TUBA SHOWS UP, IT'S A PARTY!

a short play for painting and parading
written by sheila cowley & illustrated by creative clay artists

CREATIVE CLAY'S FIRST CHILDREN'S BOOK WILL BE FOR SALE SOON!

WHEN THE TUBA SHOWS UP, IT'S A PARTY REHEARSAL
WRITTEN BY: SHEILA COWLEY



SPARKS COLLABORATIVE ENSEMBLE : STEPHANIE ROBERTS, PAULA KRAMER, HELEN HANSEN
FRENCH, KENDRICK WILSON, JAN NEUBERGER & SHEILA COWLEY

WHEN THE TUBA SHOWS UP, IT'S A PARTY REHEARSAL



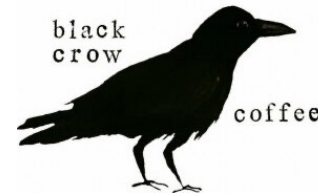
Tym'arie and Actor Jan Neuberger.



When the Carrots Show up, it's Dinner!

By Ali Vasquez and Coral Walden

Thank You, to our Community Partners



PLATINUM RATING ON GUIDESTAR/CANDID 2022 AND 2023



Creative Clay, Inc. Platinum

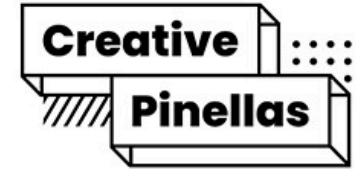
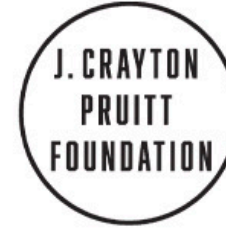
Creative Clay

Saint Petersburg, FL | EIN: 59-3338595

...are not able to afford or receive funding for our Community Arts Program. Held for two hours a week, it is an opportunity for artists to use *Creative Clay's* studio space, supplies, and give them the opportunity to submit work for exhibition in the *Creative Clay's* Good Folk Gallery. Inclusionary art camp for children of all abilities. The camp classroom environment is designed to provide for individually-paced ... post-secondary education that includes the goals of independent living and employment readiness.

Creative Clay Transition's vocational training consists of lessons in art fundamentals, sales, marketing, customer relations, and the over-all business of being an artist. *Creative Care*, a program offered through *Creative Clay*, is a multidisciplinary arts in wellness program serving patients, families and caregivers ...

Thank you, Creative Clay's Supporters & Sponsors!



David Ramsdell
& Kevin Long

HAL FREEDMAN &
WILLI RUDOWSKY

AUDREY & SEAN
McCONNELL



Linda Comegys Berset

JOHN & MARY
SWEENEY

ST. PETERSBURG
ARTS
ALLIANCE



ARTICLES
ART GALLERY & CUSTOM FRAMING



Dee & Sal Perconti



VERTICAL
VENTURES



INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: SEP 30 1999

Employer Identification Number:
59-3338595

DLN:
17053247708019

Contact Person:
THOMAS E O'BRIEN

ID# 31187

Contact Telephone Number:
(877) 829-5500

Our Letter Dated:
December 1995

Addendum Applies:
No

CREATIVE CLAY INC
C/O GENE THOMAS
2735 WHITNEY RD
CLEARWATER, FL 33760-1610

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

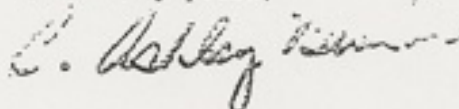
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



.....
District Director

Letter 1050 (DO/CG)



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
COMMISSIONER WILTON SIMPSON

January 4, 2023

Refer To: CH10535

CREATIVE CLAY, INC.
1846 1ST AVE S
SAINT PETERSBURG, FL 33712-1319

RE: CREATIVE CLAY, INC.
REGISTRATION#: CH10535
EXPIRATION DATE: January 11, 2024

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Keith Steverson
Consumer Service Analyst
850-410-3833
Fax: 850-410-3804
E-mail: keith.steverson@fdacs.gov