

Justice Studio

ARPA Nonprofit Capital Project Fund - Small Purchases

NOMADstudio Inc.

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Application Form

Organization Information

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

The evaluation rubric that will be used to score your request is now available here: [Download Rubric](#)

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

Organization Name*

NOMADstudio, Inc.

Proposal Name*

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

Justice Studio

EIN*

46-4322352

Incorporation Year*

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

2003

Organizational Mission Statement*

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

At NOMADstudio Inc., we put creativity in motion to fuel connections and nurture communities. We do this by mobilizing artists, activating shared spaces, and celebrating creativity as an essential part of human wellbeing.

Unique Entity ID (SAM)

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

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

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

Character Limit: 12

N16MNQCKTNC7

Annual Operating Budget Size*

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

\$200,000.00

Amount Requested*

The maximum grant amount is \$199,999.

\$48,836.00

Parent Non-Profit/Subsidiaries*

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

Example

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

No

Request Specifics

Organization Programmatic Background*

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

We are artists, advocates, and activists tapping into the power of art to help build happier, healthier communities. Art is a form of human expression and is for all people, not just those with access to the tools, supplies, and education to participate. Founded in 2013 with a mission of "art for ALL," NOMADstudio—the Neighborhood Oriented Mobile Art + Design Studio—engages people in acts of creative expression in places and spaces where there is often little or no access to arts programming.

NOMADstudio programs include the Rolling Studio, our four-wheeled, 500-square-foot mobile canvas that delivers art activities to Tampa Bay communities; our Next Stop Studio, which regularly visits places like group children's homes and shelters, and helps to alleviate the stress and trauma caused by abuse, neglect, and housing insecurity; Justice Studio, our in-house art studio and group mentoring program for youth who are or have been detained at juvenile detention facilities; and our Studio on the Block, which removes transportation barriers and meets people where they are to deliver safe, engaging art activities to children and families.

Our Studio on the Block MicroCamp program was selected for inclusion as a “Promising Practices Case Study” in the University of Florida (UF) Center for Arts in Medicine’s Arts and Creative Placemaking (WE-Making) Repository, which maps the relationship between place-based arts and cultural strategies, social cohesion, and equitable community wellbeing; facilitates field-wide learning; and encourages similar practices in communities across the country.

NOMADstudio was also invited to be on the opening panel at Creating Healthy Communities: Advancing health and health equity through arts and public health collaborations (October 10-11, 2022), a national arts and health conference presented by the UF Center for Arts in Medicine. The panel will discuss how participation in public arts and cultural activities positively impacts public health.

Community Need*

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

“Research has shown that engaging in the arts—even for short periods of time—reduces stress, enhances coping and emotional regulation, and increases wellbeing.” (UF Center for Arts in Medicine, Mobilizing Local Arts and Cultural Assets in Response to COVID-19, 2020)

“Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.” (United Nations, Universal Declaration of Human Rights, Article 27, 1948)

At NOMADstudio, we believe that all people need opportunities for creative self-expression and connection with other people. Access to these opportunities is inequitable and often excludes many people. We provide free, equitable access to high quality creative opportunities that increase wellbeing and connect people within a community.

NOMADstudio’s programming is focused on finding populations who are experiencing challenging life situations and providing enrichment and support with art as our primary tool. Most of our programs take place in St. Petersburg and Clearwater. Demographics at our Rolling Studio public events and in our Next Stop Studio program reflect current census data. At Justice Studio, we currently work with justice-involved youth detained at the Pinellas Regional Juvenile Detention Center (PRJDC), a majority of whom are male and Black. With our Studio on the Block initiative, we carefully consider regional demographics and establish program sites in neighborhoods that most need our services— primarily in communities of color, neighborhoods with high levels of poverty, and areas that score low on the Child Opportunity Index. Since August of 2021, we have facilitated 234 engagements, directly serving 2,996 children and 1,105 adults.

Negative Economic Impact on Organization*

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

contact PCF staff for technical assistance.

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

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

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

Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests. The Large Project Letter of Intent does not permit uploads to support the answer to this question.

The COVID-19 pandemic led to an increased demand for neighborhood-based children's enrichment activities. In response, NOMADstudio started our MicroCamp initiative, providing free, small scale, pop-up art programs in Pinellas County neighborhoods. For this initiative, which is now an established part of our ongoing programming, our teaching artists co-create MicroCamps in front yards, parks, and parking lots, following CDC COVID-19 guidance. Participants can take home new art supplies each week. Camp locations are chosen to maximize access by foot or bicycle and to focus attention in areas of need. MicroCamps are facilitated by NOMADstudio teaching artists who live in the neighborhoods that they serve, providing opportunities for lasting connection and ongoing community building.

Since July of 2020, we have hosted over 270 MicroCamps, directly connecting with over 2,200 children in four Pinellas county neighborhoods (Childs Park, Lealman, North Greenwood, Westminster Heights) and one Sarasota county neighborhood (Newtown). We estimate that over 3,000 caregivers and siblings have also benefited from the program. We currently offer MicroCamps in South St. Petersburg and in the North Greenwood neighborhood of Clearwater as a part of our recently rebranded Studio on the Block program, which directly serves a total of 850 children and 45 adults with 100 sessions annually.

Initially, we were able to fund our MicroCamp initiative with unrestricted income that could be redirected from our Justice Studio and Next Stop Studio programs, which were intermittently paused for COVID-19 related health and safety concerns. This translated into negative economic impact as soon as we had the opportunity to resume those programs at full capacity and the demand for MicroCamps continued.

In addition to that increased demand for services, we also encountered the need for additional capital assets to adapt our operations to accommodate CDC COVID-19 health and safety guidelines. We made new capital purchases to support the MicroCamp initiative, including tables, chairs, and carts that allowed us to pop-up in a variety of neighborhoods while keeping safe distance between program participants. We also made a small number of essential capital purchases to adapt our Justice Studio and Next Stop Studio programs to comply with CDC guidelines. All of these COVID-19 related capital expenditures prevented us from investing in capital assets that are sorely needed, particularly for our Justice Studio program.

Proposal Description*

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

Please describe your purchase proposal and address the following:

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

With the requested funds, we plan to purchase sturdy, institutional-grade art studio furniture for our Justice Studio program at the Pinellas Regional Juvenile Detention Center (PRJDC). Since founding the program in 2018, NOMADstudio has been working with furniture that we have been able to collectively gather (e.g., mismatched tables, hand-me-down storage, milk crates for bookshelves, etc.). This purchase proposal includes furniture that will be easy to clean, easy to lock when necessary, professionally installed, and secured to the walls when appropriate. The new furniture will make the space feel cohesive and professional, with dedicated places for program participants to store their projects, proper storage for art materials and supplies, and expanded space for our growing library.

These proposed purchases will also make the space (and PRJDC as a whole) safer, as everything will have a dedicated place, making it much easier to check inventory and ensure that all materials, supplies, and tools are returned to their proper locations, which is crucial in the detention facility setting. The purchases will also increase the efficiency of the space, maximizing our investment in the labor of our teaching artists and enhancing the experience for all participants.

With consistent care and maintenance, we expect that the equipment will last a minimum of 15-20 years, but we hope that it will be serviceable for many years beyond that estimate.

By providing NOMADstudio with the resources to purchase these much-needed capital assets, this purchase proposal will allow us to continue meeting the increased demand for our services, which originated with the pandemic and persist to this day, without incurring further negative economic impact.

Guiding Principles - Client Impact*

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

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

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

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

The proposed purchases will directly benefit community members defined above that have experienced negative impacts from the COVID-19 pandemic.

The intended beneficiaries for the Justice Studio program include justice-involved youth detained at the Pinellas Regional Juvenile Detention Center (PRJDC), which serves the counties of Hardee, Highlands, Pinellas, and Polk. Recent data reveals that the state of Florida averages 1.66 arrests per justice-involved youth ages 10-17. In the county of Pinellas, this average increases to 2.32 arrests per justice-involved youth ages 10-17. In Florida, Black youth are arrested at rates disproportionate to their population, making up 21% of the age 10-17 population, and 50% of the juvenile arrests. In Pinellas the rate is still worse for Black youth, as they make up 21% of the 10-17 population, and 65% of juvenile arrests. (Delinquency Profile 2021, Florida Department of Juvenile Justice; 2020 Census, United States Census Bureau)

By benefitting justice-involved youth detained at PRJDC, the Justice Studio program promotes racial equity and the removal of barriers to access and opportunity for communities that have been historically underserved, marginalized, and adversely affected by inequality.

Since we began providing the Justice Studio program in 2018, participants typically self-report feeling better after a session. Frequently participants share they feel more relaxed, experience reductions in feelings of anger/aggression/anxiety, and describe the experience overall as therapeutic. PRJDC also regularly communicates that they observe improvements in interpersonal interactions between youth and between staff that participate in the program, and that access to the program helps participants to maintain higher behavioral levels in general. Because of these consistently positive outcomes, we are confident that the proposed purchases will help to ensure equitable recovery from the COVID-19 pandemic.

Number Served*

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

500

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

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

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

Duplicated

Other (Explanation Required)

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

The American Rescue Plan Act (ARPA) prioritizes organizations that either have headquarters or carry out the majority of their operations inside Qualified Census Tracts (QCTs). QCTs are a standard method of identifying communities with a large proportion of low-income residents. The U.S. Department of Housing and Urban Development determines what areas qualify as QCT.

To assess if your organization serves or is headquartered in a QCT, use the following link:

https://www.huduser.gov/portal/sadda/sadda_qct.html

In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to “Color QCT Qualified Tracts.” The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.

Below, please provide the location of your operations and the location of your headquarters, if different.

Enter an Address, city, state or tract

Florida

Map Options : Clear | Reset | Full Screen

QCT Legend: — Tract Outline ■ LIHTC Project ■ 2022 Qualified Census Tracts

SADDA Legend: — FMR Boundary ■ 2022 Small DDA ■ Non Metro DDA

Hide the overview

The 2022 Qualified Census Tracts (QCTs) and Difficult Development Areas (DDAs) are effective January 1, 2022. The 2022 designations use data from the 2010 Decennial census. The 2021 designation methodology is explained in the federal Register notice published September 9, 2021

Map Options
10 Current Zoom Level

- Show Difficult Development Areas (Zoom 7+)
- Color QCT Qualified Tracts (Zoom 7+) ←
- Show Tracts Outline (Zoom 11+)
- Show FMR Outlines (Zoom 4+)
- Show LIHTC Projects (Zoom 11+)

Click here for full screen map

Select Year

- 2022
- 2021

Map Satellite

Map data ©2022 Google, INEGI

Headquarters Location*

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

4903 8th Avenue S, Gulfport, FL 33707

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

No

Purchase Location*

Where will the majority of the activities related to the purchase(s) take place?

Examples

- If you are proposing the purchase of a van that will deliver to multiple areas within Pinellas County, specifically mention what areas those are.
- If your purchase enables remote access to your services, such as telehealth, provide geographical data around where the majority of your clients reside (presuming they will access your services from their residence).

All activities related to this purchase proposal will take place inside the Pinellas Regional Juvenile Detention Center (PRJDC), which is located at 5255 140th Avenue N, Clearwater, FL 33760, inside a Qualified Census Tract (QCT). In addition, NOMADstudio has observed that a majority of the justice-involved youth served by the program are from neighborhoods located in Pinellas County QCTs, including South St. Petersburg, North Greenwood in Clearwater, and Highpoint in Largo.

QCT Determination - Purchase*

Does this organization's proposed purchase benefit residents of QCTs?

Yes

Community Connection

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

Community Representation and Connection*

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

Across programs at NOMAD, youth are guided by a team of teaching artists and guest artists with relevant skills and training who act as prosocial mentors in a supportive environment. Mentorship is an evidence based practice that contributes to improved outcomes for at-risk youth. Justice Studio falls in the category of a group mentorship program. Group mentoring is different from other forms of mentoring because it encourages two-way relationships: mentor-to-youth and youth-to-youth. For high-risk youth who have limited access to informal mentoring by positive role models, mentoring programs may provide a buffer against potential negative factors in their lives and play an important role in promoting healthy development. (Youth Mentoring and Delinquency Prevention, Literature review, 2019)

With the consistent guidance of qualified mentors and teachers, the Justice Studio program environment is co-created, collaborative, and ever evolving to meet the varied needs of participants. The studio space has a variety of art materials to access and explore, so methods of creativity are not limited to a narrow discipline. We also adjust offerings based on participants' specific interests. We see the creativity and freedom inherent in the studio environment as essential tools for building rapport and authentic relationships.

The structure of the program invites participants to share honest feedback at each session and NOMAD teaching artists make adjustments as necessary, further enabling the youth to feel shared ownership and see their feedback acted upon. These practices are rooted in social cohesion, shared ownership, and community contribution.

NOMADstudio teaching artists are certified in art therapy, arts in medicine, and early childhood education, and participate in weekly Anti-Bias/Anti-Racism training. In addition, two of the three teaching artists who currently facilitate Justice Studio have deep connections in several zip codes that the Department of Juvenile Justice lists as high-volume for juvenile arrests. These teaching artists live, have an art studio, run a community garden, and facilitate NOMADstudio programs in these neighborhoods.

Leadership Demographics - Board Membership*

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

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

BIPOC
LGBTQ+

Leadership Demographics - Executive Level Leadership Team*

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

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

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

Decline to state

Leadership Demographics - CEO/Executive Director*

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

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled

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

Decline to state

Proposal Costs

Purchase Estimates/Bids*

You must combine all bids/estimates into one file.

Attach current verifiable bids, estimates, or price lists [from your potential vendor(s)]. Please ensure there is a date listed or when you obtained these estimates/bids, as they must be from within the past sixty (60) days.

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

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

NOMADstudio - ARPA Small Purchases Quote Documentation.pdf

Sole Source*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below. Otherwise, write "N/A" below.

N/A

Related Parties*

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

Examples of Related Parties

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

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

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

No related parties.

Budget Summary*

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

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

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

ARPA-Budget-NOMADstudio-Small-Purchases.xlsx

The Budget Summary for this project was prepared by referencing our two verifiable bids for the proposed purchases, attached above, and calculating the average Price Per Item. As such, the Purchase Total represents an estimated total project cost based on those two verifiable bids.

Other Funding Sources*

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

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

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

NOMADstudio has not applied for or obtained any other funding for this project.

We did submit a proposal to the U.S. Department of Justice, Office of Justice Programs, and Office of Juvenile Justice and Delinquency Prevention (OJJDP) to expand the Justice Studio program. The grant would fund a third NOMADstudio visit to PRJDC each week, collaborating with Cultured Books, a culturally responsive youth literacy organization, to relaunch a book club for program participants that was suspended during the pandemic. It would also fund a community-based arts and literacy program in South St. Petersburg, in collaboration with Cultured Books, which would primarily serve previously justice-involved racial and ethnic minority youth reentering their communities. The budget for this proposed grant does not include any capital funding.

We have enthusiastic support for that grant and this project from PRJDC Superintendent Major Reginald Allen, and Assistant Superintendent Captain Mia Williams.

Changes in Operating Costs*

Please answer this question based on the descriptions below:

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

We do not currently anticipate the project to affect ongoing operational costs.

There is a possibility that we will be able to accommodate additional Justice Studio program participants if this purchase proposal is funded and the anticipated increases in safety and efficiency are achieved, as this could allow us to increase our participant group size per session. An increase in group size has the potential to increase costs for staffing and supplies, which could be funded by outreach to our strong base of individual donors or via the previously mentioned OJJDP grant that, if awarded, would support program expansion.

Organization Documentation

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

Organization Budget*

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

NOMADstudio 2023 Organization Budget.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

NOMADstudio Board of Directors List.pdf

IRS Form 990*

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

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

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

Only PDF files are permitted.

NOMADstudio 2020 IRS 990.pdf

NOMADstudio received an extension for our 2021 IRS Form 990, therefore we have uploaded our most recent 2020 IRS Form 990.

Most Recent Financial Statements*

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

NOMADstudio Financial Statements.pdf

NOMADstudio has not yet conducted an audit due to our small organization size.

Insurance Requirements

Evidence of Insurance Coverage*

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

Please upload evidence of insurance.

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

NOMADstudio 2022-23 Certificate of Insurance.pdf

Insurance Requirement*

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

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

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

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

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

Post-Grant Requirements

Reporting Requirements Acknowledgment*

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

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

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

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at rcervantes@pinellascf.org.

Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

Additional Information

Budget Summary

NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED

Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases.

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

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

Additional Upload

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

NOMADstudio Theory of Change.pdf

Anything else to share?

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

All of our programs are designed to improve the emotional health of program participants and their families by enacting the NOMADstudio Theory of Change (see Additional Upload): When placed-based art programs, in partnership with people in system-impacted communities, build trust and sense of community and support children in self-directing their personal development, this strengthens protective factors, limits risk factors, and promotes the healthy development and wellbeing of children, youth, and families.

Please see this link to a new mini-documentary about NOMADstudio, created to ensure that many more people will have the chance to learn about our work:

<https://www.youtube.com/watch?v=Afufi4O4I4M>

Brief Project Descriptor

Please briefly describe this organization's request.

File Attachment Summary

Applicant File Uploads

- NOMADstudio - ARPA Small Purchases Quote Documentation.pdf
- ARPA-Budget-NOMADstudio-Small-Purchases.xlsx
- NOMADstudio 2023 Organization Budget.pdf
- NOMADstudio Board of Directors List.pdf
- NOMADstudio 2020 IRS 990.pdf
- NOMADstudio Financial Statements.pdf
- NOMADstudio 2022-23 Certificate of Insurance.pdf
- NOMADstudio Theory of Change.pdf

NOMADstudio - ARPA Small Purchases - Classroom Furniture for Justice Studio

Meteor Education				
https://meteoreducation.com/		Qty	Vendor	Quote
1	Base cabinet	2	Meteor Education	\$2,204.10
	maple countertops	2	Meteor Education	\$597.46
2	Tall storage 22 x 24 x 84	2	Meteor Education	\$2,115.12
3	Storage, Large Flat Paper Cabinet	1	Meteor Education	\$2,811.77
4	Wall workbench with shelf	2	Meteor Education	\$3,351.46
5	Bench seating	3	Meteor Education	\$1,129.83
6	Participant work tables - maple top	6	Meteor Education	\$6,324.30
	casters	6	Meteor Education	\$1,076.88
7	Book truck - industrial wood	4	Meteor Education	\$4,747.52
8	Cubby cabinet	3	Meteor Education	\$3,007.77
9	Wall workbench with student lockers	2	Meteor Education	\$4,303.68
10	Mobile Lab Sink	1	Dick Blick	\$1,997.66
11	Wiggle seats - teen size 13" disk	4	Amazon	\$99.96
12	Bean bag chairs - 2 large loungers, 2 k	4	Big Joe	\$536.00
	<i>freight</i>			\$7,867.00
	<i>assembly & installation</i>			\$4,500.00
	TOTAL			\$46,670.51
Shiffler Equipment				
https://www.shifflerequip.com/		Qty	Vendor	Quote
1	Base cabinet	2	Shiffler	\$2,474.78
	w/ maple countertops	2		\$670.84
2	Tall storage 22 x 24 x 84	2	Shiffler	\$2,374.88
3	Storage, Large Flat Paper Cabinet	1	Shiffler	\$3,157.07
4	Wall workbench with shelf	2	Shiffler	3,987.62
5	Bench seating	3	Shiffler	\$1,268.58
6	Participant work tables - shop top	6	Shiffler	\$6,328.50
	w/ casters	6		\$1,281.66
7	Jonti-Craft Book Truck	4	Shiffler	\$4,936.00
8	Cubby cabinet	3	Shiffler	\$3,377.16
9	Wall workbench with student lockers	2	Shiffler	\$4,590.60
10	Mobile Lab Sink	1	Shiffler	\$2,979.32
13	Wiggle seat	4	School Outfitters	\$202.70
14	Bean bag chairs	4	Amazon	\$555.64
	<i>freight</i>			\$4,558.31
	<i>assembly & installation</i>			\$8,257.80
	TOTAL			\$51,001.46

Quote ID	Terms	Quote Contact	Site Contact
83510-01 08/22/2022 Teri Smith	Net 30 Days Prices Good Through 09/21/2022	Kelly Junior / cell: (800) 699-7516 / kjunior@meteoreducation.com	Carrie Boucher / (312) 545-7441 / Carrie@nomadartbus.org

Diversified Spaces	CP Quote 102108	Discount: 0%	Install: 0%	Freight: NET
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Item No.	Qty	Model Number	List Price	Your Price	Ext. Price
1	2	121-3622M Description: DRAWER BASE CABINET * Customized Casework Series * 22"D x 36"W x 35"H * Chemical resistant, Earth friendly UV finish * Constructed of solid hardwood, solid maple, and maple veneers * Four horizontal drawers * Cabinets can be ganged together to create a wall of base cabinets * Tops and rubber molding sold separately; base molding sold by the foot Option: Stain: Northwoods (qty 1 each) (srp \$.00) Option: Wood: Maple (qty 1 each) (srp \$.00)	\$2,225.00	\$1,102.05	\$2,204.10
2	2	247866 Description: 1-3/4" MAPLE TOP * Customized Casework Series * 24"D x 38"W x 1-3/4"H * 1-3/4 maple top * Top sturdy enough to be used in wood shops, metal shops, and kitchens	\$603.00	\$298.73	\$597.46
3	6	253996X4 Description: SET OF 4 CASTERS * 4" Casters * For AMS Workbench	\$362.00	\$179.48	\$1,076.88
4	1	256322 Description: FOOT PUMP, MANUAL, QUICK CONNECT	\$295.00	\$145.91	\$145.91
5	2	318-2422M Description: TALL STORAGE W/ MAPLE DOORS * Tall Storage Series * 22"D x 24"W x 84"H * Oak veneer w/ non-emitting UV finish * 2 solid doors * 2 fixed shelves, 4 adj. shelves * Locking doors Option: Stain: Northwoods (qty 1 each) (srp \$.00) Option: Wood: Maple (qty 1 each) (srp \$.00)	\$2,135.00	\$1,057.56	\$2,115.12
6	1	354-4830M Description: ROCK/PAPER STORAGE CABINET * Flat Storage Series * 30"D x 48"W x 84"H * Maple hardwood finish * Earth-friendly chemical-resistant UV finish * 7 large drawers * Stores rocks, paper or insects * Drawers measure 26"D x 44"W x 4"H * 2 adj. shelves, and 1 fixed shelf * 3 point locking handle Option: Stain: Northwoods (qty 1 each) (srp \$.00) Option: Wood: Maple (qty 1 each) (srp \$.00)	\$5,677.00	\$2,811.77	\$2,811.77
7	2	A37-6W Description: OPEN STYLE AUXILIARY WORKBENCH * Workbench Series * 24"D x 72"W x 36"H * 2-1/4" solid maple top * Angle iron front edge * 4" rear maple curb Option: Wood: Maple (qty 1 each) (srp \$.00)	\$3,585.00	\$1,775.73	\$3,551.46
8	3	AB-4812	\$760.00	\$376.61	\$1,129.83

Quote ID	Terms	Quote Contact	Site Contact
83510-01 08/22/2022 Teri Smith	Net 30 Days Prices Good Through 09/21/2022	Kelly Junior / cell: (800) 699-7516 / kjuniorm@meteoreducation.com	Carrie Boucher / (312) 545-7441 / Carrie@nomadartbus.org

Item No.	Qty	Model Number	List Price	Your Price	Ext. Price
		Description: ART BENCH * 48"W x 12"D x 17"H * Built in shelf provides a convenient storage * Constructed of 3/4" solid maple * The unit is finished with a chemical resistant, earth-friendly UV finish Option: Stain: Northwoods (qty 1 each) (srp \$.00) Option: Wood: Maple (qty 1 each) (srp \$.00)			
9	6	AMS60305L	\$2,128.00	\$1,054.05	\$6,324.30
		Description: FAB-LAB WORKBENCH * 60in Wide x 30in Deep * 1-3/4" Thick Solid Maple Worksurface * Adjustable height range is 29" to 37" with this 1-3/4"thick top selection Heavy-duty 16-gauge steel frame * Powdercoat Frame Finish Frame: Lime (qty 1 each) (srp \$.00)			
10	4	BT-LOC	\$2,396.00	\$1,186.88	\$4,747.52
		Description: LARGE FLAT BOOKTRUCK * Heavy Duty Book Truck Series * 16"D x 39"W x 43-1/2"H * Maple Hardwood Panels * 1/4" Reinforcement Rods * Four (4) Rubber Edge Bumpers * Three (3) Fixed Shelves * 5" Casters Option: Stain: Northwoods (qty 1 each) (srp \$.00) Option: Wood: Maple (qty 1 each) (srp \$.00)			
11	3	CC-4815-51M	\$2,024.00	\$1,002.59	\$3,007.77
		Description: CUBBY CABINET,MAPLE,16 EQUAL OPENINGS * 48"W x 15"D x 51"H * Constructed of premium maple veneers * Each section contains four cubbies, which measure: 10-1/2"W x 14"D x 10-13/16"H * Finished with rubber base molding and a durable chemical resistant UV finish Option: Stain: Northwoods (qty 1 each) (srp \$.00) Option: Wood: Maple (qty 1 each) (srp \$.00)			
12	2	MA6A-6L	\$4,344.00	\$2,151.84	\$4,303.68
		Description: WALL & ISLAND BENCH * Workbenches Series * 24"D x 72"W x 32-3/4"H * 21"D x 18"W x 10"H (opening size) * Gray baked enamel finish * 1-3/4" thick maple top * 20-gauge reinforced side panels * 18-gauge locker doors * Locker doors have air vents, spring hinges, padlock hasp and knockout plug for cylinder lock * Counter tops need to be attached during assembly			

Diversified Spaces \$32,015.80

METEOR EDUCATION

Meteor Education, LLC
690 NE 23rd Avenue
Gainesville, FL 32609
www.meteoreducation.com

Prepared For:
NOMADstudio, Inc.
PO Box 782
St. Petersburg, FL 33731

Customer Quick Quote (Quote #83510-01)
Nomad - Art Studio
Site:
Art Program c/o Pinellas Regional Juvenile Detention
Center
5255 140th Avenue N.
Clearwater, FL 33760

Quote ID	Terms	Quote Contact	Site Contact
83510-01 08/22/2022 Teri Smith	Net 30 Days Prices Good Through 09/21/2022	Kelly Junior / cell: (800) 699-7516 / kjunior@meteoreducation.com	Carrie Boucher / (312) 545-7441 / Carrie@nomadartbus.org

TOTALS	
Product:	\$32,015.80
Install:	\$4,500.00
Freight:	\$7,867.00
[---] Sales Tax at 7.000%:	\$0.00
Total:	\$44,382.80

All pricing and lead times are based on the information (color options, finishes, etc.) supplied to Meteor at the time a purchase order is received. Changes could result in a possible delay of order and/or additional costs.

Sales tax rates are based on the end user's site address and are subject to change. The sales tax rate and amount provided on this quote are estimates only. Upon delivery, you will be invoiced at the current rate of sales tax which may differ from this estimate.

By submitting a purchase order to Meteor, Customer accepts our offer and agrees to be bound by the attached terms and conditions. Prices are good for 30 days from date of quote. **Prices good through 09/21/2022.**

I have verified that all products, quantities, specifications and colors on this quote are correct.

Signature

Date

Quote ID	Terms	Quote Contact	Site Contact
83510-01 08/22/2022 Teri Smith	Net 30 Days Prices Good Through 09/21/2022	Kelly Junior / cell: (800) 699-7516 / kjunior@meteoreducation.com	Carrie Boucher / (312) 545-7441 / Carrie@nomadartbus.org

TERMS AND CONDITIONS OF SALE

Within these Terms and Conditions of Sale the "Company" shall be deemed to mean Meteor Education. Should any product be purchased under a bid or contract with terms and conditions different from those contained herein, the terms of said bid or contract shall supersede or augment the following. If customer purchase order includes terms different than the terms listed below, terms will be reviewed for acceptance by the Company.

GENERAL SALES POLICY: No order in process of production, or product other than standard, is subject to cancellation, delivery deferment, or specification change without the written acceptance of the Company.

The Company must be in receipt of an authorized written purchase order prior to an order being processed. Meteor Education reserves the right to refuse purchase orders if the terms and conditions of such orders are contrary to these Terms and Conditions of Sale. Purchase Orders should be emailed to orders@meteoreducation.com or mailed to Meteor Education at 690 NE 23rd Avenue, Gainesville, FL, 32609. All orders are subject to the approval of the Company's credit control department and the terms and conditions relating to the granting of such credit facilities.

First time orders from non-publicly funded entities must be prepaid at the time of the order in accordance with the prepay requirements listed below unless prior arrangements have been agreed upon with the Company's credit control department.

Prepay Requirements for non-publicly funded entities:

- <\$25,000 100% prepay
- \$25,001-\$125,000 50% to order, 50% Net 30 from invoice date
- +\$125,001 35% to order, 35% at delivery, 30% Net 30 from invoice date

Any order over \$5,000 for a prepay vendor, will require prepayment from customer. A list of prepay vendors is available upon request.

RETURNED GOODS: Returned goods will only be accepted under a Return Authorization number (RA) issued by the Company. Accepted Returns may be subject to re-stocking and handling fees and any additional freight costs. Special order or custom made products may not be returned.

CANCELLED ORDERS: Cancelled orders may be subject to fees associated with completed work including, but not limited to, design, order processing, and manufacturing.

ORDER CHANGES: Any change to your order must be in a written change order.

TAXES: Excise, sales, occupation, use, or other tax imposed upon the distributor will be additional to the sales price unless otherwise noted on the purchase order. For tax exempt entities, tax exempt form must be on file with the Company before purchase order is processed or the Company must, by law, charge appropriate sales tax. If applicable, please submit your sales tax exemption ID on the purchase order to ensure proper billing. Sales tax rates are based on the end user's site address and are subject to change. The sales tax rate and amount provided on this quote are estimates only. Upon delivery, you will be invoiced at the current rate of sales tax which may differ from this estimate.

BONDING: Performance and payment bonds are available for a fee and are not included in quoted price unless clearly noted. If bonding is needed, cost will be 1.5%* of total quoted amount. *Fee percentage is subject to change.

TERMS: Meteor Education will invoice customer upon delivery. Terms are net 30 days unless otherwise agreed prior to the acceptance of the order. Customer agrees to pay 18% annual interest, or \$50 per month, whichever is greater, on the balance of any late payment.


DROP-SHIP OR INSIDE DELIVERY ONLY:

- Freight damage must be reported to the Company within 48 hours of delivery. It is important to note any crushed or damaged packaging, discolored packaging (indicating water damage), or anything that looks as if it has been reopened or repackaged. All packages should be opened and products inspected within 48 hours of receipt. Upon discovery of any damage or shortage, the Company's Service Department must be notified at 1-800-699-7516.
- The Carrier will produce a Bill of Lading for signature acknowledging receipt. Please ensure the number of cartons/items received match the bill of lading as well as the work order. Any shortages should be annotated on THE BILL OF LADING NEXT TO YOUR SIGNATURE and immediately reported to the Company's Traffic Office on 1-800-699-7516. The acknowledged Bill of Lading is deemed to be proof of delivery and the Company will issue its invoice(s) for payment. Any unauthorized assessorial charges will not be paid for.

INSTALLED PRODUCT & SERVICES: Product to be installed will be delivered and installed at the address notified in the purchase order unless previous arrangements have been agreed. Upon the delivery of product to the specified location Meteor Education will invoice the customer in the amount of product delivered with the appropriate proof of delivery (bill of lading, manufacturer packing list, or work order). All placement and assembly will be verified by signature confirmation that items have been assembled, set in place, and are in good condition. All installation and delivery charges (above product invoices) will be billed upon receipt of final verification by customer signature on completed work orders. Meteor Education will also provide a complete Master Invoice summarizing all invoices at that time at the customer's request. Any damage must be noted on the separate service request form provided by the installer, a copy of which will be made available for customer records. Services will be delivered to staff/personnel at the address notified in the purchase order unless previous arrangements have been agreed. Services may be provided prior to, during and/or after delivery of product. Any associated services pertaining to this agreement are good for a period of up to one-year from the initial delivery date of product.

WARRANTY: All products carry their manufacturer's standard warranty. Please contact your local representative for details.

Shopping Cart

	Diversified Spaces Mobile Hand Wash Station - Single Foot Pump, Maple, 24"W x 24"D x 36"H	✓ \$1,997.66	\$1797.66 Est. Handling \$200.00
<u>84601-1002</u>	Ships Factory-Direct – Expected Ship Date 11/03/2022		
	Ships Factory-Direct Requires Truck Delivery		

Your Order (1 Items)

Subtotal:	\$1797.66
Estimated Shipping:	TBD
Estimated Handling:	TBD
<i>This is the maximum handling charge and you will be contacted with actual charge</i>	
Estimated Tax:	TBD
Total:	TBD

Free Shipping on Orders of \$69 or More.


Final Tax and Shipping cost calculated during checkout.

Gift Coupons can be entered during Payment Step of Checkout.

When you place an order, we collect information that allows us to identify you and fulfill your order such as your name and contact information. We will also collect certain commercial information, including credit or debit card number, for purposes of completing the sale. We collect and use your Personal Information pursuant to our [Privacy Policy](#). Your purchases will also be subject to our [Return Policy](#). If you have any questions about our privacy practices, contact us at privacy@dickblick.com.

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Big Joe Website



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Lenox • Black Lenox

− 2 +

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Fuf Media Lounger w/ Removable Cover ×
Lenox • Black Lenox

− 2 +

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\$94.00

FREE Shipping Applied*

Shipping	FREE
Subtotal	\$536.00


Checkout

12

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Shopping Cart



 <p>Bouncyband — Wiggle Seat – Blue, 13" D – Little Sensory Cushion for Kids Ages 6-18+ — Promotes Active Learning, Improves Student Productivity, Includes Easy-Inflation Pump</p> <p>In Stock</p> <p>✓prime & FREE Returns ▾</p> <p><input type="checkbox"/> This is a gift Learn more</p> <p>Size: Large (Pack of 1)</p> <p>Color: Blue</p> <p>Qty: 4 ▾ Delete Save for later</p>	<p>Price</p> <p>\$24.99</p>
--	------------------------------------

Subtotal (4 items): \$99.96

This order contains a gift

Proceed to checkout

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 <p>Bouncyband — Wiggle</p> <p>★ ★ ★ ★ ★ 1,558</p> <p>\$24.99</p> <p>Add to Cart</p>	 <p>LABUK 7 Pack A5</p> <p>★ ★ ★ ★ ★ 455</p> <p>\$14.39</p> <p>Add to Cart</p>
---	---

Cursive Handwriting Workbook for Teens: A cursive writing practi... has been moved to Saved for Later.

Subtotal (4 items): \$99.96

11

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Your Cart (38 Items)

SKU	ITEMS	PRICE	QUANTITY	TOTAL
DW-WSP2-36M	 <p>Diversified Woodcrafts Mobile Hand Wash Station Foot Pump - Dual, Maple, 24"W x 24"D x 36"H (https://www.shifflerequip.com/diversified-woodcrafts-mobile-hand-wash-station-foot-pump-dual-maple-24w-x-24d-x-36h/) Remove</p>	\$2,979.32	<input type="button" value="v"/> <input type="text" value="1"/> <input type="button" value="^"/>	\$2,979.32
DW-A37-6W	 <p>Diversified Woodcrafts Aux Workbench - Wall Series 36", 72"W (https://www.shifflerequip.com/diversified-woodcrafts-aux-workbench-wall-series-36-72w/) Remove</p>	\$1,993.81	<input type="button" value="v"/> <input type="text" value="2"/> <input type="button" value="^"/>	\$3,987.62
DW-CC-4815-51M	 <p>Diversified Woodcrafts Maple Cubby Cabinet, 16 Cubbies, 48"w x 15"d x 51"h (https://www.shifflerequip.com/diversified-woodcrafts-maple-cubby-cabinet-16-cubbies-48w-x-15d-x-51h/) Remove</p>	\$1,125.72	<input type="button" value="v"/> <input type="text" value="3"/> <input type="button" value="^"/>	\$3,377.16
DW-MA6A-6L	 <p>Diversified Woodcrafts Wall & Island Bench Grey - 1b-6, 6"W Locker, Horizontal (https://www.shifflerequip.com/diversified-woodcrafts-wall-island-bench-grey-1b-6-6w-locker-horizontal/) Remove</p>	\$2,295.30	<input type="button" value="v"/> <input type="text" value="2"/> <input type="button" value="^"/>	\$4,590.60
DW-AB-4812	 <p>Diversified Woodcrafts Art Bench, 48"W (https://www.shifflerequip.com/diversified-woodcrafts-art-bench-48w/) Remove</p>	\$422.86	<input type="button" value="v"/> <input type="text" value="3"/> <input type="button" value="^"/>	\$1,268.58

SKU	ITEMS	PRICE	QUANTITY	TOTAL
JON-3518JC	 <p>Jonti-Craft Book Truck (https://www.shifflerequip.com/jonti-craft-book-truck/) Remove</p>	\$617.00	<input type="button" value="v"/> <input type="text" value="8"/> <input type="button" value="^"/>	\$4,936.00
DW-121-3622M	 <p>Diversified Woodcrafts Drawer Base Cabinet, 4 Drawer 36wx22d, Maple (https://www.shifflerequip.com/diversified-woodcrafts-drawer-base-cabinet-4-drawer-36wx22d-maple/) Remove</p>	\$1,237.39	<input type="button" value="v"/> <input type="text" value="2"/> <input type="button" value="^"/>	\$2,474.78
DW-247866	 <p>Diversified Woodcrafts 24x38x1.75, Maple Top (https://www.shifflerequip.com/diversified-woodcrafts-24x38x1-75-maple-top/) Remove</p>	\$335.42	<input type="button" value="v"/> <input type="text" value="2"/> <input type="button" value="^"/>	\$670.84
DW-253996	 <p>Diversified Woodcrafts Caster, 3", Swivel, Stem, with Brake (https://www.shifflerequip.com/diversified-woodcrafts-caster-3-swivel-stem-with-brake/) Remove</p>	\$213.61	<input type="button" value="v"/> <input type="text" value="6"/> <input type="button" value="^"/>	\$1,281.66
DW-318-2422M	 <p>Diversified Woodcrafts Tall Storage Cabinet, 2 Solid Doors, Hardwood, Maple (https://www.shifflerequip.com/diversified-woodcrafts-tall-storage-cabinet-2-solid-doors-hardwood-maple/) Remove</p>	\$1,187.44	<input type="button" value="v"/> <input type="text" value="2"/> <input type="button" value="^"/>	\$2,374.88
DW-354-4830M	 <p>Diversified Woodcrafts Chart and Paper Storage, Maple (https://www.shifflerequip.com/diversified-woodcrafts-chart-and-paper-storage-maple/) Remove</p>	\$3,157.07	<input type="button" value="v"/> <input type="text" value="1"/> <input type="button" value="^"/>	\$3,157.07

SKU	ITEMS	PRICE	QUANTITY	TOTAL
DW-AMS60307	 <p>Diversified Woodcrafts Fab-Lab Workbench, (specify frame color) 60" w x 30" d, 1.50 inch Shop Top (https://www.shifflerequip.com/diversified-woodcrafts-fab-lab-workbench-specify-frame-color-60w-x-30d-1-50-inch-shop-top/) Remove</p>	\$1,054.75	<div style="display: flex; align-items: center; gap: 5px;"> ▼ <input style="width: 40px; text-align: center;" type="text" value="6"/> ▲ </div>	\$6,328.50

Because of the size and type of order, we may be able to quote a better price saving on freight costs.

Subtotal: **\$37,427.01**

Shipping: [Add Info](#)

Coupon Code: [Add Coupon](#)

Grand total: **\$37,427.01**

[PROCEED TO CHECKOUT \(/CHECKOUT\)](#)

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- [COVID Testing Program \(/covid-testing-program/\)](/covid-testing-program/)
- [\(/demo url/\)](#)

RESOURCES

- [UnitedForGrowth \(https://unitedforgrowthinc.com/\)](https://unitedforgrowthinc.com/)
- [Proposition 65 \(/proposition-65/\)](/proposition-65/)
- [Co-Ops and Contracts \(/co-ops-and-contracts/\)](/co-ops-and-contracts/)
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Oak Casework



Shown with optional top and base molding. The tops include a 4" back splash.

Maple Casework



Shown with optional top and base molding. The tops include a 4" back splash.

BASE CABINETS:

- Choose from oak or maple solid hardwood and veneers with a chemical-resistant, earth-friendly UV finish
- Base cabinet styles: door cabinet, door/drawer cabinet or drawer cabinet
- Cabinets can be joined together to create a wall of base cabinets
- All cabinets measure 36"W x 22"D x 35"H and are locking

WALL CABINETS:

- Choose from oak or maple solid hardwood and veneers with a chemical-resistant, earth-friendly UV finish
- Wall cabinet styles: veneered solid doors or solid framed glass doors
- Glass doors feature 3/16" thick safety glass; two adjustable shelves
- Units come in varying widths and are 12"D x 30"H

SOLID 1" EPOXY OR SOLID 3/4" PHENOLIC TOPS:

- Provides superior chemical resistance; includes a 4" back splash
- Color: black

MAPLE BUTCHER BLOCK TOPS:

- Tops are available in 1-3/4" and 2-1/4" thicknesses

4"H RUBBER BASE MOLDING:

- Creates a finished look to base cabinets; sold by the foot
- Must be glued to the toe kick
- Metal corners are sold separately as a set of two



(Call for custom size pricing)

PRODUCT	ITEM #	MATERIAL
✓ Drawer Base Cabinet	121-3622	Oak
Drawer Base Cabinet	121-3622M	Maple
Door/Drawer Base Cabinet	106-3622	Oak
Door/Drawer Base Cabinet	106-3622M	Maple
Door Base Cabinet	103-3622	Oak
Door Base Cabinet	103-3622M	Maple
30"W Solid Double Doors (Wall)	D03-3012	Oak
30"W Solid Double Doors (Wall)	D03-3012M	Maple
36"W Solid Double Doors (Wall)	D03-3612	Oak
36"W Solid Double Doors (Wall)	D03-3612M	Maple
42"W Solid Double Doors (Wall)	D03-4212	Oak
42"W Solid Double Doors (Wall)	D03-4212M	Maple
30"W Glass Double Doors (Wall)	D06-3012	Oak
30"W Glass Double Doors (Wall)	D06-3012M	Maple
36"W Glass Double Doors (Wall)	D06-3612	Oak

PRODUCT	ITEM #	MATERIAL
36"W Glass Double Doors (Wall)	D06-3612M	Maple
42"W Glass Double Doors (Wall)	D06-4212	Oak
42"W Glass Double Doors (Wall)	D06-4212M	Maple
48"W Glass Double Doors (Wall)	D06-4812	Oak
48"W Glass Double Doors (Wall)	D06-4812M	Maple
38"W x 24"D Epoxy Resin Top	207529F	1" Epoxy
74"W x 24"D Epoxy Resin Top	207530F	1" Epoxy
38"W x 24"D Solid Phenolic Top	214515F	3/4" Phenolic
74"W x 24"D Solid Phenolic Top	214516F	3/4" Phenolic
✓ Maple Top (38"W x 24"D)	247866	1-3/4" Maple
Maple Top (74"W x 24"D)	229717	1-3/4" Maple
Maple Top (38"W x 24"D)	240297	2-1/4" Maple
Maple Top (74"W x 24"D)	247867	2-1/4" Maple
4"H Base Molding	100283	Rubber
Metal Corners (Set of Two)	206513	Metal

2 Tall Storage w/Split Doors



- Choose from oak or maple hardwood and veneers with an earth-friendly UV finish
- Includes four locking doors
- Independently lock the top and bottom doors separately
- Right-hinged doors have a lock which locks both right- and left-hinged doors
- Includes four adjustable shelves, and two fixed shelves (hold 40 lbs. per square foot)
- 36"W and 48"W units have 1" shelves; 24"W cabinets have 3/4" shelves
- Available in three widths: 24" (two-door), 36" (four-door), or 48"W (four-door)

ITEM # - MAPLE	ITEM # - OAK	# DOORS	SIZE
✓ 318-2422M	318-2422K	2	24"W x 22"D x 84"H
356-3622M	356-3622K	4	36"W x 22"D x 84"H
356-4822M	356-4822K	4	48"W x 22"D x 84"H

Cabinet should be secured to the wall for safety. Mounting hardware is not included.



356-4822M



GSC-36

General Storage Cabinet



- Choose from oak or maple hardwood and veneers with an earth-friendly UV finish
- Two-door units (36" and wider) have 1" shelves; one-door units (24" wide) have 3/4" shelves and are hinged right
- Doors have a secure, three-point locking handle system
- Unit include two fixed and four adjustable shelves (hold 40 lbs. per square foot)

ITEM # - MAPLE	ITEM # - OAK	# DOORS	SIZE
GSC-24	313-2422K	1	24"W x 22"D x 84"H
GSC-23	--	2	30"W x 22"D x 84"H
GSC-36	353-3622K	2	36"W x 22"D x 84"H
GSC-22	353-4822K	2	48"W x 22"D x 84"H
GSC-21	--	2	60"W x 22"D x 84"H

Cabinet should be secured to the wall for safety. Mounting hardware is not included.



Wall Storage Bench



- Choose from oak or maple hardwood and veneers with an earth-friendly UV finish
- All doors and drawer lock
- Choose from 1-3/4" maple butcher block or 1-1/4" almond color HPL
- Includes seven pullout drawers (43"W x 25"D x 2-1/8"H) and eight exterior drawers (18-1/2"W x 18-3/4"D x 1-3/8"H) that are all dovetailed
- This unit is designed to be placed against a wall as the back is unfinished
- Overall dimensions: 72W x 30"D x 36"H



TOP	ITEM # - OAK	ITEM # - MAPLE
1-3/4" Maple BB	--	SB-4LM
1-1/4" Almond HPL	SB-4PK	SB-4PM

Paper Storage Cabinet



- Choose from oak or maple hardwood and veneers with an earth-friendly UV finish
- Features 25 slots (20" x 26") with a weight capacity per slot of 2-1/2 lbs
- Doors have a secure, three-point locking handle system
- This unit is designed to be placed against a wall as the back is unfinished
- Overall dimensions: 32"W x 22"D x 84"H

PRODUCT	ITEM # - OAK	ITEM # - MAPLE
Paper Storage Cabinet	DBC-1K	DPC-1M

Cabinet should be secured to the wall for safety. Mounting hardware is not included.



3 Rock/Paper Storage Cabinet



- Choose from oak or maple hardwood and veneers with an earth-friendly UV finish
- Seven large drawers (4"H x 44"W x 26"D) for flat storage, each with a maximum weight limit of 100 lbs.
- Three shelves (two adjustable) allow you to store over-sized items
- Doors have a secure, three-point locking handle system
- Overall dimensions: 48"W x 30"D x 84"H

PRODUCT	ITEM # - OAK	ITEM # - MAPLE
Rock/Paper Storage Cabinet	354-4830K	354-4830M



Cabinet should be secured to the wall for safety. Mounting hardware is not included.



4

Open Style Auxiliary Workbench



- 24"W wall unit comes with an angle iron front edge and a 4" rear maple curb
- Durable 2-1/4" solid butcher block maple top
- Constructed of solid maple legs and a maple veneer shelf with a 4" rear curb
- Unit is finished with an earth-friendly UV finish
- Available in four widths and two heights

31-1/4"H	37-1/4"H	WIDTH	SHELF	# LEGS
✓ A32-6W	A37-6W	6'	6'	4
A32-8W	A37-8W	8'	8'	4
A32-10W	A37-10W	10'	10'	6
A32-12W	A37-12W	12'	12'	6



Glue & Stain Bench



- Unit provides functional space for gluing and staining
- 1-1/4" plywood top capped with gray galvanized steel
- Constructed with solid maple framing
- One side has eight sets of pegs for mounting (bar clamps not included)
- Shelf measures 48"W x 16"D with a 4" rear curb
- Unit is finished with an earth-friendly UV finish
- Can be ordered with or without casters
- Overall size: 60"W x 24"D x 35"H

ITEM #	SIZE
GSB-6024	60"W x 24"D x 32"H
MGSB-6024 (Mobile)	60"W x 24"D x 35"H



5

Auxiliary Bench



- Perfect for conversation areas, hall and bench seating
- Features a 1-1/4" thick solid maple butcher block seat with a shelf underneath
- Sides of the bench have a half-moon cutout handle for easy access
- Constructed of maple hardwood with an earth-friendly UV finish

ITEM #	SIZE
AB-4812	48"W x 12"D x 17-1/2"H



Art Bench



- Sturdy benches have been a mainstay in art rooms
- Available in two heights, 17" and 26"H
- Includes a built-in shelf for storage
- Constructed of 3/4" solid maple with an earth-friendly UV finish

ITEM #	WEIGHT CAPACITY	SIZE
AB	300 lbs.	17"W x 12"D x 17"H
ABH	200 lbs.	17"W x 12"D x 26"H



Wooden Seat Metal Stools



- Heavy-duty, fully welded stools complement any space
- Black powder-coat frame is made of 16-gauge steel with a 1/2" solid steel foot ring welded to the frame
- Five-legged stool configuration helps to prevent tipping
- Choose from a fixed or an adjustable height option
- Includes a 14" diameter hardwood seat

PRODUCT	ITEM #	SIZE
Fixed Height Stool	STL9186-AH	18"
Fixed Height Stool	STL9186-AL	24"
Adjustable Height Stool	STL9186-AR	18-28"



Metal Stools



- Heavy-duty classic metal stools will work in numerous spaces
- Units are welded and have a 14" diameter seat, which has a recessed tempered masonite panel overlay
- Stools can be ordered with or without a back
- Color: Gray

HEIGHT	WITHOUT BACK	WITH BACK
18"	S-18	S-18B
24"	S-24	S-24B
30"	S-30	S-30B



6

AMS6030LCWT
Shown With Optional Casters and Shelf

Fab-Lab Workbench



AMS6030LENG
w/Optional Casters
and Shelf



AMS60307L
w/Optional Casters

- Choose from more top options: high-pressure laminate (HPL), ChemGuard, maple butcher block, ShopTop®, phenolic or epoxy resin
- Colored 3mm PVC edge banding options available on HPL and ChemGuard top options only
- Legs are constructed of 2" x 2" square steel outer tubes welded together with upper and lower cross braces; 1-3/4" x 1-3/4" square steel 14-gauge inner tubes with riv-nuts spaced 1" on-center to provide adjustable heights from 29-1/4"H to 36-1/4"H with glides and a 1" thick top
- Apron constructed of 16-gauge with end gusset geometry for additional support; attached to the legs with bolts in the field
- Additional 14-gauge stretcher bar provides additional rigidity to the table frame; it can be installed front, middle or back of leg frame
- Frame powder-coated in eight standard colors: black, dark gray, silver, light gray, white, carrot, lime and aqua with a matte finish for a modern look
- The top is attached with screws in two directions ensuring stability
- Equipped with adjustable glides for precise leveling
- Optional casters available; add 4" to the height (#253996)
- Optional color coordinated 12" deep shelf made from 14-gauge steel

AMS SERIES CONFIGURATOR

STYLE	WIDTH	DEPTH	TOP TYPE	HPL COLOR (L) TOPS ONLY	3MM EDGE BANDING (2) OR (L) TOPS ONLY	STEEL COLOR	SHELF COLOR	60" SHELF	72" SHELF	96" SHELF	
AMS	60	30	ChemGuard (2)	Almond (A)	Almond (A)	Aqua (Q)	Black	255588-B	255589-B	255590-B	
	72	36	Phenolic (4)	Black (B)	Aqua (Q)	Black (B)	White	255588-W	255589-W	255590-W	
	96		Maple BB (5)	Charcoal (C)	Black (B)	Carrot (T)	Carrot	255588-T	255589-T	255590-T	
			Epoxy (6)	Erasable (E)	Carrot (T)	Dark Gray (D)	Lime	255588-L	255589-L	255590-L	
			ShopTop® (7)	Natural Maple (N)	Charcoal (C)	Light Gray (G)	Aqua	255588-Q	255589-Q	255590-Q	
			HPL (L)	White (W)	Lime (L)	Lime (L)	Silver	255588-S	255589-S	255590-S	
					Natural Maple (N)	Silver (S)	Light Gray	255588-G	255589-G	255590-G	
					Peacock (P)	White (W)	Dark Gray	255588-D	255589-D	255590-D	
					Red (R)						
					Royal (Y)						
					White (W)						
									Optional Casters (Set of 4)	253996X4	





IP-M



IPTD-K

Lectern



- Podium to match the rest of the furniture in your skilled spaces—choose from maple or oak options
- Choice of two different models: IP model has three fixed shelves for storing supplies; or IPTD has two fixed shelves with 12 privacy panels that store easily in the bottom compartment
- All models roll easily on four 2" casters
- Overall size: 49-1/2"H (student side); 43-1/2"H (instructor side)
- Work surface (25"W x 22"D) includes a pencil edge and is at a 15° angle

- Choose from oak or maple hardwood and veneers with an earth-friendly UV finish

PRODUCT	ITEM # MAPLE	ITEM # OAK
Instructor's Lectern	IP-M	IP-K
Instructor's Lectern w/Panels (Qty: 12)	IPTD-M	IPTD-K



7

Heavy-Duty Book Truck



- Constructed of 1" hardwood panels with 1/4" reinforcement rods
- Includes four rubber edge bumpers on lower portion of the book truck
- Has three fixed shelves with a 1" applied bottom to reinforce the side
- Rolls on 5" casters
- Unit ships fully assembled

ITEM #	WOOD	SIZE
BT-LOC	Maple	39"W x 16"D x 43-1/2"H





CC-4815-72K

8

Cubby



- Choose from oak or maple hardwood and veneers with an earth-friendly UV finish
- Cubbies measure: 10-1/2"W x 14"D x 10-1/2"H
- Two heights: 51"H models have four cubbies per section; 72"H models have 6 cubbies per section
- The sections are divided with 3/4" veneered plywood

51"H	72"H	WOOD	W X D	# SECTIONS
CC-1215-51K	CC-1215-72K	Oak	12"W x 15"D	1
CC-1215-51M	CC-1215-72M	Maple	12"W x 15"D	1
CC-2415-51K	CC-2415-72K	Oak	24"W x 15"D	2
CC-2415-51M	CC-2415-72M	Maple	24"W x 15"D	2
CC-3615-51K	CC-3615-72K	Oak	36"W x 15"D	3
CC-3615-51M	CC-3615-72M	Maple	36"W x 15"D	3
CC-4815-51K	CC-4815-72K	Oak	48"W x 15"D	4
CC-4815-51M	CC-4815-72M	Maple	48"W x 15"D	4



Cabinet should be secured to the wall for safety. Mounting hardware is not included.



Backpack Lockers

- Choose from oak or maple hardwood and veneers with an earth-friendly UV finish
- Each section contains two smaller cubbies and a larger backpack locker with a double hook mounted
- The sections are divided with 3/4" veneered plywood

51"H	72"H	WOOD	W X D	SECTIONS
BP-1215-51K	BP-1215-72K	Oak	12"W x 15"D	1
BP-1215-51M	BP-1215-72M	Maple	12"W x 15"D	1
BP-2415-51K	BP-2415-72K	Oak	24"W x 15"D	2
BP-2415-51M	BP-2415-72M	Maple	24"W x 15"D	2
BP-3615-51K	BP-3615-72K	Oak	36"W x 15"D	3
BP-3615-51M	BP-3615-72M	Maple	36"W x 15"D	3
BP-4815-51K	BP-4815-72K	Oak	48"W x 15"D	4
BP-4815-51M	BP-4815-72M	Maple	48"W x 15"D	4



BP-4815-51M

Cabinet should be secured to the wall for safety. Mounting hardware is not included.

Locker Base



- Locker base consists of a double-faced heavy gauge steel unit, welded and riveted with 20-gauge side panels
- Vented 18-gauge doors have spring-loaded hinges
- LB-D style units have one adjustable shelf
- Base locker color options: gray or black
- Overall size: 64"W x 28"D x 33-1/4"H



STYLE	LOCKER SIZE	OPENING SIZE	GRAY	BLACK
Two Vertical Lockers	12"W x 21"D x 31"H	12"W x 21"D x 15"H	LB-2	LB-2BK
Two Horizontal Lockers	18"W x 21"D x 31"H	18"W x 21"D x 15"H	LB-B2	LB-B2BK
Three Horizontal Lockers	18"W x 21"D x 31"H	18"W x 21"D x 10"H	LB-6A3	LB-6A3BK
Six Vertical Lockers	36"W x 21"D x 31"H	12"W x 21"D x 15"H	LB-6	LB-6BK
Double Door w/Adjustable Shelf	36"W x 21"D x 31"H	36"W x 21"D x 31"H	LB-D2	LB-D2BK
Six Horizontal Lockers	36"W x 21"D x 31"H	18"W x 21"D x 10"H	LB-6A	LB-6ABK
Four Horizontal Lockers	36"W x 21"D x 31"H	18"W x 21"D x 15"H	LB-B4	LB-B4BK



9

Wall Lockers



- Series offers 1-3/4" maple tops, four bench lengths and three locker styles to choose from
- Locker base consists of a double-faced heavy gauge steel unit, welded and riveted with 20-gauge side panels
- Vented 18-gauge doors have spring-loaded hinges
- Choose between vertical lockers, horizontal lockers or double-door bases
- Counter tops need to be attached during assembly
- Base locker color options: gray or black
- Height: 32-3/4"

STYLE	TOP SIZE	OPENING SIZE	OPENING #	GRAY	BLACK
Vertical Lockers	6'W X 2'D	12"W x 21"D x 15"H	10	MA6-6L	MA6-6LBK
Vertical Lockers	8'W X 2'D	12"W x 21"D x 15"H	14	MA6-8L	MA6-8LBK
Vertical Lockers	10'W X 2'D	12"W x 21"D x 15"H	18	MA6-10L	MA6-10LBK
Vertical Lockers	12'W X 2'D	12"W x 21"D x 15"H	22	MA6-12L	MA6-12LBK
Horizontal Lockers	6'W X 2'D	18"W x 21"D x 10"H	9	MA6A-6L	MA6A-6LBK
Horizontal Lockers	8'W X 2'D	18"W x 21"D x 10"H	15	MA6A-8L	MA6A-8LBK
Horizontal Lockers	10'W X 2'D	18"W x 21"D x 10"H	18	MA6A-10L	MA6A-10LBK
Horizontal Lockers	12'W X 2'D	18"W x 21"D x 10"H	21	MA6A-12L	MA6A-12LBK
Double Door	6'W X 2'D	--	2	MAD2-6L	MAD2-6LBK
Double Door	8'W X 2'D	--	2	MAD2-8L	MAD2-8LBK
Double Door	10'W X 2'D	--	3	MAD2-10L	MAD2-10LBK
Double Door	12'W X 2'D	--	4	MAD2-12L	MAD2-12LBK





10

Mobile Hand-Washing Station



- Essential hand-wash station moves where you need it—no electricity is needed—and rolls easily on 4" casters
- 36"H unit includes four 5-gallon tanks; 30"H includes four 2-1/2 gallon jugs—two fresh water and two waste tanks for continual use
- Quick connect fittings switch in seconds between fresh water tanks
- Choose a single- or dual-manual foot pump unit; dual model allows two users on opposite sides, promoting distancing yet doubling efficiency
- Manual foot pump is easy to use and conserves water
- Constructed of oak or maple hardwood and veneers with an earth-friendly UV finish
- Two cabinet doors allow for easy access to fresh and waste water tanks
- 36"H unit has a non-porous 3/4" phenolic top; 30"H unit has a durable HPL—both include a built-in soap dispenser
- Raised paper towel rod—one per single unit, two per double unit
- Gooseneck faucet features laboratory style nozzle tip for smooth distribution
- Stainless steel sink

WSP SERIES CONFIGURATOR

STYLE	# FOOT PUMPS	HEIGHT	MATERIAL
✓ WSP-	✓ 1	✓ 30	✓ Maple (M)
	2	36	Oak (K)

Mobile Hand-Washing Sinks



- Cabinet constructed with a 18-gauge stainless steel body and 4-gauge stainless steel top for an easy-to-clean surface
- Rolls easily on 5" casters (two swivel and two locking)
- Water saving, metered cold water faucet is an efficient (0.5 GPM flow rate) solution that draws from a 5-gallon fresh water tank
- Tank requires no disassembly and is easy to refill
- Includes 15' GFCI power cord with standard wall plug (UL Listed) and powers a 115 volt 3.3 GPM water diaphragm pressure pump (CSA Listed) at 45 PSI
- 5-gallon fresh water and 7-gallon waste tanks are easy to refill and drain
- Includes a refillable top-loading soap dispenser, towel dispenser and lockable door
- Overall dimensions: 24"W x 24"D x 39"H; sink size is 10"W x 14"D x 5"H



Hot Water Mobile Station



- Mobile unit that provides hot or cold water where you need it
- Cabinet features a water heater and pump
- Constructed of oak hardwood and veneers with an earth-friendly UV finish
- Tanks are NSF, UL and FDA approved and labeled accordingly: 5-gallon fresh water and 6-gallon waste water tank
- Water heats up to 10 to 15° warmer than the fresh tank temperature (room temperature starting water is recommended)
- Has a 1-1/4" HPL top, stainless steel sink, with a hot and cold water mixing faucet
- Requires electricity, and includes duplex outlet and extension cord
- Rolls easily on 4" locking casters
- Overall dimensions: 36"W x 24"D x 36"H

ITEM #	TOP
HWS-3624K	HPL



Metered



Sensored

ITEM #	PRODUCT	WATER	WATER HEATER
260004	Cold Water Sink & Metered Faucet	Cold	No
260005	Hot Water Sink & Metered Faucet	Hot	Yes
260006	Cold Water Sink & Sensor Faucet	Cold	No
260007	Hot Water Sink & Sensored Faucet	Hot	Yes

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13

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- Rounded shape lets students wiggle and fidget while

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Size: Large
Style: Beanbag Chair
Qty: 2 Delete Save for later Compare with similar items

Subtotal (4 items): **\$555.64**

14

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\$149.00

ARPA Nonprofit Capital Project Fund – Small Purchases Budget

Organization Name: NOMADstudio, Inc.

Proposal Name: Justice Studio

A	B	C	D	E	F	G	H
Item	Item (Description)	Item	Item	Total	Requested	Match	Funding Total
1	Base cabinet	\$ 1,170.00	2	\$ 2,340	\$ 2,340	\$ -	\$ 2,340
	maple countertops	\$ 317.00	2	\$ 634	\$ 634	\$ -	\$ 634
2	Tall storage 22 x 24 x 84	\$ 1,123.00	2	\$ 2,246	\$ 2,246	\$ -	\$ 2,246
3	Storage, Large Flat Paper Cabinet	\$ 2,984.00	1	\$ 2,984	\$ 2,984	\$ -	\$ 2,984
4	Wall workbench with shelf	\$ 1,835.00	2	\$ 3,670	\$ 3,670	\$ -	\$ 3,670
5	Bench seating	\$ 400.00	3	\$ 1,200	\$ 1,200	\$ -	\$ 1,200
6	Participant work tables - maple top	\$ 1,054.00	6	\$ 6,324	\$ 6,324	\$ -	\$ 6,324
	casters	\$ 197.00	6	\$ 1,182	\$ 1,182	\$ -	\$ 1,182
7	Book truck - industrial wood	\$ 1,210.00	4	\$ 4,840	\$ 4,840	\$ -	\$ 4,840
8	Cubby cabinet	\$ 1,064.00	3	\$ 3,192	\$ 3,192	\$ -	\$ 3,192
9	Wall workbench with student lockers	\$ 2,224.00	2	\$ 4,448	\$ 4,448	\$ -	\$ 4,448
10	Mobile Lab Sink	\$ 2,488.00	1	\$ 2,488	\$ 2,488	\$ -	\$ 2,488
11	Wiggle seats - teen size 13" disk	\$ 38.00	4	\$ 152	\$ 152	\$ -	\$ 152
12	Bean bag chairs	\$ 136.00	4	\$ 544	\$ 544	\$ -	\$ 544
	freight	\$ 6,213.00	1	\$ 6,213	\$ 6,213	\$ -	\$ 6,213
	assembly & installation	\$ 6,379.00	1	\$ 6,379	\$ 6,379	\$ -	\$ 6,379
	TOTAL		44	\$ 48,836	\$ 48,836	\$ -	\$ 48,836

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

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

Key

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

NOMADstudio Organization Budget	Fiscal Year 2023	
	<u>01/23-12/23</u>	
REVENUE		
Federal / State	\$	10,000.00
Other Local Govt. (City, County, JWB, etc.)	\$	65,000.00
Pinellas Community Foundation	\$	15,000.00
Contributions/Fundraising	\$	50,000.00
Program Fees	\$	20,000.00
Other (specify) private fdn / corp grants	\$	30,000.00
Misc. (dues, sales, etc.)	\$	10,000.00
TOTAL REVENUE	\$	200,000.00
PROGRAM - PERSONNEL EXPENSES		
Regular Salaries and Wages	\$	93,000.00
Benefits (FICA, health, unemployment, Worker's Comp, etc.)		
Subtotal Personnel Expenses	\$	93,000.00
EXPENSES		
Travel	\$	500.00
Professional / Contractual Services	\$	50,000.00
Accounting / Auditing	\$	10,000.00
Advertising / Promotional Activities	\$	2,000.00
Insurance	\$	2,000.00
Dues/Memberships/Subscriptions	\$	1,500.00
Communication (telephone, Internet)	\$	250.00
Utility Services (electric, water, etc.)	\$	-
Rentals/Leases (buildings, land, vehicles)	\$	-
Maintenance/Repair (buildings, equipment, vehicles)	\$	1,000.00
Office Supplies	\$	2,500.00
Printing/Binding/Copying	\$	350.00
Postage/Shipping	\$	120.00
Conference/Training	\$	5,000.00
Special Assistance to Individuals	\$	-
Other (specify) art supplies, taxes, team shirts, prog expenses	\$	30,000.00
Subtotal Operating Expenses	\$	105,220.00
TOTAL EXPENSES	\$	198,220.00
SURPLUS/(DEFICIT)	\$	1,780.00
Total In-Kind Revenue	\$	-
Depreciation Costs	\$	-

Pinellas Community Foundation
 Grant Application
Applicant Board of Directors List

Organization Name: NOMADstudio
How many times does your board meet per calendar year? 12

Name	Board Position	Company Affiliation	Lives/Works in Pinellas County? (Y/N)	12-Month Meeting Attendance Rate*
Leslie Curran	President	Leslie Curran Gallery	Y	83%
Vacant	Vice-President			
Dan Rutishauser	Treasurer	BMO Harris Bank	Y	92%
Vacant	Secretary			
Tim Keogh	Director at Large	FirstService Residential	Y	92%
Aaron Horcha	Director at Large	Hudson's Furniture	N	92%
Ana Cabezas	Director at Large	Pinellas County School Board	Y	92%

Pinellas Community Foundation
Grant Application
Applicant Board of Directors List

Organization Name: NOMADstudio

How many times does your board meet per calendar year? 12

Name	Board Position	Company Affiliation	Lives/Works in Pinellas County? (Y/N)	12-Month Meeting Attendance Rate*
------	----------------	---------------------	---------------------------------------	-----------------------------------

***If the board member has served less than 12 months on the board, please calculate the attendance for how many meetings they have been required to attend. For example, a board member that has served for six months and attended six monthly board meetings would have an attendance rate of 100%**

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20_____

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

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2020

Name of exempt organization or person subject to tax NOMADSTUDIO, INC	Taxpayer identification number 46-4322352
---	---

Name and title of officer or person subject to tax CAROLYN BOUCHER	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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	239,965
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, line 3c)	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

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

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to name of organization) NOMADSTUDIO, INC, (EIN) 46-4322352 and that I have examined a copy true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize BRYAN ZINK, CPA, PA to enter my PIN 22352 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ _____ Date ▶ _____

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.

59355369713 <small>do not enter all zeros</small>

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ BRYAN ZINK, CPA Date ▶ 11/14/2021

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

Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning _____, **and ending** _____

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

C Name of organization NOMADSTUDIO, INC
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 PO BOX 782
 City or town State ZIP code
 SAINT PETERSBURG FL 33731
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 46-4322352

E Telephone number 312-545-7441

G Gross receipts \$ 239,965

F Name and address of principal officer:
 CAROLYN BOUCHER 12211 WALSINGHAM RD, LARGO, FL 33778

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

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

J Website: ▶ NOMADARTBUS.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2013

M State of legal domicile: FL

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROMOTE ARTS VIA MOBILE FACILITY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	10
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	139,876	237,217
	9 Program service revenue (Part VIII, line 2g)	27,891	1,700
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,411	1,048
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	169,178	239,965
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	51,928	61,414
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,331		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	155,911	131,460
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	207,839	192,874	
19 Revenue less expenses. Subtract line 18 from line 12	-38,661	47,091	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 97,193	End of Year 152,423
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances. Subtract line 21 from line 20	97,193	152,423

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name: BRYAN ZINK, CPA
 Preparer's signature: BRYAN ZINK, CPA
 Date: 11/14/2021
 Check if self-employed
 PTIN: P01360622

Firm's name ▶ BRYAN ZINK, CPA, PA
 Firm's EIN ▶ 59-3470452
 Firm's address ▶ 4121 EMPEDRADO STREET, TAMPA, FL 33629
 Phone no. 813-837-3380

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
PROMOTE ARTS VIA MOBILE FACILITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 44,838 including grants of \$) (Revenue \$)
MICROCAMPS - TEACHING ARTISTS CO-CREATE SMALL CAMPS WITH THE CHILDREN IN THEIR OWN NEIGHBORHOODS, ALLOWING THEM TO GATHER FOR COMMUNITY-BUILDING, ART ACTIVITIES, AND TAKE-HOME ART SUPPLIES

4b (Code:) (Expenses \$ 63,276 including grants of \$) (Revenue \$)
SPACECRAFT - FACILITATED PUBLIC ENGAGEMENT ART PROJECT

4c (Code:) (Expenses \$ 21,618 including grants of \$) (Revenue \$)
JUSTICE STUDIO - IN-HOUSE ART STUDIO PROGRAM AT JUVENILE DETENTION CENTER

4d Other program services (Describe on Schedule O.)
(Expenses \$ 28,835 including grants of \$) (Revenue \$ 1,700)

4e Total program service expenses 158,567

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> See instructions?	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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) CAROLYN BOUCHER EXECUTIVE DIRECTOR	40.00			X	X	X	48,000			
(2) LESLIE CURRAN PRESIDENT	0.50	X		X						
(3) DANIEL RUTISHAUSER TREASURER	0.50	X		X						
(4) TIMOTHY KEOGH DIRECTOR	0.50	X		X						
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							48,000			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							48,000			

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	132,856			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	104,361			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f ▶		237,217			
Program Service Revenue			Business Code			
	2a ART BUS		611710	1,700	1,700	
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f ▶		1,700				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		1,048			1,048
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss) ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue			Business Code			
	11a					
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d ▶						
12 Total revenue. See instructions ▶			239,965	1,700		1,048

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	48,436	38,748	9,688	
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	9,132			9,132
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,846	2,774	693	379
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	4,388		4,388	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	677		677	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	8,783	8,718	65	
12	Advertising and promotion	1,293	1,025	92	176
13	Office expenses	3,589	15	3,437	137
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,160	5,160		
23	Insurance	3,105	1,837	1,268	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	ART SUPPLIES	16,727	16,583		144
b	LABOR	37,027	34,844	2,183	
c	SPACECRAFT CONSTRUCTION	31,500	31,500		
d	STUDIO TOOLS, EQUIP & FURNISHINGS	15,545	14,665		880
e	All other expenses OTHER	3,666	2,698	485	483
25	Total functional expenses. Add lines 1 through 24e	192,874	158,567	22,976	11,331
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	19,283	1	56,162
	2 Savings and temporary cash investments	1,852	2	11,857
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	250	8	250
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,479		
	b Less: accumulated depreciation	10b 23,900	7,739	10c 2,579
	11 Investments—publicly traded securities	68,069	11	81,575
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		97,193	16	152,423
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25			26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds	97,193	31	152,423
32 Total net assets or fund balances	97,193	32	152,423	
33 Total liabilities and net assets/fund balances	97,193	33	152,423	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	239,965
2	Total expenses (must equal Part IX, column (A), line 25)	2	192,874
3	Revenue less expenses. Subtract line 2 from line 1	3	47,091
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	97,193
5	Net unrealized gains (losses) on investments	5	8,139
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	152,423

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NOMADSTUDIO, INC

Employer identification number
46-4322352

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2020. 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—2019. 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—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	92,677	76,564	102,891	139,876	237,217	649,225
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	10,406	23,597	21,968	27,891	1,700	85,562
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	103,083	100,161	124,859	167,767	238,917	734,787
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	16,480	36,000		15,000	15,000	82,480
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		1,931				1,931
c Add lines 7a and 7b	16,480	37,931		15,000	15,000	84,411
8 Public support (Subtract line 7c from line 6.)						650,376

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	103,083	100,161	124,859	167,767	238,917	734,787
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		5		1,411	1,048	2,464
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		5		1,411	1,048	2,464
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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	103,083	100,166	124,859	169,178	239,965	737,251
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	88.22%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	85.53%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	0.33%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2020.** 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—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

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

Name of the organization
NOMADSTUDIO, INC

Employer identification number
46-4322352

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization NOMADSTUDIO, INC	Employer identification number 46-4322352
--	--

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PINELLAS COMMUNITY FOUNDATION ----- 17755 US HWY 19 N STE 150 ----- CLEARWATER FL 33764 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 48,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CREATIVE PINELLAS, INC. ----- 12211 WALSINGHAM RD ----- LARGO FL 33778 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 78,356	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GOBIOFF FOUNDATION ----- 501 SILVERSIDE RD ----- WILMINGTON DE 19809 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	COMMUNITY FOUNDATION OF TAMPA BAY ----- 4300 W CYPRESS ST STE 700 ----- TAMPA FL 33607 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 25,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PINELLAS COUNTY BOARD OF COUNTY COMMISS ----- 315 COURT ST ----- CLEARWATER FL 33756 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	PATREON ----- 600 TOWNSEND ST STE 500 ----- SAN FRANCISCO CA 94103 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NOMADSTUDIO, INC	Employer identification number 46-4322352
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization NOMADSTUDIO, INC	Employer identification number 46-4322352
--	--

Part III **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ 0
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- ----- For. Prov. Country		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- ----- For. Prov. Country		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- ----- For. Prov. Country		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- ----- For. Prov. Country		----- ----- -----	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: NOMADSTUDIO, INC; Employer identification number: 46-4322352

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

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

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

Form with rows 1a, 1b, 2, 2a, 2b for questions regarding art and historical treasures collections.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| 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, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

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

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

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

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

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		26,479	23,900	2,579
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 2,579

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

NOMADSTUDIO, INC

Employer identification number

46-4322352

Form 990, Part III, Line 4d: Program Service Expenses: 28,835, Grants and allocations: 0,

Revenue: 1,700 OTHER PROGRAMS INCLUDE ART BUS, AND GROUP CHILDREN'S HOMES

Form 990, Part III, Line 2: MICROCAMPS - TEACHING ARTISTS CO-CREATE SMALL CAMPS WITH THE

CHILDREN IN THEIR OWN NEIGHBORHOODS, ALLOWING THEM TO GATHER FOR COMMUNITY-BUILDING, ART

ACTIVITIES, AND TAKE-HOME ART SUPPLIES

Form 990, Part VI, Section B, Line 11B: THE EXECUTIVE DIRECTOR REVIEWS THE FORM PRIOR TO

FILING.

Form 990, Part VI, Section B, Line 12: THE BOARD READS AND REVIEWS THE POLICY AND DISCLOSES

ANY POTENTIAL CONFLICTS OF INTEREST ANNUALLY.

Form 990, Part VI, Section B, Line 15A: A COMMITTEE WAS FORMED BY THE BOARD WHICH SURVEYED

INFORMATION FROM OTHER LOCAL ORGANIZATIONS THAT WERE AS SIMILAR AS POSSIBLE AND REVIEWED WHAT

THEIR EXECUTIVES WERE PAID.

Form 990, Part VI, Section C, Line 19: COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash	Noncash
1	Federated Campaigns	1	
2	Membership dues	2	
3	Fundraising events	3	
4	Related organizations	4	
5	Government grants (contributions)	5	132,856
6	All other contributions, gifts, grants, and similar amounts not included above: DONATIONS		
		104,361	
	Other contributions total	6	104,361
7	Total	7	237,217

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Depreciation	1	5,160		
2	Depletion	2			
3	Amortization	3			
4	Total	4	5,160		

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

			Before Disposition:	26,479	18,740	7,739			
			Less Disposed:						
* Asset disposed during tax year			After Disposition:	26,479			5,160	23,900	2,579
Check (X) if Investment Asset	Asset Description and Classification		Beginning of Year			End of Year			
	Category or Item	Asset Classification	Cost/Other Basis	Beginning Accumulated Depreciation	Beginning Balance	Current Year Depreciation	Ending Accumulated Depreciation	Ending Balance	
1	FIXED ASSETS	Equipment	26,479	18,740	7,739	5,160	23,900	2,579	

Part X, Lines 11 and 12 (990) - Investments - Securities

						Total:	68,069	81,575
Description	Check if Publicly Traded Securities?	Check if Financial Derivatives	Check if Closely-Held Equity Interests	Number of Shares/ Face Value	Value at Time of Donation	Beginning Balance Book Value FMV	Ending Balance Book Value FMV	
1	CFTB AGENCY RESERVE FUND	X				68,069	81,575	

NOMADstudio, Inc.

Profit and Loss

January - December 2021

	TOTAL
Income	
Program Revenue	
Contract Income	8,489.11
Total Program Revenue	8,489.11
Support	
Donations	80,752.18
Event Donations	15.00
Patreon Donations	7,998.07
Total Donations	88,765.25
Program Grants	
Grants - Restricted	47,227.00
Grants - Unrestricted	500.00
SPACEcraft	102,000.00
Total Program Grants	149,727.00
Total Support	238,492.25
Total Income	\$246,981.36
GROSS PROFIT	\$246,981.36
Expenses	
Advertising/Promotional	1,743.49
Art Supplies / Expendables	19,045.33
Bank Charges	81.82
Bus Related Repairs & Maintenance	5,197.21
Fuel	75.00
Toll	1.50
Total Bus Related Repairs & Maintenance	5,273.71
Conference/Training/Resources	1,234.24
Cost of Labor	98,732.50
Dues & subscriptions	368.20
Event Expense	1,829.49
Gov't Licenses & Fees	270.00
Insurance - Directors & Officers	549.00
Insurance - General Liability	2,631.99
Insurance-Bus	2,000.15
Office (incl digital subscriptions)	4,225.26
Office Supplies & Software	39.96
Payroll Expenditures	61,776.85
Employer Simple Match	1,030.00
Taxes	8,633.44
Total Payroll Expenditures	71,440.29
Payroll Service Fees	1,028.63

NOMADstudio, Inc.

Profit and Loss

January - December 2021

	TOTAL
Professional Fees (other)	12,279.10
Studio Tools, Equip & Furnishings	7,330.06
Rent - Storage	837.20
Total Studio Tools, Equip & Furnishings	8,167.26
Total Expenses	\$230,940.42
NET OPERATING INCOME	\$16,040.94
Other Income	
Net Investment Income	
Dividends & Interest on Investments	161.00
Interest Earned	5.96
Investment Expenses	-166.00
Realized & Unrealized Gain on Investments	-10,785.00
Total Net Investment Income	-10,784.04
Total Other Income	\$ -10,784.04
Other Expenses	
Ask Accountant	0.00
Total Other Expenses	\$0.00
NET OTHER INCOME	\$ -10,784.04
NET INCOME	\$5,256.90

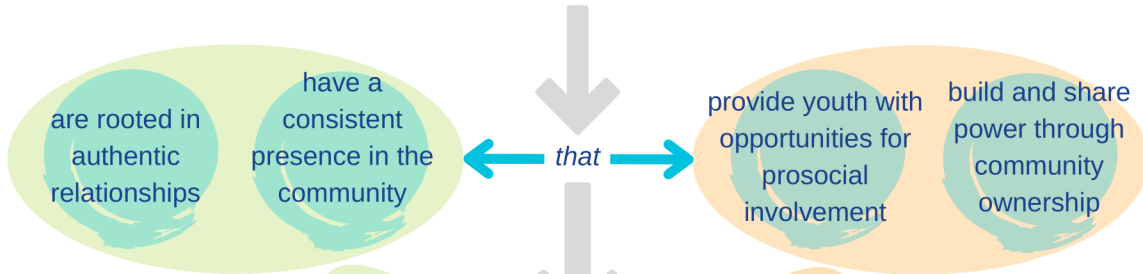
NOMADstudio, Inc.

Balance Sheet

As of September 8, 2022

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Cash on hand	49.00
Cash Jar Seed Funds	50.00
Total Cash on hand	99.00
CFTB Agency Reserve Fund	70,785.00
NOMAD CHECKING	87,764.85
NOMAD PayPal	623.23
NOMAD SAVINGS	302.27
SPACEcraft Checking	38,460.91
SPACEcraft Savings	9,560.98
Total Bank Accounts	\$207,596.24
Other Current Assets	
Inventory Asset	250.00
Uncategorized Asset	0.00
Undeposited Funds	0.00
Total Other Current Assets	\$250.00
Total Current Assets	\$207,846.24
Fixed Assets	
Accumulated Depreciation	-23,900.00
Machinery & Equipment	678.89
Studio Facilities Buildout	0.00
Vehicle	25,800.00
Total Fixed Assets	\$2,578.89
TOTAL ASSETS	\$210,425.13
LIABILITIES AND EQUITY	
Liabilities	
Long-Term Liabilities	
Notes Payable	0.00
Total Long-Term Liabilities	\$0.00
Total Liabilities	\$0.00
Equity	
Opening Balance Equity	0.00
Retained Earnings	157,680.27
Net Income	52,744.86
Total Equity	\$210,425.13
TOTAL LIABILITIES AND EQUITY	\$210,425.13

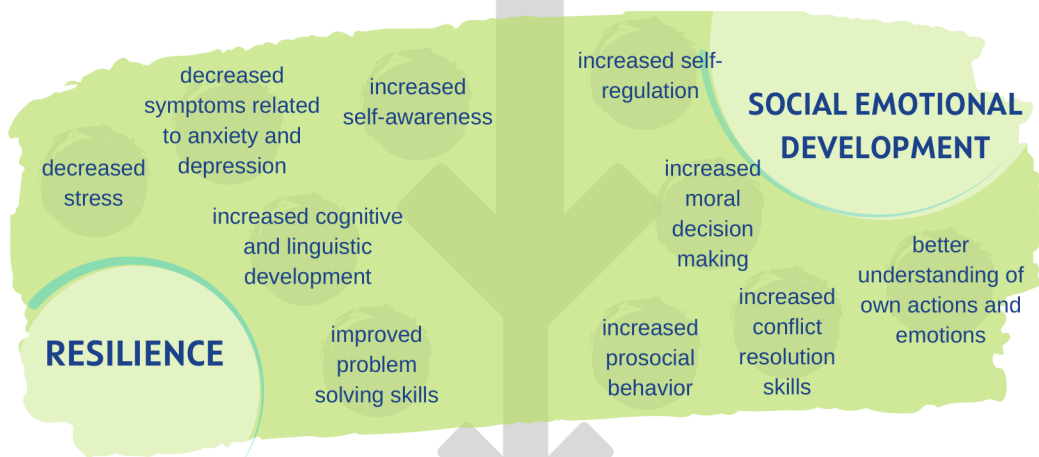
PLACE-BASED ART PROGRAMS IN PARTNERSHIP WITH PEOPLE IN SYSTEM-IMPACTED COMMUNITIES



BUILD TRUST & SENSE OF COMMUNITY AND SUPPORT CHILDREN IN SELF-DIRECTING THEIR PERSONAL DEVELOPMENT



STRENGTHENING PROTECTIVE FACTORS AND LIMITING RISK FACTORS



PROMOTING THE HEALTHY DEVELOPMENT AND WELLBEING OF CHILDREN, YOUTH, AND FAMILIES

Skills and practices gained in this process feed back into and continue to support personal development