

Application Form

Organization Information

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

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

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

Organization Name*

St. Petersburg Warehouse Arts District, Inc.

Proposal Name*

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

Bringing Virtual Reality Technology to Underserved Youth & Working Artists

EIN*

46-0826859

Incorporation Year*

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

2014

Organizational Mission Statement*

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

The Warehouse Arts District Association is a 501(c)3 non-profit arts organization dedicated to building and sustaining a vibrant arts community that supports the success of all artists and the community at-large through a broad spectrum of tools including community revitalization, marketing, advocacy, and arts education programming.

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

HE3TUX5ZXDJ3

Annual Operating Budget Size*

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

\$834,950.00

Amount Requested*

The maximum grant amount is \$199,999.

\$20,786.00

Parent Non-Profit/Subsidiaries*

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

Example

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

No

Request Specifics

Organization Programmatic Background*

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

Founded in 2013, the Warehouse Arts District Association (WADA) was the innovative idea from working artists in St. Petersburg who were looking for reasonably priced studio space for professional artists. This goal was accomplished in 2017 when the ArtsXchange was completed, a 2-story building that houses 28 studios and a gallery/event space for the community to use and enjoy. The ArtsXchange supports professional artists by creating opportunities for art creation, exhibition, and financial sustainability. It also

helps extend its programming to the community with events like Second Saturday ArtWalk and arts education classes for youth and adults.

As WADA worked to build the ArtsXchange, it was realized that there is a community that surrounds the campus that has been historically excluded from access to arts education. Located in south St. Petersburg, WADA includes Midtown and The Deuces, two of the most historic and relevant African-American neighborhoods in St. Petersburg. In 2018, the WADA Board set out to add to its campus and create spaces where youth and adults from the surrounding neighborhoods could participate in arts education programming. The Pruitt Arts Education Center was opened in January 2022 to serve this mission.

WADA's programming includes exhibits and classes that are free and open to the public for students of all ages. Our most recent summer camp served youth ages 7 - 11 years old with weekly themed activities such as Artists from Around the World and Nature and Sustainable Art. Upcoming fall/winter classes will include mosaics, figure drawing, and dance for adults as well as ArtsXploration!, a free class for the entire community held once-a-week on Saturdays. Our classes are accompanied by thought-provoking gallery exhibits such as the recent "Intentional Tension," an exhibit that weighs in on gender and racial identity as well as popular culture and features 7 established as well as up-and-coming Black artists.

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.

In addition to working artists, the primary community WADA strives to serve programmatically is the one in which we are physically located and includes youth and families who have historically had geographic and/or financial barriers to arts education.

The WADA campus can be found in south St. Petersburg on The Deuces corridor. According to the most recent census, this area consists of 2,065 total households. The median household income is \$24,014, which is half of the average in Pinellas County. This community largely identifies as Black/African American (87%). Data from our most recent summer camp sessions offers a profile of the community residents we have served through arts education thus far in 2022. Of 160 daily summer camp seats across 8 weeks:

- 68% of campers received scholarships of some sort. 42% of these recipients noted long term financial need, and 50% noted short term financial hardship on their application.
- 42% of all campers self-identified as BIPOC.
- 58% of scholarship recipients self-identified as BIPOC.

A testimonial from a summer camp participant's primary caregiver that recently received financial assistance illustrates the types of need we are addressing through arts education scholarships:

"[My granddaughter] and her mom lived with me after leaving a shelter. I have custody of her older siblings and 1 other grandchild. I am also a full time caregiver to a special needs sibling. I was also a caregiver to my 97 year old mother who passed away last month. Finances have been very tight and scholarships have been a MAJOR blessing for her siblings in the past."

Negative Economic Impact on Organization*

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

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

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

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

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

WADA was negatively financially impacted by the COVID-19 pandemic in the following ways:

In January 2020, the WADA Board was working to hire a qualified Executive Director. When the pandemic became a grim reality, we paused the search for financial and logistical reasons. With no leadership, our fundraising strategy became bleak. While the Board was very helpful, it did not replace having a consistent leader raising the operational and programmatic dollars every organization needs to survive. Given there was no consistency in that role for two years (and what we know our expenses to be), we can estimate the dollars lost were upwards of \$500,000. Additionally, in early 2020 WADA was in the beginning stages of planning its first fundraising event, which was canceled for obvious reasons. The event goal was set at \$50,000, which we were unable to collect given we did not host the event.

WADA's earned income as of 2020 was largely focused on rental space in the ArtsXchange and member dues from artists and local businesses. The pandemic hit artists extremely hard, as they were unable to promote and sell their work and did not have the stability of a salary to rely on. Businesses as well began tightening their belts because of the uncertainty surrounding the pandemic. Because of this, both our membership and rental space revenue decreased from 2019 through 2021. Our rental space brought in \$27,000 less than budgeted in 2021.

Lastly, in June of 2020 in the wake of the deaths of George Floyd and Brianna Taylor, WADA's Board made the decision to provide 5 local BIPOC artists studio space at no charge. This decision aligns with WADA's mission to support working artists, especially those that represent the community where we are physically located. It does, however, also result in a decrease in revenue generation for the organization as a whole given these 5 spaces are being used for free.

Proposal Description*

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

Please describe your purchase proposal and address the following:

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

Funds from this project will be used to procure important cutting-edge education and technology equipment for WADA's Arts Education Center, specifically focusing on augmented reality platforms. Because of revenue lost due to the pandemic, while WADA was fortunate to be able to successfully complete and open the Arts Education Center in 2022 (because of 2 generous private donors), we were not able to fully outfit it in the way we had originally planned.

With this funding, we would purchase:

- 10 virtual reality headsets
- 10 licenses for virtual reality software
- Training module

The virtual reality headsets have a lifespan of likely 10+ years. It is not something we anticipate being phased out as far as technology goes in the short term. The licenses will need to be renewed each year, which we will pay for out of funds raised through special events, grants, and/or private donations.

This type of software creates a new way to engage with art by linking art pieces with digital art. "The digital layer opens the doors to a whole new world of possibilities. Artists can take visitors on a journey in time and explain what lies behind, enhance the artwork or tell a story. This new world can be unlocked by any smartphone or tablet and offer an extended emotional experience."

Students and artists will be able to create, manage and publish impactful virtual experiences using forward-thinking creative tools. The platform empowers students and artists to create immersive augmented reality experiences, no matter their skill set or overall objectives.

These tools will help WADA generate revenue by:

- Equipping the WADA Arts Education team with the latest technology in augmented reality, creating a unique experience for youth and driving attendance numbers for classes and camps.
- Strengthening WADA applications for additional grant funding and create narratives that other donors and potential funders are excited about.
- Helping WADA member artists market and promote their work to a broader audience in St. Petersburg and beyond. This will help artists earn more money for their work, some of which comes back to WADA as membership revenue, rent for studio space, and commissions.

As this technology is not widely available, and not currently being used by other local arts organizations, WADA sees this as a new way to offer access to arts education, advocacy, and marketing as well as another tool that contributes to the financial sustainability of the organization.

Guiding Principles - Client Impact*

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

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

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

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

This purchase will directly benefit the communities WADA serve who have been disproportionately negatively impacted by the COVID-19 pandemic.

This opportunity allows WADA to provide youth from historically excluded populations access to engage with art and cutting-edge technology. As stated previously, augmented reality experiences are not widely available to local residents, especially in relation to arts organizations. These purchases would not only make this more accessible to the entire community, but it would be placing these resources in an area of the city that would make this access more equitable. WADA’s location, while not in a Qualified Census Tract, is directly outside of one (about 4 - 5 blocks away). Bringing state-of-the-art technology to an area of the city that has long had little access to art, let alone arts education with a specific technology focus, will address equity in the arts at an important local level.

For working artists, bringing this tool into WADA as a widely available member benefit supports our efforts to ensure these individuals can create and maintain sustainable livelihoods through their art. Art is a public good that has numerous benefits for our community well being, but there are difficulties in being able to start and successfully maintain a creative business. Especially with the pandemic, this community was greatly impacted in its ability to generate income. Offering self-employed working artists this tool gives them a new and novel avenue to a wider audience, which is key to successfully financially supporting themselves through their art.

Number Served*

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

225

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

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

Example: ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a

Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

Unduplicated

Other (Explanation Required)

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

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.

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/>
515 22nd St. S., St. Petersburg, FL 33712

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

No

Purchase Location*

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

Examples

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

All arts education classes take place at WADA's Arts Education Center, located at the WADA headquarters location (515 22nd St. S., St. Petersburg, FL 33712). Students will use the new equipment only while on the WADA campus.

For member artists that use the software to create augmented reality experiences with their artwork, this artwork can be displayed onsite at the WADA ArtsXchange and in the Burka and Tully-Levine Galleries also on our campus. WADA leadership will determine a process by which member artists can use the technology off-site if requested.

QCT Determination - Purchase*

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

No

Community Connection

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

Community Representation and Connection*

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

Several community organizations are important to WADA's mission and connect us to those we serve. Our primary partner in connecting to neighborhood residents is The Deuces Live, the neighborhood economic development entity for the surrounding area. WADA and The Deuces Live have worked together on a Joint Action Plan for the neighborhood, identifying areas we can both support to lift up the neighborhood and its

residents. The Executive Director of The Deuces sits on the WADA Board. In addition, WADA has the following relationships that are important to both our arts education programming and exhibitions:

ACE (Arts for a Complete Education) - The mission of ACE Pinellas is to promote quality arts education in Pinellas County Public Schools so that all students have access to a strong, sequential, and equitable K-12 arts education program. The ACE Steering Committee believes that arts education opportunities contribute to a complete education for all students. WADA's Director of Arts Education works with them to promote programming, classes, and scholarship opportunities for youth in the community.

Arts4All provides, supports and champions arts education and cultural experiences for and by people with disabilities with a vision to create a world in which the arts are universally accessible. Currently, Arts4All is providing two arts instructors/therapists to teach WADA youth classes, and we are working with them to develop a strategy to serve more students (youth and adults) who have physical disabilities.

WADA's Director of Arts Education identifies as part of the BIPOC and LGBTQ+ communities. She leads our arts education programming with an understanding of the needs of underrepresented communities. She works to build community connections with trust and understanding among those who visit the WADA campus from nearby neighborhoods.

Leadership Demographics - Board Membership*

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

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

BIPOC

Leadership Demographics - Executive Level Leadership Team*

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

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

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

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+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled

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

None of the above

Proposal Costs

Purchase Estimates/Bids*

You must combine all bids/estimates into one file.

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

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

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

WADA Bids for Small Purchases.docx

Sole Source*

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

NA

Related Parties*

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

Examples of Related Parties

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

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

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

No related parties

Budget Summary*

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

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

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

ARPA-WADA-Budget-Template-Small-Capital-Purchases (3).xlsx

The price listed for the headsets is the non-sale price in the event we can't get them on sale should we receive the grant later this year/next year.

Other Funding Sources*

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

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

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

There are no other funding sources available for this project at this time.

Changes in Operating Costs*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this purchase **decreases** ongoing operating costs, how will it do so?

- If this purchase **does not affect** operating costs, please note so below.

The AR platform will need to be renewed each year thereby increasing operating costs. However, the inherent value of access to this platform both for students and artists we believe will help cover these increased costs through increased arts education participation from local students and increased membership dues and commissions from artists. We can also cover the cost of the annual subscription out of operating dollars we raise from special events and private donors. The renewal will become part of our annual operating budget.

Organization Documentation

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

Organization Budget*

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

WADA 2022 Budget Overview.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

WADA Board-of-Directors-List 2022.xlsx

IRS Form 990*

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

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

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

Only PDF files are permitted.

2021 990.pdf

Most Recent Financial Statements*

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

The WADA Board has not requested an audit to date given our organization has a budget under \$1 million.

Insurance Requirements

Evidence of Insurance Coverage*

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

Please upload evidence of insurance.

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

INS-GL Binder.pdf

Insurance Requirement*

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

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

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

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

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

Post-Grant Requirements

Reporting Requirements Acknowledgment*

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

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

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

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

Additional Information

Budget Summary

NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED

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

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

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

Additional Upload

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

Markus Gottschlich CV 3.2022 (1).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?

In June of 2022, WADA was able to hire our new Executive Director, Markus Gottschlich. He is proving to be an excellent choice given his fundraising, marketing, and nonprofit management experience. We have provided his resume to you as we believe leadership is a key component in our future success.

Brief Project Descriptor

Please briefly describe this organization's request.

File Attachment Summary

Applicant File Uploads

- WADA Bids for Small Purchases.docx
- ARPA-WADA-Budget-Template-Small-Capital-Purchases (3).xlsx
- WADA 2022 Budget Overview.pdf
- WADA Board-of-Directors-List 2022.xlsx
- 2021 990.pdf
- INS-GL Binder.pdf
- Markus Gottschlich CV 3.2022 (1).pdf

WADA Quotes for Small Purchases - ARPA Grant

Augmented Reality Platform/Technology

OPTION 1:

Zappar -

1 premium subscription with 7 extra team members (equivalent to 10 licenses) and 10,000 extra views

- \$5496 base price
- \$270 x 7 (additional licenses) = \$1,890
- \$20 x 10 for extra views = \$200
- \$8,000 - Full Path Training Module
- TOTAL = \$15,586

Pricing can be found [here](#).

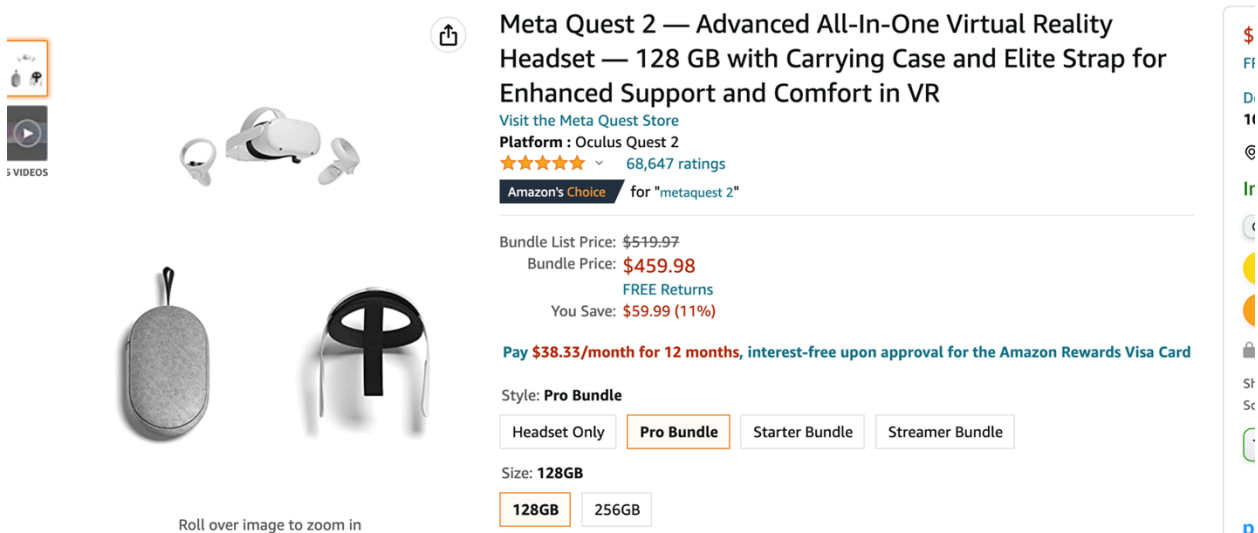
OPTION 2:

Artivive -

- \$2,000 per Artivive license x 10 licenses = \$20,000 (unlimited artworks)

Pricing can be found [here](#).

Headset Quote 1



The screenshot shows the Amazon product page for the Meta Quest 2 headset bundle. The product title is "Meta Quest 2 — Advanced All-In-One Virtual Reality Headset — 128 GB with Carrying Case and Elite Strap for Enhanced Support and Comfort in VR". The price is listed as \$459.98, with a bundle list price of \$519.97. The product has a 4.5-star rating from 68,647 reviews. The bundle includes the headset, a carrying case, and an elite strap. The page also shows a "Pay \$38.33/month for 12 months" option and a "Pro Bundle" selection.

Meta Quest 2 — Advanced All-In-One Virtual Reality Headset — 128 GB with Carrying Case and Elite Strap for Enhanced Support and Comfort in VR

Visit the Meta Quest Store
Platform : Oculus Quest 2
★★★★★ 68,647 ratings
Amazon's Choice for "metaquest 2"

Bundle List Price: \$519.97
Bundle Price: **\$459.98**
FREE Returns
You Save: \$59.99 (11%)

Pay **\$38.33/month for 12 months**, interest-free upon approval for the Amazon Rewards Visa Card

Style: **Pro Bundle**

Headset Only **Pro Bundle** Starter Bundle Streamer Bundle

Size: 128GB

128GB 256GB

Roll over image to zoom in

Headset Quote 2

[Best Buy](#) > [Computers & Tablets](#) > [PC Gaming](#) > [All Virtual Reality](#) > [VR Headsets](#)

SR

Meta - Quest 2 Advanced All-In-One Virtual Reality Headset - 256GB


Model: 301-00351-02 SKU: 6473857

★★★★★ 4.7 (7,523 Reviews) | 83 Answered Questions

Highly rated by customers for: [Fun](#), [Gaming](#), [Experience](#)

Beat Saber game included

\$499.99 or **\$41.67/mo.***
suggested payments with
12-Month Financing
[Show me how >](#)

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



St. Petersburg Warehouse Arts District

Budget Overview

January - December 2022

	TOTAL
Income	
4100 Contributions	
4101 Restricted	150,000.00
4103 Unrestricted	80,000.00
Total 4100 Contributions	230,000.00
4156 Event Sponsorships	7,500.00
4158 Commerce/Sales	10,000.00
4200 Grant Revenue	80,000.00
4300 Membership Dues	20,000.00
4310 Rental Income	
4311 AX	75,600.00
4312 The Shoppes	65,600.00
4313 Commercial Rentals	133,300.00
4314 Venue Rental	10,000.00
4315 Land	500.00
Total 4310 Rental Income	285,000.00
4500 RISE Income	5,000.00
4600 Education Income	
4602 Course Fees	180,000.00
4604 Supply Fees	12,600.00
4606 Rental Fees	30,000.00
4608 Membership Dues	2,750.00
4610 Fundraising	140,000.00
Total 4600 Education Income	365,350.00
Total Income	\$1,002,850.00
GROSS PROFIT	\$1,002,850.00
Expenses	
4330 Artist Awards	5,000.00
4702 Committee Expenses	
4704 Education	5,000.00
4706 Membership	2,500.00
4708 Marketing	2,500.00
4710 Fundraising	2,500.00
4712 Tubs	10,000.00
Total 4702 Committee Expenses	22,500.00
4800 Employees/Consultants	
4806 Director of Operations	65,000.00
4808 Executive Director	125,000.00
4810 Grant Writer	15,000.00
4814 Social Media	12,000.00
4816 Operations Support	10,000.00
4820 Education Consultant	20,000.00

St. Petersburg Warehouse Arts District

Budget Overview

January - December 2022

	TOTAL
Total 4800 Employees/Consultants	247,000.00
4830 Real Estate Commissions	25,000.00
4850 Education Center	
4852 Director of Arts Education	72,000.00
4854 Class Supplies	12,600.00
4856 Facilities	8,000.00
4858 Utilities	10,000.00
4860 Insurance Liability	10,000.00
4862 Marketing	25,000.00
4864 Fundraising	10,000.00
4866 Admin (10%)	13,500.00
4868 Teacher Compensation	108,000.00
Total 4850 Education Center	269,100.00
4900 Marketing	
4902 Paid Social Media General	1,000.00
4904 Website	20,000.00
4906 Printing - General	1,500.00
4908 Printing - Fundraising/Event	2,500.00
4910 Event Promotion	1,000.00
4912 Membership Promotion	1,000.00
4914 Shopify Promotion	1,500.00
4916 Photography	750.00
4918 Design & Graphics	750.00
4920 Email Marketing	10,000.00
Total 4900 Marketing	40,000.00
4940 Events	
4942 Second Saturday	12,000.00
4944 Miscellaneous	10,000.00
Total 4940 Events	22,000.00
4960 Fees/Subscriptions/Software	35,000.00
4970 Insurance	38,000.00
4980 Professional Services	
4982 Accountant	5,000.00
4984 Bookkeeper	5,000.00
4986 Legal	2,500.00
Total 4980 Professional Services	12,500.00
5000 Repairs & Maintenance	
5002 AX	16,000.00
5004 The Shoppes	8,000.00
5006 Land	5,000.00
5008 Cleaning	7,500.00
5010 Landscaping	3,000.00
5012 Elevator Safety Check	100.00

St. Petersburg Warehouse Arts District

Budget Overview

January - December 2022

	TOTAL
5014 Fire Inspection	500.00
5016 Huffman Construction Past Due	12,000.00
Total 5000 Repairs & Maintenance	52,100.00
5020 Utilities	33,000.00
5030 Taxes & Licenses	
5032 Property Tax	19,000.00
Total 5030 Taxes & Licenses	19,000.00
5102 Sales Commissions	9,750.00
5130 RISE Expenses	
5132 RISE Maintenance	5,000.00
Total 5130 RISE Expenses	5,000.00
Total Expenses	\$834,950.00
NET OPERATING INCOME	\$167,900.00
Other Expenses	
Amortization	163,165.00
Total Other Expenses	\$163,165.00
NET OTHER INCOME	\$ -163,165.00
NET INCOME	\$4,735.00

Return of Organization Exempt From Income Tax

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

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning _____, and ending _____																
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization ST PETERSBURG WAREHOUSE ARTS DISTRICT INC</td> <td>D Employer identification number 46-0826859</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number (727) 826-7211</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite 515 22ND ST SOUTH</td> <td>G Gross receipts \$ 1,232,763</td> </tr> <tr> <td>City or town State ZIP code Saint Petersburg FL 33712</td> <td colspan="2"></td> </tr> <tr> <td>Foreign country name Foreign province/state/county Foreign postal code</td> <td colspan="2"></td> </tr> </table>	C Name of organization ST PETERSBURG WAREHOUSE ARTS DISTRICT INC		D Employer identification number 46-0826859	Doing business as		E Telephone number (727) 826-7211	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 515 22ND ST SOUTH		G Gross receipts \$ 1,232,763	City or town State ZIP code Saint Petersburg FL 33712			Foreign country name Foreign province/state/county Foreign postal code		
C Name of organization ST PETERSBURG WAREHOUSE ARTS DISTRICT INC		D Employer identification number 46-0826859														
Doing business as		E Telephone number (727) 826-7211														
Number and street (or P.O. box if mail is not delivered to street address) Room/suite 515 22ND ST SOUTH		G Gross receipts \$ 1,232,763														
City or town State ZIP code Saint Petersburg FL 33712																
Foreign country name Foreign province/state/county Foreign postal code																
F Name and address of principal officer: ROBERT KAPUSTA 5858 CENTRAL AVENUE, ST PETERSBURG, FL		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 H(c) Group exemption number ▶														
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																
J Website: ▶ WWW.WHEREARTISMADE.COM																
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: 2012	M State of legal domicile: FL														

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATIONS MISSION IS TO PROVIDE A COMMUNITY THAT WILL ATTRACT ARTISTS FROM ALL OVER THE COUNTRY TO LIVE WORK AND CREATE IN A CENTRALIZED LOCATION		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	2
	6	Total number of volunteers (estimate if necessary)	6	20
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	
	8	Contributions and grants (Part VIII, line 1h)	8	522,211
	9	Program service revenue (Part VIII, line 2g)	9	82,862
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	402
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	253,459
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	1,210,830	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15	101,885
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	18,194
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,213	16b	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	17	571,594
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	18	673,479
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	19	537,351
	20	Total assets (Part X, line 16)	20	4,246,537
	21	Total liabilities (Part X, line 26)	21	1,891,242
	22	Net assets or fund balances. Subtract line 21 from line 20	22	2,355,295

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer ROBERT KAPUSTA	Date 7/28/2022		
	Type or print name and title VICE PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name eKAREN L STEINMETZ	Preparer's signature	Date 7/28/2022	Check <input checked="" type="checkbox"/> if self-employed PTIN P00157244
	Firm's name ▶	Firm's EIN ▶		
	Firm's address ▶ 5455 4TH STREET NORTH, ST PETERSBURG, FL 33703	Phone no. (727) 525-2813		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ORGANIZATIONS MISSION IS TO PROVIDE A COMMUNITY THAT WILL ATTRACT ARTISTS FROM ALL OVER THE COUNTRY TO LIVE WORK AND CREATE IN A CENTRALIZED LOCATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 [X] 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.

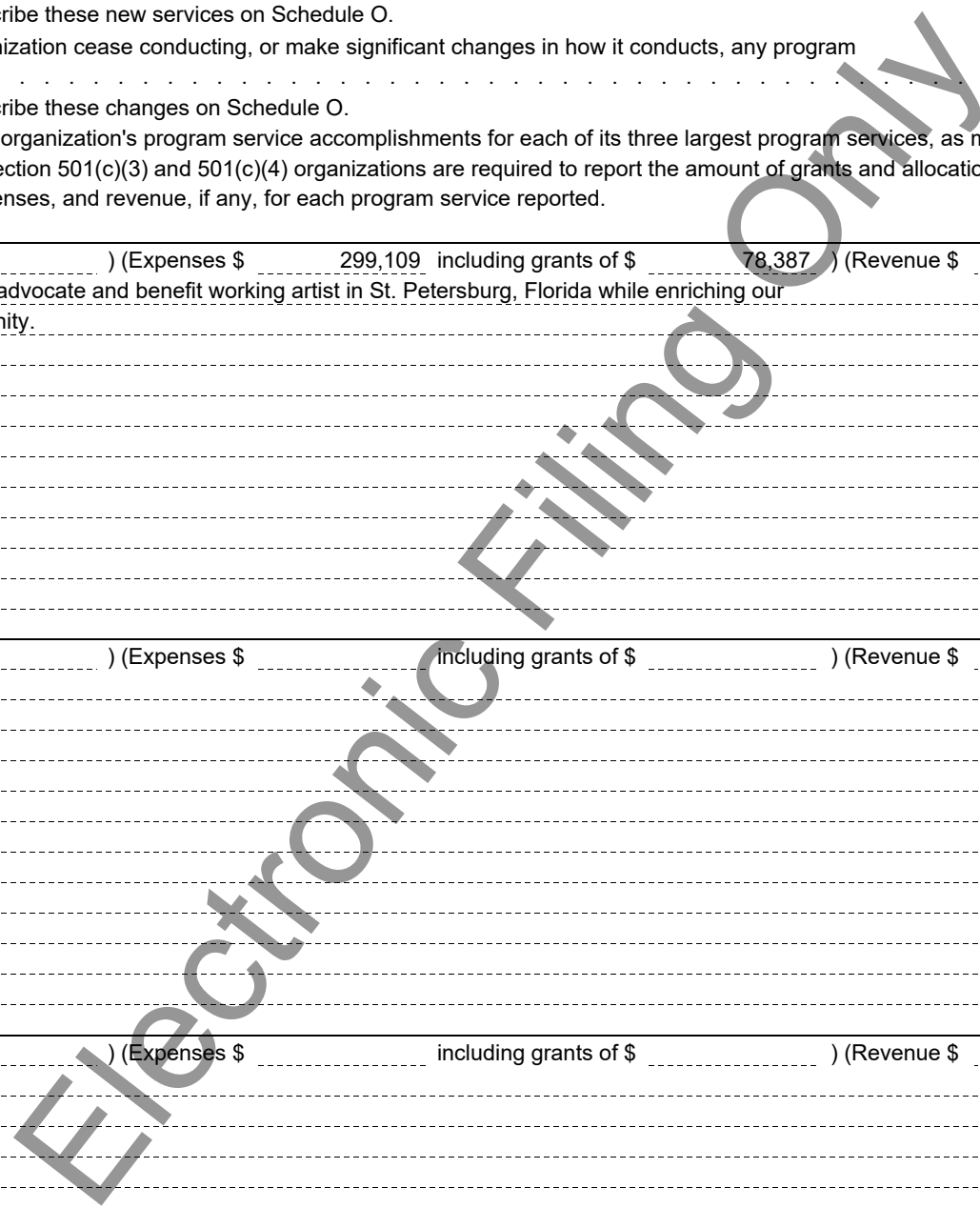
4a (Code:) (Expenses \$ 299,109 including grants of \$ 78,387) (Revenue \$ 82,862) To promote, advocate and benefit working artist in St. Petersburg, Florida while enriching our local community.

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 299,109



Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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 the 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 line 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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	2		
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.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			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	3b			
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)?	4a			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?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
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?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
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?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			0
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
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 the 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
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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 11		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 11		
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 on 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 on 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	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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 ▶ FL
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 ▶ KAREN STEINMETZ, CPA (727) 525-2813 5455 4TH STREET NORTH, ST PETERSBURG, FL 33703

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) RENEE DABBS LLC EXECUTIVE DIRECTOR	25.00 0.00				X	X	72,500			
(2) TERESA SULLIVAN BOARD MEMBER	2.00 0.00	X								
(3) SUSAN ANTOINETTE BOARD MEMBER	2.00 0.00	X								
(4) JIM ARESTY BOARD MEMBER	2.00 0.00	X								
(5) NANCY COHEN BOARD MEMBER	2.00 0.00	X								
(6) VEATRICE FARRELL BOARD MEMBER	2.00 0.00	X								
(7) BARCLAY HARLESS BOARD MEMBER	2.00 0.00	X								
(8) JESSE JAVENS BOARD MEMBER	2.00 0.00	X								
(9) YA LA'FORD BOARD MEMBER	2.00 0.00	X								
(10) RICHARD MCGINNIS BOARD MEMBER	2.00 0.00	X								
(11) REUBEN PRESSMAN BOARD MEMBER	2.00 0.00	X								
(12) RONALD SCHOLOSSER BOARD MEMBER	2.00 0.00	X								
(13) DEBBIE STOREY BOARD MEMBER	2.00 0.00	X								
(14) MARK AELING PRESIDENT	2.00 0.00			X						

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ROBERT KAPUSTA VICE PRESIDENT	2.00 0.00			X						
(16) MIRELLA CIMATO SMITH SECRETARY	2.00 0.00			X						
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							72,500	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							72,500	0	0	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	0				
	1b	Membership dues	17,970				
	1c	Fundraising events	0				
	1d	Related organizations	0				
	1e	Government grants (contributions)	78,387				
	1f	All other contributions, gifts, grants, and similar amounts not included above	777,750				
	1g	Noncash contributions included in lines 1a-1f	\$ 0				
	h	Total. Add lines 1a-1f ▶	874,107				
	Program Service Revenue			Business Code			
		2a	RISE	79,509			
b		EDUCATION INCOME	3,353				
c			0				
d			0				
e			0				
f		All other program service revenue	0				
g		Total. Add lines 2a-2f ▶	82,862				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	0				
	4	Income from investment of tax-exempt bond proceeds ▶	402				
	5	Royalties ▶	0				
	6a	Gross rents	(i) Real	244,042			
			(ii) Personal				
			6a	244,042			
	b	Less: rental expenses	6b	21,933			
	c	Rental income or (loss)	6c	222,109	0		
	d	Net rental income or (loss) ▶		222,109			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	0			
			(ii) Other	0			
			7a	0	0		
	b	Less: cost or other basis and sales expenses	7b	0	0		
	c	Gain or (loss)	7c	0	0		
	d	Net gain or (loss) ▶		0			
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	8a	0			
	b	Less: direct expenses	8b	0			
	c	Net income or (loss) from fundraising events ▶		0			
9a	Gross income from gaming activities. See Part IV, line 19.	9a	0				
b	Less: direct expenses	9b	0				
c	Net income or (loss) from gaming activities ▶		0				
10a	Gross sales of inventory, less returns and allowances	10a	0				
		b	Less: cost of goods sold	10b	0		
		c	Net income or (loss) from sales of inventory ▶		0		
Miscellaneous Revenue			Business Code				
	11a	OTHER INCOME	3,806				
	b	PPP FORGIVENESS	27,544				
	c		0				
	d	All other revenue		0			
e	Total. Add lines 11a-11d ▶		31,350				
12	Total revenue. See instructions. ▶		1,210,830	0	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 domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	72,500	18,125	54,375	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	21,933	16,450	5,483	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits				
10	Payroll taxes	7,452	2,645	4,807	
11	Fees for services (nonemployees):				
a	Management	0			
b	Legal	1,761		1,761	
c	Accounting	7,200		7,200	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	86,420	67,647	7,560	11,213
12	Advertising and promotion	0			
13	Office expenses	211		211	
14	Information technology	28,860	7,215	21,645	
15	Royalties	0			
16	Occupancy	94,323	70,742	23,581	
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	130,308		130,308	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	83,303	0	83,303	0
23	Insurance	31,753	30,206	1,547	
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	ARTIST AWARDS	22,231	22,231		
b	MISCELLANEOUS	2,261		2,261	
c	TAXES	45,543	34,157	11,386	
d	COMMITTEE EXPENSES	10,153	2,424	7,729	
e	All other expenses PROGRAM SVC EXPENSES	27,267	27,267		
25	Total functional expenses. Add lines 1 through 24e	673,479	299,109	363,157	11,213
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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	238,427	1	279,684
	2 Savings and temporary cash investments	0	2	
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	3,617	4	1,495
	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	0	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)	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	0	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,127,362		
	b Less: accumulated depreciation	10b 308,330	3,400,509	10c 3,819,032
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	21,485	14	18,740
	15 Other assets. See Part IV, line 11	2,586	15	127,586
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,666,624	16	4,246,537	
Liabilities	17 Accounts payable and accrued expenses	3,539	17	21,376
	18 Grants payable	0	18	
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	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	40,000	22	40,000
	23 Secured mortgages and notes payable to unrelated third parties	1,802,197	23	1,817,886
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	4,557	25	11,980
	26 Total liabilities. Add lines 17 through 25	1,850,293	26	1,891,242
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	1,816,331	27	2,355,295
	28 Net assets with donor restrictions	0	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	0	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	
32 Total net assets or fund balances	1,816,331	32	2,355,295	
33 Total liabilities and net assets/fund balances	3,666,624	33	4,246,537	

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	1,210,830
2	Total expenses (must equal Part IX, column (A), line 25)	2	673,479
3	Revenue less expenses. Subtract line 2 from line 1	3	537,351
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,816,331
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	1,613
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	2,355,295

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 on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		X

Depreciation and Amortization

(Including Information on Listed Property)

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 ST PETERSBURG WAREHOUSE ARTS DISTR	Business or activity to which this form relates 990	Identifying number 46-0826859
---	--	----------------------------------

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	
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	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
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	0
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 2020 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 2022. Add lines 9 and 10, less line 12		
		13
		0

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	

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 2021	17	77,030
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 2021 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
19 a 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		499,081	39 yrs.	MM	S/L	3,528
				MM	S/L	

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20 a 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	80,558
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.

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization ST PETERSBURG WAREHOUSE ARTS DISTRICT INC	Employer identification number 46-0826859
--	---

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).)
- 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 on 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 0
- g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 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; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) - 0.00%; 15 Public support percentage from 2020 Schedule A, Part II, line 14 - 0.00%; 16a 33 1/3% support test—2021; b 33 1/3% support test—2020; 17a 10%-facts-and-circumstances test—2021; b 10%-facts-and-circumstances test—2020; 18 Private foundation.

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	811,707	794,031	280,225	522,211	874,107	3,282,281
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	85,380	92,186	186,200	219,283	304,971	888,020
3 Gross receipts from activities that are not an unrelated trade or business under section 513	3,591	3,414		6,700		13,705
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	900,678	889,631	466,425	748,194	1,179,078	4,184,006
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	150,000	655,000	0			805,000
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	150,000	655,000	0	0	0	805,000
8 Public support (Subtract line 7c from line 6.)						3,379,006

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	900,678	889,631	466,425	748,194	1,179,078	4,184,006
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	23	3	46		402	474
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		24,302				24,302
c Add lines 10a and 10b	23	24,305	46	0	402	24,776
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	13,372	86,727				100,099
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					31,350	31,350
13 Total support. (Add lines 9, 10c, 11, and 12.)	914,073	1,000,663	466,471	748,194	1,210,830	4,340,231
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 2021 (line 8, column (f), divided by line 13, column (f))	15	77.85%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	69.78%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	0.57%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	0.73%

- 19a 33 1/3% support tests—2021.** 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—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on 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 on 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.		Yes	No
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 on 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		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.	0	0
5	Depreciation and depletion		
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)		
7	Other expenses (see instructions)		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	0	0
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		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	Total (add lines 1a, 1b, and 1c)	0	0
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.	0	0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	0	0
6	Multiply line 5 by 0.035.	0	0
7	Recoveries of prior-year distributions	0	0
8	Minimum Asset Amount (add line 7 to line 6)	0	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		0
2	Enter 0.85 of line 1.		0
3	Minimum asset amount for prior year (from Section B, line 8, column A)		0
4	Enter greater of line 2 or line 3.		0
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7 0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9 0
10	Line 8 amount divided by line 9 amount	10 0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		0
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016 0		
b	From 2017 0		
c	From 2018 0		
d	From 2019 0		
e	From 2020 0		
f	Total of lines 3a through 3e	0	
g	Applied to underdistributions of prior years	0	
h	Applied to 2021 distributable amount		0
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0	
4	Distributions for 2021 from Section D, line 7: \$ 0		
a	Applied to underdistributions of prior years	0	
b	Applied to 2021 distributable amount		0
c	Remainder. Subtract lines 4a and 4b from line 4.	0	
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		0
7	Excess distributions carryover to 2022. Add lines 3j and 4c.	0	
8	Breakdown of line 7:		
a	Excess from 2017 0		
b	Excess from 2018 0		
c	Excess from 2019 0		
d	Excess from 2020 0		
e	Excess from 2021 0		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Area with horizontal dashed lines for supplemental information.

Electronic Filing Only

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

Table with 2 columns: Name of the organization (ST PETERSBURG WAREHOUSE ARTS DISTRICT INC) and Employer identification number (46-0826859)

Organization type (check one):

- Filers of: Section: Form 990 or 990-EZ [X] 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

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

Name of organization ST PETERSBURG WAREHOUSE ARTS DISTRICT INC	Employer identification number 46-0826859
---	--

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization ST PETERSBURG WAREHOUSE ARTS DISTRICT INC	Employer identification number 46-0826859
---	--

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

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

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

Name of the organization: ST PETERSBURG WAREHOUSE ARTS DISTRICT INC; Employer identification number: 46-0826859

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

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

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

Multiple choice and table questions regarding conservation easements. Includes a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Questions 1a-1b and 2a-2b regarding reporting of art and historical treasures with dollar amounts.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 0 |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | 0 |
- 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	0	0			
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	0	0	0	0	0

- 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 | | |
| (ii) Related organizations | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	624,000		624,000
b Buildings	0	3,503,362	308,330	3,195,032
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	0	0	0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 3,819,032

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	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	0	

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.) . ▶	0	

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.) ▶	0

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	0
(2) SECURITY DEPOSITS	11,020
(3) PRE LEASE DEPOSITS	120
(4) FDOR PAYABLE	840
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	11,980

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Columns include descriptions, sub-rows (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5) with values 0.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Columns include descriptions, sub-rows (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5) with values 0.

Part XIII Supplemental Information.

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

Series of horizontal dashed lines for providing supplemental information.

Part XIII Supplemental Information *(continued)*

Electronic Filing Only

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 - ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization

ST PETERSBURG WAREHOUSE ARTS DISTRICT INC

Employer identification number

46-0826859

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) ROBERT KAPUSTA	OFFICER	WORKING CA	X		40,000	40,000		X	X			
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total.						\$	40,000					

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

ST PETERSBURG WAREHOUSE ARTS DISTRICT INC

Employer identification number

46-0826859

Form 990, Part VI, Section B, Line 11b: Form 990 is reviewed by the Executive Director and the

Executive Committee.

Form 990, Part VI, Section B, Line 12c: Conflict of interest waivers are executed annually.

Form 990, Part VI, Section B, Line 15b: Some compensation levels are determined by market

analysis. Others by agreement of the Board of Directors.

Form 990, Part VI, Section C, Line 19: All documents are provided upon request.

Electronic Filing Only

Name of the organization

Employer identification number

ST PETERSBURG WAREHOUSE ARTS DISTRICT INC

46-0826859

Area with horizontal dashed lines for text entry.

Electronic Filing Only

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20_____

2021

Department of the Treasury
Internal Revenue Service

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

▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer ST PETERSBURG WAREHOUSE ARTS DISTRICT INC	EIN or SSN 46-0826859
Name and title of officer or person subject to tax ROBERT KAPUSTA VICE PRESIDENT	

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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	1,210,830
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 V, 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	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038]CP, Part III, line 22)	10b	

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 entity or I am a person subject to tax with respect to (name of entity) ST PETERSBURG WAREHOUSE ARTS DISTRICT, (EIN) 46-0826859 and that I have examined a copy of the 2021 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 eKAREN L STEINMETZ to enter my PIN 26859 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

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

Part III Certification and Authentication

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

50514711129
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 ▶ 7/28/2022

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

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20_____

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

▶ **Go to www.irs.gov/Form8879TE for the latest information.**

2021

Department of the Treasury
Internal Revenue Service

Name of filer **ST PETERSBURG WAREHOUSE ARTS DISTRICT INC** EIN or SSN **46-0826859**

Name and title of officer or person subject to tax
ROBERT KAPUSTA **VICE PRESIDENT**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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 type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	_____
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 V, line 5)	4b	_____
5a Form 8868 check here	<input checked="" type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	0
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	_____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038]CP, Part III, line 22)	10b	_____

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 entity or I am a person subject to tax with respect to (name of entity) ST PETERSBURG WAREHOUSE ARTS DISTRICT, (EIN) 46-0826859 and that I have examined a copy of the 2021 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 eKAREN L STEINMETZ to enter my PIN as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

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

Part III Certification and Authentication

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

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 ▶ eKAREN L STEINMETZ Date ▶ 7/28/2022

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

Form 4562 Statement - 990

12/31/2021

ST PETERSBURG WAREHOUSE ARTS DISTRICT INC 46-0826859

Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2021 Deprec.	2021 Accum. Deprec.
Depreciation Detail																
MACRS deductions for prior years (Line 17)																
	MAIN BUILDING ORIGINAL P	12/31/2014	R-5	100.00%	780,000	0	0	0	0	780,000	39.0	SL/GDS	MM	120,830	19,999	140,829
	MAIN BUILDING ADDITIONS I	12/31/2018	R-5	100.00%	1,326,667	0	0	0	0	1,326,667	39.0	SL/GDS	MM	68,033	34,016	102,049
	SHOPS BUILDING INITIAL PL	12/31/2018	R-5	100.00%	192,275	0	0	0	0	192,275	39.0	SL/GDS	MM	9,860	4,930	14,790
	SHOPS BUILDING ADDITION	12/31/2018	R-5	100.00%	93,014	0	0	0	0	93,014	39.0	SL/GDS	MM	4,869	2,385	7,254
	SHOPS LH IMPROVEMENTS	1/1/2019	R-5	100.00%	75,122	0	0	0	0	75,122	39.0	SL/GDS	MM	10,016	1,926	11,942
	MAIN BUILDING ADDITIONS I	12/31/2019	R-5	100.00%	430,692	0	0	0	0	430,692	39.0	SL/GDS	MM	11,497	11,043	22,540
	MAIN BUILDING PH II ADDITI	1/1/2020	R-5	100.00%	62,079	0	0	0	0	62,079	39.0	SL/GDS	MM	1,528	1,592	3,120
	MAIN BUILDING LH IMPROVE	12/31/2020	R-5	100.00%	44,432	0	0	0	0	44,432	39.0	SL/GDS	MM	1,139	1,139	2,278
Total MACRS deductions for prior years (Line 17)					3,004,281	0	0	0	0	3,004,281				227,772	77,030	304,802
GDS nonresidential real property (Line 19i)																
	BUILDING - PHASE 2	4/22/2021	R-5	100.00%	963	0	0	0	0	963	39.0	SL/GDS	MM	0	18	18
	BUILDING -PHASE 1	4/28/2021	R-5	100.00%	53,676	0	0	0	0	53,676	39.0	SL/GDS	MM	0	976	976
	L/H IMPROVEMENTS-SHELV	6/2/2021	R-5	100.00%	1,950	0	0	0	0	1,950	39.0	SL/GDS	MM	0	27	27
	RISE CONSTRUCTION	6/30/2021	R-5	100.00%	75,935	0	0	0	0	75,935	39.0	SL/GDS	MM	0	1,056	1,056
	RISE CONSTRUCTION	7/26/2021	R-5	100.00%	50,961	0	0	0	0	50,961	39.0	SL/GDS	MM	0	600	600
	RISE CONSTRUCTION	8/18/2021	R-5	100.00%	10,087	0	0	0	0	10,087	39.0	SL/GDS	MM	0	97	97
	RISE CONSTRUCTION	9/10/2021	R-5	100.00%	46,187	0	0	0	0	46,187	39.0	SL/GDS	MM	0	346	346
	RISE CONSTRUCTION	10/25/2021	R-5	100.00%	8,600	0	0	0	0	8,600	39.0	SL/GDS	MM	0	46	46
	RISE CONSTRUCTION	11/1/2021	R-5	100.00%	20,000	0	0	0	0	20,000	39.0	SL/GDS	MM	0	64	64
	RISE CONSTRUCTION	11/23/2021	R-5	100.00%	23,588	0	0	0	0	23,588	39.0	SL/GDS	MM	0	76	76
	RISE CONSTRUCTION	12/28/2021	R-5	100.00%	2,500	0	0	0	0	2,500	39.0	SL/GDS	MM	0	3	3
	BUILDING	12/31/2021	R-5	100.00%	204,634	0	0	0	0	204,634	39.0	SL/GDS	MM	0	219	219
Total GDS nonresidential real property (Line 19i)					499,081	0	0	0	0	499,081				0	3,528	3,528
Subtotal Depreciation					3,503,362	0	0	0	0	3,503,362				227,772	80,558	308,330
Total Amortization (Line 44)																
	SHOPS LOAN COSTS NEW	4/24/2018	Z-16	100.00%	9,860	0	0	0	0	9,860	5.0	SL	FM	1,973	1,972	3,945
	MAIN BUILDING OZK LOAN C	7/6/2018	Z-16	100.00%	15,468	0	0	0	0	15,468	20.0	SL	FM	1,870	773	2,643
Total Amortization (Line 44)					25,328	0	0	0	0	25,328				3,843	2,745	6,588
Total Depreciation and Amortization					3,528,690	0	0	0	0	3,528,690				231,615	83,303	314,918

Summary of Unadjusted Basis of Qualified Property (4562)

12/31/2021

Summary of Qualified Property by Activity

Activity	Unadjusted Cost or Basis
1 990	3,503,362

Detail of Qualified Property

Activity	Asset Description	Date In Service	Recovery Period	Years in Service	Total Cost or Basis	Business/Time Use Percent	Unadjusted Cost or Basis	
2	990	MAIN BUILDING ORIGINAL P	12/31/2014	39.0	8	780,000	100.00%	780,000
3	990	MAIN BUILDING ADDITIONS	12/31/2018	39.0	4	1,326,667	100.00%	1,326,667
4	990	MAIN BUILDING ADDITIONS	12/31/2019	39.0	3	430,692	100.00%	430,692
5	990	MAIN BUILDING PH II ADDITI	1/1/2020	39.0	2	62,079	100.00%	62,079
6	990	SHOPS BUILDING INITIAL PU	12/31/2018	39.0	4	192,275	100.00%	192,275
7	990	SHOPS BUILDING ADDITION	12/31/2018	39.0	4	93,014	100.00%	93,014
8	990	SHOPS LH IMPROVEMENTS	1/1/2019	39.0	3	75,122	100.00%	75,122
9	990	MAIN BUILDING LH IMPROV	12/31/2020	39.0	2	44,432	100.00%	44,432
10	990	BUILDING	12/31/2021	39.0	1	204,634	100.00%	204,634
11	990	BUILDING -PHASE 1	4/28/2021	39.0	1	53,676	100.00%	53,676
12	990	BUILDING - PHASE 2	4/22/2021	39.0	1	963	100.00%	963
13	990	L/H IMPROVEMENTS-SHELV	6/2/2021	39.0	1	1,950	100.00%	1,950
14	990	RISE CONSTRUCTION	6/30/2021	39.0	1	75,935	100.00%	75,935
15	990	RISE CONSTRUCTION	7/26/2021	39.0	1	50,961	100.00%	50,961
16	990	RISE CONSTRUCTION	8/18/2021	39.0	1	10,087	100.00%	10,087
17	990	RISE CONSTRUCTION	9/10/2021	39.0	1	46,187	100.00%	46,187
18	990	RISE CONSTRUCTION	10/25/2021	39.0	1	8,600	100.00%	8,600
19	990	RISE CONSTRUCTION	11/1/2021	39.0	1	20,000	100.00%	20,000
20	990	RISE CONSTRUCTION	11/23/2021	39.0	1	23,588	100.00%	23,588
21	990	RISE CONSTRUCTION	12/28/2021	39.0	1	2,500	100.00%	2,500



**3227 Bennett Street
Saint Petersburg, FL 33713
Ph:954-473-4488 Fax: 954-473-8030**

Date: June 2, 2022

To: Catherine Binger - Binger Financial Services, LLC

Fax: (727) 822-2719

From: Karissa Swift

Phone: (727) 369-2118

Email: kswift@bassuw.com Fax: 727-528-8703

Re: Insured: St,Petersburg Warehouse Arts District Inc

Effective Date: 6/6/2022

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 727-369-2100 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 3248149B

Bass Underwriters, Inc.

INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

DATE ISSUED: June 2, 2022

PRODUCER: Binger Financial Services, LLC
146 Second Street North, Suite 310
Saint Petersburg, FL 33701

INSURED MAILING ADDRESS: St,Petersburg Warehouse Arts District Inc
515 22nd Street South
Saint Petersburg, FL 33712

POLICY NO.: WS492227

INSURER: Northfield Insurance Company
Non-Admitted A++(Superior) AM Best Rating

COVERAGE: QBI-General Liability-Northland

POLICY PERIOD: 6/6/2022 TO 6/6/2023

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

BINDER AS PER QUOTE: 3248149B

LIMITS: see attached

PREMIUM: \$12,171.00

TRIA: INCLUDED

FEES: Policy Fee \$150.00
Insp Fee \$150.00

SURPLUS LINES TAX: \$616.07

SERVICE OFFICE FEE: \$7.48

MISC STATE TAX:

FHCF: (Florida)

CPIE: (Florida)

TOTAL: \$13,094.55

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached.**

ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **SUBJECT TO:**

Please see attached for terms and condtions.

(c) **ENDORSEMENTS:**

"Favorable Inspection and compliance with any/all recommendations."

See attached for endorsements and exclusions

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: , St,Petersburg Warehouse Arts District Inc

DATE ISSUED: June 2, 2022

Account Executive: Karissa Swift

Team: St. Petersburg

Reference #: 3248149B

**State of Florida
Surplus Lines Binder Stamp**

“This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent insurer.”

“SURPLUS LINES INSURERS’ POLICY RATES AND FORMS ARE NOT APPROVED BY ANY REGULATORY AGENCY.”



Northfield Insurance Company
St. Paul, MN 55102

COMMON POLICY DECLARATIONS

Policy No: WS492227

Agency No: 231000002

Producer No:

Previous Policy No: NEW

POLICY PERIOD: From 06/06/2022 To 06/06/2023
at 12:01 A.M. at your mailing address shown below.

Term: 1 Year

Named Insured:

St. Petersburg Warehouse Arts District Inc

Mailing Address: 515 22nd St S

Saint Petersburg

FL 33712

BUSINESS DESCRIPTION: Art school/events

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PART DESCRIPTION	PREMIUM
Commercial General Liability Coverage Part	\$ 12,171.00
Commercial Professional Liability Coverage Part	\$ Included
PREMIUM TOTAL	\$ 12,171.00
Policy Fee	\$ 150.00
Service Fee	\$ 7.48
Inspection Fee	\$ 150.00
Surplus Lines Tax	\$ 616.07
POLICY TOTAL	\$ 13,094.55

Minimum earned premium of 25% of the policy premium applies in the event of cancellation.
Policy Fee is fully earned at inception and non-refundable in the event of flat cancellation.
Inspection Fee is fully earned at inception and non-refundable in the event of flat cancellation.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

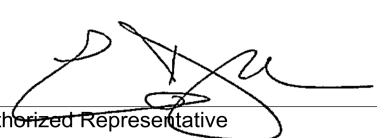
THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

FORMS AND ENDORSEMENTS

The schedule of coverage declarations, forms and endorsements shown on S1D-ILS make up your policy as of the effective date shown above.

Agency Name/Address: 727-528-8813
Bass Underwriters, Inc.
3227 Bennett Street
St. Petersburg, FL 33713

Countersigned: 06/01/2022 PF
Date

By 
Authorized Representative

SCHEDULE OF FORMS AND ENDORSEMENTS

Effective Date: 06/06/2022

Policy No: WS492227

Named Insured:

St. Petersburg Warehouse Arts District Inc

The following schedule of coverage declarations, forms and endorsements make up your policy as of the effective date shown above.

COMMON POLICY DECLARATIONS - S1D-IL (9/05)

The following forms and endorsements apply to coverage parts as stated on the form or endorsement:

S1-IL (9/05)	Commercial Insurance Policy
S1D-IL (9/05)	Common Policy Declarations
S1D-ILS (9/05)	Schedule of Forms and Endorsements
N-3384 (7/08)	Important Notice - Producer Compensation
IL 00 17 (11/98)	Common Policy Conditions
IL 00 21 (09/08)	Nuclear Energy Liability Exclusion Endorsement
N-3732 (5/21)	Notice of Change in Policy Terms
S303-IL (5/21)	Deductible Liability Insurance
S1030-IL (7/08)	Service of Suit
IL T4 14 (01/21)	Cap on Losses From Certified Acts of Terrorism
S2765-IL (1/14)	Amendment - Minimum Earned Premium
S2887-IL (6/20)	Limitation - When Two or More Policies or Coverage Parts Apply to the Same Claim or Suit
S2965-IL (3/15)	Amendment of Common Policy Conditions Prohibited Coverage - Unlicensed Insurance and Trade or Economic Sanctions

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS - S2584D-CG (9/05)

The following forms and endorsements apply to the Commercial General Liability Coverage Part only:

S2584D-CG (9/07)	Commercial GL Coverage Part Declarations
CG 00 01 (12/07)	General Liability Coverage Form
S19-CG (3/17)	Amendment - Contractual Liability
S23-CG (3/19)	Exclusion - Assault or Battery
S42-CG (2/16)	Total Pollution Exclusion with Exceptions for Building Heating, Cooling, Dehumidifying and Personal Hot Water Heating Equipment and Hostile Fire
S46-CG (2/16)	Exclusion - Independent Contractors
S94-CG (11/17)	Exclusion - Injury to Employees, Workers Or Contracted Persons
S267-CG (12/21)	Combination Endorsement Bodily Injury and Property Damage Liability
S590-CG (3/21)	Limited Abuse or Molestation Liability Coverage
S1244-CG (9/20)	Hired Auto Liability - Non-Owned Auto Liability Coverage
S2582-CG (1/13)	Exclusion - Aircraft, Auto or Watercraft

SCHEDULE OF FORMS AND ENDORSEMENTS

IL T3 68 (01/21)	Federal Terrorism Risk Insurance Act Disclosure
S2623-CG (8/21)	Combination Endorsement Personal and Advertising Injury Liability
S2953-CG (7/13)	Exclusion - Habitability of Premises
S2961-CG (11/19)	Exclusion - Cannabis
S2996-CG (5/16)	Exclusion - Cross Liability - Broad Form
CG 02 20 (03/12)	Florida Changes - Cancellation and Nonrenewal
CG 20 18 (11/85)	Additional Insured - Mortgagee, Assignee, or Receiver
CG 21 32 (05/09)	Communicable Disease Exclusion
CG 21 36 (03/05)	Exclusion - New Entities
CG 21 44 (04/17)	Limitation of Coverage to Designated Premises, Project or Operation
CG 24 26 (07/04)	Amendment of Insured Contract Definition
S43-CG (1/14)	Exclusion - Punitive or Exemplary Damages
S56-CG (2/20)	Amendment - Deposit Premium and Minimum Premium
S311-CG (7/18)	Exclusion - Professional Services

COMMERCIAL PROFESSIONAL LIABILITY COVERAGE PART DECLARATIONS - S8D-PL (9/05)

The following forms and endorsements apply to the Commercial Professional Liability Coverage Part only:

S8D-PL (6/06)	Commercial Professional Liability Coverage Part Declarations
S60-PL (6/20)	Commercial Professional Liability Coverage Form
S2977-PL (12/19)	Exclusion - Assault or Battery

REMIT TO:

Bass Underwriters, Inc.
 PO Box 741753
 Atlanta, GA 30374-1753
 Phone: 1-888-422-7715

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT11342	Insured: 25032118	Agent: AGT11342	CSR: kahubbar	Acct Exc: kahubbar
Binger Financial Services, LLC 146 Second Street North Suite 310 Saint Petersburg, FL 33701		Attn: Catherine Schrader Submission No: 3248149		

INVOICE	Invoice Date:	Invoice Number:	Page:
	06/02/2022	2198301	1

Insured: St,Petersburg Warehouse Arts District Inc	INVOICE PAYMENT
DBA:	Payment Due On: 07/10/2022

Insurance Company:	Policy Number:	Effective:	Expires:
Northfield Insurance Company	WS492227	06/06/2022	06/06/2023

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
General Liability - Commercial	M0162	\$12,171.00	\$1,217.10	\$10,953.90
Policy Fee	INC	\$150.00	\$0.00	\$150.00
Insp Fee	INC	\$150.00	\$0.00	\$150.00
SL Tax	T0006	\$616.07	\$0.00	\$616.07
Svc Off Fee	T0001	\$7.48	\$0.00	\$7.48

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 13,094.55	10.00	\$ 1,217.10	\$11,877.45

Note:



MARKUS GOTTSCHLICH

Artistic Director | Operations Manager | Steinway Artist

CONTACT

US: +1 973 735 0448
AT: +43 676 631 658 61
markusgottschlich1@gmail.com

EDUCATION

2004

Bachelors, International Business and Political Relations, Western Connecticut State University
Graduation with Honors

2000-2003

Concordia College, NY
Dean's List;
2-year apprenticeship with blind pianist Mike Gerber

EXPERTISE

15 year experience in educational event management; extensive teaching/presentation experience; Google Suite, MS Office 365, CRM systems; German/English native-speaker; Working proficiency of French and Spanish

INTERESTS

Board member at MEM-Montclair Early Music
Travel
Basketball
Yoga

HEAD OF DEPARTMENT / MUSIC BUSINESS, 🎵 VIENNA MUSIC INSTITUTE-CONSERVATORY FOR CONTEMPORARY MUSIC | 2021-present

- Creation of Music Business curriculum
- Identifying new partnerships and sponsorship opportunities
- Development of institution-wide strategic plan, redesigning structural support models adjusted for hybrid learning models
- Launching in-house Career Service Center
- Senior lecturer for Music Business, Jazz Piano, Composition, Multimedia and Audio-Visual, Artist Management and Branding

DIRECTOR OF MUSIC OPERATIONS, JAZZ HOUSE KIDS, MONTCLAIR JAZZ FEST, NEW JERSEY | 2019 – 2021

- Growing and diversifying educational offerings
- 🎵Overseeing all in-school and after-school jazz programs in numerous public-school districts of New Jersey
- Directing faculty, TA's, Student Service team, guest artists
- Organization and management of winter/summer workshops
- P&L for year-round programming
- International outreach, student recruitment
- 🎵Designing transition plan to remote and hybrid learning models
- Teaching adult and youth classes

EXECUTIVE DIRECTOR, 🎵 NEW MEXICO JAZZ WORKSHOP | 2017 – 2019

- P&L responsibility, development and implementation of strategic plan
- Redesigning sustainable funding model involving corporate and private sponsorships, grant writing, determining cost-savings across the organization
- Managing real-estate portfolio and overseeing staff/faculty
- 🎵Establishing state-wide "Honor Big-Band"
- 🎵Successful planning, organization and execution of concerts and festivals
- 🎵Strategic marketing und PR work creating 11.6 million media impressions organically/content driven in one year
- 🎵Creation of local, national, and international collaborations

ARTISTIC DIRECTOR, 🎵 MIAMI BEACH JAZZ FESTIVAL | 2012 – 2017

- Conception, development, and management of three festivals including programming and organization of all festival-events
- Sourcing and acquisition of corporate and private funding
- Coordination of state-wide, annual student competition
- 🎵Establishing national/international collaborations
- 🎵Organizing summer workshops for US and international students
- 🎵Outreach and recruiting of international students in Taiwan
- 🎵Content and program driven marketing and PR campaigns

MARKUS GOTTSCHLICH

Teaching Experience | Keynotes | Workshops

DISCOGRAPHY

"Found Sounds"- 2020
"Of Places Between"- 2013
"When the Day is Done"- 2008

WORKSHOPS

- Steinway Clinician
- Single and group classes
- Teacher-Training for classical musicians
- Summer Workshop Teaching Artist

CONCERTS, TOURS, FILM-SCORE

Composition for Egyptian Blockbuster
"Ras El Sana"- 2020

Concerts with:

- Andrea Bocelli
- Bobby Shew
- Gary Campbell

Grammy-Award Winners:

- Federico Britos, Uruguay
- Jose Javier Freire, Puerto Rico
- Mads Tolling, Denmark

Tours and Festivals:

Jazz Fest Wien, Jarasum Jazz Festival - Korea, Saulkrasti Jazz Festival - Lettland, Miami Beach Jazz Festival, Taiwan, China, USA

Teaching of Piano Workshops, Jazz Ensembles, Improvisation, Harmony & Theory

- JAZZ HOUSE KIDS | 2019 – present
🎹 Piano Improvisation Intensive
- NEW MEXICO JAZZ WORKSHOP | 2017 – 2019
- JAZZ ACADEMY MIAMI | 2015 – 2017

KUNST & KULTUR SUMMIT

Keynote speaker

VIENNA, AUSTRIA, 11/2019

JAZZ AHEAD! CONFERENCE

Exhibitor for NM Jazz Workshop

BREMEN, GERMANY, 4/2019

DISABILITY AND THE ARTS SYMPOSIUM

Host, Presenter, Researcher

NEW MEXICO, USA, 11/2019

"EAST MEETS WEST" – POP + JAZZ

Host, Panelist, Researcher

USA debut of Korean Jazz Group "Black String"

MIAMI, FLORIDA, 5/2018

OUTREACH & RECRUITING WORKSHOP

Organization, Teaching Artist

TAIWAN / KOREA, 6/2017

TEACHER TRAINING WORKSHOP, STEINWAY

Teaching Artist

CANADA, 5/2017

JAZZ ACADEMY MIAMI

Founder, Artistic Director, Teaching Artist

MIAMI, FLORIDA, 2016-2018

JAZZ AHEAD! CONFERENCE

Jury member for international showcase

BREMEN, GERMANY, 4/2016

INTERNATIONAL FESTIVAL FORUM

Keynote speaker, representative of USA

LONDON, GB, 8/2015

SAULKRASTI JAZZ FESTIVAL

Teaching Artist

LATVIA, 7/2014

OUTREACH FESTIVAL

Teaching Artist, Workshop

TYROL, AUSTRIA, 8/2013