

Application Form

Organization Information

Compiled Committee Comments

Below is a compilation of committee member comments from your Letter of Intent. This feedback may be positive, neutral, or negative. It is provided in aim to be transparent and offer guidance on where you may be able to strengthen your full proposal.

- Applicant has shown a loss in revenue and an increase in demand for services as a result of COVID. More information on where this type of facility is or is not available in Pinellas County would be helpful in establishing the need for these services.
- Proposal has a tenuous connection between QCT residents and basic needs.
- Were the improvements planned prior to the pandemic? What was the economic loss due to the pandemic? When were the budget estimates completed and does the budget account for current market conditions?"

An informational webinar about this proposal is available here.

The rubric that will be used to score this proposal can be downloaded here.

If you would like to complete this application first in Microsoft Word, you may download a Word version here.

Brief Project Descriptor

Please briefly describe this organization's request.

Roof, walls, cameras, HVAC, windows, and doors

Organization Name

The Studio@620, Inc.

Project Name*

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

ARPA Large Project: Studio@620 Facility Improvements

EIN*

52-2398308

Incorporation Year*

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

2004

Organizational Mission Statement

What is your organization's mission statement?

This has been copied from your Letter of Intent and cannot be changed.

The Studio@620's Mission is :

To provide a place where people can experience artistic and educational programs in innovative ways.

To bring people from diverse cultural backgrounds and experiences together as artists, audiences and volunteers.

To work collaboratively with artistic, educational, and cultural organizations in and beyond our community.

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

U9MMCQQKFMN5

Annual Operating Budget Size

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

This has been copied from your Letter of Intent.

\$302,700.00

Amount Requested*

The maximum grant amount is \$5 million.

This has been copied from your Letter of Intent and should not be changed. If your project cost has changed since submitting your Letter of Intent, please contact Rose Cervantes at rcervantes@pinellascf.org.

\$184,600.00

Does the total project cost exceed the amount your organization is requesting?

Please note: Answering "Yes" will cause additional questions to load later in this application.

Examples

ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$150,000 for certain equipment, and will seek other funding and donations for the remaining \$20,000 of the playground. ABC Childcare would select "Yes" for this question.

Better Tomorrow, a mental health provider, is looking to expand their counseling center by two rooms to meet increased service demand arising from the pandemic. Better Tomorrow has secured \$25,000 in private contributions, and wants to request the remaining \$125,000 in this grant. Better Tomorrow would select "Yes" for this question.

DBE Food Pantry is seeking funding a new HVAC unit for their pantry, and is requesting \$40,000 from PCF to cover the entire cost. DBE Food Pantry would select "No" for this question.

No

Request Specifics

Organization Programming Background*

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

This has been copied from your LOI.

Since 2004 The Studio@620 has touched an estimated 325,000 guests and artists through its programs and has become synonymous with the arts in downtown St. Petersburg. The Studio's model is one of flexibility and inclusion, successfully offering a wide range of visual and performing arts, educational, and social programming. The Studio offers on average 300 days of public arts programming each year including dance, music, theatre, visual arts, literary events, open mics, film screenings, community discussions and more. By consistently providing a space for both emerging and established talent, The Studio has played an integral part in the artistic resurgence and subsequent redevelopment that has taken place in the downtown area. The Studio provides valuable opportunities for our local talent to share their work with an audience. We are often the first opportunity new artists have for developing their creative careers. The Studio offers our audience a broad range of programming at affordable ticket prices, often free or \$5-\$10. Events reflect diverse viewpoints and allow for discussion and understanding. When combined, these two important aspects of artistic opportunity and audience exposure serve to create a more cohesive community.

Since its inception, The Studio@620 has been supportive of young people in the arts, hosting Through Our Eyes: Midtown and Beyond for 18 years. In addition to this long running program that features photography created by students from Melrose Elementary, John Hopkins Middle and Lakewood High schools, The Studio has expanded its youth exhibitions to include fine art from youth across Pinellas County with the "Exceptional Voices: K-12" program. The Studio's Social Justice Initiative, which grew from a long running Social Justice

Round Table Discussion Series, was launched in 2018 and has shined a spotlight on our dedication to amplifying diverse voices through the arts.

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.

This has been copied from your LOI.

The pandemic shutdown highlighted the need for emerging and mid-career artists to earn income through their work. As venues closed The Studio@620 created opportunities for artists and performers to connect with their audience virtually through live-stream performances and visually via our large sidewalk-facing windows for remote, in-person viewing. The Studio continues to offer virtual gallery walk-through videos for exhibits in addition to public opening receptions. Requests from the community to perform and exhibit work in our space has increased exponentially since in-person programming has resumed. Through live events, The Studio@620 provides direct financial income opportunities to an average of 300 individuals each year. Many performers begin their careers at The Studio and advance on to larger venues as they build a reputation and experience. The Studio@620 has one of the lowest commission rates for art sales in the region and frequently underwrites production costs for artists in need as a way to facilitate their success. No other venue in the area takes on that financial risk up front on behalf of the artist. The Studio@620 supports dozens of small creative businesses through its three seasonal art markets. With low vendor registration fees and high attendance rates, these markets provide artists, authors, and makers valuable sales opportunities. The Arts & Economic Prosperity Calculator (Americans for the Arts study) estimates that The Studio generates economic impact that is equivalent to 11 FTE jobs.

From an audience perspective, the pandemic shutdown cut a vital connection to live entertainment. The Studio serves a large number of low and fixed income individuals, seniors, people of color and the LGBTQ community in addition to more traditionally affluent arts audiences by offering high quality arts events at very low admission costs. The community at large benefits when everyone can share ideas and arts experiences together in a safe environment.

Negative Economic Impact*

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.

The more quantifiable your negative economic impact is, whether it be fiscal losses/pressures or increased service demand, the stronger your answer will be. The more specific your evidence, the better.

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

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.

This has been copied from your LOI.

The Studio@620 has experienced a variety of negative financial impacts due to the pandemic and subsequent inflationary factors. Beginning in March 2019 fundraising endeavors for the organization were halted and admissions, private party rentals, membership subscriptions and art sales revenues were all greatly reduced due to the halt of in-person events during the shutdown. As operations transitioned to a virtual live-stream format, programming was offered for free or on a donation basis only as a way to stay engaged with our community. Most donations received in response to virtual programming offered at that time were passed on to the artists involved, supporting those in greatest need. Studio staff operated on greatly reduced wages until October 2021 to help sustain the organization.

The Studio@620 was unable to hold its annual Studio Honors Fundraising Gala and Studio Birthday Party membership celebration due to the pandemic in 2020. Although in person events began to resume in 2021, fundraising impacts were still felt as the 2022 Honors Gala was again postponed due to a resurgence of Covid-19 cases. All membership renewal requests sent to supporters were halted in 2019 out of sensitivity to the financial strains being experienced by a large part of our audience because of the pandemic and to date membership revenues have not returned to pre-pandemic levels. The Studio has not pursued an annual membership drive, as was traditionally done prior to the shutdown, because of ongoing inflationary concerns. Admissions revenues dropped from a predicted income of \$102,200 to actual revenue of \$28,879 in 2020-2021. As investment incomes declined in 2022 so have the individual contributions received. Corporate sponsorships from board members and additional grant funds have sustained the organization. Pre-pandemic, The Studio@620 approved operating budget was \$377,000. Following the pandemic our approved operating budget was set at \$302,705.

Meanwhile the number of requests from performers and artists seeking opportunities to share their work and make a living has steadily increased as inflation builds. In response, The Studio has filled every available date on the calendar for the coming season. Increased minimum wages needed to compete for qualified staff is another inflationary cost the organization must absorb. The increased use of amenities is resulting in greater wear and tear on the facility. Presenting events to the public on a near-daily basis hastens the need for facility maintenance. Building repairs needed prior to the pandemic had been repeatedly postponed due to budget constraints felt by both the organization and building owners.

Negative Economic Impact - Uploads

You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages. Word, Excel, JPG and PDF files are accepted.

Negart.pdf

Pandemic Relief Funding*

Please describe all government pandemic relief funding your organization has received since the onset of the pandemic. This includes but is not limited to the Pinellas CARES Nonprofit Partnership Fund, other ARPA funding, PPP (Paycheck Protection Program), and Community Block Development Grants specifically targeting COVID-19

relief.

Explain why or how this pandemic-relief funding has not alleviated the negative economic impact you have described above. Potential reasons include expiration dates on certain funding, inflationary pressures, restrictions prohibiting capital expenditures, or the funding simply not being enough to remedy the harm you've indicated above. **The more concrete your numbers, the better.**

If you have not received government relief funding for your organization since the onset of the pandemic, write "No pandemic relief funding received" below.

The Studio@620 received \$60,000 in forgivable PPP loans, \$29,000 in American Rescue Plan grant funds, and \$35,000 in local (Creative Pinellas and St. Pete Greenhouse) recovery and retention grant funds, totaling roughly one third of annual budget. These funds were used to pay the reduced salary of staff during the shut-down and covered partial operating expenses such as monthly rent, utilities, insurance, etc. but was not enough to fully compensate for lost admissions, art sales, and fundraising revenues. Continuing operating expenses have been restructured to ensure the organization stays within budget and income levels but there is still not adequate funding available to pursue the needed facility improvements this grant would secure.

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 project proposal and address the following:

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

This has been copied from your LOI. While you are able to update this field, YOU SHOULD NOT CHANGE THE NATURE OF YOUR REQUEST. That is, this field should only be updated for clarity, not changing what you are requested funding for.

The Studio@620 requests funding to improve the facility through needed repairs and upgrades which will impact all aspects of the organization's programming and day to day operations. Being housed in an older building gives Studio@620 productions a cozy charm that other venues lack, but it also comes with challenges. Because The Studio funnels the bulk of its incoming revenues back into operations and the community served, several long-needed larger repairs have been repeatedly postponed. Facility upgrades will improve the experience for audience and artists and allow the organization to implement its mission of building community understanding through the arts. Grant funding through this program would allow these important maintenance issues to finally be addressed and set the organization on a successful trajectory into the future.

For some time leaking structural elements like walls, windows, and roof have been patched just enough to get by with an eventual goal to do full repair or replacement. These conditions have limited our ability to fully present programs as ideally envisioned. Because of the economic downturn spurred by the pandemic and inflation, these much-needed facility improvements have been inaccessible due to shortage of funds. The roof and external walls need to be replaced/resurfaced to stop water intrusion into the gallery/performance space. Interior walls that have absorbed rainwater need to have existing drywall replaced to safely exhibit artwork. External lighting and cameras are needed to provide security to the facility. The chair lift which makes the upper-level offices and classroom spaces accessible, while functional, needs replacement.

Additional filters and HVAC units are needed to improve air quality and circulation within the venue to keep audience, performers, and staff safe as we continue to manage the pandemic. Front facing windows and doors are original to the building and need to be replaced with hurricane safe and energy efficient materials. Permanent installation of a commercial grade dishwasher in facility's kitchen area is needed to efficiently handle cleanup resulting from hospitality offered during receptions and performances as well as during catered fundraising banquets and rental events held on site. These are primarily long-term repairs which would likely sustain the organization for the next 10-20 years. Cameras and lighting would likely have somewhat shorter lifespans but expect at least 5 or more years.

Number Served

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

This has been copied from your LOI. It cannot be changed.

10000

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**.

This has been copied from your LOI and cannot be changed.

Other (Explanation Required Below)

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 project.

This has been copied from your LOI and cannot be changed.

These structural improvements will impact everyone that comes into contact with The Studio@620 through daily operations.

The number of people that will benefit is a combination of duplicated and unduplicated individuals. Some performers and audience will return several times over the course of a year while others will only exhibit their work or attend an event once. Beyond the small number of staff members and volunteers, the number of people impacted is assessed through number of artists paid and number of admissions sold or reservations made. With an average of 300 days of programming annually and an average audience size of 50 people at each event, the estimated impact on individuals could easily exceed 15,000 people. A far greater number is reached with the inclusion of social media and electronic marketing as the representation of underserved communities in the arts has an impact even on a passive level, although that is not factored into this estimate.

Rent vs. Own

Does your organization rent or own the property for which you are proposing modifications?

Rent

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

This has been copied from your LOI.

The Studio@620 strives to serve the entire community equitably. The Studio holds space on its calendar to accommodate requests for programming that features artists and performers from across all demographics. The resulting audience for these programs is equally diverse.

The Studio@620 serves the LGBTQ and BIPOC communities by offering programming that reflects their viewpoints and supports equity and inclusion for all people. The Studio@620 has held recurrent Social Justice Discussion Series since its inception and relaunched its Social Justice Initiative in 2018 with an even greater focus on traditionally under-served communities.

The Studio@620 is adjacent to annual St. Pete Pride celebrations and participates as a partner in supporting this specific group.

The Studio@620 partners with Green Book Tampa Bay and other organizations led by people of color and holds frequent programming featuring BIPOC artists and performers.

We serve individuals with low and fixed incomes by offering top quality arts programming at a low admission rate. Numerous events each month are offered for free, pay what you can or with ticket prices of \$5-\$10. No one is turned away for inability to pay if they care to participate.

The Studio@620 is committed to making its activities accessible to all persons. The board and staff respond to all inquiries and make all efforts to bring programming to persons of any ability. Some events are signed for the hearing impaired.

The Studio@620 strives to make programming accessible to individuals with limited mobility. The Studio@620 performance space is wheelchair accessible through the front doors and bathrooms are fully wheelchair accessible as well. Studio staff ensures that stage areas and walkways are easily managed by individuals with walkers, canes, wheelchairs, or other mobility devices. Seating within the space is completely moveable so it is easy to immediately adapt a floor plan to accommodate additional wheelchairs or scooters.

Organizational Sustainability*

How does this purchase contribute to the long-term sustainability of your organization and the work it does? That is, what impact will this project have on your organization and/or its clients over the long-term?

Examples include increased service capacity, reduced cost of delivering services over time, higher-quality or more equitable service delivery, and increased lifespan/quality of property.

Quantifiable numbers will strengthen your answer.

Repairs to the physical structure which houses The Studio@620 will ensure the organization has a safe, permanent venue out of which to operate. It is critical that The Studio has a location for performances and exhibitions in order to pursue its mission to the fullest extent possible. Grant funded repairs will allow for expanded art exhibitions as current exhibit space is limited due to water intrusion during rainy seasons. Improvements will enhance audience experience by providing better air quality with updated HVAC systems and safer external conditions from additional lighting and cameras. An increase in donor gifts, private event rental and admissions revenues is anticipated when the facility consistently provides a better guest experience.

The Studio aims to acquire the building ownership from the landlord LLC within the next three years. Currently LLC shareholders are being asked to donate shares to The Studio to lower the purchase price. By handling these repairs directly now with grant funds, it makes this ask more likely to succeed since shareholders won't be needing to make an additional investment in the building. Having a permanent structure owned by the organization will make the future more secure. The organization will also receive additional rental revenues from other tenants which are currently paid to the landlord. This would provide an estimated additional \$17k of incoming funds in the first year alone.

Permits*

Please describe any permits necessary for the successful completion of this proposed project. Be sure to include any permits already obtained or in progress, and/or what the timeline is to acquire permits.

Window, roof, wall and chair lift repairs would need permitting in order to be completed. Permits will be managed by the contractor when work is scheduled and would only take a few weeks to obtain.

Plan Set*

Do you have a plan set for this project?

A plan set refers to the "batch" of plans, drawings, prints, files, etc., that you receive from an architect that explains what needs to be built, how, and where. **Not all qualifying projects in this process require a plan set.**

If you answer Yes, you will be required to upload the Plan Set later in the application.

No

Plan Set Upload*

If you answered "Yes" above, please upload the Plan Set here. If you have trouble with file size limitations, please reach out to Rose Cervantes at rcervantes@pinellascf.org. If you have any narrative to accompany the plan set, you may write it below.

PDF files are permitted.

N/A

Timeline*

Given a spending deadline of December 31, 2026, give a detailed **and realistic** timeline as to how this large capital project will be executed and completed. If there are phases to this project, indicate so in the narrative below. If you specified that permits were needed for this project above, ensure you include the acquisition time in the timeline.

Please include the following:

1. **How the timeline was developed**
2. **Timeline of planning and execution. Please include start and end dates by month and year. For example, April 2023 - June 2023.**

Example

Better Tomorrow is proposing the expansion of their counseling center. This requires a 2-month planning phase, one month to obtain all necessary permits, and four months to build. Better Tomorrow would list each phase, a brief description of what takes place in each phase, and an estimated start and completion date for each phase.

The estimated completion time for all projects is 2-3 months as indicated by the contractor. The timing and sequencing of permitting and making the repairs would be partially influenced by contractor's schedule and The Studio's programming calendar. It is anticipated that the work would begin early summer 2023 or upon approval of the grant and receipt of funds. Work would begin with replacement of roof and repairs to external walls, security cameras and lighting, HVAC system, windows and doors being installed as a first stage of repairs, completed during the spring and early summer months of 2023. This work would be followed by a second stage of repairs including completion of interior wall repairs, chair lift, and dishwasher installation to be completed during late summer or early fall 2023 before the full programming season starts in October 2023. The repairs are straightforward and should not require a large lead time with regard to planning or implementation. Studio event planning will build in schedule flexibility to ensure repairs can be conducted promptly once grant funds are awarded.

Team Leadership*

Please describe the following:

1. The team and leaders that will be overseeing this proposed project.
2. Their relationship to your organization
3. Their role in this project
4. Whether or not they have overseen similar projects

The project would be led by Jim Howell of Howell building, who has a decades long career as a building and renovation contractor. Studio@620 Managing Director Marcus Wehby and Artistic Director/Founder Bob Devin Jones would be the primary points of contact for communication between the contractor and the organization. Jim Howell is the partner of Bob Devin Jones and has been part of the organization since its inception. Jim has been the primary caretaker of the building on behalf of the landlord and designed and completed the original build-out of the event and office spaces in 2004 when the building was converted from a blue-print factory into the visual and performing arts facility that it is today.

Rented Property

Tenant Responsibility*

Please explain how your organization is responsible for modifying the building despite being rented. Be sure to describe the length of your organization's lease and to indicate whether or not you have obtained permission from the landlord for the proposed project.

This has been copied from your LOI.

The Studio@620 as a non-profit organization rents its performance and office space from the 620/622 LLC. This LLC purchased the building when the non-profit organization was established. The rental agreement is ongoing. In appreciation of The Studio's mission, the LLC offers below market monthly rental rates to enable the organization to operate with as little overhead as possible. The LLC consists of a group of donors who together purchased shares in the building. Some of these individuals have been asked to donate their shares back to the organization as The Studio endeavors to acquire ownership of the building within 2-3 years. Improvements funded through this grant will serve The Studio@620 now and will continue to be a benefit when the organization becomes the eventual owner of the building. A campaign to pursue this purchase goal is forthcoming within the next 2-3 years.

Landlord*

Please enter the name and address of the property owner/landlord.

620/622 LLC ,P.O. Box 556 St. Petersburg, FL 33731

Lease Upload*

Please upload the executed lease you currently have with your landlord. If there are any important circumstances to note, use the text box below.

The Studio620 Lease Agreement.pdf

Community Connection

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

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

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

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

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

The screenshot shows a web application interface for mapping. At the top, there is a search bar with the text "Enter an Address, city, state or tract" and a "Go" button. To the right of the search bar, there are dropdown menus for "Florida" and "Pinellas". Below the search bar, there is a "Map Options" section with a "Clear" button, a "Reset" button, and a "Full Screen" button. The "QCT Legend" includes "Tract Outline" (blue line), "LIHTC Project" (red house icon), and "2022 Qualified Census Tracts" (purple square). The "SADDA Legend" includes "FMR Boundary" (green line), "2022 Small DDA" (orange square), and "Non Metro DDA" (blue square). Below the legend, there is a "Hide the overview" button. A paragraph of text states: "The 2022 Qualified Census Tracts (QCTs) and Difficult Development Areas (DDAs) are effective January 1, 2022. The 2022 designations use data from the 2010 Decennial designation methodology is explained in the federal Register notice published September 9, 2021". Below this text, there is a "Map Options" section with a "10 Current Zoom Level" and several checkboxes: "Show Difficult Development Areas (Zoom 7+)", "Color QCT Qualified Tracts (Zoom 7+)" (checked), "Show Tracts Outline (Zoom 11+)", "Show FMR Outlines (Zoom 4+)", and "Show LIHTC Projects (Zoom 11+)". A red arrow points to the "Color QCT Qualified Tracts" checkbox. Below the map options, there is a "Click here for full screen map" link. The "Select Year" section has two radio buttons: "2022" (selected) and "2021". The map view shows a map of Pinellas County, Florida, with various tracts and boundaries. The map is labeled with "Map" and "Satellite" tabs. The map shows several cities including Clearwater, St. Petersburg, and Tampa. A red pin is located on the map near Clearwater. The Google logo is visible in the bottom left corner of the map. At the bottom of the map, there is a "Keyboard shortcuts" link, "Map data ©2022 Google, INEGI", and "Terms of Use" link.

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/>

This has been copied from your LOI and cannot be changed.

620 1st Avenue South, St. Petersburg, FL 33701

QCT Determination - Headquarters

Is this organization headquartered in a QCT?

No

Project Location

Please provide the address or intersection where the property being modified is.

This has been copied from your LOI and cannot be changed.

620 1st Avenue South, St. Petersburg, FL 33701

QCT Determination - Project

Is this organization's project in a QCT?

No

QCT Impact*

PCF understands that just because a project may not be located in a Qualified Census Tract, those who reside in one may access your services and may come to the location where your organization's project will take place.

- If applicable, please describe if you have clients that reside in a QCT as indicated on the map linked above, and the proportion of your clients that come from these areas.
- If your organization does not serve clients from a QCT, you can write "Not Applicable" below.

This has been copied from your LOI.

The Studio@620 is located where the Midtown / Downtown St. Petersburg areas converge. Midtown has a historically black population with middle to lower incomes. The Studio@620 is located adjacent to the large QCT on the south side of St. Petersburg which covers the Midtown neighborhoods. Members of the organization staff, partnering artists, student groups and volunteers live in this QCT. An estimated 15% of our audience comes from the QCT area. An estimated 25% of artists served are from the QCT. Youth programming, such as poetry showcases and student art exhibits, is focused on families in the QCT. Roughly 50% of youth participants are from this area.

QCT Determination - Clients

Does this organization's project benefit residents of QCTs?

Yes

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.

This has been copied from your LOI.

The Studio@620 staff and Board of Directors consist of men and women of Black, White, Asian, Hispanic, and Middle Eastern descent and include members of the LGBTQ community. Ages of staff and board members range from young adults in their 20s to older individuals close to retirement age and everything in between. Education levels of staff and board range from high school to undergraduate degrees to advanced degrees. Volunteers are similarly diverse and range in ethnicity, age and level of education.

The organization partners with several community groups that serve BIPOC and LGBTQ demographics such as Green Book Tampa Bay and St. Pete Pride. Select programming is geared towards seniors (i.e. Radio Theatre Project) and under-served student populations through Pinellas County Public Schools. Many of the artists and performers engaged by The Studio are from the above stated groups not to mention the diverse audience that attends these programs.

Artists in Residence at The Studio@620 include women and men of all age groups and reflect BIPOC and LGBTQ communities.

The Studio partners with countless individuals as well as an extensive list of organizations to produce public programming. This list of partners includes Keep St. Pete Lit, Wordier Than Thou, projectALCHEMY Dance, Your Real Stories, Friends of Jack Kerouac, Pinellas Diaspora Arts Project, Inc., St. Petersburg Shakespeare Festival, Journeys in Journalism, American Stage, and The Dali Museum and continues to grow. These partnerships reflect The Studio's commitment to diversity and collaboration. The Studio@620 is an established hub for the arts and social equity programming in the county.

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

BIPOC
LGBTQ+

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+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

BIPOC
LGBTQ+

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+

Financial Overview

IF A CONTRACTOR HAS NOT BEEN SELECTED, BIDS MUST BE DATED AFTER 8/8/22. If you need assistance compressing files, please email Rose Cervantes at rcervantes@pinellascf.org.

The file attached below should contain current, verifiable bids, estimates, or price lists [from your potential vendor(s)]. ***Please ensure there is a date noted on the bid or some annotation as to when you obtained these estimates/bids.***

- If your project costs **LESS** than \$75,000, you must upload TWO verifiable bids or estimates for the proposed project.
- If your project is **EQUAL TO** or **MORE THAN** \$75,000, you must upload THREE verifiable bids or estimates for your proposed project.

If you have already selected a contractor for this process and do not have multiple bids to upload, please ensure you answer the narrative question below thoroughly.

Bid/Estimate #1*

PDF files are accepted.

Howell Building ARPA repair bid.pdf

Bid/Estimate #2

PDF files are accepted.

Bid Proposal - 620 1st Ave S(1).pdf

Bid/Estimate #3

PDF files are accepted.

The Studio at 620 Com. Flat.pdf

Selected Contractor*

If you have not yet selected a contractor and have uploaded multiple bids above, please write N/A below or you will not be able to submit your application.

If your organization has already selected a contractor for this proposed capital project, please describe the process through which this contractor was chosen, and be sure to answer:

1. Was there a competitive bid process? That is, were multiple bids collected in order to evaluate multiple contractors? Describe this process (names of contractors, number of bids collected, prices, and why the contractor was chosen).
2. What personnel members at your organization selected the contractor?
3. Has a contract been executed with this contractor? **If yes, upload the contract here. If no, please describe the status of contract.**

If a contractor has already been selected AND a competitive bidding process was not used, the project will lose points.

Howell Building ARPA repair bid.pdf

Howell Building has been selected for this job due to their proven history of working with the organization. Howell building puts a greater priority on meeting the needs of The Studio due to the lengthy relationship between the contractor and the organization. Howell Building will donate their time for the job and will coordinate with the sub-contractors in order to complete the projects outlined in the grant application. The Managing Director, Artistic Director, and Board of Trustees all approved this decision. A final contract will be signed based upon the bid provided once grant funds are approved.

Minority/Woman-Owned Business

Is your selected contractor, or the bid you are going to choose if funded, one of the following:

- Small-business enterprise (SBE)
- Disadvantaged business enterprise (DBE)
- Minority and/or woman-owned business (MWBE)

Yes

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."

Howell Building is owned and operated by Jim Howell, partner of Artistic Director/Founder Bob Devin Jones. Jim has done contractor work for The Studio since it's inception and is familiar with the structural condition of the building. Howell Building is a small business run by a member of the LGBTQ community and has served the Tampa Bay area for twenty years.

Budget Detail*

Please upload a clear, easily readable budget that breaks out costs for this proposed project. Ensure that it is clear what portion would be paid for through this grant funding and what would be paid for from other sources. **Be sure that the budget includes 10-20% for contingencies and any costs related to performance and payment bonds for construction projects.**

If you are going to request the permitted indirect cost of up to 5%, please be sure this is represented in your budget.

An example budget is available here.

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

PDF and Excel files are allowed.

ARPA large project budget.pdf

Quote is attached from Howell Building which reflects the total grant request amount of \$184,600 including required contingencies allowance.

The cost of contractor work and materials as listed in bid attachment would be fully funded by the grant. The Studio will cover staff and administrative costs necessary to manage the project and related grant requirements.

Other Funding Sources*

Please describe any other funding that your organization has applied for or obtained for this project. This includes but is not limited to Community Development Block Grants (CDBG), local government grants (including Tourist Development Council funding), foundation grants, and donors (you do not need to disclose donor identities, simply amount raised that is allocated to this project). This includes any matching grants or in-kind contributions you may have obtained.

If none, please explain why no additional funding sources have been pursued.

If this answer has changed since submitting your LOI, you may update it below. Please be sure all funding sources below are represented in the budget you have uploaded above.

Other funding sources have not been pursued because this is the first time our organization has taken on managing repairs to the building and current donations are allotted for programming. Previously the owning LLC has taken care of maintenance, but as we work to purchase the building, we are now taking on this aspect of ownership. This grant will help in securing the building and stabilizing the future of the organization. We are currently seeking donations of building shares from LLC members to be given to the organization as part of the building purchase campaign.

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 project **decreases** ongoing operating costs, how will it do so?
- If this project **does not affect** operating costs, please note so below.

If this answer has changed since submitting your LOI, you may update it below.

Replacement of large front windows and doors will likely reduce monthly utility bills, resulting in lower operating costs. Improved security with lights and cameras will lower insurance premiums. Replacing interior drywall will potentially increase art sale revenues by permitting expanded art exhibitions. Improved audience experience is expected to result in higher admission revenues from repeat guests. Installation of a commercial dishwasher will reduce catering/clean up staff expenses related to fundraising banquets. Other proposed projects will likely not affect operating costs.

Fund Management Capacity*

Please describe your organization's capacity to manage these potential ARPA funds in terms of fiscal management and financial infrastructure.

This includes, but is not limited to, the use of accounting software that can track a general ledger and multiple accounts and the ability to work on a reimbursement-basis.

The inability to handle a reimbursement-based grant does not disqualify your organization from applying.

This has been copied from your LOI.

The Studio@620 retains EGK Solutions, an independent certified accountant, for monthly account management. QuickBooks software is used by Studio staff and EGK Solutions with Board oversight and would easily be used to track and manage ARPA funds. Additional accounting service, including tax filing preparation, is provided in-kind by Janssen and Igar, CPAs.

Corrective and Investigative Action/Grant Recall*

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

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

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. If no, write "N/A"

N/A

Organization Documentation

Organization Budget*

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

2021.2022 Approved Studio Budget.pdf

Board of Directors List*

Please upload a current list of members of your organization's Board of Directors. Excel, Word, and PDF formats are acceptable.

Studio board list 2022.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.

Executed 990_06.30.2021.pdf

Attached is the last 990 filed, our accountant has filed an extension and is still preparing the latest one.

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.

The Studio@620_ProfitandLoss_09.30.2022.pdf

Insurance

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 project. 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.

29264912.pdf

Our current insurance policy renews after the application deadline but an updated document will soon be available.

Insurance Requirement*

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

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

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

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

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

Post-Grant Requirements

Reporting Requirements Acknowledgment*

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit monthly expenditure reports until their project is completed and their contract is closed out.

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

- Invoices

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

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

Additional Information

Additional Upload

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

Bob Devin Jones Key to the City St Pete Catalyst.pdf

Anything else to share?

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

Founder/Artistic Director Bob Devin Jones has received numerous awards for the contributions he has made to the community through The Studio@620. From mentoring emerging artists to celebrating local heroes, Bob and The Studio have set an example that newer organizations continue to emulate. The Studio has been the birthplace of many other non-profit groups and is unique in its approach. Finding a way to say YES is our hallmark and it is something greatly needed by many in our community.

File Attachment Summary

Applicant File Uploads

- Negative Economic Impact Chart.pdf
- The Studio620 Lease Agreement.pdf
- Howell Building ARPA repair bid.pdf
- Bid Proposal - 620 1st Ave S(1).pdf
- The Studio at 620 Com. Flat.pdf
- Howell Building ARPA repair bid.pdf
- ARPA large project budget.pdf
- 2021.2022 Approved Studio Budget.pdf
- Studio board list 2022.pdf
- Executed 990_06.30.2021.pdf
- The Studio@620_ProfitandLoss_09.30.2022.pdf
- 29264912.pdf
- Bob Devin Jones Key to the City St Pete Catalyst.pdf

thestudio



The Studio@620, Inc.

620 1st Ave. S., St. Petersburg, FL 33701

727-895-6620

Negative Economic Impacts / ARPA Large Project Grant

Revenue Source	2019	2020	2021	2022
Individual Contributions	\$ 55,705.36	\$ 61,185.09	\$ 97,539.42	\$ 45,750.46
Corporate Contributions	\$ 2,950.28	\$ 8,742.39	\$ 9,315.43	\$ 44,665.00
Grants	\$ 45,160.55	\$ 52,584.25	\$ 91,951.55	\$ 61,626.51
Memberships	\$ 23,410.00	\$ 10,420.00	\$ 8,968.98	\$ 5,975.00
Programming Income	\$ 121,399.99	\$ 69,295.07	\$ 71,947.35	\$ 87,282.66
Operating Expenses	\$ (342,157.32)	\$ (224,578.83)	\$ (233,214.50)	\$ (183,825.10)
TOTAL	\$ (93,531.14)	\$ (22,352.03)	\$ 46,508.23	\$ 61,474.53

COMMERCIAL LEASE AGREEMENT

THIS COMMERCIAL LEASE AGREEMENT (the "Agreement") is made this 15th day of JUNE 2022 by and between 620/622, LLC, a Florida limited liability company (the "LANDLORD"), and The STUDIO @ 620 (the "TENANT").

WITNESSETH:

THAT IN CONSIDERATION of the mutual covenants set forth below, the parties do hereby agree that:

1. **STATE LAW:** The Florida Landlord and Tenant Act (Florida Statutes, Chapter 83) is the basis of and shall govern the rights and obligations of the parties to this Agreement, unless and except as otherwise provided in this Agreement.

2. **DUTY TO RENT:** The LANDLORD shall rent to the TENANT, and the TENANT shall rent from the LANDLORD, the premises commonly known as Second Floor, Unit , approximately 4000 sq. ft. MOL, located at 620 and 622 First Avenue S., St. Petersburg, Florida (the "Premises"), for a term of ONE YEAR commencing JUNE 1ST 2022 and ending at midnight on MAY 31ST 2023

3. **RENT:** The TENANT agrees to pay, without demand, to the LANDLORD, as rent for the Premises, the sum of FOUR THOUSAND DOLLARS per month, plus applicable State sales tax, in advance on the first (1st) day of each month to P.O. 556 ST. PETERS FL 33731 or such other place as the LANDLORD may designate in writing. In the event a rental payment is not made within five (5) days of a due date, TENANT agrees to pay a late charge of TWENTY-FIVE DOLLARS (\$25.00). The imposition of a late charge, however, does not waive the LANDLORD's right to terminate the lease under Florida Law in the event of the TENANT's failure to pay rent as due on the first (1st) of each month. TENANT agrees further to pay TWENTY-FIVE DOLLARS (\$25.00) for each check used for rental payment which is subsequently dishonored by the paying bank.

4. **SECURITY DEPOSIT:**

(a) LANDLORD hereby acknowledges receipt of the first month's rent for the period 0 through

(b) TENANT agrees to deposit with LANDLORD the sum of 0, as a security deposit to be used by LANDLORD at the termination of this Agreement toward reimbursement of the costs of repairing any intentional, excessive or negligent damage to the Premises caused by the TENANT, TENANT's guests, or agents and any rent or other charges owed by TENANT. Payment of this security deposit is to be made at the time of the execution of this Agreement unless otherwise indicated and is to remain in LANDLORD'S possession until after the Premises have been vacated by TENANT and then all or such portion as is not used herein shall be returned to TENANT without interest, provided, in addition to the return of the Premises in an

undamaged condition (ordinary wear and tear excepted), TENANT has complied with and fully performed all terms, covenants and conditions of this Agreement.

(c) It is agreed that the security deposit shall not be considered by the TENANT to be in lieu of any rental obligation due from the TENANT; however, the security deposit may be used by the LANDLORD, at its option, for any rental obligation due to LANDLORD from the TENANT, including liquidated damages for leaving the Premises before the expiration of the term of this Agreement.

5. UTILITIES: LANDLORD shall pay for all charges for gas, electricity, water, sewage, garbage and any other utilities used on the Premises at no additional charge to the TENANT.

6. CONDITION AND UPKEEP OF THE PREMISES:

(a) The TENANT acknowledges having inspected the Premises, and except as otherwise indicated in this Agreement, TENANT is satisfied with the condition of the Premises and accepts the same "as is". LANDLORD MAKES NO REPRESENTATIONS OR WARRANTIES AS TO FITNESS OF USE OCCUPANCY, AND TENANT WAIVES ANY WARRANTIES THAT MAY BE IMPLIED BY LAW. The TENANT agrees, at TENANT'S sole expense, to keep and maintain the Premises in a clean and sanitary condition during the term of this Agreement, and any renewal thereof. The TENANT shall use carefully and for legitimate purposes and only for the purposes intended, all plumbing, gas, electric, and other fixtures and appliances forming a part of the Premises, and the TENANT shall make all required repairs to such items whenever the damage thereto shall have resulted from the TENANT'S misuse, waste, or neglect, or that of an employee, agent or visitor of the TENANT. The LANDLORD agrees to be responsible for major maintenance and repairs to the Premises not due to the TENANT's misuse, waste or neglect, or that of an employee, agent or visitor.

(b) At the expiration of the term of this Agreement, the TENANT shall peaceably deliver to the LANDLORD the possession of the Premises, in as good a condition as it now is, reasonable wear and tear excepted.

(c) The TENANT shall not make any alteration or addition to the Premises without first obtaining the written consent of the LANDLORD. The term alteration shall include, but not be limited to, painting, wallpapering, paneling, and the like. All improvements, alterations, or additions made to the Premises shall become the property of the LANDLORD at the termination of this Agreement, unless otherwise provided in writing between the parties.

7. SUBLET: The TENANT shall not sublet the Premises nor assign this Agreement, or any part thereof, without the prior written consent of the LANDLORD, which consent shall be at the sole discretion of the LANDLORD. A consent by the LANDLORD to one assignment or subletting shall not be deemed to be a consent to any subsequent assignment or subletting, and unless any consent specifically releases the original TENANT from the terms and effect of this Agreement, such original Tenant shall not be relieved of the obligations hereof.

8. CASUALTY DAMAGE: The LANDLORD shall maintain a policy of fire and hazard insurance upon the Premises, but assumes no liability for the personal property of the TENANT, nor any liability for loss of use thereof or loss of use of the Premises.

9. INSPECTION OF THE PREMISES: LANDLORD shall have the right at all reasonable times during the term of this lease and any renewal thereof to enter upon and into the Premises. During the last sixty (60) days of this Agreement, the LANDLORD may display the usual "For Rent", or "Vacancy" signs on the Premises, and may show the Premises to prospective tenants.

10. ENFORCEMENT: If this Agreement must at any time be placed in the hands of an attorney, collection agent, or court of law, for the enforcement of any provision of this Agreement, the TENANT agrees to pay all reasonable costs occasioned thereby, including attorney's fees through appellate levels.

11. INDEMNIFICATION: The TENANT shall indemnify the LANDLORD against all liabilities, expenses and losses incurred by the TENANT arising out of or related to the Premises or the TENANTS' use thereof, to include but not be limited to (a) failure by the TENANT or any of its agents to perform any provision, term, covenant or agreement required to be performed by the TENANT under this Agreement; (b) any occurrence, injury or personal property damage which shall happen in or about the Premises or appurtenances resulting from the condition, maintenance, construction on, or the operation of the Premises; (c) failure to comply with any requirements of any governmental authority or insurance company insuring the Premises or its contents; (d) any security agreement, conditional bill of sale or chattel mortgage or construction lien connected with TENANT, its obligations or operation, filed against the Premises any fixtures, equipment or personalty therein; and (e) any construction, work alterations or improvements by TENANT on the Premises. Such indemnification shall include a reasonable attorney's fee for counsel, all proceedings, including dispute resolutions, trials and appeals.

12. PRESENT AGREEMENT; MODIFICATIONS. No prior or present agreements or representations shall be binding upon either party, unless included in this Agreement. This Agreement represents the entire agreement between the parties and no changes or modifications shall be valid or binding unless in writing and executed by the party to be bound.

13. RECORDING: This Agreement shall not be recorded in the Public Records without the prior written consent of the LANDLORD.

14. NOTICE: For purposes of notice under this Agreement, there shall be given, postage prepaid, certified mail or registered mail, to the following addresses:

If to TENANT:

THE STUDIO @ 620
620 1ST AVE SO
ST PETERS FL 33701

If to LANDLORD:

620/622 LLC
P.O. Box 556
1627 Beach Drive SE
St. Petersburg, FL 33704 33731

or any change thereof given in a like manner.

15. **RADON GAS NOTICE:** Radon is a naturally occurring radioactive gas which, when it has accumulated in a building in sufficient quantities, may present health problems to persons who are exposed to it over time. Levels of Radon which exceed Federal and State guidelines have been found in buildings in Florida. Additional information regarding Radon and Radon testing may be obtained from your County Public Health Unit.

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be duly executed in duplicate on the 1st day of JUNE 2022

WITNESSES:

TENANT

[Signature]
Signature of Witness
Marcus Leiby
Print or type Name of Witness
[Signature]
Signature of Witness
JOHN HULS
Print or type Name of Witness

[Signature] (SEAL)
ROBERT JONES as ARTISTIC DIR.

LANDLORD

620/622, LLC,
a F

By: [Signature]
James A. Howell, as Member Manager

[Signature]
Signature of Witness
Marcus Leiby
Print or type Name of Witness
[Signature]
Signature of Witness
JOHN HULS
Print or type Name of Witness



Maintenance Project Proposal

Client: The Studio@620

Project location: 620/622 1st Ave S, St. Petersburg, FL

Project scope: Multiple new installs, maintenance and replacement as per discussions

Estimated cost: \$184,600.00

Description of work to be performed by Howell Building, Inc.:

Replace windows and doors with impact glass (front of Studio building only - entry door and windows)	\$35,000
Stucco east side exterior wall to stop rain intrusion	\$23,000
Paint new stucco front and back wall	\$13,000
Replacement of Sheetrock (interior East wall caused by water/ rain intrusion)	\$8,500
Replacement of roofing as per spec	\$22,000
Remove and reinstall solar panels	\$8,500
Install metal caps on parapet walls and gutters	\$6,500
Replace air conditioner for 1st floor back space	\$11,000
Replace chair lift servicing second floor	\$28,000
Exterior security	\$7,500
Dishwasher	\$4,500
Security systems and cameras	\$4,700
Contingencies for unknown conditions and scope adjustments as required	\$17,400

Thank you,

Jim Howell
Howell Bldg, Inc.

12/08/2020
Date

1627 Beach Dr SE, St Petersburg, FL 33701
Phone -727-458-2101 www.Howellbuildinginc.com
State Certified Building Contractor
Licensed and Insured



Lic: # CGC-150878

Bid Proposal

December 14, 2022

To: Jim Howell

Co: Howell Building

Phone: 727.458.2101

E-Mail: jhowell@howellbuildinginc.com

From: Bob Marshall

Cell: 727.204.3637

Project: 620 1st Ave S, St. Petersburg

Exterior Aluminum Storefront Windows & Doors

- Aluminum storefront framing: Kawneer IR501 & IR451(Frame 5)
- Aluminum storefront doors: 350IR w 10" bottom rails
- Aluminum Finish: Dark Bronze anodized
- Glazing: 1-5/16" (1" @ doors)insulated laminated with SB70 low-e.
- Openings: Elevation drawings attached.
 - Frame 1 Qty.(1) 148"w x 84"h fixed storefront
 - Frame 2 Qty.(2) 75"w x 84"h fixed storefront
 - Frame 3 Qty.(1) 64-1/2"w x 106"h fixed storefront with (1) 36" x 84" door
 - Frame 4 Qty.(1) 101"w x 84"h fixed storefront
 - Frame 5 Qty.(1) 40"w x 113-1/2"h fixed storefront with (1) 36" x 84" door
- Door hardware includes: (3) butt hinges, CRL PR90 overhead surface closer, Kawneer EL1686 concealed rod panics, power supply, keyed exterior cylinder, offset tubular pull, aluminum threshold and bottom sweep.
- Proposal includes permit, demo of existing, installation with sill drip flashing at windows and \$1,000.00 stucco repair allowance.

Total amount \$51,700.00 Terms 50% down with balance due at time of installation.

Exclusions:

- 120V power install for electric door hardware power supply.
- Access control equipment. Proposal includes only power supply and low voltage power wiring to door hardware.
- Repair of insect damage or rotten wood. Cost will be \$75hr plus material plus 15%.
- Modifications to existing openings.
- Anything other than material shown on this proposal.

GENERAL CONDITIONS

The following conditions apply to all projects and will be attached to any contract presented to our firm.

3150 39th Avenue North •St. Petersburg, FL 33714
Phone: 727.525.3828 •Fax: 727.525.3447

1. Bay Glass & Window, Inc. will field measure all openings and a minimum 12-week lead time must be allowed for fabrication and glass procurement after measuring.
2. Our proposal is valid for thirty - [30] days from the date noted on this proposal.
3. Materials procurement for this project is a minimum 12 weeks from date all approvals are received. However, our lead times often fluctuate. There may be conditions that exist that make it impossible to guarantee delivery of products by any specified date.
4. If Openings are guaranteed by the contractor, they must be properly constructed and ready for installation of our products, in accordance with approved shop drawings or project coordination meetings.
5. Our products will be installed in a shop clean condition. Free of markings, tapes, and glass buttons. We will leave all manufacturer/fabricator glass labeling in place for building inspector use (as required by Code). Final cleaning is not included.
6. Our products are finished material and subject to damage. Jobsite protection of our materials is not included. We expect the general contractor to advise and coordinate all trades on site to make a proactive effort to prevent damage. Once installed the cost to replace aluminum materials and glass can be excessive and will not be borne by Bay Glass & Window, Inc.
7. On site testing of installed systems is not included in our proposal. We will cooperate with the selected testing agency in conducting any test desired. The cost of re – testing for any reason is expressly excluded. Extensive testing and major modifications to the systems installed is not covered by our proposal. Such requirements will be executed only with an agreed change order.
8. Since scheduling is a vital component of the project, we require notification of award at the earliest possible date. Our submittal process can be lengthy and costs for delays caused in construction necessary to the installation of our products are not part of our contract. Accelerated work schedules and overtime premiums due to the delays of others will require a change order for the costs and a change order for the time delay.
9. Bay Glass & Window, Inc. will not be liable for damage to interior finishes installed prior to the completion of our work. We will not be liable for costs associated with temperature and humidity control on this project.
10. Temporary glazing infills are excluded from our proposal. Any temporary infill is not guaranteed to meet code requirements. Damage to interior finishes is not included when temporary infills are used. These infills are not guaranteed weathertight.
11. We include all fasteners, anchoring devices and attachments necessary to the installation of our products. Sealants required between our material and the surrounding exterior components are included. The sealants are to provide a weather seal.
12. Interior caulking between our material and other interior finished goods is excluded.
13. Steel reinforcement, if required, that will be contained within our system as required to meet project specific loads will be shown our shop drawings and is included.
14. Anchor embeds are not included.
15. Interior insulation, fire-safing, windowsill trims or finishes, blinds are excluded.
16. All products carry a manufacturer's specific warranty – specific to the project and application. Bay Glass & Window, Inc. will pass those warranties on to the end user and Bay Glass & Window, Inc. will warrant its' installation for one [1] year from the date of substantial completion. Any other warranties that may be available would be made available to the end user and at extra cost if necessary.
17. Any Contract to consummate this work, must be acceptable to all parties. However, Bay Glass & Window, Inc. makes the following perfectly clear - If the Contract Agreement for the execution of this work includes a “pay when paid” clause, the Contractor or Owner must provide a commitment of funds document for the completion of this project in its entirety.
18. If a Payment / Performance Bond is required. The Bond Form must be acceptable to Bay Glass & Window, Inc. and our Surety.
19. Invoices not paid when due are subject to a 1-1/2% service charge per 30-day period until fully paid.
20. Utilization of this proposal assumes this proposal has been read and understood in its entirety by any and all who use it.

Project Name: 620 1st Ave S

12/14/2022 10:38 AM

Frame Set Name: Frame Set 1

Frame Name: Frame 1

Panels: 3

Rows: 1

Metal Group: IR 501 1 5/16" GLAZING

D/S: 1 Frame Type: Standard

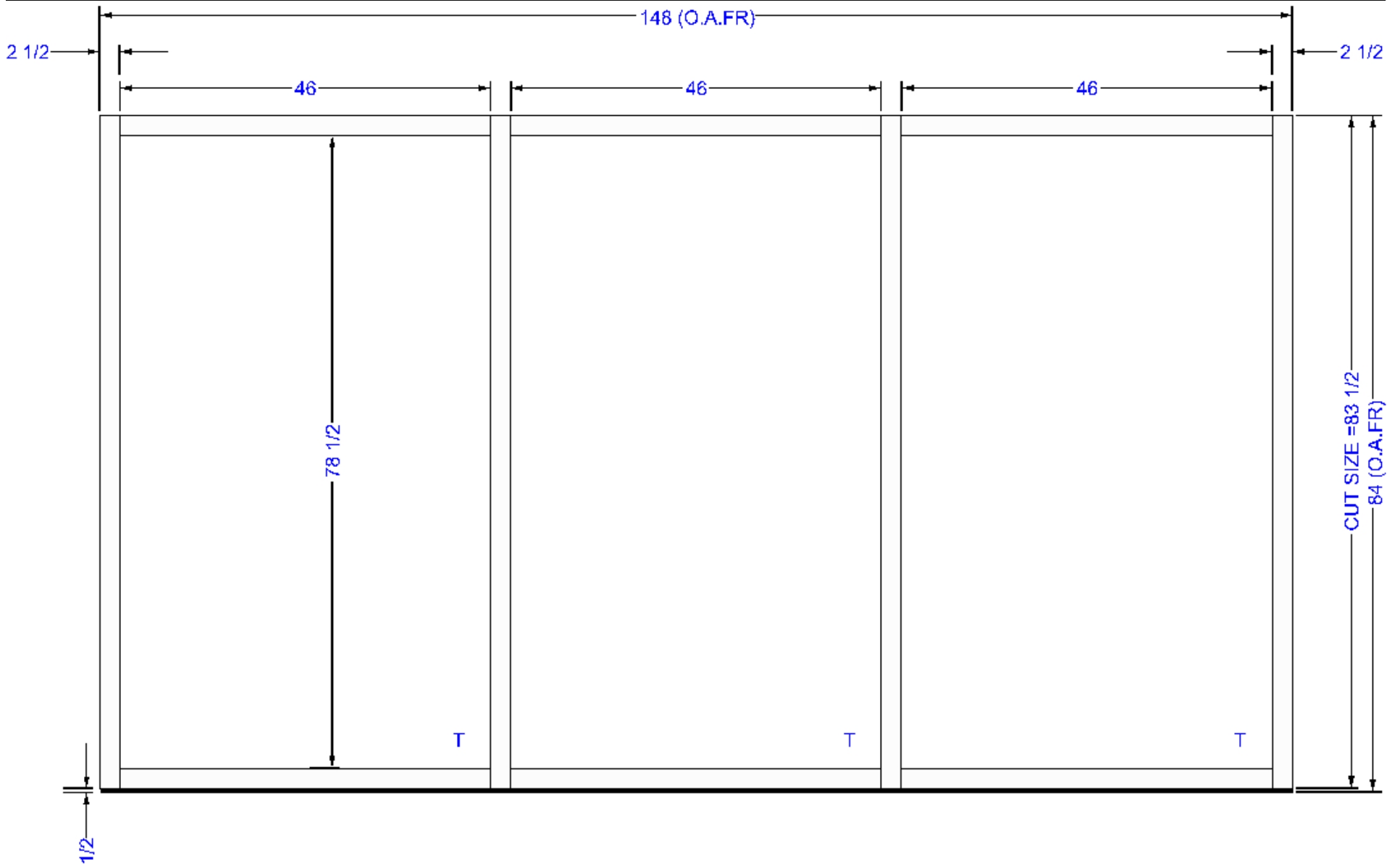
Frame Width: 148

Frame Height: 84

Required: 1

Back Member Color: #40 DARK BRONZE : PERMANODIC

Face Member Color: #40 DARK BRONZE : PERMANODIC



Project Name: 620 1st Ave S

12/14/2022 10:38 AM

Frame Set Name: Frame Set 1

Frame Name: Frame 2

Panels: 2

Rows: 1

Metal Group: IR 501 1 5/16" GLAZING

D/S: 1 Frame Type: Standard

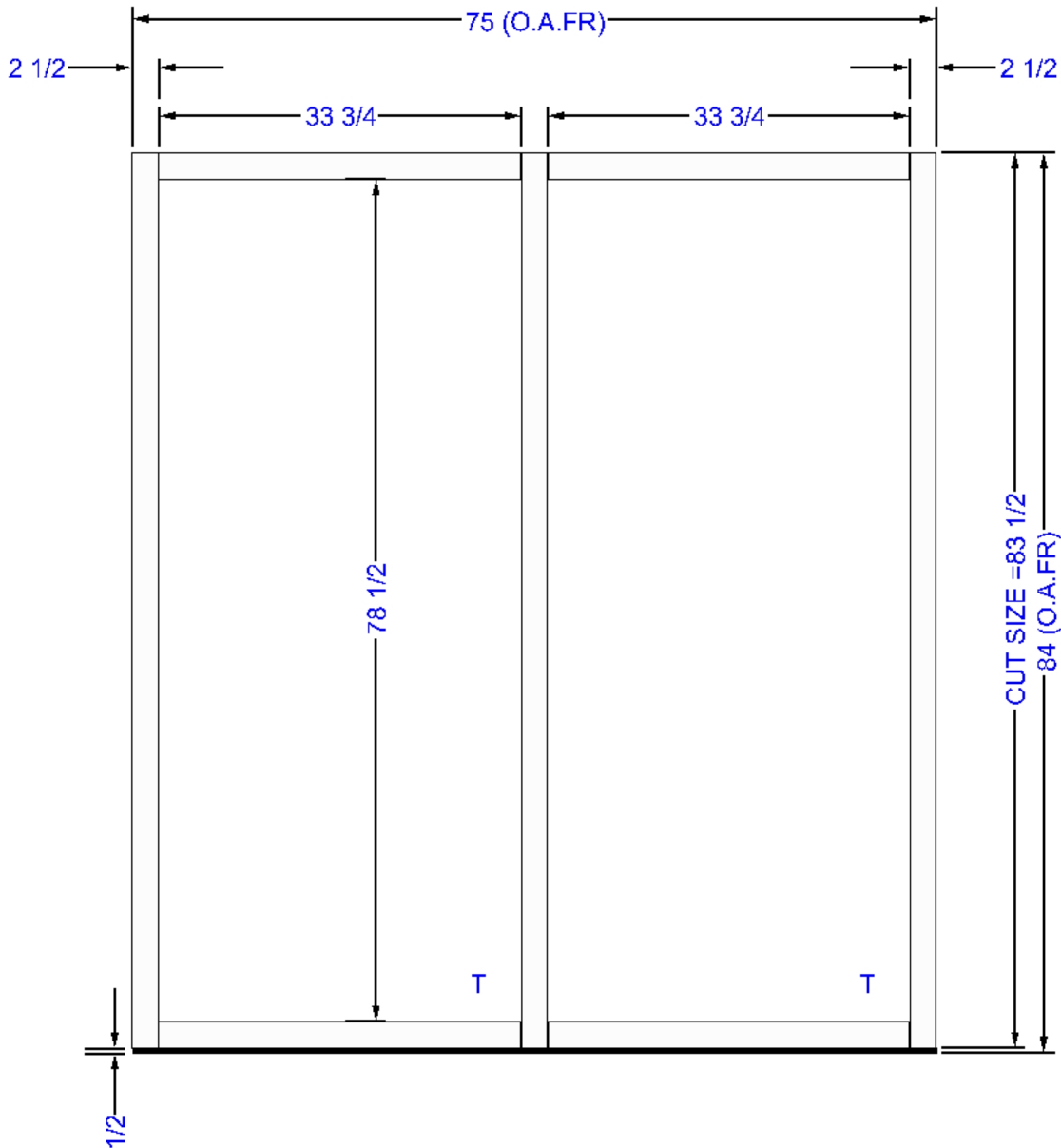
Frame Width: 75

Frame Height: 84

Required: 2

Back Member Color: #40 DARK BRONZE : PERMANODIC

Face Member Color: #40 DARK BRONZE : PERMANODIC



Project Name: 620 1st Ave S

12/14/2022 10:38 AM

Frame Set Name: Frame Set 1

Frame Name: Frame 3

Panels: 3

Rows: 2

Metal Group: IR 501 1 5/16" GLAZING

D/S: 1 Frame Type: Standard

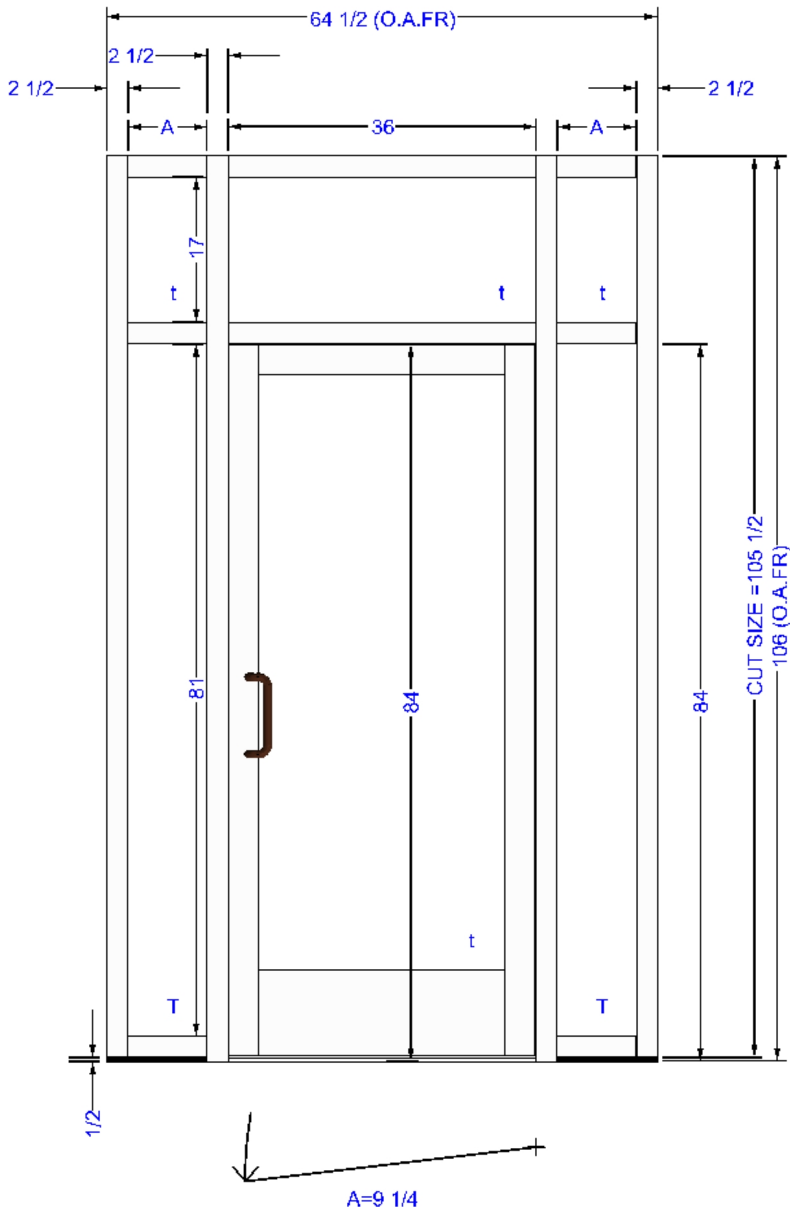
Frame Width: 64 1/2

Frame Height: 106

Required: 1

Back Member Color: #40 DARK BRONZE : PERMANODIC

Face Member Color: #40 DARK BRONZE : PERMANODIC



Project Name: 620 1st Ave S

12/14/2022 10:38 AM

Frame Set Name: Frame Set 1

Frame Name: Frame 4

Panels: 2

Rows: 1

Metal Group: IR 501 1 5/16" GLAZING

D/S: 1 Frame Type: Standard

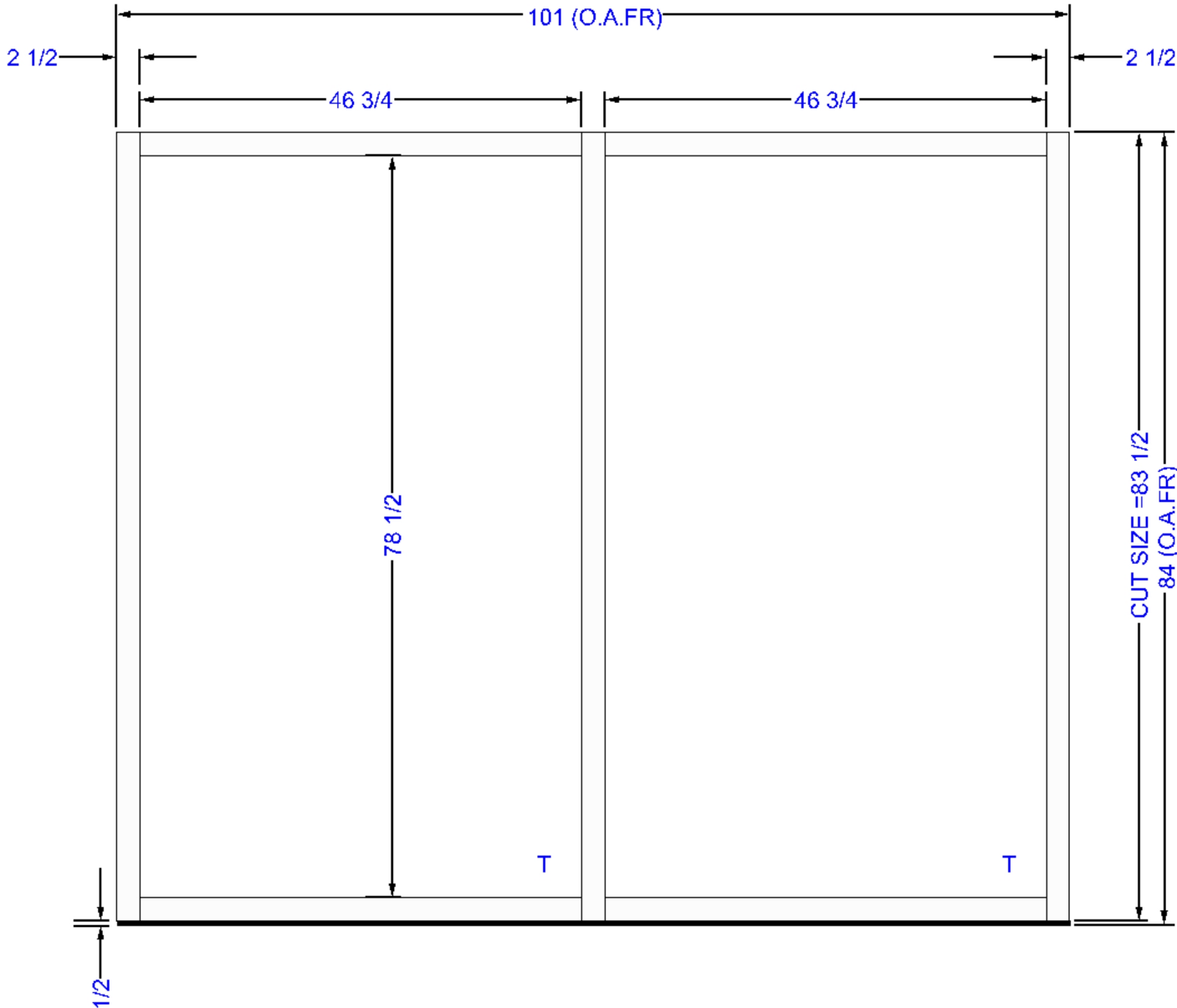
Frame Width: 101

Frame Height: 84

Required: 1

Back Member Color: #40 DARK BRONZE : PERMANODIC

Face Member Color: #40 DARK BRONZE : PERMANODIC



Project Name: 620 1st Ave S

12/14/2022 10:38 AM

Frame Set Name: Frame Set 1

Frame Name: Frame 5

Panels: 1

Rows: 2

Metal Group: IR 501 1 5/16" GLAZING

D/S: 1 Frame Type: Standard

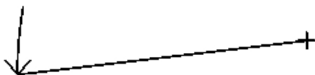
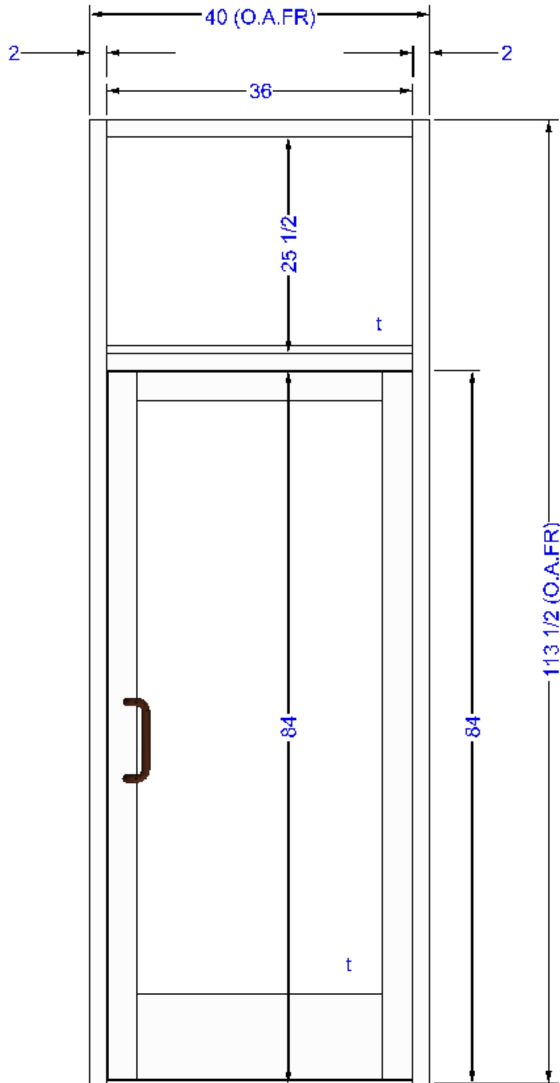
Frame Width: 40

Frame Height: 113 1/2

Required: 1

Back Member Color: #40 DARK BRONZE : PERMANODIC

Face Member Color: #40 DARK BRONZE : PERMANODIC



R. J. OWENS

Same Location Since 1989

Roofing Contractors, Inc.

PROPOSAL

Lic. # RC0054620

Office: 727-578-2641

Mike C. 727-410-6792

3113 38th Ave. N. St. Petersburg, FL 33713

Date: 1-3-23

<p>"The Studio at 620" 620 1st. Ave South St. Petersburg, Fl. 33701</p>	<p>Phone: 727-458-2101 Att: Jim Howell Email: jhowell@howellbuildinginc.com</p>
---	--

We hereby submit specifications and estimate for: (1 & 2- Story Flat roof)

- Remove existing roof to a clean, dry surface.
- Replace any rotted wood.
- Install a 43lb. Base sheet to clean surface.
- Install **Custom fabricated eave drip and cap metal. (Black)**
- Install New Lead boots, and GRV'S.
- Solid mop **One ply of Ply IV fiberglass** in Type III hot asphalt at a rate of 25lbs per square.
- Solid mop **One-Ply of GMS modified bitumen** (White) in Type III hot asphalt at a rate of 25lbs per square.
- Solid mop **One additional ply of Ply IV fiberglass** in Type III hot asphalt at a rate of 25lbs per square. Around all wall tie-ins and penetrations.
- Attach new A/C CURBS and flash with modified material.
- Install new galvanized cap over A/C CURB,S and Front Air vent. Customer will supply his own Solar Fan
- Cast white, ceramic, granules on exposed tar laps.

7 Year Labor Warranty

PAYMENT TERMS TO BE DISCUSSED AT SIGNING

Wood Schedule:

Any extra PLY WOOD decking @ \$ 2.82 per Sq. Ft. \$ 5.00 per ft. for Lineal lumber. Note (All decking prices are labor and material included)

Notes: 1. Customers A/C Contractor ,will be prepared to fix any ruptured copper lines or electric wires.

2. Customer will have entire Solar System removed. Then replaced after roof has been installed.

New Modified roof system:.....\$ 31,500.00

A/C CURB'S and Lid's.....(\$ 300.00 each).....\$ 1,200.00

All material is guaranteed to be as specified. All work to be completed in a workman like manner according to standard practices. Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements are contingent upon strikes, accidents or delays beyond our control. The proposal is subject to acceptance within 90 days and is void thereafter as the option of the undersigned.

By: _____ rep.

ACCEPTANCE OF PROPOSAL/CONTRACT

The above prices, specifications and conditions are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature: _____

Signature: _____



Maintenance Project Proposal

Client: The Studio@620

Project location: 620/622 1st Ave S, St. Petersburg, FL

Project scope: Multiple new installs, maintenance and replacement as per discussions

Estimated cost: \$184,600.00

Description of work to be performed by Howell Building, Inc.:

Replace windows and doors with impact glass (front of Studio building only - entry door and windows)	\$35,000
Stucco east side exterior wall to stop rain intrusion	\$23,000
Paint new stucco front and back wall	\$13,000
Replacement of Sheetrock (interior East wall caused by water/ rain intrusion)	\$8,500
Replacement of roofing as per spec	\$22,000
Remove and reinstall solar panels	\$8,500
Install metal caps on parapet walls and gutters	\$6,500
Replace air conditioner for 1st floor back space	\$11,000
Replace chair lift servicing second floor	\$28,000
Exterior security	\$7,500
Dishwasher	\$4,500
Security systems and cameras	\$4,700
Contingencies for unknown conditions and scope adjustments as required	\$17,400

Thank you,

Jim Howell
Howell Bldg, Inc.

12/08/2020
Date

1627 Beach Dr SE, St Petersburg, FL 33701
Phone -727-458-2101 www.Howellbuildinginc.com
State Certified Building Contractor
Licensed and Insured



The Studio@620, Inc.
620 1st Ave. S., St. Petersburg, FL 33701
727-895-6620

Facility Improvement Budget / ARPA Large Project Grant

Expense Description	Grant Funds	Matching Funds
Contractor & Materials Costs	\$ 184,600.00	\$ -
Project Administration	\$ -	\$ 1,600.00
Grant Administration	\$ -	\$ 2,000.00

TOTAL \$ 184,600.00 \$ 3,600.00

Contractor & Materials Costs Explanation

See bid attached for breakdown of expenses including contingencies

Project Administration Cost Explanation

Managing Director time coordinating with contractor and workers on site

Grant Administration Cost Explanation

Administrative Director time preparing and reporting on grant
Accountant time tracking and processing grant expenses and payments

Studio 620
FY2021-2022 Budget

Account #	Income	Moves w. Variables		Budget FY2020-2021	CY Budget to PY Actual	CY Budget to PY Budget	Notes
		Budget	Actual				
		FY2021-2022	FY2020-2021				
	Programming Admission						
43100;43110	Theatre	\$55,500	\$27,113	\$55,500	\$28,387	\$0	
	Performance	\$0	\$0	\$0	\$0	\$0	Dance, Concert, Open Mic, etc..
	Classes	\$0	\$0	\$0	\$0	\$0	
41207	Studio Events	\$27,500	\$1,572	\$27,500	\$25,928	\$0	Honors, Birthday
	Signature Events	\$0	\$0	\$0	\$0	\$0	
	Marketplace	\$0	\$0	\$0	\$0	\$0	
41209;43800	Other	\$19,200	\$195	\$19,200	\$19,005	\$0	Film, Literary, Discussion, etc..
	Total Admission	\$102,200	\$28,879	\$102,200	\$73,321	\$0	
43500	Art Shows	\$16,200	\$8,622	\$16,200	\$7,578	\$0	
43300	Hospitality	\$25,000	\$189	\$25,000	\$24,811	\$0	
	Contributions						
41205	Corporate	\$25,000	\$7,781	\$25,000	\$17,219	\$0	
41206	Major Gifts (Program Sponsor)	\$15,000	\$0	\$15,000	\$15,000	\$0	
41204	General 1-time (Individual)	\$30,000	\$76,753	\$20,000	-\$46,753	\$10,000	
41600	Membership	\$25,000	\$6,320	\$25,000	\$18,680	\$0	
	Total Contributions	\$95,000	\$90,854	\$85,000	\$4,146	\$10,000	
	Grants						
	Family/Private	\$15,000	\$10,000	\$15,000	\$5,000	\$0	
41450	Government	\$30,000	\$45,149	\$30,000	-\$15,149	\$0	
41300	Other Grants	\$15,000	\$4,272	\$15,000	\$10,728	\$0	
	Total Grants	\$60,000	\$59,421	\$60,000	\$579	\$0	
43200;42900	Rental	\$17,000	\$3,868	\$17,000	\$13,132	\$0	
41100	Interest & Dividends	\$0	\$13	\$0	-\$13	\$0	
43801	PPP Loan	\$30,000	\$28,700	\$0	\$1,300	\$30,000	

	Total Income	\$345,400	\$220,547	\$305,400	\$124,853	\$40,000	
		5.78%					
	Expenses						
	Admin Expenses						
51300;51400;51700;51900	Salaries	\$14,864	\$9,643	\$14,864	\$5,221	\$0	
51800;52100;52200;52500;52600-53900	Overhead	\$9,118	\$9,118	\$5,412	\$0	\$3,706	
52000	Rent	\$6,390	\$6,390	\$6,468	\$0	-\$78	
52400	Technology	\$1,498	\$1,498	\$1,853	\$0	-\$355	
	Debt Reduction	\$0	\$0	\$0	\$0	\$0	
	Total Admin Expenses	\$31,870	\$26,649	\$28,597	\$5,221	\$3,273	
	Program Expenses						
61200;61300	Salary	\$143,222	\$96,627	\$143,222	\$46,595	\$0	
61600	Gallery Artists	\$4,226	\$4,226	\$2,857	\$0	\$1,369	
64200	Rent	\$30,072	\$30,072	\$31,773	\$0	-\$1,701	
61400;61460;61500	Marketing	\$6,708	\$1,394	\$6,708	\$5,314	\$0	
	Print	\$718	\$718	\$0	\$0	\$718	
61700	Actors	\$48,989	\$3,238	\$48,989	\$45,751	\$0	
61900;62300;61000	Production Expenses	\$7,514	\$6,086	\$7,514	\$1,428	\$0	
52300;52305;61110;61650;61800;61910;62200;62250;62350-66100	Overhead	\$33,045	\$14,640	\$33,045	\$18,405	\$0	
	Total Program Expenses	\$274,494	\$157,001	\$274,108	\$117,493	\$386	
	Total Expenses	\$306,364	\$183,650	\$302,705	\$122,714	\$3,659	
	Total	\$39,036	\$36,897	\$2,695	\$2,139	\$36,341	

Studio@620 Board of Directors

Name	Address	Phone	E-mail	Occupation
Phil Price, Jr. (Chair)	5194 Huntington Circle NE St. Petersburg, FL 3370	727.533.5816 (ext 5816)	pprice@smithandassociates.com	Smith and Associates Real Estate
Robert Glaser	3801 Bay to Bay Blvd. Tampa, FL 33629	813-839-3800	rglaser@smithandassociates.com	Smith and Associates Real Estate
Lorenzen, William	12601 Shadow Run. Blvd. Riverview, FL 33569	813-924-8252	mewaliv@gmail.com	Owner, Jabberwacky Properties
Clemmons, Tim	106 Fareham Place North St. Petersburg, FL 33701	727-687-5970	tim.c@mesh.ws	Architect, Mesh Architecture
Bristol, Carla	909 22nd Ave South St Petersburg, FL 33713	727-565-3930	carlab.bristol@gmail.com	Gallery Owner
Keys, Derek	One Beach Drive SE, #803 St. Petersburg, FL 33701	813-334-3018	derek@derekkeys.com	Commercial Real Estate Broker, Derek Keys Real Estate
Jones, Bob Devin Ex-Officio (Staff)	1627 Beach Dr SE St. Petersburg, FL 33701	727-460-9140 W- 727-895-6620	jonesbdjarts@aol.com	Artistic Director, Studio@620
Ami Uti		813-390-9133	vunterprisellc@gmail.com	
Dexter Fabian	226 5 th Ave N. #1203, St. Petersburg, FL 33701		dexter@rkc.me	Publisher, I Love The Burg
Lisa Welch			lwelchfl@gmail.com	

Janssen & Igar, CPAs, PA
1626-38th Avenue North
St. Petersburg, FL 33713
727-525-9723

February 14, 2022

CONFIDENTIAL

Studio at 620 Inc.
Devin Jones
620 1st Avenue South
St. Petersburg, FL 33701

Dear Bob:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Janssen & Igar, CPAs, PA

Janssen & Igar, CPAs, PA
1626-38th Avenue North
St. Petersburg, FL 33713
727-525-9723

February 14, 2022

CONFIDENTIAL

Studio at 620 Inc.
Devin Jones
620 1st Avenue South
St. Petersburg, FL 33701

For professional services rendered in connection with the preparation of the following tax forms
for year ending 6/30/21.

Amount due \$ 0.00

Filing Instructions

**Studio at 620 Inc.
Devin Jones**

Exempt Organization Tax Return

Taxable Year Ended June 30, 2021

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. Your Form 990 for the tax year ended 6/30/21 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Janssen & Igar, CPAs, PA
1626-38th Avenue North
St. Petersburg, FL 33713

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-EO**

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

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 2021.

2020

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax Studio at 620 Inc.
Devin Jones

Taxpayer identification number
52-2398308

Name and title of officer or person subject to tax Robert Devin Jones
Artistic Director

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>220,547</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

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

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Janssen & Igar, CPAs, PA to enter my PIN 98308 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax  Date 01/20/22

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59880826686
Do not enter all zeros

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

ERO's signature _____ Date 01/20/22

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

For Paperwork Reduction Act Notice, see back of form.

Form **990**

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

OMB No. 1545-0047

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

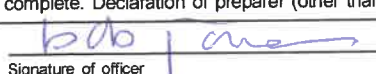
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Studio at 620 Inc.</u> Devin Jones Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>620 1st Avenue South</u> City or town, state or province, country, and ZIP or foreign postal code <u>St. Petersburg FL 33701</u>	D Employer identification number <u>52-2398308</u> E Telephone number <u>727-895-6620</u> G Gross receipts \$ <u>220,547</u>
F Name and address of principal officer: <u>Robert P. Glaser</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: <u>www.thestudioat620.org</u> H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: <u>2004</u> M State of legal domicile: <u>FL</u>

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>See Schedule O</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	9	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	9	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	4	
	6	Total number of volunteers (estimate if necessary)	40	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0		
Revenue			Prior Year	
	8	Contributions and grants (Part VIII, line 1h)	164,466	
	9	Program service revenue (Part VIII, line 2g)	151,846	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,988	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9	
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,720	28,700	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	266,805	220,547
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	147,481	100,846
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	154,666	82,534
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	302,147	183,380	
19	Revenue less expenses. Subtract line 18 from line 12	-35,342	37,167	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	35,042	77,848
	21	Total liabilities (Part X, line 26)	56,448	62,087
22	Net assets or fund balances. Subtract line 21 from line 20	-21,406	15,761	

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		Date		
	<u>Robert Devin Jones</u> Type or print name and title	<u>Artistic Director</u>		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN self-employed
	<u>Helen W. Igar, CPA</u>		<u>02/14/22</u>	<input type="checkbox"/> if PTIN <u>P01245639</u>
	Firm's name	Firm's EIN		
	<u>Janssen & Igar, CPAs, PA</u>	<u>59-2453808</u>		
	<u>1626-38th Avenue North</u>			
	<u>St. Petersburg, FL 33713</u>	Phone no.	<u>727-525-9723</u>	

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:

See Schedule O

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 \$ 28,615 including grants of \$) (Revenue \$)

Visual Emerging Artists - Art is displayed and sold for artists that would not be able to show anywhere else.

4b (Code:) (Expenses \$ 115,594 including grants of \$) (Revenue \$)

Performing Emerging Arts - Artists (musicians, plays, poetry reading) can show their work. These emerging performing artists would be able to be shown otherwise. Admission is charged to cover costs. Midtown through our Eyes is a one month part of this purpose. No admission is charged.

4c (Code:) (Expenses \$ 10,728 including grants of \$) (Revenue \$)

Non Profit Facility Use - Various non profits use the organizations facility for community events to help their causes.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 154,937

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	4
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

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

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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1a	9		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
15b		X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	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?		
16b			

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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 ▶ Business & Accounting Manager 620 1st Avenue South St. Petersburg FL 33701 727-895-6620

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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Robert Devin Jones Artistic Director	40.00 0.00	X						33,100	0	0
(2) Phil Price Treasurer	1.00 0.00	X		X				0	0	0
(3) Robert P. Glaser Board Chair	1.00 0.00	X						0	0	0
(4) Timothy Clemmons Director	1.00 0.00	X						0	0	0
(5) Derek Keys Director	1.00 0.00	X						0	0	0
(6) William Lorenzen Director	1.00 0.00	X						0	0	0
(7) Dexter Fabian Director	1.00 0.00	X						0	0	0
(8) Ami Utji Director	1.00 0.00	X						0	0	0
(9) Lisa Welch Director	1.00 0.00	X						0	0	0
(10) Adam Noble Director	1.00 0.00	X						0	0	0
(11)										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	6,320			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	59,421			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	86,105			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		151,846			
	Program Service Revenue			Business Code			
2a		Performing Emerging Arts		27,308	27,308		
b		Visual Emerging Arts		8,622	8,622		
c		Non Profit Facility Usage		4,058	4,058		
d							
e							
f		All other program service revenue					
g	Total. Add lines 2a-2f		39,988				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		13	13		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	6b	Less: rental expenses					
	6c	Rental inc. or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7b	Less: cost or other basis and sales exps.					
	7c	Gain or (loss)					
	d	Net gain or (loss)					
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
8b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19	9a					
9b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	10a					
10b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a	PPP Loan Forgiveness		28,700	28,700		
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		28,700				
12	Total revenue. See instructions		220,547	68,701	0	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	93,552	89,615	3,937	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	7,294	7,013	281	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	3,100		3,100	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	13,120	10,795	2,325	
12 Advertising and promotion	1,344	1,344		
13 Office expenses	3,394	2,402	992	
14 Information technology				
15 Royalties				
16 Occupancy	38,793	32,042	6,751	
17 Travel	2		2	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	522	522		
23 Insurance	6,471	4,753	1,718	
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 Bank Charges	5,054		5,054	
b Telephone/Internet	3,016	1,518	1,498	
c Small Equipment	2,756	2,756		
d Credit Card Fees	1,867		1,867	
e All other expenses	3,095	2,177	918	
25 Total functional expenses. Add lines 1 through 24e	183,380	154,937	28,443	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	24,740	1	74,659
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	5,000	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,592	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,211		
	b	Less: accumulated depreciation	2,742	10c	2,469
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	720	15	720
16	Total assets. Add lines 1 through 15 (must equal line 33)	35,042	16	77,848	
Liabilities	17	Accounts payable and accrued expenses	2,198	17	728
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	13,339	24	13,179
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	40,911	25	48,180
	26	Total liabilities. Add lines 17 through 25	56,448	26	62,087
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	-21,406	27	15,761
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	-21,406	32	15,761
33	Total liabilities and net assets/fund balances	35,042	33	77,848	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	220,547
2	Total expenses (must equal Part IX, column (A), line 25)	2	183,380
3	Revenue less expenses. Subtract line 2 from line 1	3	37,167
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-21,406
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,761

Part XII Financial Statements and Reporting

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

Name of the organization

Studio at 620 Inc.
Devin Jones

Employer identification number

52-2398308

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations:
 - g Provide the following information about the supported organization(s).

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	216,702	254,991	289,798	164,466	151,846	1,077,803
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	82,382	72,923	100,965	81,619	68,701	406,590
3 Gross receipts from activities that are not an unrelated trade or business under section 513				20,720		20,720
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	299,084	327,914	390,763	266,805	220,547	1,505,113
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						1,505,113

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	299,084	327,914	390,763	266,805	220,547	1,505,113
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	299,084	327,914	390,763	266,805	220,547	1,505,113
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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

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

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

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

Name of the organization Studio at 620 Inc. Devin Jones	Employer identification number 52-2398308
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Name of organization

Studio at 620 Inc.

Employer identification number

52-2398308

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 11,583	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 19,106	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 14,460	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Studio at 620 Inc.

Employer identification number

52-2398308

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 25,000</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>

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

Studio at 620 Inc. Devin Jones

Employer identification number

52-2398308

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: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes/No, 6 Did the organization inform all grantees... Yes/No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		5,211	2,742	2,469
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,469

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PPP Loan	30,976
(3) Credit Cards Payable	17,204
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	48,180

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

Part XIII Supplemental Information *(continued)*

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

Studio at 620 Inc.
Devin Jones

Employer identification number

52-2398308

Form 990 - Organization's Mission or Most Significant Activities

The mission of The Studio at 620 Inc. is to provide a place where people can experience artistic and educational programs in innovative ways.

It is the goal of the orgination to:

- 1) bring people from diverse cultural backgrounds and experiences together as artists, audiences and volunteers
- 2) work collaboratively with artistic, educational and cultural organizations in and beyond our community and
- 3) develop artistic and educational programs that integrate a variety of art forms in order to encourage new cultural expeniences both for the audience and the artists.

Form 990 - Organization's Mission

The mission of The Studio at 620 Inc. is to provide a place where people can experience artistic and educational programs in innovative ways.

It is the goal of the orgination to:

- 1) bring people from diverse cultural backgrounds and experiences together as artists, audiences and volunteers
- 2) work collaboratively with artistic, educational and cultural organizations in and beyond our community and
- 3) develop artistic and educational programs that integrate a variety of art forms in order to encourage new cultural expeniences both for the audience and the artists.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Name of the organization

Employer identification number

Studio at 620 Inc.

52-2398308

No review was or will be conducted.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Trustees and Officers sign disclosure form annually.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Executive Committee meets annually to decide on Director's (Robert D. Jones) salary structure.

Form 990, Part VI, Line 15b - Compensation Process for Officers

N/A

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2020

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return **Studio at 620 Inc.
Devin Jones**

Identifying number
52-2398308

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	522

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	522
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2020)

DAA

The Studio@620

Profit and Loss

July - September, 2022

	TOTAL		
	JUL - SEP, 2022	JUL - SEP, 2021 (PY)	JUL - SEP, 2020 (PP)
Income			
41000 Administrative/Overhead Income	620.00		
41100 Interest & Dividends			1.37
41200 Contributions			
41204 Individual Contributions	6,948.74	20,624.31	1,530.90
41205 Corporate Contributions	2,025.00	1,240.00	106.96
41206 Program Sponsorships	2,000.00	75.00	
41207 Studio Honors Tickets			
41217 Food & Beverage	3,283.70	1,552.50	
Total 41207 Studio Honors Tickets	3,283.70	1,552.50	
Total 41200 Contributions	14,257.44	23,491.81	1,637.86
41300 Grants			1,605.00
41400 Family/Private Foundation Grant	10,000.00		
41450 Government Grants			
41451 State of Florida	8,500.00		8,308.25
Total 41450 Government Grants	8,500.00		8,308.25
Total 41300 Grants	18,500.00		9,913.25
Total 41000 Administrative/Overhead Income	33,377.44	23,491.81	11,552.48
41600 Membership			
41620 \$40 Student/Artist Membership		80.00	
41635 \$95 Senior Family Membership		95.00	
41640 \$620 Membership	500.00	620.00	
41710 \$100 Membership		500.00	700.00
41740 \$620 Membership Level			1,240.00
41750 \$1000 Membership Level	2,500.00		
Total 41600 Membership	3,000.00	1,295.00	1,940.00
43000 Programming Income			
42900 Vendor space fee	1,062.00	510.00	
43100 General Admission	24,533.53	7,419.86	1,975.00
43110 Member Admissions	5,710.00		
43200 Facility Usage			1,393.13
43500 Art Sales	890.00	145.00	3,120.00
Total 43000 Programming Income	32,195.53	8,074.86	6,488.13
Total Income	\$68,572.97	\$32,861.67	\$19,980.61
GROSS PROFIT	\$68,572.97	\$32,861.67	\$19,980.61

The Studio@620

Profit and Loss

July - September, 2022

	TOTAL		
	JUL - SEP, 2022	JUL - SEP, 2021 (PY)	JUL - SEP, 2020 (PP)
Expenses			
51000 Administrative/Overhead Expense			-40.00
51300 Administrative Salaries & Taxes		708.00	1,085.00
51400 Admin- Employer Tax Liability	2,201.49	61.02	86.16
51700 Payroll Processing Fees	1,817.20	657.16	629.50
51800 Sales Tax Expense	348.76		
51900 Professional Services	5,837.50		850.00
52000 Rent Expense	4,130.60	1,655.80	1,617.00
52200 Bank Charges	75.00	1,256.37	878.23
52400 Telephone/Internet	455.25	51.31	498.86
52500 Insurance	33.51	29.20	290.01
52501 Workers Comp Insurance			43.48
Total 52500 Insurance	33.51	29.20	333.49
52600 Office Supplies	82.57	136.10	196.29
52900 Postage			22.00
53100 Admin Licenses & Fees	128.13	200.00	
53200 Admin Utilities	2,650.05	950.79	161.77
55100 Depreciation Expense			147.78
Total 51000 Administrative/Overhead Expense	17,760.06	5,705.75	6,466.08
61000 Program Expenses			
52300 Credit Card Fees	778.10	895.51	136.42
52305 PayPal Fees	273.47	102.98	234.69
61110 Hospitality	4,012.08	2,757.17	79.21
61200 Program Salaries & Taxes	51,602.46	24,289.49	27,356.49
61300 Program- Employer Tax Liability	9,633.78	1,974.32	1,830.79
61400 Marketing/PR/Advertising	1,358.50	716.83	359.63
61600 Artist Commissions	8,759.61	2,484.00	585.00
61650 Sales Tax Payable	405.18	253.13	
61700 Performers/Actors	6,200.00	7,758.63	703.00
61800 Outside Technical Personnel			100.00
61900 Production/Programming Expense	32.24	570.00	
62200 Travel	1,365.23	1,167.40	
62250 Food & Beverage	59.98		
62300 Programming Expense		141.50	503.13
62350 Equipment			96.30
62500 Prof/Organization Mbrshp Dues			696.00
62650 Supplies		336.37	43.98
62900 Postage expense			78.21
62950 Shipping/Freight	1,007.30		
63000 Repairs and Maintenance	240.44	1,977.52	
63200 Utilities	1,287.89	1,491.26	916.66

The Studio@620

Profit and Loss

July - September, 2022

	TOTAL		
	JUL - SEP, 2022	JUL - SEP, 2021 (PY)	JUL - SEP, 2020 (PP)
64200 Rent expense - program	8,607.50	12,500.45	7,894.50
64500 Insurance Expense	34.96	130.56	538.41
64501 Workers Comp Insurance	123.36	107.64	79.65
64590 Telephone/Internet - Program		712.65	518.83
Total 61000 Program Expenses	95,782.08	60,367.41	42,750.90
Total Expenses	\$113,542.14	\$66,073.16	\$49,216.98
NET OPERATING INCOME	\$ -44,969.17	\$ -33,211.49	\$ -29,236.37
NET INCOME	\$ -44,969.17	\$ -33,211.49	\$ -29,236.37



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/04/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services 7701 Airport Center Dr Suite 1800 Greensboro, NC 27409	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): 888 743-2217	FAX (A/C, No): 8888279861
	E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Mount Vernon Fire Insurance Company	
	NAIC # 26522	
INSURED THE STUDIO @ 620 620 1st Ave South St. Petersburg, FL 33701	INSURER B : _____	
	INSURER C : _____	
	INSURER D : _____	
	INSURER E : _____	
	INSURER F : _____	
	INSURER G : _____	


COVERAGES	CERTIFICATE NUMBER:	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			NPP2556657H	12/30/2021	12/30/2022	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO 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) \$
							\$
							\$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Petersburg is included as Additional Insured for General Liability when required by written contract or agreement.

CERTIFICATE HOLDER The City of St Petersburg PO Box 2842 St Petersburg, FL 33731	CANCELLATION 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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Bob Devin Jones awarded key to the city

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Thursday's meeting of the St. Petersburg City Council included a brief ceremony in which writer, actor, director and arts activist Bob Devin Jones was awarded the Key to the City by Mayor Rick Kriseman.

"I can't think of a person more deserving to have the key to the city," council member Gina Driscoll said to Jones during the in-chamber presentation, "because you have been the key to making St. Petersburg a city of the arts."

Kriseman said that Jones, who arrived in the city from his native Los Angeles in the mid 1990s, "helped transform St. Petersburg into a creative center where creativity and artistic expression are encouraged and enjoyed by the residents of, and the visitors to, St. Petersburg."

As the co-founder and artistic director of [thestudio@620](#), Jones has helped mentor and shape the careers and success stories of actors, dancers, musicians and artists. "And," Kriseman said, "he has served on a great number of boards and committees, always giving of his time and talent to

help creative causes.”

Kriseman noted the presence of dozens of Jones’ friends and admirers gathered on the steps of City Hall, in support of the council’s newest honoree.

“St. Petersburg is a better place because of Bob,” the mayor said, noting that the strength and vision of the individual people are what make a city great. “He is the person that we want St. Pete to be known for. And known as. He represents everything that’s good about St. Pete.”

An emotional Jones accepted his key with a brief speech. “I came to St. Pete, saw nothing but opportunity, and acceptance, and joy, and challenge, and somehow – in my now 66 years on the planet – I rose to that challenge,” he said. “And I’m deeply, deeply grateful for this.”