

# Application Form

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## *Organization Information*

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### Brief Project Descriptor

Please briefly describe this organization's request.

**If you have previously applied for a Small Purchase and would like your previous request copied over to update and submit for consideration in Round Two, please contact Rose Cervantes. Due to the current inflationary environment, you will need to obtain new bids/estimates for your proposed purchases regardless of a prior submission. The new request amount must also fit within the maximum request amounts for Round Two.**

If you would like to complete this application in Word first and copy your answers over later, use the following link: [Download Application](#)

The evaluation rubric that will be used to score your request can be downloaded [here](#).

Please pay attention to character limits while working on your draft. These limits include spaces.

### Organization Name\*

Creative Clay

### Proposal Name\*

Please choose a short name to identify this project within the grant portal:

Creative Clay ARPA Round 2

### EIN\*

593338595

### Incorporation Year\*

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

1995

## Organizational Mission Statement\*

What is your organization's mission statement? This should be no longer than one or two sentences.

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.

## Unique Entity ID (SAM)

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no longer uses.**

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): <https://sam.gov/content/home>

This field is optional as to not stop a qualifying organization from applying. **However**, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12

KLUMZME8MF91

## Annual Operating Budget Size\*

Please provide the amount of your annual operating budget, (expenditures only) for your entire organization.

\$545,373.72

## Parent Non-Profit/Subsidiaries\*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

### Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.

No

## *Amount Requested (Annual Operating Budget > \$500,000)*

### **Amount Requested (Annual Operating Budget > \$500,000)\***

Because your annual operating budget is over \$500,000, the maximum grant request for your organization is \$150,000.

\$29,311.00

## *Request Specifics*

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### Priority Areas\*

For Round 2 of this funding process, the ARPA Nonprofit Capital Project Fund is prioritizing organizations that offer programming, and whose capital purchase is related to, the following areas:

- Individuals with Disabilities
- Food Security
- Specialized Healthcare
  - o Mental Health
  - o Dental Care
  - o Substance Use Disorders
- Housing

Not offering programming in these areas does not disqualify you from applying. However, this prioritization will result in 10 bonus points being awarded to eligible requests when scored.

**Does your organization and its proposed capital purchase fit into one of these areas?**

Yes

### Organization Programmatic Background\*

Please describe the programming your organization offers to the community and the length of time it has been doing so. What does your organization **do** and **how long** has it been doing it?

**If you have indicated above that your programming and proposed purchase fit into the priority areas for this funding round, please be sure to describe the relevant programming.**

Since 1995, Creative Clay's Community Arts Program has provided educational, expressive, and vocational opportunities for artists with disabilities in Pinellas County. This multidisciplinary studio arts program runs five days a week throughout the year. Each studio is led by professional artists working in a variety of media including ceramics, painting, illustration, graphic design, music, performance, and animation. Creative Clay member artists have the opportunity to earn income selling their work in Creative Clay's Good Folk Gallery, as well as venues throughout the community.

Since 2007, Creative Clay's Artlink Employment Program has provided adults with disabilities an opportunity to learn vocational skills training in Creative Clay's retail space as well as the community. Artlink includes one on one mentorships with professional artists or includes opportunities for community job placement. Placements have included Big Frog T-shirts, iDex International, Charlie Parker Pottery and Great Explorations Children's Museum.

Since 2008, Creative Clay's Transition program, a partnership with Pinellas County Schools, serves twelve young adults (ages 18-22) with disabilities daily throughout the school year. Many of the artists currently in our Community Arts Program began their journey with Creative Clay in this unique four-year post-secondary job training opportunity.

COVID-19 caused us to close for 15 months before we started to bring the artists back in phases as to protect the vulnerable individuals we serve. During the closure we expanded our inclusive efforts to serve more artists with disabilities virtually as well as keep our established roster of artists connected to each other. By establishing corporate commissions and collaborations with local professional artists we kept our artists engaged. Online classes allowed us to re-employ many of our laid-off teaching artists to facilitate these opportunities. We are working toward regaining full capacity.

## Community Need\*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

Research suggests that exposure and inclusion of individuals with disabilities within the general population improves outcomes in a variety of domains, including access to healthcare, 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 towards 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 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.

## Negative Economic Impact on Organization\*

**The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.**

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- Inflationary pressures
- A reduction in revenue since the onset of the pandemic
- An increase in pandemic-related revenue that is restricted, or otherwise does not permit the purchase of capital assets
- The use of reserves for pandemic-related unbudgeted expenses
- Allocation of resources to meet a pandemic-related increase in demand for services, which results in a lack of resources to purchase capital assets
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC

**You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages.**

REVENUE LOSS COMPARISON 2019 to 20-21-22 w- schedule postcard & Strategic Goals.docx

Previous to the COVID-19 pandemic and the impending shut down of Creative Clay's facility in March 2020 everything was heading upward. We had big plans and had begun a well-curated, organization changing year. In October 2019 we had a strategic planning retreat and came into the new year with vigor and many new achievable goals. Those goals were for the most part put on hold. In August of 2022 we reconvened to strategize regaining our footing during 2023-2025.

2020 was going to be a big year! We had 31 events set in stone. We created a full schedule plus advertisements, handbills, and postcards for a year of on-site indoor-outdoor ArtWalk events, live workshops by revered international artists, off-site gallery shows, many inclusive off-site revenue-generating community events, and our 25th Anniversary Celebration fundraiser. Then COVID came to put a stop to everything we were hoping to do.

The joy of the coming year was felt by all of the artists, teaching artists, staff, and administration at Creative Clay. Everybody was committed to a successful year, only for it to be marred by shut-down, layoffs, insecurity, loneliness, and separation for everyone including the artists with disabilities who need Creative Clay's active atmosphere to thrive. Learning and work opportunities for our artists, connections to new supporters, and revenue generating opportunities were eliminated. Our attendance numbers are down. Many artists, teachers, supporters, community connections, and opportunities are no longer available or have moved on. The effects caused by COVID & its wake are still felt today.

In 2019 Creative Clay's revenue was \$660,775 and 2020 was to be better, but that was not so. For simplicity's sake we have chosen to show you the reduction in our revenue since the onset of the pandemic by comparing 2020, 2021, and 2022 directly to 2019 to give you a sense of the total loss we have experienced. If you look at the revenue generated in 2019 and consider the likelihood that at the very least, instead of slightly rising each year, it had stayed the same, then what follows are the losses for each subsequent year. In 2020 our revenue was \$449,175. Compared to 2019 that is a loss of \$211,600. Using the same approach for the 2021 and 2022. The loss in 2021 was \$197,803 and in 2022 the loss was \$51,393. This makes the total loss of revenue over 2020, 2021, and 2022 equal to \$460,796. As you can see, COVID really affected our growth. These losses have severely hampered our established goals and the residue of COVID-19 has kept us from moving forward as we would have hoped.

A Revenue Loss Comparison from 2019 to 20-21-22, our published schedule postcard for 2020, & current Strategic Goals are attached.

## Proposal Description\*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your purchase proposal and address the following:

- What will you be purchasing with these funds?
- What is the estimated lifespan of the purchase/improvement?
- How does it address the negative economic harm you described in the previous question?

Over the COVID impacted years, Creative Clay experienced a loss of \$460,796. Sticking to our strategic goals we will escape this slump. With this grant's help we will purchase:

- A sound-system that will allow us to have live music outside bringing community to our facility, increasing art sales, and connecting with new donors & sponsors. This directly addresses goals in our strategic plan and helps remedy losses incurred in sales, and support during COVID. It will help grow our base of support, and sales into the future.
- 6 laptop computers to replace aging equipment used by staff. This will allow us to do everyday duties that maintain accountability and keep us in good standing with our community and regulatory organizations that oversee our services. This purchase will help maintain our basic revenue creation functions. We couldn't afford to replace these due to COVID losses.
- 6 iPads & iPencils to teach digital art creation and conversion to marketable items such as prints, stickers, and shirts. They will also be used to teach artists point of sale tools for use in their monthly art markets and community events. These will help fulfill our strategic objective of expanding our Artlink program by providing skills training, marketing, and sales opportunities to the artists plus allow for more sales of a larger variety of items, increasing revenue.
- 1 desktop computer for the artists to learn animation, video editing, music composition & recording. We have hired new staff with skills to provide instruction in these media. These staff skills were lost due to COVID closures & layoffs. The necessity for a new desktop is due to our current computer's age & its lack of capacity to utilize new software. We couldn't afford to replace this due to COVID losses.
- 1 professional grade camera to be used by the artists to learn how to take photos, make videos, and assist in the creation of animations. This will work in tandem with computer above.
- The installation of 3 fans in our outdoor classroom will provide comfort when artists are outside each day and, when the public comes to outdoor events. We couldn't afford to add these due to COVID losses.
- The installation of 3 security cameras to ensure the safety of the individuals with disabilities that we serve, and to make sure the property remains secure. We couldn't afford to add these due to COVID losses.

All of the items listed have lifespans over 5 years, the sound-system and fans have a 10-year lifespan.

## Guiding Principles - Client Impact\*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. According to federal guidance, the term "equity" is defined as:

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

**Will this purchase benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?**

Yes, these purchases will benefit individuals with developmental disabilities who attend and participate in Creative Clay's many established programs. Making impactful improvements to the ways we serve member artists will enhance the results of the service we provide. The purchases will promote efficiency among the teaching staff & administration, community building, greater visibility, and an immense amount of next-level artistic production from the artists we work with.

It is important to Creative Clay that the lives of individuals with developmental disabilities become more enhanced through art. According to Cornell University's 2017 Disability Report, people with disabilities experience joblessness, isolation, abuse, and discrimination at a higher rate than the general public. We have also learned that exposure and inclusion of individuals with disabilities within the general population improves outcomes in a variety of domains, including access to healthcare, 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 towards 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 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. They are professional artists with a true sense of purpose.

## Number Served\*

How many people will directly benefit from this capital purchase annually?

90

## Unduplicated vs. Duplicated\*

Is the number indicated above duplicated or unduplicated?

**Duplicated:** A client is counted each time they access services

**Unduplicated:** A client is counted once, regardless of the number of times they access services

**Example:** ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

Unduplicated

## Other (Explanation Required)

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital purchase.

## *Geographic Impact & Priority Populations*

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The ARPA Nonprofit Capital Project Fund seeks to offset the negative economic impact Pinellas nonprofits faced due to the COVID-19 pandemic. Organizations who serve disproportionately impacted communities will be considered as serving a priority population. There are several ways to determine if your clients were disproportionately impacted.

Examples of disproportionately impacted communities include those who:

- Live in a Qualified Census Tract (QCTs)
  - o Defined by U.S. Department of Housing and Urban Development (HUD)
  - o U.S. Treasury guidance prioritizes use of ARPA funds within QCTs
  - o To assess if your organization serves or is headquartered in a QCT, use the following link: [https://www.huduser.gov/portal/sadda/sadda\\_qct.html](https://www.huduser.gov/portal/sadda/sadda_qct.html)  
In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to “Color QCT Qualified Tracts.” The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.
- Low- and moderate-income household and communities
- Households that qualify for federal assistance programs, such as SNAP and TANF
- Historically marginalized communities (BIPOC communities, persons with disabilities, LGBTQ+, religious minorities, and other communities that fit in the Equity definition provided on the ARPA website and application)

## **Benefits and Geography of Purchase\***

Please describe the following:

1. The communities/clients that will benefit from this capital purchase, and whether they were disproportionately impacted by the pandemic according to the examples above.
2. The geographic areas in which this capital purchase will be put into use. Be as specific as possible.

The individuals with developmental disabilities that we serve are a historically marginalized community. This population was severely affected by the COVID-19 pandemic along with its subsequent shut downs and lingering effects.

Due to acute vulnerabilities and secondary health issues, many of the individuals we serve were disproportionately affected by COVID-19. Creative Clay's programming remained closed from March of 2020 until June of 2021 when most artists were able to receive the vaccine. For these individuals who deal with isolation along with other social struggles, 15 months away from friends and inspiring activities is an endless amount of time. Many artists, even now, have chosen not to return due to the potential risks.

In addition, regarding the QCT, we are separated from it by a simple parking-lot that runs under the interstate. Our location lies just to the west of I-275 on 1st avenue south. Due to our location just off the underpass and our welcoming outdoor spaces we are aware of several houseless individuals who frequently utilize our large covered areas for rest and shelter. Although these are not the individuals we serve, we thought it may be necessary for you to consider.



## Headquarters Location\*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>

1846 1st Avenue S. SAINT PETERSBURG, FL 33712

## QCT Determination - Headquarters\*

Is this organization headquartered in a QCT?

Further determination required

## Community Connection

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PCF understands the value of authentic and diverse representation in philanthropy and in Pinellas County. To this end, we ask demographic and representation questions to gauge the human impact your organization has on the communities you serve.

PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

## Community Representation and Connection\*

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

If your staff, board, executive leadership, or long-term volunteers have personal identities or experiences that allow for a meaningful connection with your clients, please feel free to describe this connection below. When possible, please use internal data or specific details to describe how your organization is representative and connected to the communities you serve.

In addition to public workshops, working alongside other non-profit organizations, presentations at business associations, events at museums & galleries, and being highly active on many social media platforms there are five primary ways we ensure individuals with developmental disabilities are able to make an authentic connection with the services of Creative Clay:

- Over the past three years we have hosted one major event, previous to COVID-19 we did two each year. Our celebrations were virtual in 2020 and 2021. In 2022, due to COVID-19 related staffing and capacity issues, we returned to a smaller in-person event that was a great success, and our 2023 event will occur in April. These events generate media attention and hundreds of attendees many of which have family members who may enroll in our programs.
- We display art and information about our programs in businesses around the city who help us spread the word.
- Having strong connections to Support Coordinators who work directly for people with disabilities and their families is extremely important. These relationships allow Support Coordinators to bring creative clients our way for tours and potential enrollment.

- We are the only arts organization in the county partnering with the Pinellas County School Board to provide vocational training to 18 to 22 year-olds with disabilities. This program, called Transition, focuses on career development, independence, and social skills using the arts as a platform. Many of these individuals become permanent member artists at Creative Clay after they complete this unique program.
- The most effective way we engage with individuals with disabilities is through the family members of our member artists, past and present, who suggest Creative Clay to those who are looking for a creative life for their loved ones with disabilities.

Because 10% of our staff and administration identify as having disabilities, we have a unique connection to the artists we work with. This relationship helps guide a culture of patience, empathy and respect. The artists served at Creative Clay are mentored by professional artists with real-life experience in the creation & dissemination of art. The artists that lead our organization have the education & experiences that help create a runway to launch the careers of artists we serve. In addition, the connection we gain from close work with the individuals we serve helps when advocating for disability rights.

### Leadership Demographics - Board Membership\*

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

BIPOC

LGBTQ+

Neurodiverse/physically disabled

### Leadership Demographics - Executive Level Leadership Team\*

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

If your organization is volunteer-run and does not have an executive leadership team, please select "Not applicable."

LGBTQ+  
Neurodiverse/physically disabled

## Leadership Demographics - CEO/Executive Director\*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable."

LGBTQ+  
Neurodiverse/physically disabled

## Proposal Costs

Please upload current verifiable bids, estimates, or price lists [from your potential vendor(s)]. These bids must be dated within the past 60 days. *Please ensure there is a date noted on the bid or some annotation as to when you obtained these estimates/bids.*

- If your purchase is BELOW \$75,000, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is ABOVE \$75,000, you must upload THREE verifiable bids or estimates for your proposed purchases.

This can be as simple as screenshots from Amazon or Best Buy (though PCF does not endorse or recommend any specific vendor) or may be from specialized vendors that sell your proposed purchase. If you have concerns regarding bids or estimates, please reach out to PCF staff.

**Please note if you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit new bids for an accurate cost estimation in the current market.**

*If you need assistance compressing files, please email Rose Cervantes at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).*

## Bid/Estimate #1\*

PDF files are accepted.

1 CREATIVE CLAY PURCHASES BID 1.pdf

## Bid/Estimate #2\*

PDF files are accepted.

2 CREATIVE CLAY BID PURCHASES BID 2.pdf

## Bid/Estimate #3

PDF files are accepted.

## Sole Source\*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below, and contact Rose Cervantes at rcervantes@pinellascf.org.

Otherwise, write "N/A" below.

The estimate we received for the installation of the outdoor fans is from a trusted company that we have worked with exclusively, since we've been in our current location, over the past six years. As a non-profit that rents our building, we need to be mindful of anyone we hire to do work because we do not own the building in which Creative Clay resides. We must also take into consideration the nature of the work we do and the individuals with developmental disabilities that we serve, trust in any vendor who will be performing installations and work on our facility is of the utmost importance. Due to our prior experience and trust in this vendor we will only be submitting one estimate for this work.

In the case of the estimate for the installation of security cameras. This work will be done by the company that provides and tends to our security and alarm system. Due to the existing security infrastructure at Creative Clay we are only able to use the company that provides all of our security needs, monitoring and services.

## Related Parties\*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

### Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

**If yes**, identify the vendor and describe the relationship.

**If no**, write "No related parties below."

No related parties

## Budget Summary\*

Please use **THIS TEMPLATE** to indicate costs and any cash match your organization may have for the proposed purchases. Note: this spreadsheet will automatically round numbers to make it easier to read for committee members.

If you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit a new budget for an accurate cost breakdown in the current market. Additionally, this round of funding there is less available monies, and the max award request has decreased.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

CREATIVE CLAY Budget-Template-Small-Capital-Purchases.xlsx

Please note that the bid for the outdoor fan installation is split into line items on this budget. Conversely, the bid for the installation of the security cameras was not broken down, so it is listed as one item.

## Other Funding Sources\*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this purchase.

This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and private donors (you do not need to disclose donor identities but simply indicate the amount raised for this purchase). This includes any matching grants or in-kind contributions you may have obtained.

**Please be sure these other funding sources are represented in the "Applicant Match" column in the budget summary uploaded above.**

We have not obtained any other funding sources for this purchase.

## Changes in Operating Costs\*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this purchase **decreases** ongoing operating costs, how will it do so?
- If this purchase **does not affect** operating costs, please note so below.

This purchase does not affect operating costs

## Corrective and Investigative Action/Grant Recall

In the past three (3) years, has your organization or any affiliated parties with your organization had any of the following occur:

1. Been under legal investigation by a local, state, or federal institution?
2. Been placed on a corrective action plan by a funder?

3. Had grant funding recalled by a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. You may upload a PDF file to support your answer if necessary.

If no, write "N/A"

N/A

## *Insurance Requirements*

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### **Evidence of Insurance Coverage\***

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this purchase. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

**If your organization does not have evidence of insurance coverage, please provide an explanation as to why.**

Creative Clay Summary of Insurance 10-3-22.pdf

### **Insurance Requirement\***

**If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you may be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:**

Pinellas Community Foundation  
17755 US Highway 19 N  
Suite 150  
Clearwater, FL 33764  
727-531-0058

**Please check the box below to indicate that you understand and will be able to comply with this requirement if you are awarded a contract.**

**PCF will not ask for a certificate naming us as additional insured until the contracting stage.**

Yes, I understand and will comply with this requirement if awarded a contract.

## *Organization Documentation*

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**Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.**

### **Organization Budget\***

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

2023 Creative Clay Budget Approved.pdf

### **Board of Directors List\***

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Board-of-Directors-List-ARPA-PCF-Grant-2023.pdf

### **IRS Form 990\***

Please upload a PDF copy of your most recently submitted IRS Form 990.

**If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type.** You should still upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.

Only PDF files are permitted.

2021 990 Creative Clay.pdf

### **Most Recent Financial Statements\***

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

CC AUDIT September 30 2018.pdf

Due to the relatively small size of Creative Clay and the high cost of audits we do not do yearly audits. We choose to have them done periodically just to check in with ourselves and see how we are doing. Attached is our most recent Audit.

## *Post-Grant Requirements*

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### **Reporting Requirements Acknowledgment\***

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit a report within 30 days after the purchase is completed.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).  
Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

## *Additional Information*

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### **Additional Upload**

If you have something to share, you can upload it here in PDF format.

CREATIVE CLAY PROMO, TELEVISION & ADDITIONAL LINKS 2023.pdf

### **Anything else to share?**

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

## *Agreements*

---

### **Affirmation of Application Materials\***

I hereby certify that, to the best of my knowledge, the provided information within this application is true and accurate.

Yes

### **Public Application and Grant Process\***

In order to maintain transparency for the use of public funding, PCF will publish all submitted funding requests, committee review meeting minutes, executed contracts, and reports to its website. This means your funding request in its entirety will be published. Please check the box below to indicate your understanding of this.

Yes, I understand.



## Final Approval for Grant Award\*

The grantmaking process administered by PCF results in funding recommendations by an external committee using an objective, public rubric. Final approval of recommendations is made by the Pinellas Board of County Commissioners.

Yes, I understand.

## File Attachment Summary

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### *Applicant File Uploads*

- REVENUE LOSS COMPARISON 2019 to 20-21-22 w- schedule postcard & Strategic Goals.docx
- 1 CREATIVE CLAY PURCHASES BID 1.pdf
- 2 CREATIVE CLAY BID PURCHASES BID 2.pdf
- CREATIVE CLAY Budget-Template-Small-Capital-Purchases.xlsx
- Creative Clay Summary of Insurance 10-3-22.pdf
- 2023 Creative Clay Budget Approved.pdf
- Board-of-Directors-List-ARPA-PCF-Grant-2023.pdf
- 2021 990 Creative Clay.pdf
- CC AUDIT September 30 2018.pdf
- CREATIVE CLAY PROMO, TELEVISION & ADDITIONAL LINKS 2023.pdf

## REVENUE LOSS COMPARISSON 2019 to 20,21,22

	Jan - Dec 20	Jan - Dec 19	% Change
<b>Ordinary Income/Expense</b>			
<b>Income</b>			
4000 · Admin / Allowances	16.95	1,723.16	-99.02%
4010 · Art Sales	11,312.16	21,099.61	-46.39%
4012 · Thrift Store Sales	941.85	4,452.68	-78.85%
4013 · Coffee Sales	266.00	0.00	100.0%
4014 · Art in Offices	0.00	2,512.50	-100.0%
4020 · Fees for services	113,403.30	284,003.93	-60.07%
<b>4040 · Support</b>			
4041 · Donations	59,654.13	124,625.32	-52.13%
4060 · Grants	227,168.67	144,767.63	56.92%
4070 · Events	11,444.57	37,254.47	-69.28%
4080 · Scholarships	3,300.00	5,735.50	-42.46%
4090 · Sponsorships	21,666.67	34,600.00	-37.38%
<b>Total 4040 · Support</b>	<b>323,234.04</b>	<b>346,982.92</b>	<b>-6.84%</b>
<b>Total Income</b>	<b>449,174.30</b>	<b>660,774.80</b>	<b>-32.02%</b>

	Jan - Dec 21	Jan - Dec 19	% Change
<b>Ordinary Income/Expense</b>			
<b>Income</b>			
4000 · Admin / Allowances	10.45	1,723.16	-99.39%
4010 · Art Sales	10,526.94	21,099.61	-50.11%
4012 · Thrift Store Sales	1,489.64	4,452.68	-66.55%
4013 · Coffee Sales	0.00	0.00	
4014 · Art in Offices	0.00	2,512.50	-100.0%
4020 · Fees for services	144,341.12	284,003.93	-49.18%
<b>4040 · Support</b>			
4041 · Donations	116,402.66	124,625.32	-6.6%
4060 · Grants	152,612.38	144,767.63	5.42%
4070 · Events	5,321.86	37,254.47	-85.71%
4080 · Scholarships	12,350.00	5,735.50	115.33%
4090 · Sponsorships	19,916.67	34,600.00	-42.44%
<b>Total 4040 · Support</b>	<b>306,603.57</b>	<b>346,982.92</b>	<b>-11.64%</b>
49900 · Uncategorized Income	0.00	0.00	
<b>Total Income</b>	<b>462,971.72</b>	<b>660,774.80</b>	<b>-29.94%</b>

CONTINUED

## REVENUE LOSS COMPARISSON 2019 to 20,21,22

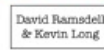
Ordinary Income/Expense	Jan - Dec 22	Jan - Dec 19	% Change
<b>Income</b>			
4000 · Admin / Allowances	-192.08	1,723.16	-111%
4010 · Art Sales	21,564.49	21,099.61	2%
4012 · Thrift Store Sales	2,635.34	4,452.68	-41%
4013 · Coffee Sales	0.00	0.00	
4014 · Art in Offices	0.00	2,512.50	-100%
4020 · Fees for services	244,261.97	284,003.93	-14%
<b>4040 · Support</b>			
4041 · Donations	111,075.49	124,625.32	-11%
4060 · Grants	173,208.24	144,767.63	20%
4070 · Events	20,669.00	37,254.47	-45%
4080 · Scholarships	1,000.00	5,735.50	-83%
4090 · Sponsorships	35,156.66	34,600.00	2%
<b>Total 4040 · Support</b>	<b>341,109.39</b>	<b>346,982.92</b>	<b>-2%</b>
49900 · Uncategorized Income	1.85	0.00	
<b>Total Income</b>	<b>609,380.96</b>	<b>660,774.80</b>	<b>-8%</b>

## CELEBRATING 25 YEARS OF #EQUALITY THROUGH ART

- |          |   |          |   |
|----------|---|----------|---|
| Jan. 16  | ArtWalk: <i>Mythical Journeys</i> featuring Marquise R. at the Good Folk Gallery                      | May 9    | ArtWalk: <i>Colorful &amp; Peaceful</i> featuring Candace N. at the Good Folk Gallery             |
| Jan. 16  | <i>A Serpent's View</i> : Drawings & paintings of Joseph "JJ" Hitch at David Vargas State Farm Agency | May 22   | Transition Art Finale at the Gilbert Chapel Gallery   |
| Jan. 20  | MLK Day of Service with CASA at Tropicana Field   | June 13  | ArtWalk: <i>Mini Madness</i> : Teaching & Staff Artists of Creative Clay the Good Folk Gallery    |
| Jan. 31  | Art SENSEation: <i>See, Touch, Hear Me</i> at the Gallery at Creative Pinellas                        | July 11  | ArtWalk: <i>Moustaches and Markmaking</i> featuring Michael R. at the Good Folk Gallery           |
| Feb. 1   | <i>Love, Love, Love</i> : an exhibit at Kahwa South   | July 11  | Creative Clay Group Show at the Mirella Cimato Gallery  |
| Feb. 8   | ArtWalk: <i>Elegant Expressions</i> featuring Shasta G. at the Good Folk Gallery                      | July 11  | St. Petersburg Opera Company  |
| Feb. 22  | <i>Heights Unite Music and Arts Festival</i> in Seminole Heights, Tampa                               | July 11  | Pops Spectacular-Inspired Artwork by Creative Clay Artists at the St. Petersburg Opera Company    |
| March 14 | <i>What the World Needs Now</i> : Workshop with folk artist Mary Proctor at the Good Folk Gallery     | Aug. 5   | <i>Color in Motion</i> at ArtWay Too Gallery, SPC Seminole  |
| March 14 | ArtWalk: Meet the Artist and Exhibit featuring folk artist Mary Proctor                               | Aug. 8   | ArtWalk: <i>Beautiful People and Tall Buildings</i> featuring Lindsay J. at the Good Folk Gallery |
| March 19 | <i>Timeline of an Artist</i> featuring Carla L. at Keiser University - Clearwater Campus              | Aug. 21  | Creative Clay 25th Anniversary Celebration at NOVA 535  |
| March 26 | <i>Celebrating Families</i> : Grand opening and Creative Clay Art Show at USF Infant-Family Center    | Sept. 12 | ArtWalk: <i>Fashion and Karate Passion</i> featuring Hanna V. at the Good Folk Gallery            |
| March 27 | <i>Dream On</i> : An art exhibit at ArtWay Too Gallery, SPC Seminole                                  | Sept. 12 | <i>Recycled Art</i> : Creative Clay, Pyramid & PARC at the Gilbert Chapel Gallery                 |
| March 27 | Creative Clay at the Listening Room Festival at the Palladium   | Oct. 10  | ArtWalk: <i>Personal Connections</i> featuring Chris C. at the Good Folk Gallery                  |
| March 27 | SEWSA Annual Conference at the USF Department of Women and Gender Studies                             | Nov. 14  | ArtWalk: <i>Watch Out!</i> featuring the artwork of Ray M. at the Good Folk Gallery               |
| April 4  | St. Petersburg Earth Day Festival featuring the Transition Student Artists at Williams Park           | Nov. 14  | <i>Even Hands Can See: The Art of Horst W. Mueller</i> at the Good Folk Gallery                   |
| April 11 | ArtWalk: <i>On the Wing</i> featuring Karen C. at the Good Folk Gallery                               | Dec. 12  | ArtWalk: <i>Mantis Shrimp: The Vision of Alli Arnold</i> at the Good Folk Gallery                 |

Creative Clay 1846 1st Ave. S., St. Petersburg, FL

For event details: [www.creativeclay.org](http://www.creativeclay.org)



"Sponsored in part by the State of Florida, Department of State, Division of Cultural Affairs and the Florida Council on Arts and Culture."

## STRATEGIC GOALS 2023-2025

### Goal 1: Enhance and diversify revenue-generating efforts to sustainably support Creative Clay.

- Objective 1:** Grow donor revenue by 25% to reach donations totaling a minimum of \$125,000 annually by 2025. (Based on 2022 donor revenue of \$100,000)
- Activity 1:** Create a marketing plan & execution schedule for Good Folk Society with partner marketing company by end of first quarter 2023. (Minimum of \$30,870 by end of 2025)
- Activity 2:** Create a marketing plan & execution schedule for end-of-the-year campaign by the end of second quarter 2023. (Minimum increase in end-of-year giving to \$15,000 by the end of 2025.)
- Activity 3:** Include language for stock and legacy giving in all fundraising marketing efforts by end of third quarter 2023.
- Objective 2:** Grow sponsor revenue by 50% to reach sponsorships totaling a minimum of \$52,500 by 2025. (Based on 2022 sponsor revenue of \$35,000)
- Activity 1:** Create a sponsorship marketing plan, collateral materials & execution schedule for programmatic sponsorships.
- Activity 2:** Create a sponsorship marketing plan, collateral materials & execution schedule for event sponsorships, including *Spring for the Arts*, ArtWalk and Art Market.
- Objective 3:** Enhance and promote Good Folk Gallery art sales by 15% (\$25,300 by the end of 2025).
- Activity 1:** Create a marketing and merchandising plan by the end of the first quarter of 2023.
- Activity 2:** Hold a monthly First Friday Outdoor Art Market with live music and food truck at Creative Clay with musical performances.
- Activity 3:** Continue Second Saturday ArtWalk with live portrait drawing and live music.
- Activity 4:** Have member artists working during events to assist with tours and sales.

### Goal 2: Creative Clay will increase its visibility, becoming a Folk Art destination known for supporting and promoting artists with disabilities.

- Objective 1:** Host and market at least two exhibits honoring artists from other parts of our region, country, and the world by 2025.
- Activity 1:** Create a call to artists directed at arts agencies who support and advocate for artists with disabilities by April 2023 to collaborate on a virtual exhibit linking all participating organizations.

- Activity 2:** Continue to partner with Heart Artlink Takamatsu to celebrate 20 years of friendship between their art center and Creative Clay with a co-exhibition in fall of 2023 at a local partner art gallery or museum and/or virtually.
- Activity 3:** Identify and connect with a short list of regional art galleries to discuss an "exhibit swap" for a weekend or week showing to expand their respective audiences.
- Activity 4:** Create marketing plan around the new partnerships that includes social media campaigns to promote the collaboration.

**Objective 2:** Develop and promote 2-4 additional Creative Care partnerships with local organizations serving vulnerable populations by 2025.

- Activity 1:** Identify local potential Creative Care partners who serve vulnerable populations (such as ALFs, shelters and/or hospitals) and contact to determine interest in partnership that affords member artist volunteer opportunities.
- Activity 2:** Select one new partner each year, beginning in 2023
- Activity 3:** Develop member artist volunteer schedule and track member artist hours and engagement.
- Activity 4:** Track the story of the partnership with videos of artmaking and documentation of special moments.
- Activity 5:** Incorporate these stories into Creative Clay's promotions as a part of its marketing campaign to increase awareness of its outreach.

**Goal 3: 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.

**Outcome:** Creative Clay will have funded 12 Artlink apprenticeship teams (four per quarter for three quarters) at \$5000 per team for a total of \$60,000 by 2025.

**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.

**Outcomes – Measures of Success by December of 2025:**

- Creative Clay will have increased Good Folk Society monthly donations to over \$30,000.
- Creative Clay will have worked with three new Creative Care partners and incorporate impact-stories into quarterly marketing endeavors.
- Creative Clay will have increased its art sales by 15% from \$22,000 to \$25,300.
- Creative Clay will have held at least one Heart Artlink Takamatsu co-exhibition and one "swap" exhibit.
- 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.



### Shure SM58 Cardioid Dynamic Vocal Microphone

Dynamic Vocal Mic  
ItemID: SM58

48-month Promotional Financing Available\*

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### QSC K12.2 Powered Speaker Pair with Stands and Cables

K12.2 Pair w/Stands and Cables  
ItemID: K12.2StdPk

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12-ch MG Mixer w/USB & FX  
ItemID: MG12XU

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### QSC KS112 2000W 12 inch Powered Subwoofer

12" 2000W KS Powered Sub, Blk  
ItemID: KS112

Free SP-36 Speaker Pole, a \$53.50 Value!

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Costs as of 3/28/2023

Total of all items

Subtotal \$4,047.97

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# APPLE.COM COSTS AS OF 3/30/2023



**24-inch Blue iMac with 4.5K Retina display** 1 ▼ **\$1,699.00**

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Tue, Apr 4 — Free

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Shipping FREE

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**Total** **\$17,078.27**

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# CANNON.COM CAMERA COST AS OF 3/30/2023



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SKU: 1483C010

Quantity:

Merchandise type: New

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- ✓ Free Standard Shipping & Handling

**SUBTOTAL**  
(2 Items) **\$3,599.00**

Est. shipping **FREE**

Est. Taxes & Fees based on [TBD](#) **TBD**

**Est. Total** **\$3,599.00**

Apply Promo Code **+**

**CHECKOUT**

# The Lucky Devil Electric Company

FL EC 13006186

Office 727-289-9362

Email dave082180@gmail.com

Date: 29 March 2023

Customer: Creative Clay  
(% Kim Dohrman)  
1846 1st Ave S.,  
St. Petersburg



Scope: Outside Fan Addition

- Fans: Exterior outside shade structure, with existing fans, to add three (x3) more outside rated, oscillating fans on the same circuit, with identical materials (EMT conduit).

Materials: ½" EMT, fittings, stainless steel hardware, boxes, in-use outside covers, weather resistant outlets, wire, straps.....\$ 240

Fans: Global Industrial 24" outdoor rated oscillating wall mount fan, 2 speed.....\$ 365 each, plus S&H & tax.....\$ 1368

Labor: 2x electricians, one full day.....\$ 1420

## **TERMS:**

All Labor carries a 100%, one (1) year satisfaction guarantee from the final working date. All balances and all change orders are to be paid in full the same calendar week unless otherwise arranged with The Lucky Devil Electric Company. No refunds. Scheduling availability is on a first come, first serve basis and is weather dependent.

Once again, *thank you* for presenting us this opportunity to work together!

*Dependable Service, Quality Workmanship- You Lucky Devil!*

# Fort Knox Fire and Communications, Inc.

5005 N. Clark Avenue, Tampa Florida 33614 P-813-653-1605 F-813-653-1710  
EF20000876

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PROJECT NAME: Creative Clay - 1846 1st Ave S, St Petersburg, FL

Date: 3/31/2023

SPEC'S Y/N:

PLAN SHEETS: N/A

PLAN DATES: N/A

Scope of Work:

Quote to install 3 Cameras. This quote includes all parts and labor to complete this work.

3 FACP Replacement Board

1 Labor

1 Misc parts

TOTAL PRICE \$ \$2,675.00







Quote excludes any plans , permits, additional testing and/or programing of current system configuration.

Signature to approve project: \_\_\_\_\_ P O # \_\_\_\_\_

---

***Fire - Card Access - Nurse Call - Security - Cameras - Phone Entry - Voice and Data - Mass Notification***

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	Price
 <p><b>QSC KS112 Active 12" Subwoofer</b>  <small>In Stock</small>            Shipped from: The Pro Audio Specialists            Gift options not available. <a href="#">Learn more</a></p> <p>Qty: 1   Delete   Save for later   Compare with similar items   Share</p>	<b>\$1,199.99</b>
 <p><b>Yamaha MG12XU 12-Input 4-Bus Mixer with Effects</b>  <small>In Stock</small>            Shipped from: GearNuts            Gift options not available. <a href="#">Learn more</a></p> <p><b>Size:</b> 12-input  <b>Style:</b> USB Interface with Effects</p> <p>Qty: 1   Delete   Save for later   Compare with similar items   Share</p>	<b>\$397.99</b>
 <p><b>QSC K12.2 Active 12" Powered 2000 Watt Loudspeaker</b>  <small>In Stock</small>            Shipped from: The Pro Audio Specialists            Gift options not available. <a href="#">Learn more</a></p> <p><b>style:</b> K12.2 12" Loudspeaker</p> <p>Qty: 2   Delete   Save for later   Compare with similar items   Share</p>	<b>\$999.99</b>
 <p><b>On-Stage SSP7950 Tripod Speaker Stand Package with Bag</b>  <small>In Stock</small>            Eligible for <b>FREE Shipping &amp; FREE Returns</b>  <input type="checkbox"/> This is a gift <a href="#">Learn more</a></p> <p>Qty: 1   Delete   Save for later   Compare with similar items   Share</p>	<b>\$187.95</b>
 <p><b>Pro Co EXM-20, 2-Pack Excellines Microphone Cable - 20 Feet</b>  <small>In Stock</small>            Shipped from: GearNuts            Gift options not available. <a href="#">Learn more</a></p> <p>Qty: 1   Delete   Save for later   Compare with similar items   Share</p>	<b>\$52.00</b>
 <p><b>Shure SM58 Cardioid Dynamic Vocal Microphone with Pneumatic Shock Mount, Spherical Mesh Grille with...</b>  <small>In Stock</small>            Eligible for <b>FREE Shipping &amp; FREE Returns</b>  <input type="checkbox"/> This is a gift <a href="#">Learn more</a></p> <p><b>Style:</b> Cable Not Included</p> <p>Qty: 2   Delete   Save for later   Compare with similar items   Share</p>	<b>\$99.00</b>

This subtotal does not reflect the additional cables that are included with the Loudspeakers & Stands Package on the Sweetwater.com Site

Part of your order qualifies for FREE Shipping. Choose this option at checkout. See details


Subtotal (8 items): \$4,035.91

This order contains a gift

Proceed to checkout


Subtotal (8 items): \$4,035.91


# BESTBUY.COM COSTS AS OF 3/30/2023

 MacBook Air 13.6" Laptop - Apple M2 chip - 8GB Memory - 512GB SSD (Latest Model) - Midnight  Pickup at Clearwater Ready for pickup in 1hr  FREE Shipping to 33755 Get it by tomorrow if you order within 2hr 7min More shipping options are available in checkout 1 Remove Save \$1,499.00


MacBook Air x 6 = \$8,994

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Protection Plans  AppleCare+ for Macbook Air - 3 Year Plan \$229.00 [Add to Cart](#)


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 Apple - 10.9-Inch iPad Air - Latest Model - (5th Generation) with Wi-Fi - 256GB - Space Gray  Pickup at Clearwater Ready for pickup in 1hr  FREE Shipping to 33755 Get it by tomorrow if you order within 2hr 7min More shipping options are available in checkout 1 Remove Save \$749.99

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 24" iMac® with Retina 4.5K display - Apple M1 - 8GB Memory - 512GB SSD - w/Touch ID (Latest Model) - Blue  Pickup at Clearwater Available Today at a store 22 miles away  FREE Shipping to 33755 Get it by Fri, Apr 7 Faster shipping options are also available in checkout 1 Remove Save \$1,699.99

24" iMac x 1 = \$1,699.99

## Order Summary

Item Total	\$4,077.98
Shipping	FREE
Store Pickup	FREE
Estimated Sales Tax	\$285.46

**Total \$4,363.44**

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**ACTUAL TOTAL = \$15,967.93 before taxes**

Best Buy did not allow me to place more than 3 items in my cart, Therefore I entered 1 item in the cart and did the calculations and the "Order Summary" total does not reflect the purchase we wish to make.

# bhphotovideo.com Camera Cost as of 3-30-2023

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Current Total \$3,850.93  
**Payboo Card Savings** -\$251.93  
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Canon EOS 5D Mark IV DSLR Camera with 24-105mm f/4L II Lens

B&H #CAE5D424105 | MFR #1483C010

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In Stock  
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1

\$3,799.00  
**\$3,599.00**

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PROTECTION PLANS



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Instant Savings: **\$200.00**  
Item Total: **\$3,599.00**

### ESTIMATE SHIPPING & TAX

NYC SuperStore Pickup [See Details](#)

UNITED STATES

Zip Code 33764

Eligible for FREE Shipping

Subtotal: **\$3,599.00**

Shipping **FREE**

Est. Tax **\$251.93**

Total: **\$3,850.93**

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# The Lucky Devil Electric Company

FL EC 13006186

Office 727-289-9362

Email dave082180@gmail.com

Date: 29 March 2023

Customer: Creative Clay  
(% Kim Dohrman)  
1846 1st Ave S.,  
St. Petersburg



Scope: Outside Fan Addition

- Fans: Exterior outside shade structure, with existing fans, to add three (x3) more outside rated, oscillating fans on the same circuit, with identical materials (EMT conduit).

Materials: 1/2" EMT, fittings, stainless steel hardware, boxes, in-use outside covers, weather resistant outlets, wire, straps.....\$ 240

Fans: Global Industrial 24" outdoor rated oscillating wall mount fan, 2 speed.....\$ 365 each, plus S&H & tax.....\$ 1368

Labor: 2x electricians, one full day.....\$ 1420

## **TERMS:**

All Labor carries a 100%, one (1) year satisfaction guarantee from the final working date. All balances and all change orders are to be paid in full the same calendar week unless otherwise arranged with The Lucky Devil Electric Company. No refunds. Scheduling availability is on a first come, first serve basis and is weather dependent.

Once again, *thank you* for presenting us this opportunity to work together!

*Dependable Service, Quality Workmanship- You Lucky Devil!*



# *Fort Knox Fire and Communications, Inc.*

5005 N. Clark Avenue, Tampa Florida 33614 P-813-653-1605 F-813-653-1710  
EF20000876

---

PROJECT NAME: Creative Clay - 1846 1st Ave S, St Petersburg, FL

Date: 3/31/2023

SPEC'S Y/N:

PLAN SHEETS: N/A

PLAN DATES: N/A

Scope of Work:

Quote to install 3 Cameras. This quote includes all parts and labor to complete this work.

3 FACP Replacement Board

1 Labor

1 Misc parts

TOTAL PRICE \$ \$2,675.00

Quote excludes any plans , permits, additional testing and/or programming of current system configuration.

Signature to approve project: \_\_\_\_\_ P O # \_\_\_\_\_

***Fire - Card Access - Nurse Call - Security - Cameras - Phone Entry - Voice and Data - Mass Notification***

---

## ARPA Nonprofit Capital Project Fund – Small Purchases Budget

**Organization Name:** CREATIVE CLAY

**Proposal Name:** Creative Clay ARPA Round 2

A	B	C	D	E	F	G	H
Line Item	Item (Description)	Price Per Item	Quantity of Item	Purchase Total	ARPA Grant Funds Requested	Applicant Match	Funding Total
1	Shure SM58 Microphone	\$ 99.00	2	\$ 198	\$ 198	\$ -	\$ 198
2	Pro Co EXM-20 Mic Cables x2	\$ 52.00	1	\$ 52	\$ 52	\$ -	\$ 52
3	QSC K12.2 Speaker pair w/star	\$ 2,199.99	1	\$ 2,200	\$ 2,200	\$ -	\$ 2,200
4	MG12XU 12 Channel Mixer	\$ 397.99	1	\$ 398	\$ 398	\$ -	\$ 398
5	QSC KS112 Subwoofer	\$ 1,199.99	1	\$ 1,200	\$ 1,200	\$ -	\$ 1,200
6	24" iMac w/4.5k display	\$ 1,699.00	1	\$ 1,699	\$ 1,699	\$ -	\$ 1,699
7	10.9 inch iPad Air 256GB	\$ 749.00	6	\$ 4,494	\$ 4,494	\$ -	\$ 4,494
8	Apple Pencil 2nd gen	\$ 129.00	6	\$ 774	\$ 774	\$ -	\$ 774
9	MacBook Air w/M2 Chip	\$ 1,499.00	6	\$ 8,994	\$ 8,994	\$ -	\$ 8,994
10	Cannon 5D MARK IV EF 24-105	\$ 3,599.00	1	\$ 3,599	\$ 3,599	\$ -	\$ 3,599
11	Outdoor wiring, fittings, hardw	\$ 240.00	1	\$ 240	\$ 240	\$ -	\$ 240
12	3 Global Industrial 24" Fans	\$ 1,368.00	1	\$ 1,368	\$ 1,368	\$ -	\$ 1,368
13	2x electricians, one full day	\$ 1,420.00	1	\$ 1,420	\$ 1,420	\$ -	\$ 1,420
14	Installation of 3 Security Came	\$2,675.00	1	\$ 2,675	\$ 2,675	\$ -	\$ 2,675
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		<b>TOTAL</b>	<b>30</b>	<b>\$ 29,311</b>	<b>\$ 29,311</b>	<b>\$ -</b>	<b>\$ 29,311</b>

**THE "PURCHASE TOTAL" AND "FUNDING TOTAL" COLUMN SHOULD BE EQUAL**

Columns E, H, and the "TOTAL" row are locked and cannot be edited

**Key**

<b>Item (Description)</b>	<i>Brief name/description of the purchase requested</i>		
<b>Price per item</b>	<i>The individual price of one unit of the proposed purchase</i>		
<b>Quantity of Item</b>	<i>The number of units of the proposed purchase you are requested</i>		
<b>Purchase Total</b>	<i>Total purchase cost of the proposed line item (quantity multiplied by price)</i>		
<b>ARPA Grant Funds Requested</b>	<i>The amount of ARPA funding requested for this line item</i>		
<b>Applicant Match</b>	<i>The amount (if any) that you, the applicant, are contributing towards the purchase of the line item</i>		
<b>Funding Total</b>	<i>Total funding for proposed line item (ARPA grant request plus applicant match)</i>		

# Policy Overview

Prepared on : 10/03/2022

Page 1 of 14

Agency: Comegys Insurance Agency  
 One Beach Drive S. E. Ste. 230  
 Saint Petersburg, FL 33701  
 (727)521-2100  
 ()- Ext.  
 info@comegys.com  
 http://www.comegys.com

For: Creative Clay, Inc.  
 1846 1st Ave S  
 St. Petersburg, FL 33712  
**Bus:** (727)825-0515  
 kim@creativeclay.org

Policy Type	Insurance Company	Policy Number	Policy Period	Total Cost
Business Auto	Progressive Insurance	08256415	10/10/2022 - 10/10/2023	10,478.00
General Liability	Ohio Security Insurance Co	BLS59219131	9/18/2022 - 9/18/2023	2,789.39
Directors and Officers	United States Liability Company	NDO1587339A	7/3/2022 - 7/3/2023	559.58
Workers Compensation	Associated Industries Ins. Co.	AWC1183132	6/30/2022 - 6/30/2023	3,946.00
Commercial Property	Westchester Surplus Lines Ins.	FSF16374404001	10/28/2021 - 10/28/2022	186.36
Umbrella(C)	National Union Fire Ins Co of Pittsburg	EBU013117616	10/10/2021 - 10/10/2022	505.00

These schedules are provided as a brief outline of your policy. You must refer to the provisions found in your policy for the details of your coverages, terms, conditions and exclusions that apply.

# Applicant Information

Prepared on : 10/03/2022

Page 2 of 14

Agency: Comegys Insurance Agency  
 One Beach Drive S. E. Ste. 230  
 Saint Petersburg, FL 33701  
 (727)521-2100  
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<http://www.comegys.com>

For: Creative Clay, Inc.  
 1846 1st Ave S  
 St. Petersburg, FL 33712  
**Bus:** (727)825-0515  
[kim@creativeclay.org](mailto:kim@creativeclay.org)

Applicant Information	Amount/Limits	Insurance Company	Policy Number	Policy Period	Premium
<b>First Named Insured:</b> Creative Clay, Inc. <b>Other:</b> Creative Clay, Inc.		<b>Progressive Insurance</b>	<b>08256415</b>	<b>10/10/2022 - 10/10/2023</b>	
<b>First Named Insured:</b> Creative Clay, Inc.		<b>Associated Industries Ins. Co.</b>	<b>AWC1183132</b>	<b>6/30/2022 - 6/30/2023</b>	
<b>First Named Insured:</b> Creative Clay, Inc.		<b>Ohio Security Insurance Co</b>	<b>BLS59219131</b>	<b>9/18/2022 - 9/18/2023</b>	
<b>First Named Insured:</b> Creative Clay, Inc.		<b>National Union Fire Ins Co of Pit</b>	<b>EBU013117616</b>	<b>10/10/2021 - 10/10/2022</b>	
<b>First Named Insured:</b> Creative Clay, Inc.		<b>Westchester Surplus Lines Ins.</b>	<b>FSF16374404001</b>	<b>10/28/2021 - 10/28/2022</b>	
<b>First Named Insured:</b> Creative Clay, Inc.		<b>United States Liability Company</b>	<b>NDO1587339A</b>	<b>7/3/2022 - 7/3/2023</b>	

These schedules are provided as a brief outline of your policy. You must refer to the provisions found in your policy for the details of your coverages, terms, conditions and exclusions that apply.

# Additional Interest Schedule

Prepared on : 10/03/2022

Page 3 of 14

Agency: Comegys Insurance Agency  
 One Beach Drive S. E. Ste. 230  
 Saint Petersburg, FL 33701  
 (727)521-2100  
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 http://www.comegys.com

For: Creative Clay, Inc.  
 1846 1st Ave S  
 St. Petersburg, FL 33712  
**Bus:** (727)825-0515  
 kim@creativeclay.org

Name and Address	Description of Risk	Interest Type
Additional Interest #      1 City Of St Petersbu PO Box 2842 St Petersburg, FL 33731	Policy	Additional insured

These schedules are provided as a brief outline of your policy. You must refer to the provisions found in your policy for the details of your coverages, terms, conditions and exclusions that apply.

# Summary of Insurance

Prepared on : 10/03/2022 Page 4 of 14

Agency: Comegys Insurance Agency  
 One Beach Drive S. E. Ste. 230  
 Saint Petersburg, FL 33701  
 (727)521-2100  
 (-) Ext.  
 info@comegys.com  
 http://www.comegys.com

For: Creative Clay, Inc.  
 1846 1st Ave S  
 St. Petersburg, FL 33712  
**Bus:** (727)825-0515  
 kim@creativeclay.org

Coverage	Amount/Limits	Insurance Company	Policy Number	Policy Period	Premium
<b>Business Auto</b>					
Policy Fee		<b>Progressive Insurance</b>	<b>08256415</b>	<b>10/10/2022 - 10/10/2023</b>	
MULP					
Medical payments	5,000				
PIP-Basic	10,000				
	0 Ded				
Combined single limit					
Uninsured motorist combined single limit	300,000				
<b>General Liability</b>					
<b>Ohio Security Insurance Co</b> <b>BLS59219131</b> <b>9/18/2022 - 9/18/2023</b>					
IGAR					
Property damage-single limit	500 Ded				
Terrorism Coverage (Certified Acts)					
Expense Mod Factor 1					
Experience Mod Factor 1					
Schedule Mod Factor 1					
Package Modification Factor 1					
Each Occurrence	1,000,000				
	500 Ded				
General Aggregate	2,000,000				
Products/Completed Ops Aggregate	2,000,000				
Personal & Advertising Injury	1,000,000				
Medical Expense	15,000				
Fire Damage	300,000				
<b>Directors and Officers</b>					
<b>United States Liability Company</b> <b>NDO1587339A</b> <b>7/3/2022 - 7/3/2023</b>					
Each Occurrence	1,000,000				
Employment Practices Liab Ins	1,000,000				
Shared Limit Option Mgmt Liability	1,000,000				
<b>Workers Compensation</b>					
<b>Associated Industries Ins. Co.</b> <b>AWC1183132</b> <b>6/30/2022 - 6/30/2023</b>					
<b>Part 1 - Workers Compensation States:</b>	FL				

These schedules are provided as a brief outline of your policy. You must refer to the provisions found in your policy for the details of your coverages, terms, conditions and exclusions that apply.

# Summary of Insurance

Prepared on : 10/03/2022

Page 5 of 14

Agency: Comegys Insurance Agency  
 One Beach Drive S. E. Ste. 230  
 Saint Petersburg, FL 33701  
 (727)521-2100  
 (-) Ext.  
 info@comegys.com  
 http://www.comegys.com

For: Creative Clay, Inc.  
 1846 1st Ave S  
 St. Petersburg, FL 33712  
**Bus:** (727)825-0515  
 kim@creativeclay.org

Coverage	Amount/Limits	Insurance Company	Policy Number	Policy Period	Premium
<b>Part 2 - Employers Liability:</b>					
WC & Employer's liability					
Each Accident Limit:	100,000				
Disease Policy Limit:	500,000				
Disease Each Employee:	100,000				
Deductible:					
Deductible Type:					
Applies To:					
<b>Other Coverages:</b>					
Expense constant					
Terrorism Coverage					
<b>Part 3 - Other States Included:</b>					
<b>Part 3 - Other States Excluded:</b>					
<b>Commercial Property</b>		<b>Westchester Surplus Lines Ins.</b>	<b>FSF16374404001</b>	<b>10/28/2021 - 10/28/2022</b>	
<b>Loc # 00001</b>	<b>Bldg #</b>				
1846 1st Ave S					
St. Petersburg 33712					
<b>Building</b>	80,000				
	80,000 Lim				
	1,000 Ded				
Valuation: Replacement Cost					
Coins: 80					
<b>Business Personal Property</b>	100,000				
	100,000 Lim				
	1,000 Ded				
Valuation: Replacement Cost					
Coins: 80					

These schedules are provided as a brief outline of your policy. You must refer to the provisions found in your policy for the details of your coverages, terms, conditions and exclusions that apply.

# Summary of Insurance

Prepared on : 10/03/2022

Page 6 of 14

Agency: Comegys Insurance Agency  
 One Beach Drive S. E. Ste. 230  
 Saint Petersburg, FL 33701  
 (727)521-2100  
 (-) Ext.  
 info@comegys.com  
 http://www.comegys.com

For: Creative Clay, Inc.  
 1846 1st Ave S  
 St. Petersburg, FL 33712  
**Bus:** (727)825-0515  
 kim@creativeclay.org

Coverage	Amount/Limits	Insurance Company	Policy Number	Policy Period	Premium
<b>Wind/Hail Deductible</b>	5% Ded				
<b>Glass Coverage</b>	25,000 25,000 Lim				
<b>Umbrella(C)</b>		<b>National Union Fire Ins Co of Pit</b>	<b>EBU013117616</b>	<b>10/10/2021 - 10/10/2022</b>	
Coverage Type: Other than Umbrella					

These schedules are provided as a brief outline of your policy. You must refer to the provisions found in your policy for the details of your coverages, terms, conditions and exclusions that apply.



# Business Auto Vehicle Schedule

Prepared on : 10/03/2022 Page 7 of 14

Agency: Comegys Insurance Agency  
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 Saint Petersburg, FL 33701  
 (727)521-2100  
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 http://www.comegys.com

For: Creative Clay, Inc.  
 1846 1st Ave S  
 St. Petersburg, FL 33712  
**Bus:** (727)825-0515  
 kim@creativeclay.org

Veh#	Cust#	Year	Make/Model	VIN	Garaged	Class	Cost New	Liab	PIP	Med	UM	UIM	Comp	Coll	SP	Stated Amt
<b>Policy No: 08256415 LOB: AUTOB</b>																
00001		2019	FORD/NOT LISTED	A54221	ST PETERSBURG		47,200	X	X	X	X		500	500		
00002		2019	FORD/T-150 TRANSIT W	B85659	ST PETERSBURG			X	X	X	X		500	500		

These schedules are provided as a brief outline of your policy. You must refer to the provisions found in your policy for the details of your coverages, terms, conditions and exclusions that apply.

## Business Auto Covered Auto Symbols

Prepared on : 10/03/2022

Page 8 of 14

Agency: Comegys Insurance Agency  
One Beach Drive S. E. Ste. 230  
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(727)521-2100  
( )- Ext.  
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<http://www.comegys.com>

For: Creative Clay, Inc.  
1846 1st Ave S  
St. Petersburg, FL 33712  
**Bus:** (727)825-0515  
kim@creativeclay.org

### Business Auto

- |   |  |
|---|--|
| (1) ANY AUTO  | (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW |
| (2) ALL OWNED AUTOS                                 | (7) AUTOS SPECIFIED ON SCHEDULE                |
| (3) OWNED PRIVATE PASSENGER AUTOS                   | (8) HIRED AUTOS                                |
| (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER        | (9) NON-OWNED AUTOS                            |
| (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE |  |

These schedules are provided as a brief outline of your policy. You must refer to the provisions found in your policy for the details of your coverages, terms, conditions and exclusions that apply.

# Business Auto Driver Schedule

Prepared on : 10/03/2022

Page 9 of 14

Agency: Comegys Insurance Agency  
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 http://www.comegys.com

For: Creative Clay, Inc.  
 1846 1st Ave S  
 St. Petersburg, FL 33712  
**Bus:** (727)825-0515  
 kim@creativeclay.org

Driver Number	Driver Name	DOB	License Number	License State
<b>Policy No: 08256415 LOB: AUTOB</b>				
0001	Kim Dohrman	5/10/1973	D655513736700	FL
0002	Emily Turnage	8/3/1989	T652205897830	FL
0003	Amanda Drewes	5/2/1989	D620013896620	FL
0004	Lisa Glaser	9/16/1955	G426527558360	FL
0005	Julie Price	9/12/1968	P620433688320	FL
0006	Kinsey Rodriguez	1/26/1989	R362504895260	FL
0007	Shane Hoffman	8/26/1972	H155780723060	FL
0008	Jung In Kang	3/10/1962	K520429625900	FL
0009	Rissa Olson	11/16/1961	O425720619160	FL
0010	Summer Kluytman	10/5/1975	K435785758650	FL
0011	Coral Walden	9/29/1997	W435112978490	FL

These schedules are provided as a brief outline of your policy. You must refer to the provisions found in your policy for the details of your coverages, terms, conditions and exclusions that apply.

# Business Auto Garage Location Schedule

Prepared on : 10/03/2022

Page 10 of 14

Agency: Comegys Insurance Agency  
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( )- Ext.  
info@comegys.com  
<http://www.comegys.com>

For: Creative Clay, Inc.  
1846 1st Ave S  
St. Petersburg, FL 33712  
**Bus:** (727)825-0515  
kim@creativeclay.org

Garage Number

Address

**Policy No: 08256415 LOB: AUTOB**

00001  
00002

FL 33712  
ST PETERSBURG

These schedules are provided as a brief outline of your policy. You must refer to the provisions found in your policy for the details of your coverages, terms, conditions and exclusions that apply.

# General Liability Classification Schedule

Prepared on : 10/03/2022

Page 11 of 14

Agency: Comegys Insurance Agency  
 One Beach Drive S. E. Ste. 230  
 Saint Petersburg, FL 33701  
 (727)521-2100  
 ()- Ext.  
 info@comegys.com  
 http://www.comegys.com

For: Creative Clay, Inc.  
 1846 1st Ave S  
 St. Petersburg, FL 33712  
**Bus:** (727)825-0515  
 kim@creativeclay.org

Loc#	Classification	Class Code	Prem Basis	Exposure	Terr	Rate		Premium	
						Prem/OPS	Products	Prem/OPS	Products
<b>Policy No: BLS59219131 LOB: CGL</b>									
00001	Schools NOC - Not For Profit	67513	A	5000	004	551.74		2,759.00	

These schedules are provided as a brief outline of your policy. You must refer to the provisions found in your policy for the details of your coverages, terms, conditions and exclusions that apply.

# Workers Compensation Rating Schedule

Prepared on : 10/03/2022

Page 12 of 14

Agency: Comegys Insurance Agency  
 One Beach Drive S. E. Ste. 230  
 Saint Petersburg, FL 33701  
 (727)521-2100  
 ()- Ext.  
 info@comegys.com  
 http://www.comegys.com

For: Creative Clay, Inc.  
 1846 1st Ave S  
 St. Petersburg, FL 33712  
**Bus:** (727)825-0515  
 kim@creativeclay.org

State/Loc#	Class	Category	Total Emp	Emp Part	Emp Full	Est Ann Renum	Rate	Est Ann Prem
Policy No: AWC1183132 LOB: WORK								
FL / 00001	8864	Social Services & drivers	9	6	3	250,752	1.50	3,761.00
FL / 00001	8810	Clerical				if any	0.16	

These schedules are provided as a brief outline of your policy. You must refer to the provisions found in your policy for the details of your coverages, terms, conditions and exclusions that apply.

# Workers Compensation Premise Schedule

Prepared on : 10/03/2022

Page 13 of 14

Agency: Comegys Insurance Agency  
 One Beach Drive S. E. Ste. 230  
 Saint Petersburg, FL 33701  
 (727)521-2100  
 ()- Ext.  
 info@comegys.com  
 http://www.comegys.com

For: Creative Clay, Inc.  
 1846 1st Ave S  
 St. Petersburg, FL 33712  
**Bus:** (727)825-0515  
 kim@creativeclay.org

Location #	Building #	Address	Building Description
Policy No: AWC1183132 LOB: WORK			
00001	00001	1846 1st Ave S St. Petersburg, FL 33712	

These schedules are provided as a brief outline of your policy. You must refer to the provisions found in your policy for the details of your coverages, terms, conditions and exclusions that apply.

# Commercial Property - Premise Schedule

Prepared on : 10/03/2022

Page 14 of 14

Agency: Comegys Insurance Agency  
 One Beach Drive S. E. Ste. 230  
 Saint Petersburg, FL 33701  
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 ()- Ext.  
 info@comegys.com  
 http://www.comegys.com

For: Creative Clay, Inc.  
 1846 1st Ave S  
 St. Petersburg, FL 33712  
**Bus:** (727)825-0515  
 kim@creativeclay.org

Location #	Building #	Address	Building Description
Policy No: FSF16374404001 LO			
00001		1846 1st Ave S St. Petersburg 33712	

These schedules are provided as a brief outline of your policy. You must refer to the provisions found in your policy for the details of your coverages, terms, conditions and exclusions that apply.





**Pinellas Community Foundation  
Grant Application  
Applicant Board of Directors List**

**Organization Name:** CREATIVE CLAY

**How many times does your board meet per calendar year?** ONCE PER MONTH

Name	Board Position	Lives/Works in Pinellas County? (Y/N)	12-Month Meeting Attendance Rate*
Sean Kennedy	President	y	100%
Anne Pollack	Secretary	y	83%
Julie Kessel	Treasurer	y	100%
Hal Freedman		y	92%
Tim Chruch		y	75%
Natalie Fisher		y	100%
Page Garrison		y	67%
Lauren Hanley		y	100%
Manny Rosario Santiago		y	83%
Derek Berset		y	92%

**Return of Organization Exempt From Income Tax**

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

**2021**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990](http://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

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

**G** Gross receipts \$ 462,971.

**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

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> 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>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	<u>11</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	<u>11</u>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) . . . . .	<b>5</b>	<u>22</u>
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	<u>28</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	<u>0.</u>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . .	<b>7b</b>	<u>0.</u>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	<u>316,375.</u>	<u>301,266.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	<u>447.</u>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	<u>10,296.</u>	<u>4,647.</u>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>457,699.</u>	<u>462,296.</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>182,203.</u>	<u>254,735.</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>75,851.</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	<u>181,956.</u>	<u>154,811.</u>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	<u>364,159.</u>	<u>409,546.</u>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	<u>93,540.</u>	<u>52,750.</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . .	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	<u>276,597.</u>	<u>411,641.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	<u>6,521.</u>	<u>14,601.</u>
		<u>270,076.</u>	<u>397,040.</u>

**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
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions . . . . .	<b>2</b> X	
<b>3</b> 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
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> X	
<b>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>		X
<b>f</b> 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
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> 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
<b>22</b> 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> . . . . .	<b>22</b>	X
<b>23</b> 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> . . . . .	<b>23</b>	X
<b>24a</b> 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> . . . . .	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .	<b>25a</b>	X
<b>b</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> . . . . .	<b>25b</b>	X
<b>26</b> 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> . . . . .	<b>26</b>	X
<b>27</b> 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> . . . . .	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	X
<b>c</b> 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> . . . . .	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	X
<b>32</b> 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> . . . . .	<b>32</b>	X
<b>33</b> 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> . . . . .	<b>33</b>	X
<b>34</b> 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> . . . . .	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	X
<b>b</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> . . . . .	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	X
<b>37</b> 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> . . . . .	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	0
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	22		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			X
<b>b</b>	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**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
<b>1a</b>	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.		
	<b>1a</b> 11		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 11		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</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? . . . . .		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. . . . .	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>b</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. . . . .		
<b>16a</b>	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>b</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? . . . . .		
<b>16b</b>			

**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)										
<b>1b Subtotal</b>							55,189.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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
<b>5</b> 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
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	91,643.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	209,623.			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		301,266.			
	<b>Program Service Revenue</b>	<b>2a</b>	Fees for services . . . . .	Business Code 900099	144,366.	144,366.	0.
<b>b</b>		Art sales . . . . .	900099	10,527.	10,527.	0.	0.
<b>c</b>		Thrift store sales . . . . .	900099	1,490.	1,490.	0.	0.
<b>d</b>		-----					
<b>e</b>		-----					
<b>f</b>		All other program service revenue . .					
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		156,383.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .					
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>				
	<b>d</b>	Net gain or (loss) . . . . .					
<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .		5,322.				
			675.				
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events . .		4,647.		0.	4,647.	
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .						
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . .						
<b>Miscellaneous Revenue</b>	<b>11a</b>	-----	Business Code				
	<b>b</b>	-----					
	<b>c</b>	-----					
	<b>d</b>	All other revenue . . . . .					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .					
<b>12</b>	<b>Total revenue.</b> 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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	48,904.	12,226.	17,116.	19,562.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	187,609.	114,382.	31,304.	41,923.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .	18,222.	8,450.	6,717.	3,055.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	13,332.	0.	13,332.	0.
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .				
<b>12</b> Advertising and promotion . . . . .	3,990.	976.	408.	2,606.
<b>13</b> Office expenses . . . . .	6,862.	1,147.	5,600.	115.
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	52,800.	42,240.	7,920.	2,640.
<b>17</b> Travel . . . . .	164.	164.	0.	0.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	12,304.	12,304.	0.	0.
<b>23</b> Insurance . . . . .	11,658.	7,254.	4,404.	0.
<b>24</b> 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.) . . . . .				
<b>a</b> Program personnel . . . . .	360.	360.	0.	0.
<b>b</b> Bldg maintenance & supplies . . . . .	16,518.	13,214.	2,478.	826.
<b>c</b> Training/Screening . . . . .	189.	0.	189.	0.
<b>d</b> Licenses & Permits . . . . .	504.	78.	426.	0.
<b>e</b> All other expenses . . . . .	36,130.	21,390.	9,616.	5,124.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	409,546.	234,185.	99,510.	75,851.
<b>26</b> <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	172,859.	<b>1</b>	281,970.
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	8,011.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	14,496.	<b>4</b>	28,835.
	<b>5</b> 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 . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	6,700.	<b>9</b>	6,700.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 150,004.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 63,879.	82,542.	<b>10c</b> 86,125.
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		276,597.	<b>16</b>	411,641.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	6,521.	<b>17</b>	14,601.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .		6,521.	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	257,094.	<b>27</b>	382,451.
	<b>28</b> Net assets with donor restrictions . . . . .	12,982.	<b>28</b>	14,589.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	270,076.	<b>32</b>	397,040.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	276,597.	<b>33</b>	411,641.	

**Part XI Reconciliation of Net Assets**

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://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
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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 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% 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)						
<b>Total</b>						



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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
<b>1</b> 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.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	261,277.	267,299.	100,892.	316,375.	301,267.	1,247,110.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						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
<b>7</b> Amounts from line 4 . . . . .	261,277.	267,299.	100,892.	316,375.	301,267.	1,247,110.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	48.					48.
<b>11 Total support.</b> Add lines 7 through 10						1,247,158.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	161,705.
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	100 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.98 %
<b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2021.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (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**

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

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

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

**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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
	<b>11a</b>		
<b>b</b>	A family member of a person described on line 11a above?		
	<b>11b</b>		
<b>c</b>	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 <b>Part VI</b> .		
	<b>11c</b>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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 <b>Part VI</b> 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.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
	<b>2</b>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
	<b>1</b>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
	<b>2</b>		
<b>3</b>	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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
	<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b>	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 <b>Part VI identify those supported organizations and explain</b> 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.		
	<b>2a</b>		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	<b>2b</b>		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	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 <b>Part VI</b> .		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
	<b>3b</b>		

**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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

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

Table with 2 columns: Name of the organization (Creative Clay, Inc.) and Employer identification number (59-3338595)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(3) 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...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <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.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Duke Energy 299 1st Ave N Saint Petersburg FL 33701	\$ 5,198.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Pinellas Community Foundation 17755 US Hwy 19 N #150 Clearwater FL 33764	\$ 9,979.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	AFIRE PO Box 6635 Clearwater FL 33758	\$ 7,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Legends Hospitality 61 Broadway Suite 2400 New York NY 10006	\$ 6,378.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <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.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	J Crayton Pruitt Foundation PO Box 233 Saint Petersburg FL 33731	\$ 25,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Anonymous 830 North Shore Drive NE Saint Petersburg FL 33701	\$ 20,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	John Sweeny 8252 26th Ave N Saint Petersburg FL 33710	\$ 5,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Anonymous 1001 62nd St S Saint Petersburg FL 33707	\$ 20,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	White Family Foundation PO Box 2491 Tarpon Springs FL 34688	\$ 5,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <i>Creative Clay, Inc.</i>	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) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization <i>Creative Clay, Inc.</i>	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)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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 rows for total number, aggregate value, and Yes/No questions.

Part II Conservation Easements.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes and a table for 'Held at the End of the Tax Year'.

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 with questions (1a, 1b, 2) regarding collections of art and historical treasures, including revenue and asset reporting.

**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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements	94,375.		24,707.	69,668.
<b>d</b> Equipment	55,629.		39,172.	16,457.
<b>e</b> Other				
<b>Total.</b> 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) _____		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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 .







**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](http://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 <u>Creative Clay, Inc.</u>	Employer Identification No. <u>59-3338595</u>
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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 . .	<b>1</b>	_____
2 Contribution deduction for purposes of Section 179 limitation . . . . .	<b>2</b>	_____
3 Taxable income computed for the Section 179 limitation . . . . .	<b>3</b>	_____
4 Elect to treat Qualified Real Property as "Section 179 Property" . . . . .	<b>4</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5 a Calculated "Total cost of Section 179 property placed in service" . . . . .	<b>5 a</b>	_____
b Additions or subtractions to calculated value . . . . .	<b>b</b>	_____
6 Section 179 carryover from 2020 to 2021 . . . . .	<b>6</b>	_____

**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](http://www.irs.gov/Form4562) for instructions and the latest information.**

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

<b>1</b> Maximum amount (see instructions) . . . . .	<b>1</b>	
<b>2</b> Total cost of section 179 property placed in service (see instructions) . . . . .	<b>2</b>	
<b>3</b> Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	
<b>4</b> Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	
<b>5</b> Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	<b>5</b>	
<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b> Listed property. Enter the amount from line 29 . . . . .	<b>7</b>	
<b>8</b> Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	<b>8</b>	
<b>9</b> Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	<b>9</b>	
<b>10</b> Carryover of disallowed deduction from line 13 of your 2020 Form 4562 . . . . .	<b>10</b>	
<b>11</b> Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . . .	<b>11</b>	
<b>12</b> Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . . . . .	<b>12</b>	
<b>13</b> Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ▶	<b>13</b>	

**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.)**

<b>14</b> Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions . . . . .	<b>14</b>	6,531.
<b>15</b> Property subject to section 168(f)(1) election . . . . .	<b>15</b>	
<b>16</b> Other depreciation (including ACRS) . . . . .	<b>16</b>	

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

**Section A**

<b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2021 . . . . .	<b>17</b>	4,018.
<b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

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

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

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

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 30-year			30 yrs.	MM	S/L	
<b>d</b> 40-year			40 yrs.	MM	S/L	

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

<b>21</b> Listed property. Enter amount from line 28 . . . . .	<b>21</b>	1,755.
<b>22</b> <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . .	<b>22</b>	12,304.
<b>23</b> For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>23</b>	

**Part V Listed Property** (Include automobiles, certain other vehicles, 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.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>						<b>24b</b> If "Yes," is the evidence written? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
(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	
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .							<b>25</b>		
<b>26</b> Property used more than 50% in a qualified business use:									
2019 TransItworks SmartAccess 350	07/05/2019	100%	8,554.	8,554.	5.00	200 DB-HY	1,755.		
		%							
		%							
<b>27</b> Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
		%				S/L-			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							<b>28</b>	1,755.	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								<b>29</b>	

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

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

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

**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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .	<b>Yes</b>	<b>No</b>
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. . . . .		
<b>Note:</b> 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
<b>42</b> Amortization of costs that begins during your 2021 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2021 tax year . . . . .					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>

**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](http://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.

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

**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 \_\_\_\_\_ ERO firm name to enter my PIN      as my signature  
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.

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 <b>only</b>         | <input type="checkbox"/> Form 990-EZ <b>and</b> Form 990-T            |
| <input checked="" type="checkbox"/> Form 990 <b>only</b> | <input type="checkbox"/> Form 990 <b>and</b> Form 990-T               |
| <input type="checkbox"/> Form 990-PF <b>only</b>         | <input type="checkbox"/> Form 990-PF <b>and</b> Form 990-T            |
| <input type="checkbox"/> Form 990-T <b>only</b>          | <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 <b>Form 990-PF Return</b> balance due (EF Only)?              |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-PF Extension</b> Form 8868 balance due (EF Only)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-PF Amended</b> balance due (EF Only)?             |
|                          |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-T Return</b> balance due? (EF Only)               |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-T Extension</b> Form 8868 balance due? (EF Only)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-T Amended</b> 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	0	5.00	200DB/MQ	0	0	0.
Dell Computer		01/23/20	1,185		100.00		1,185	0	5.00	200DB/MQ	0	0	0.
A/C Upgrade		08/05/20	2,400		100.00		2,400	0	15.00	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

Name(s) Shown on Return
Creative Clay, Inc.

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) EFIN509249 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 State/City and checkboxes. Includes 'California State Exempt' and several empty rows.

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

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

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

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

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

<b>General Information Smart Worksheet</b>	
<b>A</b>	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.
<b>Total</b>	<b>4,404.</b>

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

Description	Amount
Van	8,554.
Other Equipment	47,075.
<b>Total</b>	<b>55,629.</b>

**CREATIVE CLAY, INC.**

**Financial Statements**

**September 30, 2018**

**(With Independent Auditor's Report Thereon)**

# CREATIVE CLAY, INC.

## Table of Contents

	<b>Page</b>
Independent Auditor's Report	1
Financial Statements:	
Statement of Financial Position	3
Statement of Activities	4
Statement of Functional Expenses	5
Statement of Cash Flows	6
Notes to Financial Statements	7



**ELLEN FONTANA**  
CERTIFIED PUBLIC ACCOUNTANT

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors  
Creative Clay, Inc.:

We have audited the accompanying financial statements of Creative Clay, Inc. (a nonprofit organization), which comprise the statement of financial position as of September 30, 2018, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditor's Responsibility*

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

*Opinion*

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Creative Clay, Inc. as of September 30, 2018, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Ellen Fontana CPA LLC

Clearwater, Florida  
September 11, 2019

**CREATIVE CLAY, INC.**

Statement of Financial Position

September 30, 2018

**Assets**

Current assets:	
Cash	\$ 42,924
Accounts receivable	33,198
Prepaid expenses	473
	<hr/>
Total current assets	76,595
Property and equipment, net of accumulated depreciation	56,975
Security deposits	7,044
	<hr/>
	\$ 140,614
	<hr/> <hr/>

**Liabilities and Net Assets**

Current liabilities:	
Accounts payable and accrued expenses	\$ 10,039
Deferred revenue	7,092
Accrued payroll	4,492
Accrued vacation	907
	<hr/>
Total current liabilities	22,530
	<hr/>
Total liabilities	22,530
	<hr/> <hr/>
Net assets:	
Unrestricted	117,569
Temporarily restricted	515
	<hr/>
Total net assets	118,084
	<hr/>
	\$ 140,614
	<hr/> <hr/>

See accompanying notes to financial statements.

**CREATIVE CLAY, INC.**

Statement of Activities

Year Ended September 30, 2018

	<b>Unrestricted</b>	<b>Temporarily Restricted</b>	<b>Total</b>
Revenue and other support:			
Fes for services	\$ 307,269	—	307,269
Grants	73,697	—	73,697
Donations	134,498	—	134,498
Special events, net of expenses of \$14,587	41,646	—	41,646
Art sales	23,730	—	23,730
Thrift store sales	5,233	—	5,233
In-kind donations	8,624	—	8,624
Other	48	—	48
Net assets released from restrictions:			
Expiration of time/use restrictions	2,065	(2,065)	—
Total revenue and other support	596,810	(2,065)	594,745
Expenses:			
Program services	369,757	—	369,757
Supporting services	153,497	—	153,497
Total expenses	523,254	—	523,254
Increase (decrease) in net assets	73,556	(2,065)	71,491
Net assets at beginning of year	44,013	2,580	46,593
Net assets at end of year	\$ 117,569	515	118,084

See accompanying notes to financial statements.

**CREATIVE CLAY, INC.**

Statement of Functional Expenses

Year Ended September 30, 2018

	<b>Program Services</b>	<b>Supporting services</b>			<b>Total 2018</b>
		<b>Management and General</b>	<b>Fundraising</b>	<b>Total</b>	
Salaries	\$ 118,875	62,055	32,949	95,004	213,879
Payroll taxes	9,358	4,885	2,594	7,479	16,837
Employee insurance	1,392	727	386	1,113	2,505
Payroll processing fees	—	385	—	385	385
<b>Total salaries and related expenses</b>	<b>129,625</b>	<b>68,052</b>	<b>35,929</b>	<b>103,981</b>	<b>233,606</b>
Program personnel	110,963	—	—	—	110,963
Occupancy	50,930	2,681	—	2,681	53,611
Building maintenance and supplies	15,014	790	—	790	15,804
Equipment and supplies	7,237	381	—	381	7,618
Fundraising events held by others	—	—	13,532	13,532	13,532
Professional services	—	10,699	—	10,699	10,699
Vehicle expense and insurance	9,800	—	—	—	9,800
Art commissions	9,716	—	—	—	9,716
Utilities	8,828	465	—	465	9,293
Advertising, marketing and website	4,272	4,162	—	4,162	8,434
Art supplies	6,007	—	—	—	6,007
Consulting and marketing development	—	300	4,091	4,391	4,391
Bank and credit card fees	—	4,285	—	4,285	4,285
Telephone and internet	3,183	—	—	—	3,183
Insurance	—	2,711	—	2,711	2,711
Dues and subscriptions	—	2,088	—	2,088	2,088
Travel	—	1,245	—	1,245	1,245
Miscellaneous	290	1,205	150	1,355	1,645
<b>Total expenses before depreciation</b>	<b>355,865</b>	<b>99,064</b>	<b>53,702</b>	<b>152,766</b>	<b>508,631</b>
Depreciation	13,892	731	—	731	14,623
<b>Total expenses</b>	<b>\$ 369,757</b>	<b>99,795</b>	<b>53,702</b>	<b>153,497</b>	<b>523,254</b>

See accompanying notes to financial statements.



**CREATIVE CLAY, INC.**

Statement of Cash Flows

Year Ended September 30, 2018

Cash flows from operating activities:	
Increase in net assets	\$ 71,491
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	14,623
Increase in accounts receivable	(15,774)
Increase in prepaid expenses	(473)
Increase in security deposits	(2,250)
Decrease in accounts payable and accrued expenses	(29,419)
Decrease in deferred revenue	(708)
Increase in accrued payroll	1,921
Decrease in accrued vacation	(2,824)
	<hr/>
Net cash provided by operating activities	36,587
Cash flows from investing activities:	
Purchases of property & equipment	(7,905)
	<hr/>
Net cash used in investing activities	(7,905)
Net change in cash	28,682
Cash at beginning of year	14,242
	<hr/>
Cash at end of year	\$ 42,924
	<hr/> <hr/>

See accompanying notes to financial statements.

**CREATIVE CLAY, INC.**

Notes to Financial Statements

September 30, 2018

**(1) Nature of Organization**

Creative Clay, Inc. (the Organization) is a 501(c)(3) not-for-profit organization whose 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) Summary of Significant Accounting Policies and Practices**

**(a) Basis of Accounting**

These financial statements, which are presented on the accrual basis of accounting, have been prepared to focus on the Organization, and to present revenue, expenses, and net assets based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified as follows:

Unrestricted net assets – Net assets not subject to donor-imposed stipulations.

Temporarily restricted net assets – Net assets which are subject to donor-imposed stipulations that may or will be met by actions of the Organization and/or the passage of time.

Revenue is reported as increases in unrestricted net assets unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in unrestricted net assets. Federal, state and local grants are recorded as unrestricted revenue when earned.

Contributions received with donor-imposed restrictions that are met in the same year as received are reported as revenue of the unrestricted net asset class. Contributions are recognized when the donor makes a promise to give to the Organization, that is, in substance, unconditional.

**(b) Furniture and Equipment**

Furniture and equipment is stated at cost, if purchased, or at estimated fair value at the date of receipt if acquired by gift. Depreciation is calculated using the straight-line method over the estimated useful lives of the respective assets. Major renewals and betterments are capitalized. Maintenance, repairs and minor renewals are expensed as incurred. It is the policy of the Organization to maintain all equipment in good condition.

**(c) Donated Services, Facilities, and Materials**

Donated services are recorded at their estimated fair value if the services received create or enhance non-financial assets or the services require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. In-kind revenue and expense is also recorded for the difference between the actual charge of facilities and materials and the estimated fair market value.

**CREATIVE CLAY, INC.**

Notes to Financial Statements

September 30, 2018

**(d) Fair Value of Financial Instruments**

The fair value of the Organization's financial instruments which include cash, accounts receivable, and accounts payable are equal to their carrying amounts as presented in the accompanying statement of financial position.

**(e) Deferred Revenue**

Revenue for events received in advance and unearned grant revenue are deferred until earned.

**(f) Functional Allocation of Expenses**

The costs of providing the various program and other activities have been summarized on a functional basis in the statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited based on direct usage or management's estimates of the benefit derived by each activity.

**(g) Use of Estimates**

The preparation of financial statements in conformity with accounting principles general accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of increases or decreases in net assets during the year. Actual results could differ from those estimates.

**(h) Income Taxes**

The Organization is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and from state income taxes under similar provisions of the Florida Income Tax Code. Accordingly, no provision for income taxes has been included in the accompanying financial statements. The Organization is subject to the accounting standards on accounting for uncertainty in income taxes. Management does not believe it has taken any tax positions that are subject to a significant degree of uncertainty. The Organization's federal returns are generally open for examination for three years following the date filed.

**CREATIVE CLAY, INC.**

Notes to Financial Statements

September 30, 2018

**(3) Property and Equipment**

Office equipment consists of the following at September 31, 2018:

		<u>Estimated Useful Lives</u>
Computers	\$ 10,572	5 years
Furniture and fixtures	13,481	7 years
Vehicles	42,566	5 years
Leasehold improvements	<u>59,065</u>	4 years
	125,684	
Less: accumulated depreciation	<u>(68,709)</u>	
	<u>\$ 56,975</u>	

**(4) Temporarily Restricted Net Assets**

Temporarily restricted net assets as of September 30, 2018 relate to contributions restricted for scholarships.

**(5) In-Kind Donations**

In-kind revenue consists of the following for the year ended September 30, 2018:

Concrete services	\$ 3,375
Art supplies	2,919
Advertising services	1,650
Building supplies	<u>680</u>
Total in-kind revenue and expense	<u>\$ 8,624</u>

Additionally, volunteers have donated substantial time to the Organization in various capacities. However, these services are not reflected in the financial statements since the services do not require specialized skills.

The value of other contributed services meeting the requirements for recognition in the financial statements was not material and has not been reflected in the financial statements.

**CREATIVE CLAY, INC.**

Notes to Financial Statements

September 30, 2018

**(6) Leases**

The Organization leases its office under an operating lease which expires February 2022. Total rent expense on this lease was \$56,610 for the year ended September 30, 2018. The following is a schedule of future lease payments:

<u>Year ended September 30,</u>	
2019	\$ 52,800
2020	52,800
2021	52,800
2022	22,000
Thereafter	<u>—</u>
Total minimum lease payments	<u>\$ 180,400</u>

**(7) Commitments and Contingencies**

The Organization may be subject to audit examination by funding sources to determine compliance with grant conditions. In the event that expenditures would be disallowed, repayment could be required. Management believes the Organization is in compliance with the terms of its grant agreements.

**(8) Line of Credit**

The Organization has an unsecured line of credit that permits borrowings up to \$30,000. No amounts were outstanding as of September 30, 2018. The line bears interest at prime plus 2%, (7.25% at September 30, 2018). The line matured June 30, 2019 and was renewed subsequent to year end with a maturity date of June 12, 2021.

**(9) Concentrations**

Fees for services from Medicaid Waiver represent 36% of total revenue and support.

**(10) Subsequent Events**

Management has evaluated subsequent events through September 11, 2019 the date which the financial statements were available for issue.

Subsequent to year end the Organization received a grant from the Department of Transportation to purchase a vehicle. Also, the Organization's line of credit was renewed as discussed in Note 8.

\* \* \* \* \*

# CREATIVE CLAY PROMO VIDEO TELEVISION & ADDITIONAL LINKS

## **CREATIVE CLAY PROMOTIONAL VIDEO**

[https://youtu.be/IY\\_njAEUKOo](https://youtu.be/IY_njAEUKOo)

## **RECENT TELEVISION PIECES**

*Creative Clay's Hispanic Heritage Month exhibit focuses on Inclusivity* Sep. 20, 2022 Bay News 9

<https://www.baynews9.com/fl/tampa/news/2022/09/20/creative-clay-s-hispanic-heritage-month-exhibit-focuses-on-inclusivity>

*Artists with disabilities paint with Nicholas the Dolphin on World Oceans Day* June 8<sup>th</sup> 2022 WTSP 10

<https://www.wtsp.com/article/life/animals/clearwater-marine-aquarium-winter-the-dolphin-nicholas-creative-clay/67-64c003d3-9dc0-4d86-aa90-85a5b46c7a43>

*Helping people with developmental disabilities through art at Creative Clay* May 11<sup>th</sup> 2022 Charley Belcher at Creative Clay in St. Petersburg. FOX 13

<https://www.fox13news.com/video/1068185>

## **VIRTUAL ART PROGRAM**

*Creative Clay is providing virtual workshops for art students*

The neuro-diverse students are able to keep creating, which is important for their health.

May 15 2020 Tampa Bay Times

<https://www.tampabay.com/arts-entertainment/arts/visual-arts/2020/05/15/creative-clay-is-providing-virtual-workshops-for-art-students/>

## **FAIRGROUNDS PARTNERSHIP**

*Did you hear? We're Partnering with Creative Clay!* April 6, 2021

<https://fairgrounds.art/partnering-with-creative-clay/>

*Fairgrounds St. Pete Announces Partnership with Creative Clay* CULTUREOWL 06/30/2021

<https://www.cultureowl.com/tampa/blogs/visual-arts/fairgrounds-st-pete-announces-partnership-with-creative-clay>

*Fairgrounds St. Pete offers an innovative way to experience art* Crow's Nest St. Pete September 12, 2021

<https://crowsneststpete.com/2021/09/12/fairgrounds-st-pete-offers-an-innovative-way-to-experience-art/>

## **ST. PETE OPERA PARTNERSHIP**

*New art exhibit in the Mirella Cimato Gallery*

<https://stpeteopera.org/new-art-exhibit-in-the-mirella-cimato-gallery/>

## **WADA EXHIBITS**

*Mi Gente Movidá Artist Spotlight! Ali V. - Estrategia Group Sept. 29 2021*

<https://www.facebook.com/estrategiagroup/photos/a.1082363245136919/4637426376297237>

*Mi Gente Movidá Artist Spotlight! Artemisa M. - Estrategia Group Sept. 29 2021*

<https://www.facebook.com/estrategiagroup/photos/a.1082363245136919/4637110102995531>

## **FOLK ART FRENZY VIRTUAL EVENT**

*Creative Clay celebrates equality through art by selling the works of artists with disabilities*  
WFTS 28 June 29 2021

<https://www.abcactionnews.com/news/region-pinellas/creative-clay-celebrates-equality-through-art-by-selling-the-works-of-artists-with-disabilities>

## **ARTLINK LION DANCE COLLABORATION WITH SISTER CITY TAKAMATSU JAPAN**

*ARTLINK LION DANCE 2022- Creative Clay's YouTube Page January 22 2022*

<https://www.youtube.com/watch?v=WUXWzdlyRKA>

*Artlink Lion Dance continues celebration of St. Petersburg-Takamatsu Sister City partnership*  
St. Pete Catalyst Jan. 24 2022

<https://stpetecatalyst.com/w/artlink-lion-dance-continues-celebration-of-st-petersburg-takamatsu-sister-city-partnership/>

*Creative Clay's new exhibit celebrates St. Pete-Takamatsu sister city partnership*  
TAMPA BAY NEWS WIRE October 11, 2021

<https://www.tampabaynewswire.com/2021/10/11/creative-clays-new-exhibit-celebrates-st-pete-takamatsu-sister-city-partnership-102065>

## **CREATIVE CLAY FEST**

*Nonprofit Spotlight: Creative Clay, assisting artists with developmental disabilities since 1995*  
I LOVE THE BURG OCTOBER 30, 2019

<https://ilovetheburg.com/nonprofit-spotlight-creative-clay-assisting-artists-with-developmental-disabilities-since-1995/>