

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

Tax Return Carryovers to 2012

NAME: **NAPLES ART ASSOCIATION, INC.**

ID Number: **59-1022882**

Disallowing Form	Description	Originating Form	Entity/Activity	St/City	Amount
990-T	CURRENT YEAR NET OPERATING LOSS	990-T			30,911.



CliftonLarsonAllen

CliftonLarsonAllen LLP
4099 Tamiami Trail North, Suite 300
Naples, FL 34103-3548
239-262-8686 | fax 239-262-7343
www.cliftonlarsonallen.com

NAPLES ART ASSOCIATION, INC.
585 PARK ST
NAPLES, FL 34102

ENCLOSED ARE THE ORGANIZATION'S 2011 EXEMPT ORGANIZATION RETURNS. THE STATE EXEMPT ORGANIZATION RETURN IS ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY AUGUST 15, 2013.

FORM 990-T RETURN:

NO AMOUNT IS DUE ON FORM 990-T.

PLEASE SIGN AND MAIL ON OR BEFORE AUGUST 15, 2013.

MAIL TO - DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

FLORIDA FORM F-1120 RETURN:

MAIL TO - FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE STREET
TALLAHASSEE, FL 32399-0135

PLEASE SIGN AND MAIL FORM F-1120 ON OR BEFORE SEPTEMBER 3, 2013.

NO PAYMENT IS REQUIRED.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE
SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

SINCERELY,

CLIFTONLARSONALLEN LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
SEPTEMBER 30, 2012

Prepared for	NAPLES ART ASSOCIATION, INC. 585 PARK ST NAPLES, FL 34102
Prepared by	CLIFTONLARSONALLEN LLP 4099 TAMiami TRAIL N., STE. 300 NAPLES, FL 34103
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	<p>THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY AUGUST 15, 2013.</p> <p>THE FLORIDA STATUE REQUIRES AN ANNUAL FILING OF THE CHARITABLE SOLICITATION FORM. IF YOU REQUIRE ASSISTANCE IN THE PREPARATION OF THIS FORM PLEASE CONTACT OUR OFFICE.</p>

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

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

A For the **2011** calendar year, or tax year beginning **OCT 1, 2011** and ending **SEP 30, 2012**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NAPLES ART ASSOCIATION, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 585 PARK ST City or town, state or country, and ZIP + 4 NAPLES, FL 34102 F Name and address of principal officer: AIMEE SCHLEHR SAME AS C ABOVE	D Employer identification number 59-1022882 E Telephone number 239-262-6517 G Gross receipts \$ 1,091,038. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.NAPLESART.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1954 M State of legal domicile: FL

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: THE NAPLES ART ASSOCIATION IS A NOT-FOR-PROFIT CORPORATION ORGANIZED TO PROMOTE AND ADVANCE																												
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																												
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3 13																											
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 13																											
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 16																											
	6 Total number of volunteers (estimate if necessary)	6 850																											
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 28,035.																											
	b Net unrelated business taxable income from Form 990-T, line 34	7b -30,911.																											
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">779,552.</td> <td style="text-align: right;">243,315.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">415,398.</td> <td style="text-align: right;">752,978.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">19.</td> <td style="text-align: right;">25,843.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">4,327.</td> <td style="text-align: right;">31,981.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">1,199,296.</td> <td style="text-align: right;">1,054,117.</td> </tr> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	779,552.	243,315.	9 Program service revenue (Part VIII, line 2g)	415,398.	752,978.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19.	25,843.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,327.	31,981.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,199,296.	1,054,117.									
	Prior Year	Current Year																											
8 Contributions and grants (Part VIII, line 1h)	779,552.	243,315.																											
9 Program service revenue (Part VIII, line 2g)	415,398.	752,978.																											
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19.	25,843.																											
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,327.	31,981.																											
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,199,296.	1,054,117.																											
Expenses		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: center;">0.</td> <td style="text-align: center;">0.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: center;">0.</td> <td style="text-align: center;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">560,840.</td> <td style="text-align: right;">471,024.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: center;">0.</td> <td style="text-align: center;">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 39,188.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">753,007.</td> <td style="text-align: right;">797,896.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">1,313,847.</td> <td style="text-align: right;">1,268,920.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">-114,551.</td> <td style="text-align: right;">-214,803.</td> </tr> </table>		Prior Year	Current Year	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	560,840.	471,024.	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 39,188.			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	753,007.	797,896.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,313,847.	1,268,920.	19 Revenue less expenses. Subtract line 18 from line 12	-114,551.	-214,803.
	Prior Year	Current Year																											
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.																											
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.																											
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	560,840.	471,024.																											
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.																											
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 39,188.																													
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	753,007.	797,896.																											
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,313,847.	1,268,920.																											
19 Revenue less expenses. Subtract line 18 from line 12	-114,551.	-214,803.																											
Net Assets or Fund Balances		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">4,877,954.</td> <td style="text-align: right;">3,976,440.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">430,338.</td> <td style="text-align: right;">519,889.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">4,447,616.</td> <td style="text-align: right;">3,456,551.</td> </tr> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	4,877,954.	3,976,440.	21 Total liabilities (Part X, line 26)	430,338.	519,889.	22 Net assets or fund balances. Subtract line 21 from line 20	4,447,616.	3,456,551.															
	Beginning of Current Year	End of Year																											
20 Total assets (Part X, line 16)	4,877,954.	3,976,440.																											
21 Total liabilities (Part X, line 26)	430,338.	519,889.																											
22 Net assets or fund balances. Subtract line 21 from line 20	4,447,616.	3,456,551.																											

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 AIMEE SCHLEHR, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name AMELIA COOPER CPA	Preparer's signature AMELIA COOPER CPA
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Date 08/07/13
	Firm's address ▶ 4099 TAMiami TRAIL N., STE. 300 NAPLES, FL 34103	Check <input type="checkbox"/> if self-employed PTIN P00437898
		Firm's EIN ▶ 41-0746749
		Phone no. 239-262-8686

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 to any question in this Part III [X]

1 Briefly describe the organization's mission: TO PROMOTE AND ADVANCE EDUCATION, INTEREST AND PARTICIPATION IN THE CONTEMPORAY VISUAL ARTS.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 189,962. including grants of \$) (Revenue \$ 102,954.) EDUCATIONAL PROGRAMMING: THE NAPLES ART ASSOCIATION AT THE VON LIEBIG ART CENTER BELIEVES ART AND ART EDUCATION ARE NOT A LUXURY BUT A NECESSITY. OUR EDUCATION SYSTEM WAS BUILT ON A FULLY BALANCED CURRICULUM THAT INCLUDED THE HUMANITIES, SOCIAL SCIENCES AND NATURAL SCIENCES. WITHOUT THIS BROAD SPECTRUM OF EDUCATION, WE RISK LOSING OUR UNDERSTANDING OF THE PAST AND OUR ABILITY TO ENVISION THE FUTURE. OUR FOUNDING FATHERS BELIEVED A BROAD BASED LEARNING EXPERIENCE, INCLUDING EDUCATION IN THE HUMANITIES AND SOCIAL SCIENCES, WAS CRITICAL TO OUR PURSUIT OF LIFE, LIBERTY AND HAPPINESS. TO ACHIEVE THIS GOAL, THE ART CENTER OFFERS BEGINNING, INTERMEDIATE AND ADVANCED ADULT AND YOUTH STUDIO CLASSES AND WORKSHOPS THROUGHOUT THE YEAR. BUSINESS OF BEING AN ARTIST LECTURE SERIES IS A SPECIALLY DESIGNED SET OF WORKSHOPS TO DELVE

4b (Code:) (Expenses \$ 928,739. including grants of \$) (Revenue \$ 633,240.) PLEASE REFER TO SCHEDULE O FOR A MORE DETAILED DESCRIPTION OF OUR OTHER PROGRAMS.

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

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

4e Total program service expenses 1,118,701.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No responses. Includes rows for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 1098-C, Form 4947(a)(1), and Form 720.

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (13), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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. [X] Own website [X] Another's website [X] Upon request
19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: AIMEE SCHLEHR - 239-262-6517 585 PARK ST, NAPLES, FL 34102

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

Check if Schedule O contains a response to any question 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 (describe hours for related organizations in Schedule O)	(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) STACEY BULLOCH PRESIDENT	1.00	X		X			0.	0.	0.	
(2) FRANK NAPPO PRESIDENT THRU 10/11	1.00	X		X			0.	0.	0.	
(3) ELLIN GOETZ SECRETARY THRU 10/12	1.00	X		X			0.	0.	0.	
(4) JENNIFER SCHELL SECRETARY	1.00	X		X			0.	0.	0.	
(5) LAURENCE HULBERT TREASURER	1.00	X		X			0.	0.	0.	
(6) JOHN HUSHON 1ST VP	1.00	X		X			0.	0.	0.	
(7) RICHARD STEVENS 1ST VP THRU 10/12	1.00	X		X			0.	0.	0.	
(8) MARTIN DE ST PIERRE 2ND VP	1.00	X		X			0.	0.	0.	
(9) LOU VLASHO 2ND VP	1.00	X		X			0.	0.	0.	
(10) DOUG FINLEY, CITY COUNCIL REP	1.00	X					0.	0.	0.	
(11) GARY PRICE CITY COUNCIL REP THRU 10/11	1.00	X					0.	0.	0.	
(12) VOJKAN DIMITRIJEVIC DIRECTOR THRU 10/11	1.00	X					0.	0.	0.	
(13) MICHAEL FERNANDEZ DIRECTOR THRU 10/12	1.00	X					0.	0.	0.	
(14) JUDY HUSHON DIRECTOR	1.00	X					0.	0.	0.	
(15) TONY MARINO DIRECTOR THRU 03/12	1.00	X					0.	0.	0.	
(16) FRANK RUSSEN DIRECTOR THRU 03/12	1.00	X					0.	0.	0.	
(17) ROBERT SALTARELLI DIRECTOR THRU 10/11	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(18) SHARON TREISER DIRECTOR	1.00	X						0.	0.	0.
(19) EDWARD WOLLMAN DIRECTOR	1.00	X						0.	0.	0.
(20) EMILY BUA DIRECTOR THRU 03/12	1.00	X						0.	0.	0.
(21) REG BUXTON DIRECTOR THRU 03/12	1.00	X						0.	0.	0.
(22) JEFF CECIL DIRECTOR	1.00	X						0.	0.	0.
(23) JOEL KESSLER EXECUTIVE DIRECTOR THRU 01/12	40.00			X				102,984.	0.	6,216.
(24) AIMEE SCHLEHR EXECUTIVE DIRECTOR	40.00			X				56,154.	0.	5,446.
1b Sub-total								159,138.	0.	11,662.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								159,138.	0.	11,662.

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 **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues	58,531.				
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	184,784.				
	g	Noncash contributions included in lines 1a-1f: \$	2,200.				
	h	Total. Add lines 1a-1f	243,315.				
	Program Service Revenue	2 a	EXHIBITIONS	900099	529,448.	512,664.	16,784.
b		ART EDUCATION	900099	223,530.	223,530.		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		752,978.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		25,843.		25,843.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	7,189.			
		Less: rental expenses	(ii) Personal	0.			
		Rental income or (loss)		7,189.			
	d	Net rental income or (loss)		7,189.		7,189.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
		Less: cost or other basis and sales expenses	(ii) Other				
		Gain or (loss)					
		Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		Less: direct expenses	b				
		Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	a					
	Less: direct expenses	b					
	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a	61,713.				
	Less: cost of goods sold	b	36,921.				
	Net income or (loss) from sales of inventory		24,792.		11,251.	13,541.	
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions.		1054117.	736,194.	28,035.	46,573.	

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	96,904.	46,686.	41,393.	8,825.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	327,704.	303,299.	13,893.	10,512.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	9,009.	8,833.		176.
10 Payroll taxes	37,407.	30,954.	4,770.	1,683.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,303.	1,078.	166.	59.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	70,963.	58,722.	9,048.	3,193.
12 Advertising and promotion	14,168.	11,724.	1,806.	638.
13 Office expenses	21,270.	17,601.	2,712.	957.
14 Information technology				
15 Royalties				
16 Occupancy	74,923.	61,999.	9,552.	3,372.
17 Travel	8,912.	7,375.	1,136.	401.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	7,808.	6,461.	996.	351.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	115,777.	95,805.	14,762.	5,210.
23 Insurance	18,527.	15,331.	2,362.	834.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EXHIBITION COSTS	398,089.	398,089.		
b SUPPLIES	35,495.	29,372.	4,526.	1,597.
c BANK CHARGES	17,767.	14,702.	2,265.	800.
d PRINTING & POSTAGE	12,894.	10,670.	1,644.	580.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,268,920.	1,118,701.	111,031.	39,188.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	471,103.	1	75,536.	
	2 Savings and temporary cash investments	351,633.	2	407,315.	
	3 Pledges and grants receivable, net	19,038.	3	0.	
	4 Accounts receivable, net	50,202.	4	23,955.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)				6
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	30,241.	8	14,188.	
	9 Prepaid expenses and deferred charges	47,611.	9	5,756.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,294,384.			
	b Less: accumulated depreciation	10b 1,699,846.	2,663,763.	10c	2,594,538.
	11 Investments - publicly traded securities		11	855,152.	
	12 Investments - other securities. See Part IV, line 11	361,603.	12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	882,760.	15	0.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,877,954.	16	3,976,440.		
Liabilities	17 Accounts payable and accrued expenses	15,038.	17	11,929.	
	18 Grants payable		18		
	19 Deferred revenue	166,300.	19	259,485.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	219,000.	23	248,475.	
	24 Unsecured notes and loans payable to unrelated third parties	30,000.	24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	430,338.	26	519,889.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	2,490,081.	27	2,727,431.	
	28 Temporarily restricted net assets	1,128,362.	28	129,120.	
	29 Permanently restricted net assets	829,173.	29	600,000.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	4,447,616.	33	3,456,551.		
34 Total liabilities and net assets/fund balances	4,877,954.	34	3,976,440.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,054,117.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,268,920.
3	Revenue less expenses. Subtract line 2 from line 1	3	-214,803.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,447,616.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-776,262.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,456,551.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization **NAPLES ART ASSOCIATION, INC.** Employer identification number **59-1022882**

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 11, 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.)
- 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 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 exempt 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).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	849,821.	770,477.	737,656.	1,033,267.	243,315.	3,634,536.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	292,325.	232,745.	712,360.	415,398.	736,194.	2,389,022.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,142,146.	1,003,222.	1,450,016.	1,448,665.	979,509.	6,023,558.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	65,592.	65,000.	30,000.	40,000.	35,000.	235,592.
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						0.
c Add lines 7a and 7b	65,592.	65,000.	30,000.	40,000.	35,000.	235,592.
8 Public support (Subtract line 7c from line 6.)						5,787,966.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	1,142,146.	1,003,222.	1,450,016.	1,448,665.	979,509.	6,023,558.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	53,386.	57,584.	35,340.	23,039.	33,032.	202,381.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	53,386.	57,584.	35,340.	23,039.	33,032.	202,381.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	26,278.	10,249.	6,273.	4,327.		47,127.
13 Total support (Add lines 9, 10c, 11, and 12.)	1,221,810.	1,071,055.	1,491,629.	1,476,031.	1,012,541.	6,273,066.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	92.27 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	89.93 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	3.23 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	3.08 %

19a 33 1/3% support tests - 2011. 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 - 2010. 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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

NAPLES ART ASSOCIATION, INC.

Employer identification number

59-1022882

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held at the end of the tax year (2a-2d), and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets.

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 are a 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 programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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" to 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 XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	605,512.	642,715.	885,171.	884,821.	
b Contributions				350.	
c Net investment earnings, gains, and losses	26,818.	-37,203.	-242,456.	9,995.	
d Grants or scholarships					
e Other expenditures for facilities and programs				9,995.	
f Administrative expenses					
g End of year balance	632,330.	605,512.	642,715.	885,171.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 5.11 %
 - b Permanent endowment 94.89 %
 - c Temporarily restricted endowment _____ %
- The percentages in 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:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,969,316.	1,409,584.	2,559,732.
c Leasehold improvements				
d Equipment		325,068.	290,262.	34,806.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,594,538.

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. 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)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A: EFFECTIVE OCTOBER 1, 2010, THE ASSOCIATION CHANGED ITS METHOD OF ACCOUNTING FOR WORKS OF ART. THE ASSOCIATION BELIEVES THAT THE NEW METHOD IS MORE CONSISTENT WITH THE REPORTING OF WORKS OF ART WITHIN THE MUSEUM INDUSTRY. DURING THE YEAR ENDED SEPTEMBER 30, 2012, THERE WERE NO PURCHASES OR DONATIONS OF ARTWORK.

PART III, LINE 4: COLLECTION INCLUDES VARIOUS WORKS OF ART FROM ARTISTS INCLUDING PAINTINGS, WATERCOLORS, SCULPTURES, AND READING MATERIALS. THESE

Part XIV Supplemental Information (continued)

WORKS ARE PRESENTED TO THE PUBLIC DURING VARIOUS EXHIBITIONS AND EVENTS AND SERVE TO FURTHER THE ORGANIZATION'S MISSION OF PROMOTING AND ADVANCING EDUCATION, INTEREST, AND PARTICIPATION IN THE VISUAL ARTS.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

NAPLES ART ASSOCIATION, INC.

Employer identification number

59-1022882

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION, INTEREST, AND PARTICIPATION IN THE VISUAL ARTS OF COLLIER COUNTY COMMUNITY THROUGH ART CLASSES, WORKSHOPS, AND LECTURES AS WELL AS ART EXHIBITIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INTO THE BUSINESS PRACTICES THAT HELP ARTISTS GROW THEIR CAREERS. THE EXHIBITIONS HOSTED AT THE VON LIEBIG ART CENTER PROVIDE THE GENERAL PUBLIC THE OPPORTUNITY TO LEARN ABOUT ART AND ART COLLECTING THROUGH AN INTERACTIVE EXPERIENCE WITH TECHNOLOGY, DOCENTS AND THE ARTIST THEMSELVES.

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:

THE NAPLES ART ASSOCIATION UNDERLYING GOAL IS TO HELP THE COMMUNITY UNDERSTAND, APPRECIATE AND VALUE THE IMPORTANCE OF ART AND WHAT A HEALTHY ARTS CULTURE BRINGS TO EACH OF US. THE ART ASSOCIATION OFFERS A VARIETY OF PROGRAM SERVICES TO THE COMMUNITY THAT ALLOWS FOR A BETTER UNDERSTANDING OF WHY THE ARTS ARE AN IMPORTANT COMPONENT IN THE DEVELOPMENT OF A PRODUCTIVE, CREATIVE AND INNOVATIVE INDIVIDUAL WHICH PARLAYS TO A HEALTHY COMMUNITY. AN ANNUAL SCHEDULE OF CHANGING ART EXHIBITIONS ON SITE IN OUR THREE GALLERIES AS WELL AS OFF-SITE, FOCUSING ON THE TALENTED ARTIST OF SOUTHWEST FLORIDA, ALLOWS THE GENERAL PUBLIC THE OPPORTUNITY TO LEARN ABOUT ART AND ART COLLECTING THROUGH AN INTERACTIVE EXPERIENCE WITH TECHNOLOGY, DOCENTS AND THE ARTIST THEMSELVES. THE NAPLES ART ASSOCIATION ALSO PROVIDES OPPORTUNITIES FOR THE PUBLIC TO LEARN MORE ABOUT THE VALUE OF ART IN

Name of the organization NAPLES ART ASSOCIATION, INC.	Employer identification number 59-1022882
--	--

OUR SOCIETY THROUGH A LECTURE SERIES CALLED ART CONNECTS. THIS SERIES BRINGS IN PROFESSIONAL SPEAKERS WHO CONNECT ART TO EVERYDAY LIFE. SPEAKERS HAVE INCLUDED AN ART CONSERVATIONIST, ART HISTORIAN, AUTHORS, LANDSCAPE ARTIST AND SCIENTIST. WE WILL CONTINUE TO PROVIDE INFORMATIVE TOPICS THAT EXPAND AND ADVOCATE ART EDUCATION. IN ADDITION, WE PROVIDE SCHOLARSHIP OPPORTUNITIES FOR STUDENTS WANTING TO FURTHER THEIR ARTS EDUCATION AT A POST-SECONDARY ACCREDITED SCHOOL. FINALLY, WE ARE ADVOCATES FOR ART EDUCATION AND HAVE PARTNERED WITH OUR LOCAL K-12 SCHOOL SYSTEM AND A LOCAL COLLEGE TO PROMOTE TO LEGISLATORS THE NEED FOR CONTINUED FUNDING OF ART AND THE HUMANITIES AS PART OF A BROAD BASED CURRICULUM.

FORM 990, PART VI, SECTION A, LINE 1: THE PRESIDENT, AS CHAIR, AND ALL OTHER OFFICERS, TOGETHER WITH THE CORPORATION'S IMMEDIATE PAST PRESIDENT, SHALL CONSTITUTE THE CORPORATION'S EXECUTIVE COMMITTEE (THE "EXECUTIVE COMMITTEE"). THE EXECUTIVE COMMITTEE SHALL, IN CONJUNCTION WITH THE PRESIDENT AND SUBJECT TO THE MAJORITY APPROVAL OF AND RATIFICATION BY THE BOARD OF DIRECTORS, SERVE AS THE INITIAL DECISION MAKING AUTHORITY FOR THE CORPORATION. THE EXECUTIVE DIRECTOR/CHIEF EXECUTIVE OFFICER SHALL BE PRESENT AT THE MEETINGS OF THE EXECUTIVE COMMITTEE, UNLESS EXCUSED BY THE EXECUTIVE COMMITTEE, BUT SHALL NOT BE A MEMBER THEREOF.

FORM 990, PART VI, SECTION A, LINE 2: JOHN AND JUDY HUSHON HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION SHALL HAVE SUCH CLASSES OF MEMBERSHIP AS MAY BE ESTABLISHED BY THE BOARD OF DIRECTORS.

Name of the organization

NAPLES ART ASSOCIATION, INC.

Employer identification number

59-1022882

MEMBERSHIP IS VOLUNTARY AND NO RIGHTS TO PARTICIPATE IN MANAGEMENT OR RESIDUAL OR ACTUAL RIGHTS TO THE NET ASSETS OR EARNINGS OF THE CORPORATION SHALL BE CREATED AS A RESULT OF BECOMING A MEMBER OF THE ASSOCIATION.

MEMBERS DO NOT ELECT VOTING MEMBERS OF THE GOVERNING BODY, HAVE NO APPROVAL OR REVIEW OF DECISIONS MADE BY THE BOARD OF DIRECTORS, AND DO NOT RECEIVE PROFITS OR EXCESS DUES OF THE ASSOCIATION'S NET ASSETS UPON DISSOLUTION.

ALL MEMBERS ARE GRANTED ADMISSION (WITH OR WITHOUT FEES) TO EXHIBITS, FREE AND OPEN TO THE PUBLIC, LECTURES, DEMONSTRATIONS AND OTHER ACTIVITIES; (B) THE RIGHT TO SUBMIT ORIGINAL WORKS OF ART FOR CONSIDERATION TO EXHIBITION BY THE CORPORATION IN ACCORDANCE WITH THE POLICY PROMULGATED BY THE BOARD OF DIRECTORS; AND (C) USE OF STUDIO FACILITIES UPON SUITABLE ARRANGEMENTS FOR ACCESS, CARE, AND RENTAL FEES, PROVIDED SUCH USE DOES NOT INTERFERE WITH SCHEDULED CLASSES OR OTHER ORGANIZED ACTIVITIES AND IS DEEMED BOTH APPROPRIATE FOR SCHEDULED CLASSES OR OTHER ORGANIZED ACTIVITIES AND APPROPRIATE FOR NOT FOR PROFIT USE AND ART EDUCATIONAL PURPOSES.

FORM 990, PART VI, SECTION B, LINE 11: THE ENTIRE BOARD OF DIRECTORS RECEIVES AN ELECTRONIC COPY OF THE FORM 990 BY EMAIL PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THERE IS NO WRITTEN MONITORING OF POSSIBLE CONFLICT, BUT ANNUALLY THE BOARD CHAIR REMINDS EACH MEMBER OF THEIR FIDUCIARY RESPONSIBILITIES.

FORM 990, PART VI, SECTION B, LINE 15: THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS WILL REVIEW TOP MANAGEMENT'S COMPENSATION FOR

Name of the organization NAPLES ART ASSOCIATION, INC.	Employer identification number 59-1022882
---	---

APPROPRIATENESS ON AN ANNUAL BASIS. THE LAST REVIEW WAS PERFORMED JUNE 30, 2010.

FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH HARD COPIES AVAILABLE UPON REQUEST, OR VIA THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	140,423.
CHANGE IN ACCOUNTING PRINCIPLE FOR TREATMENT OF ARTWORK	-882,760.
OTHER PRIOR PERIOD ADJUSTMENTS	-33,925.
TOTAL TO FORM 990, PART XI, LINE 5	-776,262.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING
SEPTEMBER 30, 2012

Prepared for	NAPLES ART ASSOCIATION, INC. 585 PARK ST NAPLES, FL 34102
Prepared by	CLIFTONLARSONALLEN LLP 4099 TAMiami TRAIL N., STE. 300 NAPLES, FL 34103
Amount due or refund	NO AMOUNT IS DUE.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	AUGUST 15, 2013
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2011

Department of the Treasury Internal Revenue Service

For calendar year 2011 or other tax year beginning OCT 1, 2011, and ending SEP 30, 2012

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing organization name (NAPLES ART ASSOCIATION, INC.), address (585 PARK ST, NAPLES, FL 34102), and financial information (Book value of all assets at end of year: 3,976,440).

H Describe the organization's primary unrelated business activity. SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of AIMEE SCHLEHR Telephone number 239-262-6517

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (29,580), Cost of goods sold (18,330), and Total (28,034).

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 4 columns: Line number, Description, Sub-column, and Amount. Rows include Compensation of officers (28,677), Total deductions (55,450), and Unrelated business taxable income (-30,911).

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded amount (49).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions about foreign financial accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

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.

Sign Here: Signature of officer, Date, EXECUTIVE DIRECTOR, Title. Includes a box for 'May the IRS discuss this return with the preparer shown below?' with Yes/No options.

Paid Preparer Use Only: Print/Type preparer's name (AMELIA COOPER CPA), Preparer's signature (AMELIA COOPER CPA), Date (08/07/13), Check self-employed, PTIN (P00437898), Firm's name (CLIFTONLARSONALLEN LLP), Firm's EIN (41-0746749), Firm's address (4099 TAMiami TRAIL N., STE. 300, NAPLES, FL 34103), Phone no. (239-262-8686).

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ...
		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
		%	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Totals		0.	0.
Total dividends-received deductions included in column 8		0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			0.	0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) PLAYBILLS IN						
(2) EXHIBITIONS	4,093.	3,495.		0.	0.	
(3)						
(4)						
Totals (carry to Part II, line (5))	4,093.	3,495.	598.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	4,093.	3,495.				0.
Totals, Part II (lines 1-5)	4,093.	3,495.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			%
(2)			%
(3)			%
(4)			%
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

THE ASSOCIATION'S SOURCE OF PRIMARY UNRELATED BUSINESS ACTIVITY IS THE SALE OF ORIGINAL ARTWORK HELD ON CONSIGNMENT.

TO FORM 990-T, PAGE 1

FORM 990-T OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
BOOTH RENTALS TO NON-ART RELATED VENDORS	12,691.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	12,691.

FORM 990-T OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
ADVERTISING	1,952.
AWARDS	3,063.
FOOD	1,063.
JURY FEE AND JURY SERVICE	1,477.
OFFICE SUPPLIES	924.
PROFESSIONAL FEES	2,809.
PROGRAM PRINTING/LAYOUT	5,005.
SHIPPING AND HANDLING	7,909.
SUPPLIES/EQUIPMENT	1,494.
RENTAL	426.
PARKING & TRANSPORTATION	651.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	26,773.

FORM 990-T COST OF GOODS SOLD - OTHER COSTS STATEMENT 4

DESCRIPTION	AMOUNT
CONSIGNMENT PAYMENTS	18,330.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B	18,330.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions NAPLES ART ASSOCIATION, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 59-1022882
	Number, street, and room or suite no. If a P.O. box, see instructions. 585 PARK ST	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NAPLES, FL 34102	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

AIMEE SCHLEHR

• The books are in the care of **585 PARK ST - NAPLES, FL 34102**

Telephone No. **239-262-6517**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2013**

5 For calendar year , or other tax year beginning **OCT 1, 2011**, and ending **SEP 30, 2012**

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL INFORMATION IS NEEDED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title **EXECUTIVE DIRECTOR**

Date

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning OCT 1, 2011, and ending SEP 30, 2012

2011

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

NAPLES ART ASSOCIATION, INC.

59-1022882

Name and title of officer

**DR. FRANK NAPPO
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, 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 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>1054117</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 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 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2011 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.

Officer's signature ▶ _____ Date ▶ _____

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.

65243154321
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization 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 ▶ AMELIA COOPER CPA Date ▶ 08/07/13

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

TAX RETURN FILING INSTRUCTIONS

FLORIDA FORM F-1120

FOR THE YEAR ENDING
SEPTEMBER 30, 2012

Prepared for	NAPLES ART ASSOCIATION, INC. 585 PARK ST NAPLES, FL 34102
Prepared by	CLIFTONLARSONALLEN LLP 4099 TAMiami TRAIL N., STE. 300 NAPLES, FL 34103
Amount due or refund	NO PAYMENT REQUIRED
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	FLORIDA DEPARTMENT OF REVENUE 5050 W TENNESSEE STREET TALLAHASSEE, FL 32399-0135
Return must be mailed on or before	SEPTEMBER 3, 2013
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.



Florida Corporate Income/Franchise and Emergency Excise Tax Return

FEIN 59-1022882 F-1120, R. 01/12 1019
For calendar year 2011 or tax year beginning OCT 1, 2011 ending SEP 30, 2012 Florida Administrative Code Effective 01/12

821602012093000020050371359102288200004

Name NAPLES ART ASSOCIATION, INC.
Address 585 PARK ST
City/State/ZIP NAPLES, FL 34102

Check here if any changes have been made to name or address

Computation of Florida Net Income and Emergency Excise Tax

Table with 3 columns: Description, Check here if negative, and Amount. Rows include Federal taxable income, State income taxes, Additions, Subtractions, Adjusted federal income, Florida portion, Nonbusiness income, Florida exemption, Florida net income, Tax due, Credits, Total corporate income, and Payment credits.

Florida Corporate Income Tax Return

144081 09-12-11 Do Not Detach YEAR ENDING 09/30/12 1019 F-1120 R. 01/12

To ensure proper credit to your account, enclose your check with tax return when mailing. Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Check here if you transmitted funds electronically

Name NAPLES ART ASSOCIATION, INC.
Address 585 PARK ST
City/State/ZIP NAPLES, FL 34102

Table with 4 columns: Identification number, Amount 1, Amount 2, Amount 3. Rows include 591022882, 20111001, 20120930, 00000000, 012, 202, -3091100, 0.

0 8216 0 20120930 0002005037 1 3591022882 0000 4



NAPLES ART ASSOCIATION, INC.

1019
F-1120
R. 01/12
Page 2

FEIN 59-1022882

09/30/12

This return is considered incomplete unless a copy of the federal return is attached.

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign here	Signature of officer (must be an original signature)	Date	Title	EXECUTIVE DIRECTOR	
Paid preparers only	Preparer's signature	Date 08/07/13	Preparer check if self-employed <input type="checkbox"/>	Preparer's PTIN	P00437898
	AMELIA COOPER CPA			FEIN	41-0746749
Firm's name (or yours if self-employed) and address			CLIFTONLARSONALLEN LLP	4099 TAMIAMI TRAIL N., STE. 300	NAPLES, FL
			FEIN	41-0746749	ZIP
				34103	

All Taxpayers Must Answer Questions A through M Below - See Instructions

- A. State of incorporation: FLORIDA
- B. Florida Secretary of State document number: _____
- C. Florida consolidated return? YES NO
- D. Initial return Final return (final federal return filed)
- E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) General Rule
 Election A Election B
- F. Principal Business Activity Code (as pertains to Florida)
713990
- G. A Florida extension of time was timely filed? YES NO
- H-1. Corporation is a member of a controlled group? YES NO If yes, attach list.
- H-2. Part of a federal consolidated return? YES NO If yes, provide:
FEIN from federal consolidated return: _____
Name of corporation: _____
- H-3. The federal common parent has sales, property, or payroll in Florida? YES NO
- I. Location of corporate books:
585 PARK ST
City, State, ZIP: NAPLES, FL 34102
- J. Taxpayer is a member of a Florida partnership or joint venture? YES NO
- K. Enter date of latest IRS audit: _____
a) List years examined: _____
- L. Contact person concerning this return: AIMEE SCHLEHR
a) Contact person telephone number: 239-262-6517
- M. Type of federal return filed 1120 1120S or 990-T

Where to Send Payments and Returns

Make check payable to and mail with return to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a refund (Line 20), send your return to:

Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

- ✓ Make your check payable to the Florida Department of Revenue.
- ✓ Write your FEIN on your check.
- ✓ Sign your check and return.
- ✓ Attach a copy of your federal return.
- ✓ Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



NAME NAPLES ART ASSOCIATION, INC.

FEIN 59-1022882

TAXABLE YEAR ENDING 09/30/12

Schedule A - Computation of Emergency Excise Tax (repealed effective for tax years ending in 2012)	
1. Total depreciation expense deducted on federal Form 1120	1.
2. Florida portion of adjusted federal income from F-1120, Page 1, Line 7 or Schedule VI, Line 7 (see instructions)	2.
3. Loss carry forward (Enter the loss as a positive number)	3.
4. Subtract Line 3 from Line 2 and enter result here Note: If a loss carry forward shown on Line 3 exceeds a loss on Line 2, enter positive difference of the loss amounts shown	4.
5. Depreciation deducted pursuant to Internal Revenue Code (IRC.) s. 168 for assets placed in service 1/1/81 to 12/31/86	5.
6. Straight-line depreciation deducted pursuant to IRC s. 168(b)(3) and 60% of amounts of depreciation previously taxed on Schedule VI (for assets placed in service 1/1/81 to 12/31/86)	6.
7. All depreciation deducted pursuant to IRC s. 168 directly related to any amount shown as nonbusiness income	7.
8. Subtract the sum of Lines 6 and 7 from the amount on Line 5 and enter result here	8.
9. Multiply Line 8 by .40 (40%) and enter result here	9.
10. Florida apportionment fraction shown in Schedule IIIA or IIID of F-1120 (Taxpayers that are 100% in Florida enter 1.0)	10.
11. Multiply Line 9 by Line 10 and enter result here	11.
12. Determine the amount of depreciation deducted pursuant to IRC s. 168 [except pursuant to s.168(b)(3)] used in computing nonbusiness income allocated to Florida, multiply the amount by .40 (40%), and enter result here	12.
13. Add Lines 11 and 12 and enter result here	13.
14. Loss shown on Line 4. Note: If Line 4 does not show a loss, enter 0	14.
15. The portion of the exemption provided in s. 220.14, F.S., not used for Chapter 220, F.S. purposes, if any. If none, enter 0	15.
16. Subtract the sum of Lines 14 and 15 from the amount on Line 13 and enter result here	16.
17. Multiply Line 16 by 2.5 (not 2.5%) and enter result here. Note: If Line 16 shows a loss, enter 0	17.
18. Total tax due (2.2% of Line 17)	18.
19. (a) Emergency excise tax credit: (b) Emergency excise tax credit carryover: (attach schedule) Total ▶	19.
20. Balance of tax due (enter on Page 1, Line 13)	20.

Schedule I - Additions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income	1.	1.
2. Undistributed net long-term capital gains	2.	2.
3. Net operating loss deduction (attach schedule)	3.	3.
4. Net capital loss carryover (attach schedule)	4.	4.
5. Excess charitable contribution carryover (attach schedule)	5.	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Enterprise zone jobs credit (Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Form F-1158Z)	8.	8.
9. Guaranty association assessment(s) credit	9.	9.
10. Rural and/or urban high crime area job tax credits	10.	10.
11. State housing tax credit	11.	11.
12. Credit for contributions to nonprofit scholarship funding organizations	12.	12.
13. Renewable energy tax credits	13.	13.
14. s.179, IRC expense above \$128,000	14.	14.
15. s.168(k), IRC special bonus depreciation	15.	15.
16. New markets tax credit	16.	16.
17. Entertainment industry tax credit	17.	17.
18. Other additions (attach statement)	18.	18.
19. Total Lines 1 through 18 in Columns (a) and (b). Enter totals for each column on Line 19. Column (a) total is also entered on Page 1, Line 3 (of the F-1120 return). Column (b) total is also entered on Schedule VI, Line 3.	19.	19.



NAME NAPLES ART ASSOCIATION, INC.

FEIN 59-1022882

TAXABLE YEAR ENDING 09/30/12

Schedule II - Subtractions from Federal Taxable Income		Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ▶		1.	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ▶ Note: Taxpayers doing business outside Florida enter zero on Lines 3, through 6, and complete Schedule IV.		2.	2.
3. Florida net operating loss carryover deduction		3.	3.
4. Florida net capital loss carryover deduction		4.	4.
5. Florida excess charitable contribution carryover		5.	5.
6. Florida employee benefit plan contribution carryover		6.	6.
7. Nonbusiness income (from Schedule R, Line 3)		7.	7.
8. Eligible net income of an international banking facility		8.	8.
9. s. 179, IRC expense (see instructions)		9.	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)		10.	10.
11. Other subtractions (attach statement)		11.	11.
Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of the F-1120 return). Column (b) total is also entered on Schedule VI, Line 5.		12.	12.

Schedule III - Apportionment of Adjusted Federal Income

III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.

	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Pg 10 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or =	
2. Payroll				X 25% or =	
3. Sales (Schedule III-C below)				X 50% or =	
4. Apportionment fraction [Sum of Lines 1, 2, and 3, Column (e)]. Enter here and on Schedule IV, Line 2.					1.000000

III-B For use in computing average value of property (use original cost).

	WITHIN FLORIDA		TOTAL EVERYWHERE	
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year
1. Inventories of raw material, work in process, finished goods				
2. Buildings and other depreciable assets				
3. Land owned				
4. Other tangible and intangible (financial org. only) assets (attach schedule)				
5. Total (Lines 1 through 4)				

6. Average value of property
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) 6a. _____
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) 6b. _____

7. Rented property (8 times net annual rent)
a. Rented property in Florida 7a. _____
b. Rented property Everywhere 7b. _____

8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida 8a. _____
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere 8b. _____

144092 09-12-11

III-C Sales Factor	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)
1. Sales (gross receipts)	N/A	
2. Sales delivered or shipped to Florida purchasers		N/A
3. Other gross receipts (rents, royalties, interest, etc. when applicable)		
4. TOTAL SALES [Enter on Schedule III-A, Line 3, Columns (a) and (b)]		

III-D Special Apportionment Fractions (see instructions)	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction [(a) ÷ (b)] Rounded to Six Decimal Places
1. Insurance companies (attach copy of Schedule T - Annual Report)			
2. Transportation services			



NAME NAPLES ART ASSOCIATION, INC.

FEIN 59-1022882

TAXABLE YEAR ENDING 09/30/12

Schedule IV - Computation of Florida Portion of Adjusted Federal Income		
	Column (a) Adjusted Federal Income	Column (b) Adjusted AMT Income
1. Apportionable adjusted federal income from Page 1, Line 6 [or Line 6, Schedule VI for AMT in Col. (b)]	1.	1.
2. Florida apportionment fraction [Schedule III-A, Line 4 or Schedule III-D, Column (c)]	2.	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	9.

Schedule V - Credits Against the Corporate Income/Franchise Tax	
1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attached certification letter)	2.
3. Enterprise zone jobs credit (from Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Emergency excise tax (EET) credit (see instructions and attach schedule)	8.
9. Hazardous waste facility tax credit	9.
10. Florida alternative minimum tax (AMT) credit	10.
11. Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.
12. Child care tax credits (attach certification letter)	12.
13. State housing tax credit (attach certification letter)	13.
14. Credit for contributions to nonprofit scholarship funding organizations (attach certificate)	14.
15. Florida renewable energy technologies investment tax credit	15.
16. Florida renewable energy production tax credit	16.
17. New markets tax credit	17.
18. Entertainment industry tax credit	18.
19. Jobs for the unemployed tax credit	19.
20. Other credits (attach schedule)	20.
21. Total credits against the tax (sum of Lines 1 through 20 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	21.

Schedule VI - Computation of Florida Alternative Minimum Tax (AMT)	
1. Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.
2. State income taxes deducted in computing federal taxable income (attach schedule)	2.
3. Additions to federal taxable income [from Schedule I, Column (b)]	3.
4. Total of Lines 1 through 3	4.
5. Subtractions from federal taxable income [from Schedule II, Column (b)]	5.
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6.
7. Florida portion of adjusted federal income (see instructions)	7.
8. Nonbusiness income allocated to Florida (see instructions)	8.
9. Florida exemption	9.
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10.
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11.



NAME NAPLES ART ASSOCIATION, INC. FEIN 59-1022882 TAXABLE YEAR ENDING 09/30/12

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type	Amount
Total allocated to Florida	1. _____

(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)

Line 2. Nonbusiness income (loss) allocated elsewhere

Type	State/country allocated to	Amount
Total allocated elsewhere		2. _____

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2	3. _____
---	----------

(Enter here and on Schedule II, Line 7)

**Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2012**

1. Florida income expected in taxable year	1.	\$	<u>-30,911.00</u>
2. Florida exemption \$25,000 (Members of a controlled group, see instructions on Page 15 of F-1120N)	2.	\$	_____
3. Estimated Florida net income (Line 1 less Line 2)	3.	\$	_____
4. Total Estimated Florida tax (5.5% of Line 3)*		\$	_____
Less: Credits against the tax	4.	\$	_____

* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.

5. Computation of installments:

Payment due dates and	Last day of 4th month - Enter 0.25 of Line 4	5a.	_____
payment amounts:	Last day of 6th month - Enter 0.25 of Line 4	5b.	_____
	Last day of 9th month - Enter 0.25 of Line 4	5c.	_____
	Last day of fiscal year - Enter 0.25 of Line 4	5d.	_____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Form F-1120ES).

1. Amended estimated tax	1.	\$	_____
2. Less:			
(a) Amount of overpayment from last year elected for credit to estimated tax and applied to date	2a. --	\$	_____
(b) Payments made on estimated tax declaration (F-1120ES)	2b. --	\$	_____
(c) Total of Lines 2(a) and 2(b)	2c.	\$	_____
3. Unpaid balance (Line 1 less Line 2(c))	3.	\$	_____
4. Amount to be paid (Line 3 divided by number of remaining installments)	4.	\$	_____



FEIN 59-1022882

09/30/12

DATA Page 1

NAPLES ART ASSOCIATION, INC.

591022882	0	0	0
-3091100	0	0	0
0	0.000000	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
1	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
00000000	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	1.000000



FEIN 59-1022882

09/30/12

DATA Page 2

NAPLES ART ASSOCIATION, INC.

591022882	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0.000000	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0.0000000	0	0
0	0.0000000	0	0
0	0	0	0
0	0	0	0
0	0	0	0