

# Return of Organization Exempt From Income Tax

**2005**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

**A For the 2005 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

Please use IRS label or print or type See Specific Instructions.	<b>C Name of organization</b> CLEARWATER COMMUNITY VOLUNTEERS INC			<b>D Employer identification number</b> 59-3442288	
	Number and street (or P O box if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b>	
	C/O Joan M Sigal, 1927 Sever Drive				
	City or town	State or country	ZIP + 4	<b>F Accounting method.</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	
Clearwater	FL	33764			

**G Website:** ▶ N/A

**J Organization type** (check only one) ▶  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

**H and I are not applicable to section 527 organizations**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶ \_\_\_\_\_

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ▶ \_\_\_\_\_

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **182,775**

**M** Check  if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>		96,388	
	<b>b</b> Indirect public support	<b>1b</b>		0	
	<b>c</b> Government contributions (grants)	<b>1c</b>		0	
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 19,189 noncash \$ 77,199)	<b>1d</b>			96,388
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			0
	<b>3</b> Membership dues and assessments	<b>3</b>			0
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			0
	<b>5</b> Dividends and interest from securities	<b>5</b>			0
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			0
	<b>7</b> Other investment income (describe _____)	<b>7</b>			0
	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities      (B) Other			
	<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>	<b>8b</b>	0	0
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>	<b>8c</b>	0	0
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			0
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ 93,353 of contributions reported on line 1a)	<b>9a</b>		86,387		
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>		169,820		
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			-83,433	
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		0		
<b>b</b> Less cost of goods sold	<b>10b</b>		0		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			0	
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			0	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			12,955	
<b>13</b> Program services (from line 44, column (B))	<b>13</b>			14,410	
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			3,938	
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			2,414	
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			0	
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			20,762	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			-7,807	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			58,854	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			0	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			51,047	

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CLEARWATER COMMUNITY VOLUNTEERS INC  
CLEARWATER, FL

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc	0			
26	Other salaries and wages	0			
27	Pension plan contributions	0			
28	Other employee benefits	0			
29	Payroll taxes	0			
30	Professional fundraising fees	0			
31	Accounting fees	175		175	
32	Legal fees	2,003		2,003	
33	Supplies	24		24	
34	Telephone	439		439	
35	Postage and shipping	92		92	
36	Occupancy	8,089	8,089		
37	Equipment rental and maintenance	640	572	68	
38	Printing and publications	3,431	2,814	617	
39	Travel	0			
40	Conferences, conventions, and meetings	3,082	2,389		693
41	Interest	0			
42	Depreciation, depletion, etc (attach schedule)	0			
43	Other expenses not covered above (itemize):				
a	Ads & Promotion	942	225	0	717
b	Bank & Merchant Service Charges	1,404	0	400	1,004
c	Dues & Subscriptions	120	0	120	0
d	Donations	321	321	0	0
e		0	0	0	0
f		0	0	0	0
g		0	0	0	0
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	20,762	14,410	3,938	2,414

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ , (iii) the amount allocated to Management and general \$ , and (iv) the amount allocated to Fundraising \$

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? <b>▶ See Attachment #2</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<b>a</b> Winter Wonderland. A Christmas village for kids to enjoy where there are activities such as petting zoo, pony ride, visits with Santa, and craft-making. We collect also food and toys for the Red Cross and local food pantries. About 20,000 people attended over a 2-half week period, with large quantities of food and toys collected and given away. Over 4000 booklets were distributed to help educate the kids. (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	7,205
<b>b</b> Say No to Drugs Holiday Classic Race. This is 5K and 10K run and fun walk which is used to raise awareness of solutions to drug abuse and how one can prevent involvement with drugs. Over 800 people participated in the races and took the pledge to fight against drugs while helping others do the same. (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	3,603
<b>c</b> Fashion Show & Silent Auction. This is a fund-raiser for our Winter Wonderland event and other charities. More than 300 attended with over half the proceeds given to the Boys & Girls Club to aid them in their projects to help kids. We also promoted programs to help solve illiteracy, fight drugs and find solutions to everyday problems. About 100 informational booklets were also distributed. (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	2,602
<b>d</b> General Community Support: We also support other local groups we consider vital to the overall well-being of our community, such as Boy Scouts, Girl Scouts, various sports teams, and others. We have sponsored smaller events to acknowledge the accomplishments of these groups, and paying for activities such as dinners, games, parade floats, and building renovations. (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	1,000
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) <b>▶</b>	14,410

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing		43,427	<b>45</b>	22,370	
	<b>46</b> Savings and temporary cash investments			<b>46</b>		
	<b>47 a</b> Accounts receivable	<b>47a</b>	0			
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	0	4,606	<b>47c</b>	0
	<b>48 a</b> Pledges receivable	<b>48a</b>	0			
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>	0	0	<b>48c</b>	21,865
	<b>49</b> Grants receivable				<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)			0	<b>50</b>	0
	<b>51 a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>	0			
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>	0	0	<b>51c</b>	0
	<b>52</b> Inventories for sale or use				<b>52</b>	2,366
	<b>53</b> Prepaid expenses and deferred charges			200	<b>53</b>	700
	<b>54</b> Investments—securities (attach schedule)			0	<b>54</b>	0
	<b>55 a</b> Investments—land, buildings, and equipment: basis	<b>55a</b>	0			
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>55b</b>	0	0	<b>55c</b>	0
<b>56</b> Investments—other (attach schedule)			0	<b>56</b>	0	
<b>57 a</b> Land, buildings, and equipment: basis	<b>57a</b>	9,428				
<b>b</b> Less accumulated depreciation (attach schedule)	<b>57b</b>	5,682	10,621	<b>57c</b>	3,746	
<b>58</b> Other assets (describe )			0	<b>58</b>	0	
<b>59</b> <b>Total assets</b> (must equal line 74). Add lines 45 through 58			58,854	<b>59</b>	51,047	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses			<b>60</b>		
	<b>61</b> Grants payable			<b>61</b>		
	<b>62</b> Deferred revenue			<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)			0	<b>63</b>	0
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)			0	<b>64a</b>	0
	<b>b</b> Mortgages and other notes payable (attach schedule)			0	<b>64b</b>	0
	<b>65</b> Other liabilities (describe )			0	<b>65</b>	0
<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65			0	<b>66</b>	0	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	<b>67</b> Unrestricted			<b>67</b>		
	<b>68</b> Temporarily restricted			<b>68</b>		
	<b>69</b> Permanently restricted			<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74					
	<b>70</b> Capital stock, trust principal, or current funds				<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund				<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds			58,854	<b>72</b>	51,047
<b>73</b> <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)			58,854	<b>73</b>	51,047	
<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73			58,854	<b>74</b>	51,047	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	12,995
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	<b>b1</b>		
2	Donated services and use of facilities	<b>b2</b>		
3	Recoveries of prior year grants	<b>b3</b>		
4	Other (specify):	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	12,995
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify):	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	12,995

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	20,762
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	<b>b1</b>		
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
3	Losses reported on Part I, line 20	<b>b3</b>		
4	Other (specify):	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	20,762
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify):	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	20,762

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) (See the instructions )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name Joan M Sigal Str 1927 Sever Drive City Clearwater ST FL ZIP 33764	Title President Hr/WK 25	0	0	0
Name Patti J. Brown Str 303 Ponce De Leon City Belleair ST FL ZIP 33756	Title Treasurer Hr/WK 12	0	0	0
Name Susan Safirstrin Str P O Box 2122 City Oldsmar ST FL ZIP 34677	Title Secretary Hr/WK 2	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)</b>		Yes	No
<b>75 a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <b>4</b>		
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	<b>75b</b>	X
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations.  If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	<b>75c</b>	X
<b>d</b>	Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions )

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
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Name _____ Str _____ City _____ ST ZIP _____				

<b>Part VI Other Information (See the instructions)</b>		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>76</b>	X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.	<b>77</b>	X
<b>78 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>	X
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>	N/A
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	X
<b>80 a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization? . . . . .	<b>80a</b>	X
<b>b</b>	If "Yes," enter the name of the organization ► _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b>	Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . . <b>81a</b> _____		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	X

Part VI Other Information (continued)

Yes No

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a X

b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.) 82b N/A

83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X

b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X

84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b X

85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? 85a X

b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b X

If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year

c Dues, assessments, and similar amounts from members 85c

d Section 162(e) lobbying and political expenditures 85d

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e

f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f 0

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g X

h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h X

86 501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12 86a

b Gross receipts, included on line 12, for public use of club facilities 86b

87 501(c)(12) orgs Enter: a Gross income from members or shareholders 87a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b

88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88 X

89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A

b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A

d Enter: Amount of tax on line 89c, above, reimbursed by the organization N/A

90 a List the states with which a copy of this return is filed

b Number of employees employed in the pay period that includes March 12, 2005 (See instructions) 90b 0

91 a The books are in care of Name Patti J Brown Telephone no 727-442-2099 Located at 303 Ponce de Leon Blvd City ST ZIP + 4 33756

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)? 91b X

If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	0
105 Total (add line 104, columns (B), (D), and (E))					0

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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.

**Please Sign Here**

Signature of officer: Patti J Brown Date: 8/3/2006  
 Type or print name and title: Patti J Brown Treasurer

**Paid Preparer's Use Only**

Preparer's signature: Christie Ann Date: 7/29/2006 Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. W): 462-62-0346  
 Firm's name (or yours if self-employed), address, and ZIP + 4: Anderson Tax and Bookkeeping EIN: 20-0668241  
1575 Barry Road, Clearwater, FL 33756 Phone no: 727-448-0004



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization: **CLEARWATER COMMUNITY VOLUNTEERS INC** Employer identification number: **59-3442288**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
Total number of other employees paid over \$50,000 ▶		0		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
N/A		0
		0
		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services ▶		0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None " See page 2 of the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
N/A		0
		0
		0
		0
		0
		0
Total number of other contractors receiving over \$50,000 for other services ▶		0

**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)  Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990		
e	Transfer of any part of its income or assets?	X	
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		
b	Do you have a section 403(b) annuity plan for your employees?		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 11 b  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total		
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	114,880	124,923	78,019		317,822		
16 Membership fees received					0		
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	-48,133	-37,569	5,216		-80,486		
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0		
19 Net income from unrelated business activities not included in line 18					0		
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0		
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0		
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	0	0	0	0	0		
23 Total of lines 15 through 22	66,747	87,354	83,235	0	237,336		
24 Line 23 minus line 17	114,880	124,923	78,019	0	317,822		
25 Enter 1% of line 23	667	874	832	0			
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a	0	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b		
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c	0	
d Add Amounts from column (e) for lines	18	19	0	0	26d	0	
	22	0	26b	0	26e	0	
e Public support (line 26c minus line 26d total)					26e	0	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f	0 00%	
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year						
(2004)	0	(2003)	0	(2002)	0	(2001)	0
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year							
(2004)	0	(2003)	0	(2002)	5,836	(2001)	
c Add Amounts from column (e) for lines	15	317,822	16	0	27c	237,336	
	17	-80,486	20	0	27d	5,836	
			21	0	27e	231,500	
d Add Line 27a total	0 and line 27b total				27f	237,336	
e Public support (line 27c total minus line 27d total)					27g	97 54%	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27h	0 00%	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))							
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))							
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15							

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a** Transfers from the reporting organization to a noncharitable exempt organization of
  - (i) Cash
  - (ii) Other assets
- b** Other transactions
  - (i) Sales or exchanges of assets with a noncharitable exempt organization
  - (ii) Purchases of assets from a noncharitable exempt organization
  - (iii) Rental of facilities, equipment, or other assets
  - (iv) Reimbursement arrangements
  - (v) Loans or loan guarantees
  - (vi) Performance of services or membership or fundraising solicitations
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

	Yes	No
<b>51a(i)</b>		X
<b>a(ii)</b>		X
<b>b(i)</b>		X
<b>b(ii)</b>		X
<b>b(iii)</b>		X
<b>b(iv)</b>		X
<b>b(v)</b>		X
<b>b(vi)</b>		X
<b>c</b>		X

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?      ►    Yes    No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Line 1 (990) - Public Support and Contributions**

	Cash	Non Cash
<b>Line 1a - Direct public support</b>		
1 Contributions	3,035	1
2 Membership dues and assessments (contributions from the public)		2
3 Commercial co-venture		3
4 Special events contributions (Line 9 - Special Events)	93,353	4
5		5
6		6
7		7
8		8
9		9
10 Total	96,388	10 0
<b>Line 1b - Indirect public support</b>		
<b>Line 1c - Government contributions (grants)</b>		

**Line 9 (990) - Special events and activities**

	Event A	Event B	Event C	All others	Totals
1 Special event name	Fashion Show	Winter	Say No to	See	
		Wonderland	Drugs Race	Spreadsheet	
1a Number of special events	1	1	1	3	
2 Gross receipts	115,905	31,914	14,235	17,686	2 179,740
3 Less contributions	76,776	11,798	250	4,529	3 93,353
4 Gross revenue	39,129	20,116	13,985	13,157	4 86,387
5 Less direct expenses	100,397	38,274	23,684	7,465	5 169,820
6 Net income or (loss)	-61,268	-18,158	-9,699	5,692	6 -83,433

**ATTACHMENT #2 - PART III: Statement of  
Program Service Accomplishments**

**Organization's primary exempt purpose:**

To provide educational materials and messages to  
foster education and a healthy environment for

ALL OTHER ACTIVITIES LINE 9:

<u>NAME OF EVENT</u>	<u>GROSS RECEIPTS</u>	<u>- CONTRIBUTIONS</u>	<u>GROSS REVENUE</u>	<u>- DIRECT EXPENSES</u>
Easter Event	\$5,646	-4,529	1,117	-4,475
Christmas Parade Float	1,500	0	1,500	1,400
Hurricane Katrina Relief	<u>10,540</u>	<u>0</u>	<u>10,540</u>	<u>10,540</u>
Total Other activities	17,686	-4,529	13,157	7,465