

# Application Form

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## *Organization Information*

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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\***

St. Petersburg Arts Alliance

### **Proposal Name\***

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

Technology Upgrades

### **EIN\***

461335413

### **Incorporation Year\***

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

2013

### **Organizational Mission Statement\***

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

The St. Petersburg Arts Alliance is the umbrella organization serving this vital arts and cultural community. We do so by driving arts-related economic development and funding, advocating for art and artists, educating at all levels and facilitating the growth of our City of the Arts.

### **Unique Entity ID (SAM)**

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

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

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

Character Limit: 12

YAFKW566J9C4

### Annual Operating Budget Size\*

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

\$672,250.00

### Amount Requested\*

The maximum grant amount is \$199,999.

\$5,347.00

### 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*

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### 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?

Since 2013, the St. Petersburg Arts Alliance (SPAA) has been serving professional artists, youth, local creative businesses, and the community at-large with arts related education, advocacy, marketing, and financial resources. We deliver outcomes that improve the educational options and financial stability of working artists as well as engage the community by using art as a tool to help manage real world challenges.

Our educational programming works at every level of artistic development to help artists build a creative, sustainable, financially solvent career. Our programs include:

- Arts for a Complete Education (ACE), whose mission is to promote quality, equitable arts education in Pinellas County Public Schools.
- Funding Futures, which provides scholarships for elementary and middle school students with demonstrated financial need to take part in extracurricular arts education programming.
- LiFT focuses on the next generation of emerging artists who are looking to make a professional career out of being a working artist. LiFT provides scholarships for students to explore educational opportunities and mentorships after high school.
- Arts Business Academy is SPAA's program to teach professional working artists how to have a financially sustainable creative business.

SPAA is also working to connect the worlds of arts and mental health with Murals in Mind. This program uses 12 of St. Pete's iconic murals provide a respite from the struggles so many of our friends and colleagues deal with on a daily basis. Lastly, we serve the community at-large with special events that have become synonymous with St. Petersburg as a City of the Arts including the SHINE Mural Festival and Second Saturday ArtWalk.

## 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.

SPAA's Comprehensive Arts Strategy (CAS) was created to respond to the needs of the arts community within the city of St. Petersburg. This 9 month process engaged thousands of community members and challenged them to identify the opportunities, strengths, challenges and desired goals of the strategy. While it has been proven time and again that the role arts play in our economic development and health and wellbeing, the arts have been historically underfunded or in fact, not funded at all. The highest goal of SPAA within CAS is to secure adequate and sustainable funding to serve our community, and we are on the road to achieving that goal. Recently the Tourism Development Council set aside funds to hire an outside consultant to create a Cultural Plan for Pinellas County. We have been assured by the County Commissioners that if the plan is viable, it will be funded and executed. Translating this strength into actionable results is what our organization is all about. There is a direct correlation between community needs and the programs that SPAA offers.

The benefits that arts bring to the community are so varied and so strong. Health and wellbeing, mental health, education, safety, beautification, tourism, economic development and technology are just a handful of the areas in which the arts play a role in our day-to-day lives. Each of our major higher learning institutions have some component of art in their curriculum. Throughout the entire Pinellas County Schools system, art enhances a student's ability to learn, as well as being a driving force towards innovation. If you walk around our city of murals, it is within these images that we communicate the best values of what community is all about. "The Arts" as an industry employs thousands of people as does arts related businesses that support the artists, museums, galleries, art districts and emerging artists - as our next generation of what will continue to bring uniqueness to our community.

## 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.**

SPAA has seen a decrease in revenue as a result of the COVID-19 pandemic. This is mainly due to the cancellation of MUSE, SPAA's annual fundraiser. While we were able to host MUSE in February 2020 prior to everything shutting down, we were unable to do the same in 2021. We saw a decrease in revenue of about \$50,000 because we were unable to host the event.

SPAA's grant writer also retired during the pandemic, and given the strain on our budget the CEO took over those responsibilities. Grant funding overall was shifted to COVID-related RFPs so we could respond to the needs of the artists, arts organizations, and creative businesses we serve. Similarly, SPAA staff had to reallocate their time spent on our previously described programming to ensure those we serve were able to sustain themselves financially through the pandemic. This impacted our standard output as it relates to fundraising, marketing and promotion, and relationship building, all of which are tied to the bottom line of our organization.

## 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?

Our request is focused on the productivity of the SPAA to better serve our audiences. The request includes:

Laptops - 5 year lifespan  
 Printers - 5 - 8 year lifespan  
 Tablets - 5 year lifespan  
 Creative Cloud Software - infinite lifespan as the software is "in the cloud" and updates itself for those with paid subscriptions

All of the programming and activities described in the previous section will improve with this request and, therefore, better serve our audiences, which will help us execute our strategic plan, including our fundraising goals and objectives. For example:

- An increase in speed and accuracy will boost staff productivity allowing time to get more things done including marketing and promoting artists and creative businesses and providing arts education opportunities for young people. These activities in turn help drive revenue for our organization.
- Updated technology tools will allow staff to be organized and mobile. With new staff leadership that began in 2021, SPAA has increased its programs and the number of people served. SPAA staff is extremely busy with community outreach and supporting artists and creative businesses, and they need tools that they can regularly rely on that are portable for when they are at events, galleries, studios, and schools. All of these activities provide a positive return on investment in the form of more people served, greater impact, and increased revenue opportunities.

## 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?**

Given the wide reach the arts play in our community, we know we reach those people who have been disproportionately negatively impacted by the pandemic. For SPAA, that often means the professional artists in our community and the creative businesses that were hit hard by not being able to sell their work and have their doors open. Having upgraded technology will give our staff the time and resources to produce the work we need to in response to the needs of our audience.

Some of the results we anticipate are:

- Providing better, more visually appealing and effective promotion and marketing for artists and creative businesses as well as SPAA's arts education programming.
- More resources such as increased use of video to further deliver on our mission.
- The ability to accomplish more on a daily basis on behalf of those we serve including advocating for fair pay and youth arts education.
- Increased access to improved video processing features for remote work among Board, staff, volunteers, artists, partners, and collaborators.

## Number Served\*

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

100000

## Unduplicated vs. Duplicated\*

Is the number indicated above duplicated or unduplicated?

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

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

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

Unduplicated

## Other (Explanation Required)

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

*[Unanswered]*

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](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.

### 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/>  
100 2nd Ave North Suite 150 St. Petersburg FL 33701

### 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).

SPAA staff does work at the headquarters address, however, they are mostly working in the community and remotely as needed. Given any of these circumstances, the majority of the activities related to this request will take place in the St. Petersburg area.

## QCT Determination - Purchase\*

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

No

## Community Connection

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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.

The SPAA staff consists of artists who are also non-profit professionals with backgrounds in both visual arts and performing arts. Their work experience helps them build relationships in the community that lead to more visibility and funding for those we serve and for SPAA.

As previously mentioned, SPAA works with ACE Pinellas to serve youth throughout Pinellas County, ensuring all students have equitable access to arts education programming in the schools and beyond. Our scholarship program, Funding Futures, has us partnering with local arts organizations that provide arts education classes such as Creative Clay, American Stage, and the NOMAD Art Bus. LiFT includes relationships with Eckerd College and SPC Midtown as we work to educate the next generation of emerging artists.



The City of St. Petersburg and St. Petersburg Downtown Partnership are also significant partners in helping deliver equitable arts access. Their support has allowed SPAA to expand SHINE into multiple neighborhoods throughout the city as well as have a vision for how St. Petersburg can use the arts to transform people’s lives.

### 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."

None of the above

### 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."

LGBTQ+

## *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.

Technology List (2).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.

Our request includes the Remarkable Tablet, which is from a specific vendor. It is not available in tech stores like other types of technology. So there is only one quote for that item on the submitted PDF.

### 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-SPAA-Budget-Template-Small-Capital-Purchases (1).xlsx

Some of the items on the PDF with the quoted prices are discounted prices because at the time of pulling the information together the item was on sale. The submitted budget reflects the non-sale price as we can't guarantee the item will still be on sale when we are notified about the grant.

## Other Funding Sources\*

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

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

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

We do not have other funding sources at this time for the items requested.

## Changes in Operating Costs\*

Please answer this question based on the descriptions below:

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

This project will help SPAA decrease operating costs in the following ways:

- Increase our in-house capabilities such as graphic design and video and photo editing, allowing us to rely less on outside vendors that charge for these services.
- Take on more complex design projects that produce more visually appealing photos, newsletters, website graphics, etc.
- Spend less money on computer repairs and battery replacements because everything is new and less likely to break.

## *Organization Documentation*

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

### **Organization Budget\***

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

SPAA FYE2022 Budget.xlsx

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

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

SPAA Board List 2022 (1).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.

SPAA 990 - 2020 (1).pdf

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

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

We do not have audited financials as we are an organization with a budget under \$1 million. Our Board has not voted for an audit for this reason to date.

## *Insurance Requirements*

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

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

Please upload evidence of insurance.

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

COI for CP NEA Grant.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*

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

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

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

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

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).

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

## *Additional Information*

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### 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.

### 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?

It is difficult for SPAA to answer the "number served" question because the events we hold (especially the SHINE Mural Festival) have such a tremendous following. It is also hard to quantify the number of youth served through ACE Pinellas given that the work we do supports youth across the county. SPAA is an organization for everyone in our community, and the work we do likely touches all community members at some point in time, one way or another.

### Brief Project Descriptor

Please briefly describe this organization's request.

## File Attachment Summary

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### *Applicant File Uploads*

- Technology List (2).pdf
- ARPA-SPAA-Budget-Template-Small-Capital-Purchases (1).xlsx
- SPAA FYE2022 Budget.xlsx
- SPAA Board List 2022 (1).pdf
- SPAA 990 - 2020 (1).pdf
- COI for CP NEA Grant.pdf

# Laptop: Dell Inspiron 3511

Model Number: I3511-5641BLK

Source: Office Depot

Price: \$579.99

[Home](#) / [Computers & Accessories](#) / [Laptop Computers](#) / [PC Laptops](#) / [Product Details](#)  
[PC Laptops](#)

## Dell™ Inspiron 3511 Laptop, 15.6" Touchscreen, Intel® Core™ i5, 16GB Memory, 256GB Solid State Drive, Windows® 11, I3511-5641BLK-PUS

Item #5120446 | [Share](#)

★★★★☆ 4.4 (82)



↗ 14 purchased in the last 24 hours


**\$579.99 Sale**


Reg. \$849.99 (You save \$270.00)


After instant savings. Exp 09/06/22. Limit 5



Add To Cart

 **Estimated 1-3 Business Day Delivery**  
50 in Stock

 **Same Day Delivery**  
If ordered before 5:00pm In Stock

 **Free In-Store or Curbside Pickup Save 5%**  
Ready in 20 minutes In Stock  
In Stock At 1325 Polaris Parkway, Columbus, OH, 43240  
[Check Another Store](#)

### Add Word, Excel, storage and more!

Microsoft 365 apps 15 Months for the price of 12, a value of up to \$25



Microsoft 365 Family 15-Month

Source: Office Supply

Price: \$835.29



## Dell Inspiron 3511 Laptop, 15.6" Touchscreen, Intel Core i5, 16GB Memory, 256GB Solid State Drive, Windows 11, I3511-5641BLK-PUS

★★★★☆ (78) Reviews | Product Number: ODFN5120446

- Dell laptop with a 15.6" screen (1920 x 1080) offers crisp, vivid images from games, shows and websites.
- High-performance Intel Core i5 processor allows you to multitask with ease.
- Includes 16GB of memory to run your apps and games.
- 256GB solid state drive holds your documents, songs, photos and other files. Solid state drives are generally lighter, quieter, more cost-efficient and may consume less energy than the traditional hard drive.

[More details](#)

**\$835.29**



# Printer: HP Envy 6055e

Model Number: 223N1A#B1H

Source: HP

Price: \$139.99



1/8 

SPECIAL OFFERS

★★★★★ 3.8/5 (687)

ENERGY STAR | HOME

## HP ENVY 6055e All-in-One Printer w/ bonus 6 months Instant Ink through HP+

FUNCTIONS Print, copy, scan

- Print, copy, scan in color, 2-sided prints, photos, mobile/wireless
- Home and family documents, borderless photos, homework, creative projects
- Includes 6 months Instant Ink and more with optional HP+ printing system
- HP+ requires HP account, internet, works only with original HP Ink [See all Specs](#)

Can't find what you are looking for?

[SEE SIMILAR PRODUCTS](#)

~~169.99~~ SAVE \$30.00

\$139.99

[Earn 1X HP Rewards Points](#)

[ADD TO CART](#)

Source: Best Buy

Price: \$139.99

HP - ENVY 6055e Wireless Inkjet Printer with 6 months of Instant Ink Included with HP+ - White

Model: ENVY 6055e SKU: 6454281

★★★★☆ 4.2 (3,731 Reviews) | 769 Answered Questions

[HP+ eligible](#)



\$139.99

Save \$30 (17%)  
Was \$169.99

4 payments starting at

\$35.00

with [ZiP](#)  
[Learn more >](#)

**15-DAY FREE & EASY RETURNS**  
If received today, the last day to return this item would be Sep 21.  
[Learn more >](#)

**Hot offer** Free Microsoft 365 trial with device

**BEST BUY totaltech** The membership you and your tech deserve.

- Free Geek Squad® tech support available 24/7/365
- Up to 24 months of product protection on most Best Buy purchases, with active membership
- Free delivery and standard installation

\$199.99 per year

[Learn About Totaltech](#)

**Protect your printer or scanner**  
★★★★☆ (9,078)

96% of reviewers would recommend Geek Squad Protection

4-Year Geek Squad Product Replacement About \$0.

[Learn more](#)



## Tablet: iPad 10.2 in

Source: Apple

Price: \$329


iPad

\$329.00 or \$27.41/mo. for 12 mo.\*

US English


Add

Delivers: Thu, Sep 8  
Order now. Pick up, in store: Thu, Sep 8



**\$329.00**  
or  
**\$27.41/mo. for 12 mo.\***  
[Learn how to pay monthly at 0% APR when you choose Apple Card Monthly Installments](#)

Protect your new iPad.

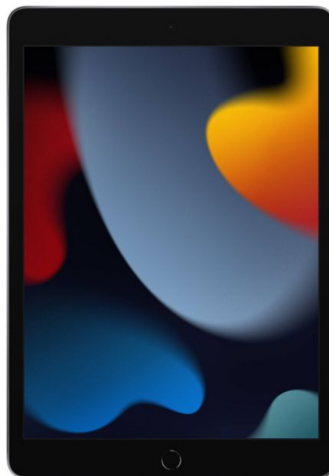
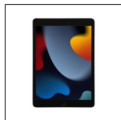
 **AppleCare+**  
**\$69.00 or \$3.49/mo.**  
Protect your iPad, Apple Pencil, and Apple-branded keyboard from accidental drops and spills with AppleCare+.

Add

Source: Target

Price: \$279

### Apple iPad 10.2-inch Wi-Fi (2021 Model)



**\$279.99** reg \$329.99

**Sale** save \$50.00 (15% off)

When purchased online




★★★★★ 185 [56 Questions](#)

Color **Space Gray**



Size **64GB**

256GB **64GB**

 <b>Pickup</b> Ready within 2 hours	 <b>Delivery</b> Not available	 <b>Shipping</b> Get it by Fri, Sep 9
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**Pick up at Largo** [Check other stores](#)

Ready within 2 hours for pickup inside the store

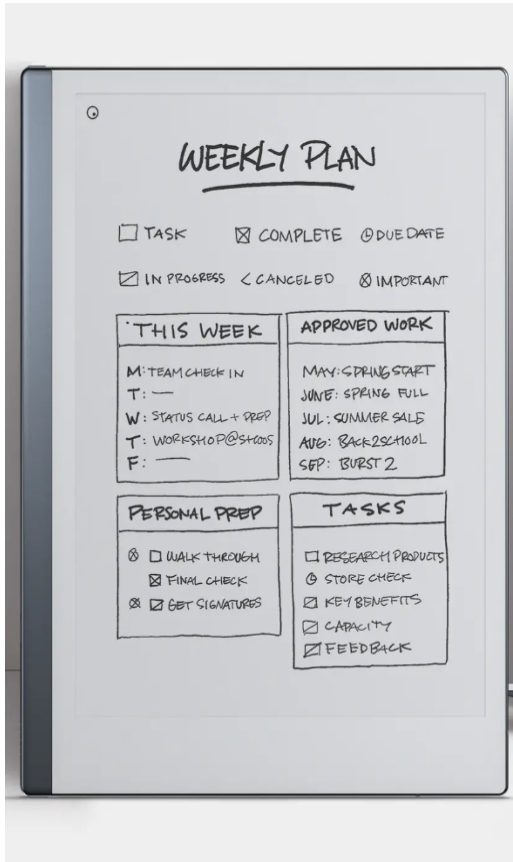
Qty 1

Add to cart

# Remarkable Tablet (x2)

Source: Remarkable

Price: \$1,054



## Cart

reMarkable 2 bundle	
reMarkable 2	\$299
Marker Plus	\$129
Book Folio - Polymer weave - Gray	\$99
- 2 +	
<b>\$1,054</b>	

**Please note**

Currently, **you can only get Connect with one reMarkable 2** – even when buying multiple. However, the recipient of the other device(s) can buy Connect later.

<b>Satisfaction guarantee</b>	<a href="#">Edit</a>
Try risk free for 100 days	
<b>Full refund within 100 days</b>	<b>Included</b>
Also includes accessories	
<b>1-year free Connect subscription</b>	<b>Included</b>
Then \$7.99/month. Cancel anytime.	

# Macbook Air M2

Model number: MLY33LL/A

Source: Apple

Price: \$1,199



[View gallery](#)



Get free delivery, or pick up available items at an Apple Store



Free and easy returns

New

## Customize your MacBook Air - Midnight

Apple M2 chip with 8-core CPU, 8-core GPU, 16-core Neural Engine

8GB unified memory

256GB SSD storage

13.6-inch Liquid Retina display with True Tone

1080p FaceTime HD camera


MagSafe 3 charging port


Two Thunderbolt / USB 4 ports

30W USB-C Power Adapter

Backlit Magic Keyboard with Touch ID - US English

Apple Trade In

 Order now. Pick up, in store:  
Today at  
[Apple Easton Town Center](#)

 Order by 5:30 p.m.. Delivers to 43215\*\*  
Within 2 hours from Store — \$9.00  
Sep 12 - Sep 14 — Free

**\$1,199.00** or  
**\$99.91/mo. for 12 mo.\***  
[Get 3% Daily Cash with Apple Card](#)

[Add to Bag](#)



Source: Best Buy

Price: \$1,199


MacBook Air 13.6" Laptop - Apple M2 chip - 8GB Memory - 256GB SSD (Latest Model) - Midnight

Model: MLY33LL/A SKU: 6509650


★★★★★ 4.9 (183 Reviews) | 21 Expert Reviews | 20 Answered Questions



**\$1,199.00** or **\$99.92/mo.\***  
suggested payments with  
12-Month Financing  
[Show me how >](#)

 **Save when you trade-in a similar device.**  
[See how trade-in works](#)

Check my trade-in value

 **15-DAY FREE & EASY RETURNS**  
If received today, the last day to return this item would be Sep 21. [Learn more >](#)

**Hot offer** 15-month Microsoft 365 offer with device

**Open-Box:** from \$1,123.99

### Configure your Mac

Total Storage Capacity:

256GB 

[How much storage do I need?](#)

## Asus Vivobook 14

Model Number: TM420UA-IB79T

Source: Best Buy


Price: \$949.99

### ASUS VivoBook Flip 2-in-1 Laptop, 14" FHD Touch Display, AMD Ryzen 7, 16GB DDR4, 1TB SSD, Bespoke Black - Black

Model: TM420UA-IB79T SKU: 6515439

☆☆☆☆☆ Be the first to write a review | 4 Answered Questions

**\$949.99** or **\$79.17/mo.\***  
suggested payments with  
**12-Month Financing**  
[Show me how >](#)

 **Save when you trade-in a similar device.**  
[See how trade-in works](#)




Check my trade-in value

**15-DAY FREE & EASY RETURNS**  
If received today, the last day to return this item would be Sep 21. [Learn more >](#)

**Hot offer** 15-month Microsoft 365 offer with device




**BEST BUY totaltech** | The membership you and your tech deserve.

-  Free Geek Squad® tech support available 24/7/365
-  Up to 24 months of product protection on most Best Buy purchases, with active membership
-  Free delivery and standard

Source: Amazon  
Price: \$740



 **ASUS 14" Touchscreen 2-in-1 VivoBook TM420UA Laptop - AMD Ryzen 7-5700U 16GB/1TB**  
[Visit the ASUS Store](#)  
★★★★☆ 1 rating


**\$740<sup>00</sup>**

**Pay \$61.67/month for 12 months** (plus S&H, tax) with 0% interest equal monthly payments when you're approved for the Prime Store Card.  
Not eligible for Amazon Prime. Available with free Prime shipping from other sellers on Amazon.

<b>Brand</b>	ASUS
<b>Series</b>	TM420UA
<b>Screen Size</b>	14 Inches
<b>Hard Disk Size</b>	1 TB
<b>CPU Model</b>	Ryzen 7
<b>Ram Memory Installed Size</b>	16 GB

**Buy new:**  
**\$740<sup>00</sup>**

FREE delivery  
**September 8 - 12.** Order within 1 hr 6 mins. [Details](#)


 Deliver to Zoe - Saint Petersburg 33707

**Only 4 left in stock - order soon.**

Qty: 1 ▾

**Add to Cart**

**Buy Now**

 **Secure transaction**

Ships from **Holiday Ele...**  
Sold by **Holiday Ele...**  
Customer Service **Holiday Ele...**

## Adobe Creative Cloud - 1 Year Prepaid

Source: Adobe  
Price: \$1,019.88

Products for your team



**Creative Cloud All Apps**

Commitment

Annual plan, prepaid – US\$1,019.88/yr per li... ▼

Quantity

1 ▼

Subtotal US\$1,019.88/yr

**DUE NOW US\$1,019.88/yr + tax**







# St Petersburg Arts Alliance Operating Budget FY

## Projected 2022 Budget

### Income

#### Direct Public Support

Corporate Contributions	\$	125,000.00
Muse Awards Sponsorships	\$	35,000.00
Total Corporate Contributions	\$	160,000.00
Individual Contributions	\$	100,000.00

<b>Total Direct Public Support</b>	<b>\$</b>	<b>260,000.00</b>
------------------------------------	-----------	-------------------

#### Event Income

Muse Awards Tickets	\$	12,000.00
Garden Party Event	\$	40,000.00

<b>Total Event Income</b>	<b>\$</b>	<b>52,000.00</b>
---------------------------	-----------	------------------

Government Grants	\$	81,250.00
Artist/Organization Awards	\$	15,000.00
SHINE Mural Arts Festival	\$	30,000.00
Operations	\$	50,000.00

#### PPP

<b>Total Government Grants</b>	<b>\$</b>	<b>176,250.00</b>
--------------------------------	-----------	-------------------

#### Interest Income

#### Misc. Income

<b>Total Other Types of Income</b>	<b>\$</b>	<b>-</b>
------------------------------------	-----------	----------

Private Foundation Grants	\$	150,000.00
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<b>Total Private Foundation Grants</b>	<b>\$</b>	<b>150,000.00</b>
--	-----------	-------------------

#### Program Income

Ad income-gallery guide	\$	10,000.00
Membership Dues	\$	20,000.00
Arts Business Academy	\$	4,000.00

<b>Total Program Income</b>	<b>\$</b>	<b>34,000.00</b>
-----------------------------	-----------	------------------

<b>Total Income</b>	<b>\$</b>	<b>672,250.00</b>
---------------------	-----------	-------------------

## Expenses

### Administrative Expenses

CEO	\$	85,000.00
Incentive Compensation Pool	\$	5,000.00
Dir - Marketing/Operations	\$	43,000.00
Dir - ACE Program		
Dir - Advancement	\$	51,600.00
Asst Dir - Festival Shine	\$	43,000.00
Contingency - transition		
Grant Writer	\$	12,000.00
Intern	\$	4,000.00
<b>Total Administrative Expenses</b>	<b>\$</b>	<b>243,600.00</b>

### Business Expenses

Credit Card Fees	\$	1,500.00
Business Registration Fees	\$	400.00
Membership Dues	\$	1,500.00
Summits & Conferences		
<b>Total Business Expenses</b>	<b>\$</b>	<b>3,400.00</b>

### Contract Services

Accounting Fees	\$	5,000.00
Website Contract Services	\$	6,000.00
Event Contract Services Garden Party	\$	3,750.00
Outside Contract Services muse and	\$	3,750.00
Data Base - Little Green Light	\$	1,200.00
Little Green Light Consultant	\$	1,000.00
<b>Total Contract Services</b>	<b>\$</b>	<b>20,700.00</b>

### Facilities and Equipment

Rent, Parking, Chamber	\$	5,000.00
<b>Total Facilities and Equipment</b>	<b>\$</b>	<b>5,000.00</b>

### Insurance

Liability, D and O Insurance	\$	3,000.00
Workmens Comp	\$	800.00
<b>Total Insurance</b>	<b>\$</b>	<b>3,800.00</b>

<b>Operations Expenses</b>		
Advertising/Promotion	\$	4,000.00
Travel & Entertainment	\$	2,000.00
Books, Subscriptions	\$	2,300.00
Postage, Mailing Service	\$	500.00
Printing and Copying	\$	1,000.00
Supplies, Bus. & Office	\$	5,000.00
Telephone, Telecommunications	\$	2,000.00
Payroll Expenses	\$	18,000.00
<b>Total Operations Expenses</b>	<b>\$</b>	<b>34,800.00</b>

<b>Travel &amp; Meetings</b>		
Conference, Convention, Meeting		
<b>Total Travel &amp; Meetings</b>		

<b>Event Expenses</b>		
Dinner Birchwood		
MUSE Awards	\$	30,000.00
New Events	\$	25,000.00
<b>Total Event Expenses</b>	<b>\$</b>	<b>55,000.00</b>

<b>Program Expenses</b>		
Accessible Shine Mural Tours		
ACE	\$	3,000.00
Artist/Organization Awards	\$	20,000.00
Arts Resource Center - ABA and Web	\$	2,500.00
Art Walk Trolley / Advertising	\$	6,000.00
Mural Office		
Funding Futures	\$	15,000.00
Grant Award Program	\$	6,000.00
SHINE Mural Arts Festival	\$	188,600.00
St. Pete Performs/SPF		
Studio/Gallery Support	\$	5,000.00
CAS - Museums, Performing & Distric	\$	25,000.00
Other Programs		
<b>Total Program Expenses</b>	<b>\$</b>	<b>271,100.00</b>

<b>Total Expenses</b>	<b>\$</b>	<b>637,400.00</b>
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<b>Net Operating Income</b>	<b>\$</b>	<b>34,850.00</b>
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<b>SPAA Reserve Fund</b>	<b>\$</b>	<b>34,850.00</b>
<b>Endowment for the Arts</b>		

Y 2022

# St Petersburg Arts Alliance Operating Budget

5.14.20

	Year End Total 2018	Year End Total 2019
<b>Income</b>		
<b>Direct Public Support</b>		
Corporate Contributions	172,383.40 \$	166,089.69
Muse Awards Sponsorships	34,100.00	64,125.00
<b>Total Corporate Contributions</b>	<b>\$ 206,483.40 \$</b>	<b>230,214.69</b>
Individual Contributions	48,383.66	73,420.01
<b>Total Direct Public Support</b>	<b>\$ 254,867.06 \$</b>	<b>303,634.70</b>
<b>Event</b>		
Dinner ticket Birchwood	11,525.00	1,240.00
Festival Event Tickets	6,175.00	340.00
Muse Awards Tickets	1,570.00	13,175.00
Art Shows (2)		
<b>Total Event</b>	<b>\$ 19,270.00 \$</b>	<b>14,755.00</b>
<b>Government Grants</b>		
Artist/Organization Awards	15,000.00	15,000.00
SHINE Mural Arts Festival	36,162.50	42,000.00
Operations	55,000.00	50,000.00
<b>Total Government Grants</b>	<b>\$ 151,162.50 \$</b>	<b>119,500.00</b>
<b>PPP</b>		
Interest Income	4.96	4.96
<b>Misc. Income</b>		
Private Foundation Grants	33,112.40	62,450.00
Ace - Program	5,000.00	1,000.00
<b>Total Private Foundation Grants</b>	<b>\$ 38,112.40 \$</b>	<b>63,450.00</b>
<b>Program Income</b>		
Ad income-gallery guide	6,510.00	6,510.00
Membership Dues	6,950.00	15,050.00
Arts Business Academy		3,664.43
Space Rental		
<b>Total Program Income</b>	<b>\$ 13,460.00 \$</b>	<b>25,224.43</b>
<b>Total Income</b>	<b>\$ 476,876.92 \$</b>	<b>526,569.09</b>
<b>Expenses</b>		
<b>Administrative</b>		
Exec Director	69,999.96	75,000.00
Incentive Compensation	6,500.00	7,500.00
Assoc Dir - marketing/operations		13,220.00

Assoc Dir - ACE Program		3,035.00	3,799.10
Assoc Dir. Programs & Development		28,680.00	33,552.00
Asst Dir - Festival Shine			
Factory staffing			
<b>Total Administrative</b>	<b>\$</b>	<b>108,214.96</b>	<b>\$ 133,071.10</b>
<b>Payroll Expenses</b>	<b>\$</b>	<b>8,278.49</b>	<b>\$ 10,180.02</b>
Bank Service Charges		7.18	28.20
Credit Card Fees		1,740.75	1,940.00
<b>Total Bank Service Charges</b>	<b>\$</b>	<b>1,747.93</b>	<b>\$ 1,968.20</b>
<b>Business Expenses</b>			
Business Registration Fees		270.00	270.00
Membership Dues		1,875.00	1,575.00
Summits & Conferences		237.01	1,060.00
<b>Total Business Expenses</b>	<b>\$</b>	<b>2,382.01</b>	<b>\$ 2,905.00</b>
<b>Contract Services</b>			
Accounting Fees		5,259.90	4,231.60
Website Contract Services		7,346.75	4,691.24
Event Contract Services			
Outside Contract Services		18,917.00	705.00
Maintenance Services			
<b>Total Contract Services</b>	<b>\$</b>	<b>31,523.65</b>	<b>\$ 9,627.84</b>
<b>Facilities and Equipment</b>			
Rent, Parking, Chamber		2,154.65	5,707.81
Rent - Factory			
Furnishings & Equipment			31.00
<b>Total Facilities and Equipment</b>	<b>\$</b>	<b>2,154.65</b>	<b>\$ 5,738.81</b>
<b>Insurance</b>			
Liability, D and O Insurance		2,570.00	2,570.00
Workmens Comp			
<b>Total Insurance</b>	<b>\$</b>	<b>2,570.00</b>	<b>\$ 2,570.00</b>
<b>Operations</b>			
Advertising/Promotion		494.76	455.73
Books, Subscriptions		1,237.64	2,894.58
Postage, Mailing Service		409.09	300.90
Printing and Copying			412.19
Supplies, Bus & Office		3,135.58	2,124.27
Telephone, Telecommunications		1,055.02	1,320.44
<b>Total Operations</b>	<b>\$</b>	<b>6,332.09</b>	<b>\$ 7,508.11</b>

<b>Travel &amp; Meetings</b>			
Conference, Convention, Meeting	\$	450.00	
<b>Total Travel &amp; Meetings</b>	<b>\$</b>	<b>450.00</b>	
<b>Endowment for the Arts</b>			
		<b>0.00</b>	<b>0.00</b>
<b>Event Expenses</b>			
Dinner Birchwood			3,300.00
MUSE Awards		28,020.50	29,934.75
New Events			
<b>Total Event Expenses</b>	<b>\$</b>	<b>28,020.50</b>	<b>\$ 33,234.75</b>
<b>Program Expenses</b>			
Accessible Shine Mural Tours		4,000.00	13,344.00
Ace		15,618.52	6,722.34
Artist/Organization Awards		14,150.00	16,535.00
Arts Resource Center		571.37	3,147.73
Art Walk Trolley		14,823.00	15,984.06
Et Cultura Festival		4,500.00	0.00
Funding Futures			10,297.89
Grant Award Program		8,237.50	17,217.46
SHINE Mural Arts Festival		126,016.39	170,610.25
St. Pete Performs/SPF		38,533.93	28,433.18
Studio/Gallery Support		4,252.50	8,505.39
Arts Bus Education		15,996.54	13,450.16
<b>Program Expenses</b>		<b>246,699.75</b>	<b>\$ 304,247.46</b>
<b>Total Expenses</b>	<b>\$</b>	<b>438,374.03</b>	<b>\$ 511,051.29</b>
<b>Net Operating Income</b>	<b>\$</b>	<b>38,502.89</b>	<b>\$ 15,517.80</b>
<b>INKIND</b>			
<b>Other Income</b>			
<b>Inkind Support</b>			
Advertising		999.96	999.96
Hotel Rooms - Shine			0.00
Misc. SHINE Inkind Income			0.00
Printing & Copying		999.96	999.96
Rent		4,800.00	4,800.00
internet service		0.00	
Website Hosting		300.00	300.00
<b>Total Inkind Support</b>	<b>\$</b>	<b>7,099.92</b>	<b>\$ 7,099.92</b>
<b>Total Other Income</b>	<b>\$</b>	<b>7,099.92</b>	<b>\$ 25,000.00</b>



<b>Other Expenses</b>		
<b>Inkind Support Expenses</b>		
Advertising	999.96	999.96
Hotel Rooms - Shine		0.00
Misc. SHINE Inkind Income		0.00
Printing & Copying	999.96	999.96
Rent	4,800.00	4,800.00
internet service	0.00	
Website Hosting	300.00	300.00
<b>Total Inkind Support Expenses</b>	<b>\$ 7,099.92</b>	<b>\$ 7,099.92</b>
<b>Total Other Expenses</b>	<b>\$ 7,099.92</b>	<b>\$ 25,000.00</b>
<b>Net Other Income</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Net Income</b>	<b>\$ 38,502.89</b>	<b>\$ 15,517.80</b>

		FULL YEAR 2020 PROJECTED				
2020 Budget	Jan-June 2020	June-Dec 2020		Checking acct total 6/30/20		
Total	Total	projected	TOTAL	365,928	checking acct	
				103,600	proj. income	
\$ 125,000.00	\$ 75,045.79	50,000.00	\$ 125,045.79	469,528	Total	
\$ 90,000.00	\$ 30,250.00		\$ 30,250.00			
\$ 215,000.00	\$ 105,295.79	\$ 50,000.00	\$ 155,295.79	346,920	proj. expenses	
35,000.00	15,776.73	25,000.00	40,776.73			
\$ 250,000.00	\$ 121,072.52	\$ 75,000.00	\$ 196,072.52	122,608	proj. year-end net	
				Projected chkg. acct total 12/31/20		
	398.00		398.00			
9,000.00		3,000.00	3,000.00			
			0.00	Notes:		Ending Balances
9,000.00	16,525.00		16,525.00	12/31/2018		206,603.00
10,000.00			-	12/31/2019		218,979.00
\$ 28,000.00	\$ 16,923.00	\$ 3,000.00	\$ 19,923.00	Projected:		
				12/31/2020		122,608.00
45,000.00	17,207.00		17,207.00			96,371.00
15,000.00	15,000.00		15,000.00			
30,000.00	30,000.00		30,000.00	Savings:		Ending Balances
55,000.00	56,250.00		56,250.00	12/31/2018		50,013.00
\$ 145,000.00	\$ 118,457.00	\$ 0.00	\$ 118,457.00	12/31/2019		50,018.00
			\$ 30,000.00	Projected:		
12.00	2.48	-	2.48	12/31/2020		50,022.00
	200.00		200.00			
115,000.00	149,011.00	15,000.00	164,011.00			
10,000.00	5,000.00	10,000.00	15,000.00			
\$ 125,000.00	\$ 154,011.00	\$ 25,000.00	\$ 179,011.00			
5,000.00	8,545.00		8,545.00			
6,250.00	11,492.00	600.00	12,092.00			
6,000.00			-			
2,000.00			-			
19,250.00	20,037.00	600.00	20,637.00			
567,262.00	430,703.00	103,600.00	564,303.00			
80,000.00	40,000.02	40,000.00	80,000.02			
8,000.00	10,500.00		10,500.00			
35,000.00	9,705.00	15,000.00	24,705.00			

6,600.00	1,496.00	1,200.00	2,696.00		
36,037.00	17,855.00	11,900.00	29,755.00		
26,250.00	10,800.00	11,900.00	22,700.00		
			-		
<b>191,887.00</b>	<b>90,356.02</b>	<b>80,000.00</b>	<b>170,356.02</b>		
<b>21,107.57</b>	<b>7,549.43</b>	<b>7,500.00</b>	<b>15,049.43</b>		
1,500.00	1,459.36	1,500.00	2,959.36		
<b>\$ 990.00</b>	<b>\$ 1,459.36</b>	<b>1,500.00</b>	<b>2,959.36</b>		
600.00	270.00	270.00	540.00		
4,356.00		3,000.00	3,000.00		
3,000.00		1,500.00	1,500.00		
<b>\$ 7,956.00</b>	<b>\$ 270.00</b>	<b>4,770.00</b>	<b>5,040.00</b>		
8,000.00	2,648.50	7,000.00	9,648.50		
10,000.00	1,601.31	9,000.00	10,601.31		
2,000.00	1,925.98		1,925.98		
17,000.00		17,000.00	17,000.00		
			-		
<b>\$ 37,000.00</b>	<b>\$ 6,175.79</b>	<b>\$ 33,000.00</b>	<b>\$ 39,175.79</b>		
2,500.00	2,303.25	2,000.00	4,303.25		
9,000.00	-	3,000.00	3,000.00		
12,000.00	124.00	12,000.00	12,124.00		
<b>\$ 23,500.00</b>	<b>\$ 2,427.25</b>	<b>\$ 17,000.00</b>	<b>\$ 19,427.25</b>		
4,000.00	2,570.00	600.00	3,170.00		
	466.00		466.00		
<b>\$ 4,000.00</b>	<b>\$ 3,036.00</b>	<b>\$ 600.00</b>	<b>\$ 3,636.00</b>		
7,500.00	25.00	2,000.00	2,025.00		
1,320.00	1,048.71	1,500.00	2,548.71		
532.00	405.90	550.00	955.90		
2,062.00	241.50	2,000.00	2,241.50		
4,800.00	6,488.23	8,000.00	14,488.23		
1,600.00	672.73	1,500.00	2,172.73		
			-		
<b>\$ 17,814.00</b>	<b>\$ 8,882.07</b>	<b>\$ 15,550.00</b>	<b>\$ 24,432.07</b>		



	6,000.00				
	20,000.00				
	1,000.00				
	1,000.00				
	4,800.00				
	3,600.00				
	300.00				
	<b>\$ 36,700.00</b>				
	<b>\$ 36,700.00</b>				
	<b>\$ 0.00</b>				
	<b>\$ 29,957.43</b>				

20



**2022 Board of Directors  
Updated 9.7.22**

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Jim Woodfield - Vice Chair  
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Veatrice Farrell - Deuces Live  
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Melissa Finley Williams - Finley Williams Law, PA

**Return of Organization Exempt From Income Tax**

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the 2020 calendar year, or tax year beginning 01/01, 2020, and ending 12/31, 20 20

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

**C** Name of organization ST PETERSBURG ARTS ALLIANCE INC  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
100 Second Avenue North Suite 150  
 City or town, state or province, country, and ZIP or foreign postal code  
St Petersburg, FL, 33701

**D** Employer identification number 46-1335413

**E** Telephone number 727-754-6404

**F** Name and address of principal officer: Terry Marks  
100 Second Avenue North, Suite 150, St Petersburg, FL 33701

**G** Gross receipts \$ 646,629

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

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

**J** Website: ▶ www.stpeteartsalliance.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation: 2012

**M** State of legal domicile: FL

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>St Petersburg Arts Alliance is the umbrella organization serving the arts and cultural community which includes all arts disciplines, from fine arts to performing arts and produces various programs.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>20</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>20</b>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>4</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>65</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-504</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>-504</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 484,828	<b>Current Year</b> 626,603
	<b>9</b>	Program service revenue (Part VIII, line 2g)	-1,996	-504
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5	5
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,935	-11,173
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>479,902</b>	<b>614,931</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	32,635	21,580
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	143,251	184,031
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>66,529</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	294,212	285,696
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>470,098</b>	<b>491,307</b>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>9,804</b>	<b>123,624</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 271,357	<b>End of Year</b> 397,284
	<b>21</b>	Total liabilities (Part X, line 26)	2,531	4,834
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>268,826</b>	<b>392,450</b>

**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 \_\_\_\_\_  
Terry Marks, Chief Executive Officer  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_  
 Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_  
 Firm's address ▶ \_\_\_\_\_ Phone no. \_\_\_\_\_

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:

St Petersburg Arts Alliance is the umbrella organization serving the arts and cultural community: advocating for the arts; facilitating the growth of the arts community; and driving arts-related economics development in St Petersburg and supporting in-school, after-school, and professional education programs. The umbrella signifies that all arts disciplines are included from fine arts to performing arts, and produces various programs to serve them.

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 \$ 116,300 including grants of \$ 0 ) (Revenue \$ 0 )

In April 2020, a fund was created by St Petersburg Arts Alliance in collaboration with Creative Pinellas, Inc. and the Pinellas Community Foundation called the "Pinellas Artist Relief Fund" desperately needed due to COVID-19. A total of \$116,300 in awards were distributed to the Pinellas County arts community including professional artists, arts organizations and creative businesses. The first week over 346 applications were received. Representatives from St. Petersburg Arts Alliance, Creative Pinellas, Inc. and the Pinellas Community Foundation as well as many from the arts community met weekly to create the initiative and to keep things moving forward in order to issue the much needed funds to the Pinellas art community. St. Petersburg Arts Alliance took on the responsibility of issuing the awards to over 222 recipients as the group continued to raise funds.

4b (Code: ) (Expenses \$ 110,862 including grants of \$ 0 ) (Revenue \$ 0 )

Community Arts Programs including the SHINE MURAL ARTS FESTIVAL, an art project that illuminates the power of art in public spaces by revitalizing areas, inspiring dialogue and uniting our community while cultivating new standards of artistic excellence and reflecting St. Pete's creative and vibrant spirit; and ROLSTON MEMORIAL AWARD using funds raised in memory of a founding member of St. Petersburg Arts Alliance; ACCESSIBLE SHINE MURAL AND AUDIO TOUR on St. Petersburg Arts Alliance website featuring SHINE murals; and ART WALK where every second Saturday St. Pete's exploding art districts are on display with free tours through studios, galleries and warehouses with funds raised by St. Petersburg Arts Alliance for trolley transportation, advertising and marketing, (short season due to COVID-19).

4c (Code: ) (Expenses \$ 9,077 including grants of \$ 0 ) (Revenue \$ 0 )

Arts Education Programs including ACE - Arts for a Complete Education - supporting arts education in-school, after-school and professional education; FUNDING FUTURES awards teaching facilities and organizations funds to support classes for students with financial needs who are nominated by community arts organizations; ARTS BUSINESS EDUCATION providing continuing education workshops.

4d Other program services (Describe on Schedule O.) See Schedule O, Statement 1  
(Expenses \$ 119,406 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses ▶ 355,645

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** *(continued)*

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	49
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓

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

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

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b>	<b>20</b>	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .	<b>1b</b>	<b>20</b>	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .	<b>6</b>		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>		<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b>	The governing body? . . . . .	<b>8a</b>	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .	<b>9</b>		<input checked="" type="checkbox"/>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► None
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

**Terry Marks, (727)754-6404**

**100 Second Avenue North Suite 150, St Petersburg, FL 33701**

**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			
<b>John Collins</b> ----- <b>Executive Director</b>	<b>40.00</b> ----- <b>0.00</b>			✓			<b>88,000</b>	<b>0</b>	<b>0</b>	
<b>Jeff Baker</b> ----- <b>Treasurer</b>	<b>1.00</b> ----- <b>0.00</b>	✓					<b>0</b>	<b>0</b>	<b>0</b>	
<b>Steve Beaty</b> ----- <b>Director</b>	<b>1.00</b> ----- <b>0.00</b>	✓					<b>0</b>	<b>0</b>	<b>0</b>	
<b>Larry Biddle</b> ----- <b>Director</b>	<b>1.00</b> ----- <b>0.00</b>	✓					<b>0</b>	<b>0</b>	<b>0</b>	
<b>Kara Behar</b> ----- <b>Director</b>	<b>1.00</b> ----- <b>0.00</b>	✓					<b>0</b>	<b>0</b>	<b>0</b>	
<b>Paul Carder</b> ----- <b>Director</b>	<b>1.00</b> ----- <b>0.00</b>	✓					<b>0</b>	<b>0</b>	<b>0</b>	
<b>Helen Hansen French</b> ----- <b>Vice Chairperson</b>	<b>1.00</b> ----- <b>0.00</b>	✓					<b>0</b>	<b>0</b>	<b>0</b>	
<b>Katie Healy</b> ----- <b>Director</b>	<b>1.00</b> ----- <b>0.00</b>	✓					<b>0</b>	<b>0</b>	<b>0</b>	
<b>Kimberly Jackson</b> ----- <b>Director</b>	<b>1.00</b> ----- <b>0.00</b>	✓					<b>0</b>	<b>0</b>	<b>0</b>	
<b>Michael Killoren</b> ----- <b>Director</b>	<b>1.00</b> ----- <b>0.00</b>	✓					<b>0</b>	<b>0</b>	<b>0</b>	
<b>Lisa Letizio</b> ----- <b>Director</b>	<b>1.00</b> ----- <b>0.00</b>	✓					<b>0</b>	<b>0</b>	<b>0</b>	
<b>Angela Bond Markus</b> ----- <b>Secretary</b>	<b>1.00</b> ----- <b>0.00</b>	✓					<b>0</b>	<b>0</b>	<b>0</b>	
<b>Kelly Lee McFrederick</b> ----- <b>Director</b>	<b>1.00</b> ----- <b>0.00</b>	✓					<b>0</b>	<b>0</b>	<b>0</b>	
<b>Mary Anna Murphy</b> ----- <b>Chairperson</b>	<b>1.00</b> ----- <b>0.00</b>	✓					<b>0</b>	<b>0</b>	<b>0</b>	

**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			
Joseph Papich	1.00									
Director	0.00	✓						0	0	0
David Ramsey	1.00									
Director	0.00	✓						0	0	0
Howard Ruterford	1.00									
Director	0.00	✓						0	0	0
Michelle Tannu	1.00									
Director	0.00	✓						0	0	0
David Walker	1.00									
Director	0.00	✓						0	0	0
Melissa Finley Williams	1.00									
Director	0.00	✓						0	0	0
Jim Woodfield	1.00									
Director	0.00	✓						0	0	0
<b>1b Subtotal</b>								<b>88,000</b>	<b>0</b>	<b>0</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>88,000</b>	<b>0</b>	<b>0</b>

**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 **0**

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 0				
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 17,692				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 26,250				
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 197,070				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 385,591				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$ 0				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		626,603			
	<b>Program Service Revenue</b>	<b>2a</b>	<u>Ad Sales for Museum/Gallery Guide</u> Business Code 541800	-504	0	-504	0
<b>b</b>		-----					
<b>c</b>		-----					
<b>d</b>		-----					
<b>e</b>		-----					
<b>f</b>		All other program service revenue . .	0	0	0	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶		-504			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	5	0	0	5	
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶	0	0	0	0	
	<b>5</b>	Royalties . . . . . ▶	0	0	0	0	
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
			<b>6a</b>				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b> 0	0			
	<b>d</b>	Net rental income or (loss) . . . . . ▶					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			<b>7a</b>				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b> 0	0			
	<b>d</b>	Net gain or (loss) . . . . . ▶					
<b>8a</b>	Gross income from fundraising events (not including \$ 26,250 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b> 20,525					
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b> 31,698					
<b>c</b>	Net income or (loss) from fundraising events . . ▶		-11,173	0	-11,173		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . ▶						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
		<b>10a</b>					
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . ▶						
<b>Miscellaneous Revenue</b>	<b>11a</b>	----- Business Code					
	<b>b</b>	-----					
	<b>c</b>	-----					
	<b>d</b>	All other revenue . . . . .					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		0			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶		614,931	0	-504	-11,168	



**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	4,580	4,580		
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	17,000	17,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0	0		
4	Benefits paid to or for members . . . . .	0	0		
5	Compensation of current officers, directors, trustees, and key employees . . . . .	88,000	61,600	17,600	8,800
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
7	Other salaries and wages . . . . .	82,251	13,160	27,965	41,126
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0	0	0	0
9	Other employee benefits . . . . .	0	0	0	0
10	Payroll taxes . . . . .	13,780	5,512	5,236	3,032
11	Fees for services (nonemployees):				
a	Management . . . . .	0	0	0	0
b	Legal . . . . .	0	0	0	0
c	Accounting . . . . .	4,336	0	4,336	0
d	Lobbying . . . . .	0	0	0	0
e	Professional fundraising services. See Part IV, line 17 . . . . .	0			0
f	Investment management fees . . . . .	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	23,360	9,344	4,672	9,344
12	Advertising and promotion . . . . .	355	178	0	177
13	Office expenses . . . . .	14,083	6,760	4,507	2,816
14	Information technology . . . . .	0	0	0	0
15	Royalties . . . . .	0	0	0	0
16	Occupancy . . . . .	3,428	1,234	960	1,234
17	Travel . . . . .	0	0	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
19	Conferences, conventions, and meetings . . . . .	75	38	37	0
20	Interest . . . . .	0	0	0	0
21	Payments to affiliates . . . . .	0	0	0	0
22	Depreciation, depletion, and amortization . . . . .	784	0	784	0
23	Insurance . . . . .	3,036	0	3,036	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<u>Program Exp-Community Arts</u> . . . . .	116,300	116,300	0	0
b	<u>Program Exp-Art Related</u> . . . . .	110,862	110,862	0	0
c	<u>Program Exp-Education</u> . . . . .	9,077	9,077	0	0
d	-----				
e	All other expenses . . . . .				
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	491,307	355,645	69,133	66,529
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	218,989	<b>1</b>	345,695	
	<b>2</b> Savings and temporary cash investments . . . . .	50,018	<b>2</b>	50,023	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>		
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>		
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>		
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>		
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	5,473			
	<b>b</b> Less: accumulated depreciation . . . . .	3,907	2,350	<b>10c</b>	1,566
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>		
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>		
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>		
	<b>14</b> Intangible assets . . . . .		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	271,357	<b>16</b>	397,284		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,531	<b>17</b>	4,834	
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0	
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0	
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	0	<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,531	<b>26</b>	4,834	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions . . . . .		<b>27</b>		
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>		
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	0	<b>29</b>	0	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>30</b>	0	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	268,826	<b>31</b>	392,450	
<b>32</b> Total net assets or fund balances . . . . .	268,826	<b>32</b>	392,450		
<b>33</b> Total liabilities and net assets/fund balances . . . . .	271,357	<b>33</b>	397,284		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>614,931</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>491,307</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>123,624</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>268,826</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>0</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	<b>0</b>
<b>7</b>	Investment expenses	<b>7</b>	<b>0</b>
<b>8</b>	Prior period adjustments	<b>8</b>	<b>0</b>
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>0</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>392,450</b>

**Part XII Financial Statements and Reporting**

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

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

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**ST PETERSBURG ARTS ALLIANCE INC**

Employer identification number

**46-1335413**

**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)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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)						
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	398,555	430,657	451,804	484,828	626,605	2,392,449
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	398,555	430,657	451,804	484,828	626,605	2,392,449
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						131,132
<b>6 Public support.</b> Subtract line 5 from line 4						2,261,317

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 . . . . .	398,555	430,657	451,804	484,828	626,605	2,392,449
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	4	5	5	5	5	24
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10						2,392,473
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	162,450
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	94.52 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	96.48 %
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

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

- 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>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 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>		
9b	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>		
9c	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>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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



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

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

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

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

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

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



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: ST PETERSBURG ARTS ALLIANCE INC; Employer identification number: 46-1335413

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 include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

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

Form for Part II containing questions 1-9 about conservation easements, including checkboxes for various purposes and a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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

Form for Part III containing questions 1a, 1b, and 2 regarding collections of art and historical treasures, with arrows pointing to dollar amounts.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

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

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

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

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

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

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	0		0
<b>b</b> Buildings	0	0	0	0
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	5,473	0	3,907	1,566
<b>e</b> Other	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,566

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization

**ST PETERSBURG ARTS ALLIANCE INC**

Employer identification number

**46-1335413**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Muse@MFA (event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .	46,775			46,775
	<b>2</b> Less: Contributions . . . . .	26,250			26,250
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	20,525			20,525
Direct Expenses	<b>4</b> Cash prizes . . . . .	0			0
	<b>5</b> Noncash prizes . . . . .	0			0
	<b>6</b> Rent/facility costs . . . . .	0			0
	<b>7</b> Food and beverages . . . . .	16,642		0	16,642
	<b>8</b> Entertainment . . . . .	8,541		0	8,541
	<b>9</b> Other direct expenses . . . . .	6,515			6,515
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				31,698
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-11,173	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

**ST PETERSBURG ARTS ALLIANCE INC**

Employer identification number

**46-1335413**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ .....
- 3** Enter total number of other organizations listed in the line 1 table ▶ .....

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
<b>1 Artist Awards Grants</b>	<b>17</b>	<b>17,000</b>	<b>0</b>	<b>Cash</b>	
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Schedule I, Part I, Line 2 - Artists were asked to submit projects that would directly impact the community. The artists submitted budgets and the funds went to support materials or rent to support their expenses. Local artists representing a variety of disciplines were selected. The 17 \$ 1,000 grants provide financial assistance to resident artists for projects that support public engagement of their work in the Visual Arts, Digital Arts, Dance, Music and Theater disciplines. Completed projects utilizing the grant funds are presented in various ways including the St. Petersburg Arts Alliance website and exhibitions at various venues.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

**ST PETERSBURG ARTS ALLIANCE INC**

Employer identification number

**46-1335413**

Form 990, Part VI, Section B, Line 11b - The Finance and Audit Committee reviews the IRS Form 990 and presents it to the board.

Form 990, Part VI, Section B, Line 12c - The Conflict of Interest Policy is reviewed annually with the board and with any new board members as they come onto the board.

Form 990, Part VI, Section B, Line 15 - Line 15a - The Executive Committee of the Board undertook a review of similar positions and job descriptions of similar sized arts councils and alliances from August through September 2020. From the October 2020 board meeting minutes: The chair "discussed the E.D. job description and 2020 salary, which were researched and prepared in conjunction with a compensation plan by the executive committee. The executive team has approved a compensation plan, which includes an annual, goal-based incentive".

Form 990, Part VI, Section C, Line 19 - The Organization's governing documents are filed in the office and made available to anyone who asks to review. The governing documents and Conflict of Interest statement are bound into the Board Books which are updated annually. SPAA has also achieved Guidestar Platinum status, the highest possible level for transparency and the IRS Form 990 is publicly available on Guidestar.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Additional programs include Artwalk until COVID 19 prevented the program from continuing, St. Pete Performs as much as COVID 19 restrictions allowed, and supported a special SHINE program where a street mural was completed for "Black Lives Matter" that was featured on national news and still exists.	119,406	0	0
<b>Total:</b>		<b>119,406</b>	<b>0</b>	<b>0</b>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/18/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Wallace Welch & Willingham, Inc. 300 1st Ave. So., 5th Floor Saint Petersburg FL 33701	<b>CONTACT NAME:</b> Certificates <b>PHONE (A/C. No. Ext):</b> 727-522-7777 <b>E-MAIL ADDRESS:</b> certificates@w3ins.com		<b>FAX (A/C. No.):</b> 727-521-2902
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> St Petersburg Arts Alliance Inc 100 Second Ave N Ste 150 Saint Petersburg FL 33704	<b>INSURER A :</b> Alliance of Nonprofits for Ins. RRG	10023	
	<b>INSURER B :</b> Associated Industries Ins Co., Inc.	23140	
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		

**COVERAGES**

CERTIFICATE NUMBER: 1156492273

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		202236292	5/1/2022	5/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	AWC1179648	3/27/2022	3/27/2023	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability			202236292	5/1/2022	5/1/2023	General Aggregate \$1,000,000 Each Occurrence \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Excluded Officers for WC: Mary Anna Murphy, Jeff Baker, Angela Bond Markus, Helen French

Certificate holder is additional insured with respect to the General Liability if required by written contract, subject to terms, conditions, and exclusions of the policy.

**CERTIFICATE HOLDER****CANCELLATION**

Creative Pinellas Inc  
 12211 Walsingham Road  
 Largo FL 33778

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/18/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Wallace Welch & Willingham, Inc. 300 1st Ave. So., 5th Floor Saint Petersburg FL 33701	<b>CONTACT NAME:</b> Certificates <b>PHONE (A/C. No. Ext):</b> 727-522-7777 <b>E-MAIL ADDRESS:</b> certificates@w3ins.com		<b>FAX (A/C. No.):</b> 727-521-2902
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> St Petersburg Arts Alliance Inc 100 Second Ave N Ste 150 Saint Petersburg FL 33704	<b>INSURER A :</b> Alliance of Nonprofits for Ins. RRG	10023	
	<b>INSURER B :</b> Associated Industries Ins Co., Inc.	23140	
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		

**COVERAGES**

CERTIFICATE NUMBER: 259898342

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			202236292	5/1/2022	5/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			AWC1179648	3/27/2022	3/27/2023	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability			202236292	5/1/2022	5/1/2023	General Aggregate \$1,000,000 Each Occurrence \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Excluded Officers for WC: Mary Anna Murphy, Jeff Baker, Angela Bond Markus, Helen French

Certificate holder is additional insured with respect to the General Liability if required by written contract, subject to terms, conditions, and exclusions of the policy.

**CERTIFICATE HOLDER****CANCELLATION**

Pinellas County  
 a Political Subdivision of the State of Florida  
 400 South Fort Harrison Ave  
 Clearwater FL 33756

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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