

Application Form

Organization Information

Brief Project Descriptor

Please briefly describe this organization's request.

If you have previously applied for a Small Purchase and would like your previous request copied over to update and submit for consideration in Round Two, please contact Rose Cervantes. Due to the current inflationary environment, you will need to obtain new bids/estimates for your proposed purchases regardless of a prior submission. The new request amount must also fit within the maximum request amounts for Round Two.

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 can be downloaded [here](#).

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

Organization Name*

Academy of Ballet Arts Inc.

Proposal Name*

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

ABA After School Transportation

EIN*

59-2926455

Incorporation Year*

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

2001

Organizational Mission Statement*

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

The mission of the Academy is to develop the potential of each student to express his or her individual ideas and emotions through the beauty of movement. The Academy values diversity, nurtures creativity and builds community.

Unique Entity ID (SAM)

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

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

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

Character Limit: 12

VVY6FNG5Y3F6

Annual Operating Budget Size*

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

\$219,747.02

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

Amount Requested (Annual Operating Budget Size ≤ \$500,000)

Amount Requested*

Because your annual operating budget is \$500,000 or less, the maximum grant request for your organization is **\$100,000.**

\$90,000.00

Request Specifics

Priority Areas*

For Round 2 of this funding process, the ARPA Nonprofit Capital Project Fund is prioritizing organizations that offer programming, and whose capital purchase is related to, the following areas:

- Individuals with Disabilities
- Food Security
- Specialized Healthcare
 - Mental Health
 - Dental Care
 - Substance Use Disorders
- Housing

Not offering programming in these areas does not disqualify you from applying. However, this prioritization will result in 10 bonus points being awarded to eligible requests when scored.

Does your organization and its proposed capital purchase fit into one of these areas?

No

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?

If you have indicated above that your programming and proposed purchase fit into the priority areas for this funding round, please be sure to describe the relevant programming.

The Academy of Ballet Arts Inc., a pre-professional dance school, was founded in 1969, became nonprofit for the State of Florida in 1987 and became a federal nonprofit in 2001. The Academy has been training dancers consistently for 54 years and has produced over 100 professional performers. The Academy's dance program has always sought to be inclusive, and diverse. It supports economically challenged families through our Tuition Grant Program, which provides full and partial scholarships for children to study dance in a professional setting. The Academy's dance program serves students from the age of three to ninety. Additionally an adaptive dance program serves students with physical, mental and emotional challenges.

The Academy is open all year and in June and July it offers special Summer Intensives for beginning through advanced students, as well as continuing its evening classes. The Summer Intensives operate from 9:00 am - 4:00 pm Mondays thru Fridays. The curriculum is age appropriate for each level and includes ballet, modern/contemporary, jazz, character, African dance, acting, choreography, dance history, journals and arts & crafts. Each Intensive ends with a public performance for family and friends. The Academy, on April 1, 2023 will re-locate to the Warehouse Arts District Campus and is within the area serviced by the public school arts programs at Perkins Elementary Center for the Arts and International Studies, John Hopkins Center for the Arts, Journalism and Gifted Studies and the Pinellas County Center for the Arts at Gibbs High School. The

philosophy of the faculty and the curriculum at the Academy is based on educating the whole child through providing an inclusive and relevant art's experience. Each child is evaluated and placed in an atmosphere that encourages self-discipline, creativity, self-motivation, exploration, innovation, sharing self-discoveries and developing self-confidence.

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.

The area of St. Petersburg that includes the Dueces Arts Galleria and the Warehouse Arts District does not have a professional dance school and students who aren't registered at the public school arts programs have nowhere to explore their artistry. The Academy's relocation will help open up the possibility of engaging students in the south side in dance classes after school and during the summers if some form of transportation can be provided.

The Academy has been located at 2914 First Avenue North since December, 2001. During those 22 years, it served students from all economic backgrounds and when the economy went through severe problems and parents lost their jobs, the Academy converted their accounts to full or partial scholarship grants in order to provide consistency in their children's lives. The Academy has always had a diverse student body beginning fifty-four years ago. It currently has 130 families registered for classes. Students represent Latino, Asian, African, and European cultures. The Academy is the only nonprofit ballet school in St. Petersburg and students qualify for arts scholarships from the St. Petersburg Arts Alliance and Creative Pinellas as well as the from the Academy's Tuition Grant Program. Alumni who became professional performers include: Briana Reed, Alvin Ailey; Calvin Royal III, American Ballet Theatre; Gerald Watson, Nashville Ballet, Jalen Williams, Virginia Ballet Theatre, Jared Brunson, Complexions; Shawn Cusseaux, Ballet X, Zeek Page, Richmond Ballet; Samiyah Parramore, Cleo Parker Robinson; Dajuan Booker, Momix; Ephraim Sykes, Hamilton; Stanley Joseph, Elio Pomari; Marquis Floyd, Lion King; Martina Sykes, Lion King; Charlotte Johnson, Bill T. Jones; Kenneth Shelby, Nevada Ballet Theatre (all African-American), Gretel Batista, Houston Ballet; Shila Tirabassi, Stephen Petronio; (Latino); Debbie Chen, Manassas Ballet Theatre (Asian)

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:

- Inflationary pressures
- A reduction in revenue since the onset of the pandemic
- An increase in pandemic-related revenue that is restricted, or otherwise does not permit the purchase of capital assets
- The use of reserves for pandemic-related unbudgeted expenses

- Allocation of resources to meet a pandemic-related increase in demand for services, which results in a lack of resources to purchase capital assets
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC

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

Covid 19 severely impacted the adaptive ballet program in two ways: the Academy was closed by the city from March to May and the live classes were replaced by classes taught on Zoom. The learning curve for adaptive dance is only effective through the use of touch and the physical guidance of the teacher. Zoom teaching was ineffective and when physical classes resumed their health was too fragile to be exposed to other students, even when both groups were masked. So the adaptive class was closed until the health crisis was over. The youngest students, ages three to eight were also affected by the initial closing and their inability to gain a positive experience when classes were held over zoom. When academic schools did not re-open the Academy continued to face the absence of the younger students, which continued through the next school year. Parents were fearful of their children exerting physical energy with masks on and concerned because their children were also wearing them all day at school. Not until August of 2022 did we begin to see children in Creative Movement, Pre-Ballet and Ballet Fundamentals being registered for dance classes once again. Losing the base of the school detrimentally affects the ability to continue to offer the more advanced levels. The Academy applied for a PPP loan in order to retain the faculty and all financial reserves were used to pay the rent, utilities, insurance and maintaining the health of the classrooms. Additionally, in December of 2021, the owner of the Academy's current location (2914 First Avenue North, St. Petersburg), informed the President of the Board that due to the financial constraints of Covid and his age that he was going to have to sell the building. He offered to give us at least a year to find a new location because we had been his tenants for 22 years. One of the advantages of the location had been its proximity to the bus hub on Central Avenue. The search was frustrating due to high rents, economic hardships and locations far away from the families that the Academy served. In February, the Directors of the Warehouse Arts District Association met with the Artistic Director and Board President and proposed re-locating the Academy to their campus. On March 10, 2023 a five year lease was signed, including 15 years of extended options to renew. The Academy is responsible for all renovations needed to create three additional classrooms. The potential for under-served families to finally have a dance school in their area is only marred by the lack of private or public transportation in the area.

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?

The Academy would like to purchase a commercial vehicle that could transport a minimum of 10 students a trip from the schools where students, registered for dance classes at the Academy, attend. The areas served would be Perkins Elementary, John Hopkins Middle School, Thurgood Marshall Middle School, PCCA at Gibbs, Baypoint Elementary & Middle Schools, Melrose Elementary, James Sanderlin K-8th, Lakeview Fundamental,

Campbell Park Elementary, Maximo Elementary, Madeira Beach Fundamental K-8th, and Nina Harris Exceptional Center.

The Commercial transit vehicle is a difficult new vehicle to find. The manufactures (Chevrolet & Ford) have waiting lists of up to a year to order a new vehicle due to computer parts that are on back order. Several used transit vans are available locally and if maintained carefully, could be used for ten or more years.

Providing transportation for students in south St. Petersburg and offering them an excellent arts program on a campus that also provides visual arts and music experiences will help open up artistic experiences and the means of self-expression for students who don't have arts classes in their schools. The fusion of arts into a child's education guides students in achieving excellence in academics. It is a well known statistic that students consistently involved in the arts are proven over time to accelerate their academic achievements and pursuits.

Increasing the number of students enrolled in the Academy will help recover the severe loss of income over the past few years due to Covid. The Academy needs to rebuild its foundation classes in order to rebuild its upper-level curriculum over the next five years. As students graduate from High School, or move away from their interest in dance training their space must be filled with younger students who are ready to move up a level. This is the area where the Academy was most directly affected during Covid. New students from the area surrounding our new location in the lower levels will help bring us back to our pre-covid income.

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. According to federal guidance, 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?

If the Academy is able to purchase a commercial transit vehicle it will allow students, who currently don't have access to transportation to participate in an excellent after-school dance program for the first time. Economically challenged families often do not own a vehicle and depend on after school programs to shelter, educate and entertain their children until they finish work. The lack of public bus transportation in the south of St. Petersburg has been identified as a serious problem by Mayor Walsh and the city council. Recently the city council voted to move some of the bike hubs into the areas of the the city that lack consistent means of transportation, but that will not help children in the QCT areas to reach the Academy.

Number Served*

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

50

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.

Geographic Impact & Priority Populations

The ARPA Nonprofit Capital Project Fund seeks to offset the negative economic impact Pinellas nonprofits faced due to the COVID-19 pandemic. Organizations who serve disproportionately impacted communities will be considered as serving a priority population. There are several ways to determine if your clients were disproportionately impacted.

Examples of disproportionately impacted communities include those who:

- Live in a Qualified Census Tract (QCTs)
 - Defined by U.S. Department of Housing and Urban Development (HUD)
 - U.S. Treasury guidance prioritizes use of ARPA funds within QCTs
 - 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.
- Low- and moderate-income household and communities
- Households that qualify for federal assistance programs, such as SNAP and TANF
- Historically marginalized communities (BIPOC communities, persons with disabilities, LGBTQ+, religious minorities, and other communities that fit in the Equity definition provided on the ARPA website and application)

Benefits and Geography of Purchase*

Please describe the following:

1. The communities/clients that will benefit from this capital purchase, and whether they were disproportionately impacted by the pandemic according to the examples above.
2. The geographic areas in which this capital purchase will be put into use. Be as specific as possible.

The area the Academy has relocated to is completely within the 2022 & 2023 QCT area of St. Petersburg. The children in these neighborhoods will benefit from the transportation provided by this capital purchase so that they can attend classes at the Academy of Ballet Arts Inc. During the summer transportation would be shifted to the recreation and child care centers.

The schools located in this area that would be served are Perkins Elementary, John Hopkins Middle School, Thurgood Marshall Middle School, PCCA at Gibbs, Baypoint Elementary & Middle Schools, Melrose Elementary, James Sanderlin K-8th, Lakeview Fundamental, Campbell Park Elementary, and Maximo Elementary. Madeira Beach Fundamental K-8th, and Nina Harris Exceptional Center are included because they draw students from various county locations.

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 Street North St. Petersburg, Florida 33712

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

Further determination required

Community Connection

PCF understands the value of authentic and diverse representation in philanthropy and in Pinellas County. To this end, we ask demographic and representation questions to gauge the human impact your organization has on the communities 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.

If your staff, board, executive leadership, or long-term volunteers have personal identities or experiences that allow for a meaningful connection with your clients, please feel free to describe this connection below. When

possible, please use internal data or specific details to describe how your organization is representative and connected to the communities you serve.

Suzanne B. Pomerantzeff, is the founder, Artistic Director and Board President of the Academy of Ballet Arts Inc. She taught for thirty years at the Pinellas County Center for the Arts at Gibbs High School and for 25 years was the Dance Department Chair. She also taught at Country Day Montessori, Head Start Programs, St. Petersburg Junior College, College for Kids, USF Dance Program and taught a three-week Intensive in Cary, North Carolina. As an educator, Ms. Pomerantzeff has encouraged, developed and coached students from all ethnic and cultural backgrounds. She was instrumental in entering her students in the Youth America Grand Prix International Ballet Competition which resulted in students receiving scholarships to major professional programs and companies: Alvin Ailey American Dance Theatre, American Ballet Theatre, San Francisco Ballet, New York City Ballet, Ballet Met, Houston Ballet, Jacobs Pillow, Joffrey Ballet, and Dance Alive.

The Academy's executive leadership and staff participate regularly in events hosted by the Foundation for a Healthy St. Petersburg: Community Conversation: Manhattan Casino and How We Co-Create: Advancing Racial Equity Through Connection in 2022-2023. Ms. Pomerantzeff earned an Honor Certificate from the University of South Florida's Diversity, Equity and Inclusion 8 week program in 2022. The Academy is a member of the St. Petersburg Arts Alliance and Ms. Pomerantzeff is a member of their Performing Arts Taskforce. The Academy is a member of Creative Pinellas and Ms. Pomerantzeff was a speaker for the We Convene Conference on making the Arts available for the whole community. The Academy is a member of the Florida Arts Alliance, the Florida Dance Association and Americans for the Arts.

The Academy believes that children respond to teachers who believe in their individual worth. Many of the professional dancers return to the Academy to teach during the summer, to be a guest artist in performances and especially to mentor the students who mirror their early lives. The students at the Academy are given many opportunities to see professionals and teachers who look like them, an important mentorship that opens up the possibilities of achieving their dreams.

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. Neurodiversity is defined as "the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population." Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

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. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

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

None of the above

Leadership Demographics - CEO/Executive Director*

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

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

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

None of the above

Proposal Costs

Please upload current verifiable bids, estimates, or price lists [from your potential vendor(s)]. These bids must be dated within the past 60 days. *Please ensure there is a date noted on the bid or some annotation as to when you obtained these estimates/bids.*

- If your purchase is BELOW \$75,000, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is ABOVE \$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.

Please note if you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit new bids for an accurate cost estimation in the current market.

If you need assistance compressing files, please email Rose Cervantes at rcervantes@pinellascf.org.

Bid/Estimate #1*

PDF files are accepted.

ABA Transportation Van Samples for Grant 3.23.23.pdf

Bid/Estimate #2*

PDF files are accepted.

ABA Grant Van Teffertiller Motors Inc 3.25.23.pdf

Bid/Estimate #3

PDF files are accepted.

ABA Bid from Maher Cheverolet Transit Van.pdf

Sole Source*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below, and contact Rose Cervantes at rcervantes@pinellascf.org.

Otherwise, write "N/A" below.

N/A

Related Parties*

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

Examples of Related Parties

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

If yes, identify the vendor and describe the relationship.

If no, write "No related parties below."

No related Parties

Budget Summary*

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

If you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit a new budget for an accurate cost breakdown in the current market. Additionally, this round of funding there is less available monies, and the max award request has decreased.

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.

ABA Budget-Template-Small-Capital-Purchases.xlsx

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.

None

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.

There would be a slight increase in operating costs: Insurance for the vehicle, driver's salary, and gas. These expenses will be covered by a dedicated fund raiser/donations.

Corrective and Investigative Action/Grant Recall

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

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

3. Had grant funding recalled by a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. You may upload a PDF file to support your answer if necessary.

If no, write "N/A"

N/A

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.

ABA State Farm Insurance Policy 2022-23.pdf

Insurance Requirement*

If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you may 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.

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.

03 30 23 ABA Projected Budget for 2023 and 2024.xlsx

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Academy of Ballet Arts Inc Board Members 2022-23.pdf

IRS Form 990*

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

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

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

Only PDF files are permitted.

11 03 22 IRS Form 990 for 2021 ABA.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.

12 31 22 ABA 2022 Financials.pdf

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

Additional Upload

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

ABA 2022 Alumni List.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?

Agreements

Affirmation of Application Materials*

I hereby certify that, to the best of my knowledge, the provided information within this application is true and accurate.

Yes

Public Application and Grant Process*

In order to maintain transparency for the use of public funding, PCF will publish all submitted funding requests, committee review meeting minutes, executed contracts, and reports to its website. This means your funding request in its entirety will be published. Please check the box below to indicate your understanding of this.

Yes, I understand.

Final Approval for Grant Award*

The grantmaking process administered by PCF results in funding recommendations by an external committee using an objective, public rubric. Final approval of recommendations is made by the Pinellas Board of County Commissioners.

Yes, I understand.

File Attachment Summary

Applicant File Uploads

- ABA Transportation Van Samples for Grant 3.23.23.pdf
- ABA Grant Van Teffertiller Motors Inc 3.25.23.pdf
- ABA Bid from Maher Cheverolet Transit Van.pdf
- ABA Budget-Template-Small-Capital-Purchases.xlsx
- ABA State Farm Insurance Policy 2022-23.pdf
- 03 30 23 ABA Projected Budget for 2023 and 2024.xlsx
- Academy of Ballet Arts Inc Board Members 2022-23.pdf
- 11 03 22 IRS Form 990 for 2021 ABA.pdf
- 12 31 22 ABA 2022 Financials.pdf
- ABA 2022 Alumni List.pdf



2023 Transit Connect Wago XL

24 CITY  28 HWY

Ext. Color: Frozen White

Int. Color: Ebony

VIN #: NM0GS9E20P1546791

Stock #: 45998

Engine: 2.0L I-4 Ti-VCT

Discounted Price

\$37,815

Cash/Trade Equity

-\$2,500

Conditional Price

\$35,315



2023 Transit Connect Wagon XLT

24 CITY  28 HWY

Ext. Color: Frozen White

Int. Color: Ebony

VIN #: NM0GE9F29P1552496

Stock #: 552496

Engine: 2.0L I-4 Ti-VCT

**In-Bound
Reserve Now**

Discounted Price

\$40,820

Cash/Trade Equity

-\$2,500

Conditional Price

\$38,320

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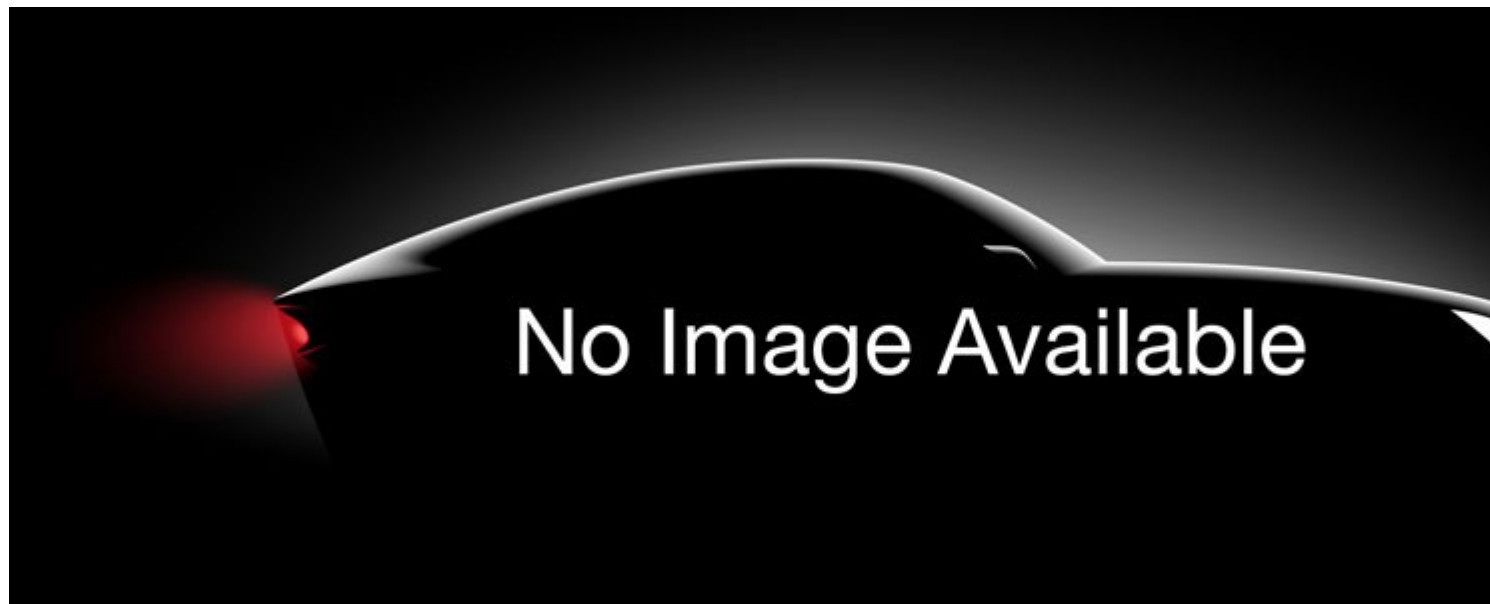
****Jarrett Scott Ford does not participate in the Ford Blue Advantage 14-Day Money Back Guarantee. This disclosure supersedes any other claims made on this website in reference to the Ford Blue Advantage 14-Day Money Back Guarantee.****

Demonstrator Vehicles and out of service loaner vehicles, are still eligible for applicable new retail rebates and incentives. These vehicles are no longer considered new as they have been driven as demonstrators or have served in our service loaner fleet. The manufacturer Warranty of these vehicles may be different than the manufacturer of a similar new vehicle and may include more or less coverage depending on its use and Ford's current policies. Please consult your dealer for current details of the warranty and incentives.

New Ford Transit Sherrod Conversion

[New](#)

[Used](#)



**JARRETT
SCOTT**



Plant City (813) 752-4171



ESCALADE ALTERNATIVE!

2022 Ford Transit Sherrod Conversion SHERROD CONVERSION VAN

Ext. Color: Agate Black Metallic

Int. Color: Gray

VIN #: 1FTBR1CG4NKA51316

Stock #: 34602

Engine: Twin Turbo Regular Unleaded V-6 3.5 L/213

GREAT DEAL!

Suggested Retail

108,868

Jarrett Scott Savings

-\$21,820

Internet Sale Price

\$87,048

Conditional Rebates

-\$2500

Conditional Price

\$84,548

New Search

Type

- 9All Vehicles
- 5New
- 4Certified

Location

- 5All Locations
- 5Plant City

Model

- 5All Models
- 5Transit Sherrod Conversion
- 1AWD HIGH ROOF CONVERSION!
- 3SHERROD CONVERSION VAN

Commercial

Body Style

Price

Years

Mileage

Engine

Fuel Type

Drive

Transmission

Exterior Color

5 Vehicles Found

Sort Results

**JARRETT
SCOTT**



Plant City (813) 752-4171



ESCALADE ALTERNATIVE!

2022 Ford Transit Sherrod Conversion SHERROD CONVERSION VAN

Ext. Color: Agate Black Metallic

Int. Color: Gray

VIN #: 1FTBR1CG4NKA51316

Stock #: 34602

Engine: 3.5L V6 EcoBoost

GREAT DEAL!

Suggested Retail
108,868
Jarrett Scott Savings
-\$21,820
Internet Sale Price
\$87,048
Cash/Trade Equity
-\$2,500
Conditional Price
\$84,548

**JARRETT
SCOTT**

Plant City (813) 752-4171


Plant City



SHERROD CONVERSION!

2022 Ford Transit Sherrod Conversion SHERROD CONVERSION VAN

Ext. Color: Oxford White

Int. Color: Brown Lthr

VIN #: 1FTBR1CG6NKA25218

Stock #: 34687

Engine: 3.5L V6 EcoBoost



Custom Conversion Van!

BIG Screen TV!

Custom Leather Seating!

All-Wheel Drive!

Suggested Retail

114,126

Jarrett Scott Savings

-\$24,826

Internet Sale Price

\$89,300

Cash/Trade Equity

-\$2,500

Conditional Price

\$86,800

**JARRETT
SCOTT**

Plant City (813) 752-4171


Plant City



SHERROD CONVERSION!

2022 Ford Transit Sherrod Conversion SHERROD CONVERSION VAN

Ext. Color: Agate Black Metallic

Int. Color: Brown Lthr

VIN #: 1FTBR1CG4NKA23502

Stock #: 34685

Engine: 3.5L V6 EcoBoost



Custom Conversion Van!

BIG Screen TV!

Custom Leather Seating!

All-Wheel Drive!

Suggested Retail

114,126

Jarrett Scott Savings

-\$23,535

Internet Sale Price

\$90,591

Cash/Trade Equity

-\$2,500

Conditional Price

\$88,091

**JARRETT
SCOTT**

Plant City (813) 752-4171



ROOMY! EASY DRIVE! FAMILY!

2022 Ford Transit Sherrod Conversion

Ext. Color: Oxford White

Int. Color: Gray

VIN #: 1FTBR1CG1NKA08178

Stock #: 34686

Engine: 3.5L V6 EcoBoost



Custom Conversion Van!

BIG Screen TV!

Custom Leather Seating!

All-Wheel Drive!

Suggested Retail

113,113

Jarrett Scott Savings

-\$22,030

Internet Sale Price

\$91,083

Cash/Trade Equity

-\$2,500

Conditional Price

\$88,583

**JARRETT
SCOTT**

Plant City (813) 752-4171


Plant City



HIGH ROOF! ECOBOOST AWD! WE DELIVER!

2022 Transit Sherrod Conversion AWD HIGH ROOF CONVERSION!

Ext. Color: Agate Black Metallic

Int. Color: Ebony

VIN #: 1FTRU8UG5NKA56528

Stock #: 34648

Engine: 3.5L V6 EcoBoost



Custom Conversion Van!

BIG Screen TV!

Custom Leather Seating!

All-Wheel Drive!

MSRP

175,496

Jarrett Scott Savings

-\$67,782

Your Price

\$107,714

Cash/Trade Equity

-\$2,500

Conditional Price

\$105,214

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selling price listed. Not all customers will qualify. Vehicles shown at different locations are not currently in our inventory (Not in Stock) but can be made available to you at our location within a reasonable date from the time of your request. Free Delivery only available within 100 miles of store address.

****Jarrett Scott Ford does not participate in the Ford Blue Advantage 14-Day Money Back Guarantee. This disclosure supersedes any other claims made on this website in reference to the Ford Blue Advantage 14-Day Money Back Guarantee.****

Demonstrator Vehicles and out of service loaner vehicles, are still eligible for applicable new retail rebates and incentives. These vehicles are no longer considered new as they have been driven as demonstrators or have served in our service loaner fleet. The manufacturer Warranty of these vehicles may be different than the manufacturer of a similar new vehicle and may include more or less coverage depending on its use and Ford's current policies. Please consult your dealer for current details of the warranty and incentives.

Polular New Cars

New 2023 Chevrolet Express Passenger 2500 Regular Wheelbase Rear-Wheel Drive 1LS

- Sale Price \$46,810
- MSRP \$46,810

See Important Disclosures Here

- [Home](#)
- [New](#)
- [2023](#)
- [Chevrolet](#)
- [Express Passenger](#)
- [2500 Regular Wheelbase Rear-Wheel Drive 1LS](#)

- [Manufacturer Photos](#)
- [Interactive Media Gallery](#)

[Current Offers Specifications](#)

- MSRP \$46,810
- Price \$46,810

Other Offers You May Qualify For

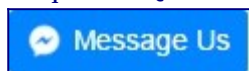
- GM Military Offer¹
 - \$500
- GM College Offer²
 - \$500
- GM First Responder Offer³
 - \$500
- GM Healthcare Professional Offer⁴
 - \$500

Click here for more offer information

- Exterior Summit White
- Engine 4.3L V6 Gas engine
- Interior Medium Pewter Custom Vinyl
- MSRP \$46,810
- Stock Number T6042

[Save Window Sticker](#)

[Request a Quote](#) [Price Watch](#)



[Print Email Share](#)

Vehicle At A Glance

-
- Fuel Economy * N/A city / N/A hwy
- Mileage 23 MILES
- Transmission hd automatic
- Exterior Color Summit White
- Interior Color Medium Pewter Custom Vinyl
- Engine Data 4.3L V6 Gas engine

Specifications

- [Exterior](#)
- [Interior](#)
- [Entertainment](#)
- [Mechanical](#)
- [Safety](#)
- [Featured Equipment](#)
- [Warranty](#)
- [Options](#)
- includes (N33) Tilt-Wheel and (K34) cruise control
- Remote Keyless Entry
- Emissions, Federal requirements
- Bluetooth for phone
- Rear Park Assist
- Bumpers, front and rear chrome
- Remote vehicle starter system
- Differential, heavy-duty locking rear
- Includes (UY7) trailer wiring harness.)
- Driver Convenience Package
- personal cell phone connectivity to vehicle audio system
- Side Blind Zone Alert
- includes trailering hitch platform and dual 4-pin/7-pin sealed connector
- Rear axle, 3.42 ratio
- with step-pad
- Steering wheel, leather-wrapped, includes (W1Y) mounted audio controls
- and Variable Valve Timing, includes aluminum block construction (276 hp [206 kW] @ 5200 rpm, 298 lb-ft of torque [404 Nm] @ 3900 rpm)
- (STD)
- Trailering equipment, heavy-duty
- with 2 transmitters and remote panic button
- Engine, 4.3L V6 with Direct Injection

- Defogger, rear-window electric
- with overdrive and tow/haul mode. Includes Cruise Grade Braking, Powertrain Grade Braking and Tap-Up/Tap-Down Driver Shift Control
- Transmission, 8-speed automatic, electronically controlled

Pre-Owned 2021 Ford Transit Passenger Wagon XL Date of Quote: March 29, 2023

- VIP Price \$49,397

See Important Disclosures Here

- [Home](#)
- [Used](#)
- [2021](#)
- [Ford](#)
- [Transit Passenger Wagon](#)
- [XL](#)
- [Dealership Photos](#)
- [Interactive Media Gallery](#)

Specifications

- Stock Number RE6376
- Exterior Oxford White
- VIN 1FBAX2Y80MKA03548
- Miles 79,311
- Engine V6
- Transmission Automatic
- Location Maher Chevrolet
- OEM Color Oxford White
- Body Description Passenger Van
- Body Style Passenger Van
- Doors 3
- Trim XL

Last one available

[Save](#)

[Check Availability PRICE WATCH](#)

[Trade Value Provided by KBB](#)

[online down payment](#)



[Print Email Share](#)

Vehicle Description

Clean CARFAX. CARFAX One-Owner. White 2021 Ford Transit-350 XL RWD V6

- [Vehicle At A Glance](#)
- [Specifications](#)
- [Purchase Enquiry](#)
-
- Fuel Economy * N/A city / N/A hwy
- Mileage 79,311 MILES
- Transmission Automatic
- Exterior Color Oxford White
- Interior Color N/A
- Engine Data V6
- 3rd Row Seat
- Rear A/C
- Steering Wheel Audio Controls
- Back-Up Camera
- WiFi Hotspot
- Stability Control
- Brake Assist
- Cloth Seats
- Keyless Entry
- Third Passenger Door

MSRP does not reflect any additional dealer installed options or added packages to the vehicle. These must be added to the MSRP for the correct sale price. Price is plus tax, tag, title, registration, any dealer-installed accessories and dealer-provided benefits, and a pre-delivery service fee of \$899.00 , This charge represent costs and profits to the dealer for items such as inspecting, cleaning, and adjusting vehicles and preparing documents related to the sale. New vehicle pricing excludes Dealer installed adds of up to \$5190.00 All prices, specifications and availability subject to change without notice. Contact dealer for most current information. All advertised pricing is on in-stock units only and includes all applicable dealer discounts, manufacturer discounts, and incentives. Certain offers and incentives presume financing through the

Manufacturer Captive Lender, subject to approved credit. Should you purchase the vehicle through the use of other funds or through other lending sources, certain offers and incentives may be excluded. Due to supply chain challenges and limited inventory, vehicles may be subject to an additional market adjustment depending on inventory production, availability and market conditions. Please see dealer for details. MPG estimates on this website are EPA estimates; your actual mileage may vary. For used vehicles, MPG estimates are EPA estimates for the vehicle when it was new. The EPA periodically modifies its MPG calculation methodology; all MPG estimates are based on the methodology in effect when the vehicles were new (please see the "Fuel Economy" portion of the EPA's website for details, including a MPG recalculation tool). The features and options listed are for the new 2021 Ford Transit Passenger Wagon and may not apply to this specific vehicle.

LEARN ABOUT THIS Used 2021 Ford Transit Passenger Wagon Suv IN SAINT PETERSBURG

Come to Maher Chevrolet for the best deal on this Ford Transit Passenger Wagon XL. This model is equipped with a V6 engine, Automatic transmission, and is finished in White paint. No matter what you're looking for in your next vehicle, you can rest assured that our sales team will assist you with finding the perfect model for your needs. Our financing experts are prepared to help you find the lease or finance option that is right for you. You can find us at 2901 34TH ST N in SAINT PETERSBURG, FL 33713-3636, just a short trip from Tampa, Clearwater, and Largo. Contact us at (727) 290-4314 or drop by to test drive this Ford Transit Passenger Wagon today.

[Back to Top](#)

Maher Chevrolet



2021 Ford Transit Passenger Wagon

PRICE

\$49,397



STATE FARM FLORIDA INSURANCE COMPANY
A STOCK COMPANY WITH HOME OFFICES IN WINTER HAVEN, FLORIDA

Po Box 2915
Bloomington IL 61702-2915

POLICY NUMBER 98-K3-8661-7

M-19-6304-FA51 F N

002304 3123
ACADEMY OF BALLET ARTS INC
2914 1ST AVE N
ST PETERSBURG FL 33713-8635



ST-
0114-0001

**YOUR POLICY PROVIDES COVERAGE FOR A
CATASTROPHIC GROUND COVER COLLASPE THAT
RESULTS IN THE PROPERTY BEING CONDEMNED AND
UNINHABITABLE. OTHERWISE, YOUR POLICY DOES
NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES.
YOU MAY PURCHASE ADDITIONAL COVERAGE FOR
SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.**

Prepared
NOV 14 2022

017293 290 I
N K2,U4,L9

STATE FARM FLORIDA INSURANCE COMPANY
A STOCK COMPANY WITH HOME OFFICES IN WINTER HAVEN, FLORIDA **DECLARATIONS**

Po Box 2915
Bloomington IL 61702-2915

Named Insured

M-19-6304-FA51 F N

ACADEMY OF BALLET ARTS INC
2914 1ST AVE N
ST PETERSBURG FL 33713-8635



Policy Number	98-K3-8661-7	
Policy Period	Effective Date	Expiration Date
12 Months	JAN 11 2023	JAN 11 2024
The policy period begins and ends at 12:01 am standard time at the premises location.		

Agent and Mailing Address

WHITMAN INSURANCE AGENCY INC
5308 GLFPT BLVD S STE A
GULFPORT FL 33707-4921

PHONE: (727) 345-1668

ST-0214-0001

Businessowners Policy

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: Corporation

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

POLICY PREMIUM	\$ 978.00	Renewal Year
FIGA ASSESSMENT	\$ 6.85	Years in Business
FIGA ASSESSMENT 2	\$ 12.71	Claim Record
FIGA ASSESSMENT 3	\$ 6.85	
FL TRUST FUND	\$.97	
FL EMPA ASSESSMENT	\$ 4.00	
Total Amount	\$ 1,009.38	

Prepared
NOV 14 2022
CMP-4000

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Continued on Reverse Side of Page

Page 1 of 6

017294 290 I
N K2,U4,L9

530-686 a.2 05-31-2011 (o1f3231c)

DECLARATIONS (CONTINUED)

Businessowners Policy for ACADEMY OF BALLET ARTS INC
Policy Number 98-K3-8661-7

SECTION I - PROPERTY SCHEDULE

Location Number	Location of Described Premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property	Seasonal Increase- Business Personal Property
001	2914 1ST AVE N ST PETERSBURG FL 33713-8635	No Coverage	\$ 13,200	25%

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Cov A - Inflation Coverage Index: N/A
Cov B - Consumer Price Index: 296.8

NOV 14 2022

SECTION I - DEDUCTIBLES

Basic Deductible \$500

Special Deductibles:

Money and Securities \$250 Equipment Breakdown \$500

Other deductibles may apply - refer to policy.

DECLARATIONS (CONTINUED)

Businessowners Policy for ACADEMY OF BALLET ARTS INC
 Policy Number 98-K3-8661-7


SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

ST-0314-0001

COVERAGE	LIMIT OF INSURANCE
Accounts Receivable	
On Premises	\$10,000
Off Premises	\$5,000
Arson Reward	\$5,000
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	\$2,500
Fire Extinguisher Systems Recharge Expense	\$5,000
Forgery Or Alteration	\$10,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Money And Securities (Off Premises)	\$2,000
Money And Securities (On Premises)	\$5,000
Money Orders And Counterfeit Money	\$1,000
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000

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 NOV 14 2022
 CMP-4000

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DECLARATIONS (CONTINUED)

Businessowners Policy for ACADEMY OF BALLET ARTS INC
Policy Number 98-K3-8661-7

Ordinance Or Law - Equipment Coverage	Included
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Personal Property Off Premises	\$15,000
Pollutant Clean Up And Removal	\$10,000
Preservation Of Property	30 Days
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Valuable Papers And Records	
On Premises	\$10,000
Off Premises	\$5,000
Water Damage, Other Liquids, Powder Or Molten Material Damage	Included

NOV 14 2022

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

COVERAGE	LIMIT OF INSURANCE
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$1,000,000

DECLARATIONS (CONTINUED)

Businessowners Policy for ACADEMY OF BALLET ARTS INC
Policy Number 98-K3-8661-7

Coverage M - Medical Expenses (Any One Person) \$5,000

Damage To Premises Rented To You \$300,000

AGGREGATE LIMITS**LIMIT OF INSURANCE**

Products/Completed Operations Aggregate \$2,000,000

General Aggregate \$2,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

CMP-4100 Businessowners Coverage Form
 CMP-4259.2 *Amendatory Endorsement
 CMP-4561.4 *Policy Endorsement
 FE-6999.3 *Terrorism Insurance Cov Notice
 CMP-4788 Addl Insd Mgrs Lessor of Prem
 CMP-4874 FL Cat Ground Cover Collapse
 CMP-4709 Money and Securities
 CMP-4522.1 Loss of Income & Extra Expense
 FE-3650 Actual Cash Value Endorsement
 CMP-4860 AI Design Person Org
 FD-6007 Inland Marine Attach Dec
 * New Form Attached

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 CMP-4000

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Continued on Reverse Side of Page

Page 5 of 6



DECLARATIONS (CONTINUED)

Businessowners Policy for ACADEMY OF BALLET ARTS INC
Policy Number 98-K3-8661-7

SCHEDULE OF ADDITIONAL INTERESTS

Interest Type: Addl Insured-Section II
Endorsement #: CMP4788
Loan Number: N/A

F/R 2914 LLC & WILLIE
 RUDOWSKY
 1 BEACH DR SE APT 2705
 ST PETERSBURG FL 337013929

Interest Type: Addl Insured-Section II
Endorsement #: CMP4860
Loan Number: N/A

CITY OF ST PETERSBURG
 PO BOX 2842
 ST PETERSBURG FL 337312842

Interest Type: Addl Insured-Section II
Endorsement #: CMP4860
Loan Number: N/A

CREATIVE PINELLAS INC
 12211 WALSHINGHAM RD
 LARGO FL 337782008

Interest Type: Addl Insured-Section II
Endorsement #: CMP4860
Loan Number: N/A

PINELLAS COUNTY POLITICAL
 SUBDIVISION OF THE STATE OF
 FLORIDA
 400 S FORT HARRISON AVE
 CLEARWATER FL 337565113

NOV 14 2022

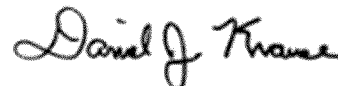
This policy is issued by the State Farm Florida Insurance Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Florida Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.


 Secretary


 President

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 NOV 14 2022
 CMP-4000

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Po Box 2915
Bloomington IL 61702-2915

Named Insured

M-19-6304-FA51 F N

ACADEMY OF BALLET ARTS INC
2914 1ST AVE N
ST PETERSBURG FL 33713-8635



Policy Number	98-K3-8661-7	
Policy Period	Effective Date	Expiration Date
12 Months	JAN 11 2023	JAN 11 2024
The policy period begins and ends at 12:01 am standard time at the premises location.		

ST-0514-0001

ATTACHING INLAND MARINE

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Annual Policy Premium Included

The above Premium Amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

Forms, Options, and Endorsements

FE-8791.1 *Amendment of Conditions
FE-8739 Inland Marine Conditions
FE-8743.1 Inland Marine Computer Prop

*New Form Attached

See Reverse for Schedule Page with Limits

Prepared
NOV 14 2022
FD-6007

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017297

ATTACHING INLAND MARINE SCHEDULE PAGE**ATTACHING INLAND MARINE**

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
FE-8743.1	Inland Marine Computer Prop	\$ 25,000	\$ 500	Included
	Loss of Income and Extra Expense	\$ 25,000		Included

NOV 14 2022

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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NOV 14 2022
FD-6007

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NOTICE OF CHANGE IN POLICY TERMS

CMP-4259.2 AMENDATORY ENDORSEMENT (Florida) is added to your State Farm® policy and replaces **CMP-4259.1 AMENDATORY ENDORSEMENT (Florida)**.

ST-
0614-0001

- **SECTION I – CONDITIONS, Duties In The Event of Loss**
 - Definitions are added for “reopened claim” and “supplemental claim”;
 - The time frame for notice of claims or reopened claims for all perils is revised to two years;
 - A three-year timeframe for notice of a supplemental claim is introduced;
 - An explanation is added of how to calculate the date of loss for claims resulting from hurricanes, tornadoes, windstorms, severe rain, or other weather-related events.

Editorial changes have been made to the following provisions:

- **SECTION I – CONDITIONS, Mortgageholders**
- **SECTION I AND SECTION II – COMMON POLICY CONDITIONS, Cancellation**
- **SECTION I AND SECTION II – COMMON POLICY CONDITIONS, When We Do Not Renew**

The endorsement follows this notice. Please read the endorsement and place it with your policy. If you have any questions, please contact your State Farm agent.

***DISCLAIMER:** This notice only provides a general summary of changes to your State Farm policy. This notice is not a statement of contract. This notice does not change, modify, or invalidate the provisions, terms, or conditions as set forth in your State Farm policy booklet, the most recently issued declarations, and any applicable endorsements.*

AMENDATORY ENDORSEMENT (Florida)

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

1. **SECTION I** is amended as follows:
 - a. Paragraph **1.b.(4)** under **SECTION I – EXCLUSIONS** is replaced by the following:
 - (4) Earth sinking, rising or shifting, whether combined with water or not, including soil conditions which cause settling, cracking or other disarrangement of foundations or other parts of realty. Soil conditions include contraction, expansion, freezing, thawing, erosion, the action of water or any other natural forces; or improper compaction, site selection, excavation, retention, stabilization or any other external forces.
 - b. Paragraph **4.** under **SECTION I – EXTENSIONS OF COVERAGE** is replaced by the following:
 - 4. Collapse**
 - a. With respect to buildings:
 - (1) Collapse means an abrupt falling down or caving in of a building or any part of a building;
 - (2) A building or any part of a building that is in danger of falling down or caving in is not considered to be in a state of collapse;
 - (3) A part of a building that is standing is not considered to be in a state of collapse even if it has separated from another part of the building; and
 - (4) A building that is standing or any part of a building that is standing is not considered to be in a state of collapse even if it shows evidence of cracking, bulging, sagging, bending, leaning, settling, shrinkage or expansion.

b. We will pay for accidental direct physical loss to Covered Property, caused by collapse of a building or any part of a building that is insured under this coverage form or that contains Covered Property insured under this coverage form, if the collapse is caused by one or more of the following:

- (1) Any of the "specified causes of loss" or by breakage of building glass, all only as insured against in this coverage form;
- (2) Weight of people or personal property;
- (3) Weight of rain that collects on a roof; or
- (4) Use of defective material or methods in construction, remodeling or renovation if the collapse occurs during the course of the construction, remodeling or renovation. However, if the collapse occurs after construction, remodeling or renovation is complete and is caused in part by a cause of loss listed in Paragraphs (1) through (3), we will pay for the loss even if use of defective material or methods in construction, remodeling or renovation, contributes to the collapse.

The criteria set forth in Paragraphs a.(1) through a.(4) do not limit the coverage otherwise provided under this Extension Of Coverage for the causes of loss listed in Paragraphs b.(1), b.(2), and b.(3).

c. With respect to the following property:

- (1) Awnings;
- (2) Gutters and downspouts;
- (3) Yard fixtures;
- (4) Outdoor swimming pools;
- (5) Piers, wharves and docks;
- (6) Beach or diving platforms or appurtenances;
- (7) Retaining walls; and
- (8) Walks, roadways and other paved surfaces;

if the collapse is caused by a cause of loss listed in Paragraphs b.(2) through b.(4), we will pay for loss to that property only if such loss is a direct result of the collapse of a building insured under this coverage form and the property is Covered Property under this coverage form.

d. If personal property abruptly falls down or caves in and such collapse is not the result of collapse of a building, we will pay for loss to Covered Property caused by such collapse of personal property only if:

- (1) The collapse was caused by a cause of loss listed in Paragraphs b.(1) through b.(4) of this Extension Of Coverage;
- (2) The personal property which collapses is inside a building; and
- (3) The property which collapses is not of a kind listed in Paragraph c. above, regardless of whether that kind of property is considered to be personal property or real property.

The coverage stated in this Paragraph d. does not apply to personal property if mar- rying and/or scratching is the only damage to that personal property caused by the col- lapse.

Collapse of personal property does not mean cracking, bulging, sagging, bending, leaning, settling, shrinkage or expansion.

e. The amount we pay under this Extension Of Coverage will not increase the applicable Limit Of Insurance.

c. Paragraph b. **Appraisal under Property Loss Conditions of SECTION I – CONDITIONS** is re- placed by the following:

b. Appraisal

If you and we fail to agree on the value of the property or the amount of loss, either party can demand that the value of the property or the amount of loss be set by appraisal. A demand for appraisal must be in writing. You must comply with the **Duties In The Event Of Loss** condition before making a demand.

Each party will select a qualified, disinterested appraiser and notify the other of the appraiser's identity within 20 days of receipt of the written demand. Each party shall be responsible for the compensation of their selected appraiser. The two appraisers shall then select a qualified, dis- interested umpire. If the two appraisers are un- able to agree upon an umpire within 15 days, you or we can ask a judge of a court of record in the state where the premises described in the Declarations is located to select an umpire. Rea-

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sonable expenses of the appraisal and the reasonable compensation of the umpire shall be paid equally by you and us.

The appraisers shall then set the value of the property or the amount of loss. The value of the property or the amount of loss is determined by the actual cash value, market value or replacement cost of the loss according to the **Loss Payment** condition under Property Loss Conditions of **SECTION I – CONDITIONS** including any amendment to that condition. If a dispute exists regarding the extent of the damages or whether any part of the loss is covered by the policy, the appraisers will itemize the damages according to the scope of the loss specified by each party. If the appraisers submit a written report of an agreement to us, the amount agreed upon shall be the value of the property or the amount of loss. If the appraisers fail to agree within 30 days, unless the time is extended by mutual agreement, they shall submit their differences to the umpire.

Written agreement signed by any two of these three shall set the value of the property or the amount of loss.

Appraisal is only available to determine the actual cash value, market value or replacement cost of the loss, and has no effect on matters of coverage. Appraisal is a non-judicial proceeding and neither party will be awarded attorney fees or be subject to an entry of judgment in a court. We do not waive any of our rights by submitting to an appraisal.

d. The following is added to Paragraph c.(1) under **Duties In The Event Of Loss of SECTION I – CONDITIONS:**

A claim or reopened claim for loss caused by any peril is barred unless notice of claim is given to us in accordance with the terms of this policy within two years after date of loss. A reopened claim means a claim that we have previously closed but that has been reopened upon an insured's request for additional costs for loss or damage previously disclosed to us.

A supplemental claim is barred unless notice of the supplemental claim was given to us in accordance with the terms of the policy within three years after the date of loss. A supplemental claim means a claim for additional loss or damage from the same peril which we have previously adjusted or for which costs have been incurred while completing repairs or

replacement pursuant to an open claim for which timely notice was previously provided to us.

For claims resulting from hurricanes, tornadoes, windstorms, severe rain or other weather-related events, the date of loss is the date that the hurricane made landfall or the tornado, windstorm, severe rain or other weather-related event is verified by the National Oceanic and Atmospheric Administration.

This provision concerning time for submission of claim, supplemental claim or reopened claim does not affect any limitation for legal action against us as provided in the policy or by endorsement, under the **Legal Action Against Us** condition under **SECTION I – CONDITIONS** including any amendment to that condition.

- e. Paragraph 1.d.(2) under **Legal Action Against Us of SECTION I – CONDITIONS** is replaced by the following:
- (2) The action is brought within five years after the date on which the accidental direct physical loss occurred.
- f. Paragraph 1.e.(7) under **Loss Payment of SECTION I – CONDITIONS** is replaced by the following:
- (7) Provided you have complied with all the terms of this policy, we will pay for covered loss:
- (a) Within 20 days after we receive the sworn proof of loss and reach written agreement with you;
- (b) Within 30 days after we receive the sworn proof of loss and:
- i. There is an entry of a final judgment; or
 - ii. There is a filing of an appraisal award with us; or
- (c) Within 90 days of receiving notice of an initial, reopened or supplemental claim, unless we deny the claim during that time or factors beyond our control reasonably prevent such payment. If a portion of the claim is denied, then the 90-day time period for payment of claim relates to the portion of the claim that is not denied.
- Paragraph (c) applies only to the following:
- i. A claim under a policy covering residential property;
 - ii. A claim for building or contents coverage if the insured structure is 10,000 square feet or less and the policy covers only locations in Florida; or

- iii. A claim for contents coverage under a tenant's policy if the rented premises are 10,000 square feet or less and the policy covers only locations in Florida.
 - g. Paragraphs **2.b.(6)** and **2.b.(7)** under **Mortgage-holders** of **SECTION – CONDITIONS** is replaced by the following:
 - (6) If we cancel this policy, we will provide notice to the mortgageholder at least:
 - (a) 10 days before the effective date of cancellation if we cancel for your nonpayment of premium; or
 - (b) 30 days before the effective date of cancellation if we cancel for any other reason.
 - (7) If we elect not to renew this policy, we will provide notice to the mortgage holder at least 10 days before the expiration date of this policy.
 - h. Paragraph **16. "Sinkhole Collapse"** of **SECTION I – DEFINITIONS** is deleted.
 - i. "Sinkhole collapse" is deleted from Paragraph **17. "Specified causes of loss"** of **SECTION I – DEFINITIONS**.
- 2. **SECTION I AND SECTION II – COMMON POLICY CONDITIONS** is amended as follows:
 - a. Paragraph **8.** is replaced by the following:
 - 8. Premiums**
 - a. The first Named Insured shown in the Declarations:
 - (1) Is responsible for the payment of all premiums; and
 - (2) Will be the payee for any return premiums we pay.
 - b. The premium shown in the Declarations was computed based on rates in effect at the time the policy was issued. On each renewal, continuation or anniversary of the effective date of this policy, we will compute the premium in accordance with our rates and rules then in effect.
 - c. Unless otherwise provided by an alternative payment plan in effect with "State Farm Companies", you may continue this policy in force by paying a continuation premium for each successive one-year period. The premium must be:
 - (1) Paid to us prior to the anniversary date; and
 - (2) Determined in accordance with Paragraph **b.** above.

Our forms then in effect will apply.

- d. Undeclared exposures or change in your business operation, acquisition or use of premises may occur during the policy period that are not shown in the Declarations. If so, we may require an additional premium. That premium will be determined in accordance with our rates and rules then in effect.

When you request changes to this policy, or the information or factors used to calculate the premium for this policy changes during the policy period, we may adjust the premium in accordance with the change during the policy period and you must pay any additional premium due within the time we specify.
- e. The premium for this policy may vary based upon:
 - (1) The purchase of other insurance from the "State Farm Companies";
 - (2) The purchase of products or services from an organization that has entered into an agreement or contract with the "State Farm Companies". The "State Farm Companies" do not warrant the merchantability, fitness, or quality of any product or service offered or provided by that organization; or
 - (3) An agreement, concerning the insurance provided by this policy, that the "State Farm Companies" has with an organization in which you have a membership, or of which you are a subscriber, licensee, or franchisee.
- f. Your purchase of this policy may allow:
 - (1) You to purchase or obtain certain coverages, coverage options, coverage deductibles, coverage limits, or coverage terms on other products from the "State Farm Companies", subject to their applicable eligibility rules; or
 - (2) The premium or price for other products or services purchased by you, including non-insurance products or services, to vary. Such other products or services must be provided by the "State Farm Companies" or by an organization that has entered into an agreement or contract with the "State Farm Companies". The "State Farm Companies" do not warrant the merchantability, fitness or quality of any

product or service offered or provided by that organization.

- b. The following is added:

Cancellation

- a. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.

- b. **Cancellation Of Policies In Effect For:**

(1) 90 Days Or Less

- (a) If this policy has been in effect for 90 days or less and is not a renewal with us, we may cancel this policy by providing to the first Named Insured notice of cancellation, accompanied by the specific reasons for cancellation, at least:

- i. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
- ii. 20 days before the effective date of cancellation if we cancel for any other reason, except we may cancel immediately if there has been:
 - 1) A material misstatement or misrepresentation; or
 - 2) A failure to comply with underwriting requirements established by us.

- (b) We may not cancel:

- i. On the basis of property insurance claims that are the result of an act of God, unless we can demonstrate, by claims frequency or otherwise, that you have failed to take action reasonably necessary as requested by us to prevent recurrence of damage to the insured property; or
- ii. Solely on the basis of a single property insurance claim which is the result of water damage, unless we can demonstrate that you have failed to take action reasonably requested by us to prevent a future similar occurrence of damage to the insured property.

(2) More Than 90 Days

- (a) If this policy has been in effect for more than 90 days or is a renewal of a policy we issued, we may cancel this policy

only for one or more of the following reasons:

- i. Nonpayment of premium;
 - ii. The policy was obtained by a material misstatement;
 - iii. There has been a failure to comply with underwriting requirements established by us within 90 days of the effective date of coverage;
 - iv. There has been a substantial change in the risk covered by the policy;
 - v. The cancellation is for all insureds under such policies for a given class of insureds;
 - vi. On the basis of property insurance claims that are the result of an act of God, if we can demonstrate, by claims frequency or otherwise, that you have failed to take action reasonably necessary as requested by us to prevent recurrence of damage to the insured property;
 - vii. On the basis of a single property insurance claim which is the result of water damage, if we can demonstrate that you have failed to take action reasonably requested by us to prevent a future similar occurrence of damage to the insured property; or
 - viii. The cancellation of some or all of our policies is necessary to protect the best interests of the public or policyholders and such cancellation is approved by the Florida Office of Insurance Regulation.
- (b) If we cancel this policy for any of these reasons, we will provide to the first Named Insured notice of cancellation, accompanied by the specific reasons for cancellation, at least:
- i. 10 days before the effective date of cancellation if cancellation is for nonpayment of premium; or
 - ii. 45 days before the effective date of cancellation if cancellation is



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for one or more of the reasons stated in Paragraphs (a)ii. through (a)vii. above.c. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.

- d. If this policy is cancelled, we will send the first Named Insured any premium refund due. The refund will be pro rata. If the return premium is not refunded with the notice of cancellation or when this policy is returned to us, we will mail the refund within 15 working days after the date cancellation takes effect. The cancellation will be effective even if we have not made or offered a refund.
- e. If this policy insured more than one Named Insured:
 - (1) The first Named Insured may affect cancellation for the account of all insureds; and
 - (2) Our notice of cancellation to the first Named Insured is notice to all insureds. Payment of unearned premium to the first Named Insured is for the account of all interests therein.

When We Do Not Renew

- a. If we decide not to renew this policy we will provide to the first Named Insured notice of nonrenewal, accompanied by the specific reason for nonrenewal, at least 45 days prior to the expiration of the policy.
- b. We may not refuse to renew this policy:
 - (1) On the basis of property insurance claims that are the result of an act of God, unless

we can demonstrate, by claims frequency or otherwise, that you have failed to take action reasonably necessary as requested by us to prevent recurrence of damage to the insured property;

- (2) On the basis of filing of claims for sinkhole loss. However, we may refuse to renew this policy if:
 - i. The total of such property insurance claim payments for this policy equals or exceeds the current policy limits in effect on the date of loss for property damage to the covered building; or
 - ii. You have failed to repair the structure in accordance with the engineering recommendations upon which any loss payment or policy proceeds were based; or
- (3) Solely on the basis of a single property insurance claim which is the result of water damage, unless we can demonstrate that you have failed to take action reasonably requested by us to prevent a future similar occurrence of damage to the insured property.
- c. Notwithstanding Paragraph b. above, we may refuse to renew this policy if nonrenewal of some or all of our policies is necessary to protect the best interests of the public or policyholders and such nonrenewal is approved by the Florida Office of Insurance Regulation.

All other policy provisions apply.

NOTICE OF CHANGE IN POLICY TERMS

CMP-4561.4 POLICY ENDORSEMENT is added to your State Farm® policy and replaces **CMP-4561.1 POLICY ENDORSEMENT**.



The following changes to your policy are effective with this policy term:

- **SECTION II – DEFINITIONS: Paragraph 18. Personal and Advertising Injury:**
 - Infringement of another's patent, trademark, or trade secret is no longer within the definition of personal and advertising injury.
- **SECTION II – EXCLUSIONS: Paragraph 17. Personal and Advertising Injury:**
 - Damages from infringement of another's patent, trademark, or trade secret continue to be specifically excluded under this policy.

The endorsement follows this notice. Please read the endorsement and place it with your policy. If you have any questions, please contact your State Farm agent.

***DISCLAIMER:** This notice only provides a general summary of changes to your State Farm policy. This notice is not a statement of contract. This notice does not change, modify, or invalidate the provisions, terms, or conditions as set forth in your State Farm policy booklet, the most recently issued declarations, and any applicable endorsements.*

POLICY ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

1. BUSINESSOWNERS COVERAGE FORM TABLE OF CONTENTS is amended as follows:

- a. The title Electronic Data is changed to Access Or Disclosure Of Confidential Or Personal Information And Data-related Liability.
- b. The title Recording And Distribution Of Material or Information In Violation Of Law is changed to Recording And Distribution Of Material.

2. Paragraph 2.f. Dishonesty under **SECTION I – EXCLUSIONS** is replaced by the following:

f. Dishonesty

- (1) Dishonest or criminal acts by you, anyone else with an interest in the property, or any of your or their partners, "members", officers, "managers", employees, directors, trustees, or authorized representatives, whether acting alone or in collusion with each other or with any other party; or
- (2) Theft by any person to whom you entrust the property for any purpose, whether acting alone or in collusion with any other party.

This exclusion applies whether or not an act occurs during your normal hours of operation.

This exclusion does not apply to acts of destruction by your employees; but theft by your employees is not covered.

With respect to accounts receivable and "valuable papers and records", this exclusion does not apply to carriers for hire.

3. SECTION I – EXTENSIONS OF COVERAGE is amended as follows:

- a. Paragraph 4.a.(1) under **Collapse** is replaced by the following:

- (1) Collapse means an abrupt falling down or caving in of a building or any part of a building;

- b. **Paragraph 5. is replaced by the following:**

5. Water Damage, Other Liquids, Powder Or Molten Material Damage

If loss caused by covered water or other liquid, powder, or molten material occurs, we will also pay the cost to tear out and replace only that particular part of the covered building or structure necessary to gain access to the specific point of that system or appliance from which the water or other substance escaped.

We will not pay the cost to repair any defect that caused the loss; but we will pay the cost to repair or replace damaged parts of fire extinguishing equipment if the damage:

- a. Results in discharge of any substance from an automatic fire protection system; or
- b. Is directly caused by freezing.

The amount we pay under this Extension of Coverage will not increase the applicable Limit of Insurance.

- c. Paragraph 13. is replaced by the following:

13. Personal Property Off Premises

You may extend the insurance provided by this coverage form to apply to Covered Property, other than “money” and “securities”, “valuable papers and records”, or accounts receivable, while it is in the course of transit or at another premises. The most we will pay for loss in any one occurrence under this Extension Of Coverage is the Limit Of Insurance for Personal Property Off Premises shown in the Declarations.

The amount we pay under this Extension Of Coverage is an additional amount of insurance.

If the Covered Property is located at another premises you own, lease, operate, or regularly use, the insurance provided under this extension applies only if the loss occurs within 90 days after the property is first moved.

The Other Insurance Condition contained in SECTION I AND SECTION II — COMMON POLICY CONDITIONS does not apply to this Extension Of Coverage. The insurance provided under this Extension Of Coverage is primary and does not contribute with any other insurance.

- d. The following is added to Paragraph 22.e. under **Equipment Breakdown**:

Paragraph 5.b. under **Coverage B – Business Personal Property** is replaced by:

- b. Be your responsibility to maintain or insure according to the terms of your lease or rental agreement.

- e. The following is added:

Business Personal Property In Portable Storage Units

You may extend the insurance provided by this coverage form to apply to Business Personal Property,

other than “money” and “securities”, “valuable papers and records”, or accounts receivable, while temporarily stored in a portable storage unit (including a detached trailer) located within 100 feet of the described premises. The most we will pay for loss under this Extension Of Coverage is \$10,000.

The amount we pay under this Extension Of Coverage will not increase the applicable Limit Of Insurance.

Coverage will end 90 days after Business Personal Property has been placed in the storage unit. Coverage does not apply if the storage unit itself has been in use at the described premises for more than 90 consecutive days, even if the Business Personal Property has been stored there for 90 or fewer days at the time of loss.

- 4. SECTION II — LIABILITY is amended as follows:

- a. Section II – Exclusions is amended as follows:

- (1) The following is added to Paragraph 3. **Liquor Liability**:

This exclusion applies even if the claims allege negligence or other wrongdoing in the supervision, hiring, employment, training, or monitoring of others by an insured, or providing or failing to provide transportation with respect to any person that may be under the influence of alcohol if the “occurrence” which caused the “bodily injury” or “property damage” involved that which is described in Paragraph 3.a.

- (2) Paragraph 8.f. under **Aircraft, Auto Or Watercraft** is replaced by the following:

- f. “Bodily injury” or “property damage” arising out of:

- (1) The operation of machinery or equipment that is attached to, or part of, a land vehicle that would qualify under the definition of “mobile equipment” if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance or motor vehicle registration law where it is licensed or principally garaged;
- (2) The operation of any of the following machinery or equipment:
 - (a) Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and
 - (b) Air compressors, pumps, and generators, including spraying, welding, building cleaning, geophysical exploration, lighting, and well servicing equipment; or

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- (3) The operation of your business from a land vehicle:
- (a) While it is parked and functioning, other than “loading and unloading”, as a premises for your business operations; and
 - (b) That would qualify under the definition of “mobile equipment” if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance or motor vehicle registration law where it is licensed or principally garaged.
- (3) Paragraphs 17.b. and 17.c. under **Personal And Advertising Injury** are replaced by the following:
- b. Arising out of oral or written publication of material, in any manner, if done by or at the direction of the insured with knowledge of its falsity;
 - c. Arising out of oral or written publication of material, in any manner, whose first publication took place before the beginning of the policy period;
- (4) The last paragraph of 17.h. under **Personal And Advertising Injury** is replaced by the following:
- For the purposes of this exclusion, the placing of frames, borders or links, or advertising, for you or others anywhere on the Internet, is not by itself, considered the business of advertising, broadcasting, publishing or telecasting;
- (5) Paragraphs 18. **Electronic Data** and 19. **Recording And Distribution Of Material In Violation Of Law** are replaced by the following:
- 18. Access Or Disclosure Of Confidential Or Personal Information And Data-related Liability**
- a. Damages arising out of any access to or disclosure of any person’s or organization’s confidential or personal information, including patents, trade secrets, processing methods, customer lists, financial information, credit card information, health information, or any other type of nonpublic information; or
 - b. Damages arising out of the loss of, loss of use of, damage to, corruption of, inability to access, or inability to manipulate electronic data.

This exclusion applies even if damages are claimed for notification costs, credit monitoring expenses, forensic expenses, public relations expenses, or any other loss, cost or expense incurred by you or others arising out of that which is described in Paragraph a. or b. above.

As used in this exclusion, electronic data means information, facts, or computer programs stored as or on, created or used on, or transmitted to or from computer software (including systems and applications software), on hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices, or any other repositories of computer software which are used with electronically controlled equipment. The term computer programs, referred to in the foregoing description of electronic data, means a set of related electronic instructions which direct the operations and functions of a computer or device connected to it, which enable the computer or device to receive, process, store, retrieve, or send data.

19. Recording and Distribution of Material

Damages arising directly or indirectly out of any communication, by or on behalf of any insured, that violates or is alleged to violate:

- a. The Telephone Consumer Protection Act (TCPA), CAN-SPAM Act of 2003, Fair Credit Reporting Act (FCRA), or Fair and Accurate Credit Transaction Act (FACTA); including any regulations and any amendment of or addition to such statutes;
 - b. Any federal, state or local law, statute, ordinance, or regulation, in addition to Paragraph a. above, that addresses, prohibits or limits the printing, dissemination, disposal, collecting, recording, sending, transmitting, communicating, or distribution of material or information; or
 - c. Any other federal, state or local law, statute, ordinance, or regulation that may provide a basis for a separate claim or cause of action arising out of any communication referenced in Paragraphs a. or b. above.
- b. Paragraph 1.d.(2) under **Coverage M – Medical Expenses of SECTION II – MEDICAL EXPENSES** is replaced by the following:

- (2) Executes authorization to allow us to obtain copies of medical bills, medical records, and any other information we deem necessary to substantiate the claim.

Such authorizations must not:

- (a) Restrict us from performing our business functions in:
- i. Obtaining records, bills, information, and data; or
 - ii. Using or retaining records, bills, information, and data collected or received by us;
- (b) Require us to violate federal or state laws or regulations;
- (c) Prevent us from fulfilling our data reporting and data retention obligations to insurance regulators; or
- (d) Prevent us from disclosing claim information and data:
- i. To enable performance of our business functions;
 - ii. To meet our reporting obligations to insurance regulators;
 - iii. To meet our reporting obligations to insurance data consolidators; and
 - iv. As otherwise permitted by law.

If the holder of the information refuses to provide it to us despite the authorization, then at our request the person making claim or his or her legal representative must obtain the information and promptly provide it to us; and

- c. **SECTION II — WHO IS AN INSURED** is amended as follows:

- (1) Paragraph 1.c. does not apply.
- (2) Paragraphs 2.b.(1) and (4) are replaced by the following:
- (1) “Employees” with respect to “bodily injury” to:
- (a) Any co-“employee” arising out of and in the course of the co-“employee’s” employment or while performing duties related to the conduct of your business; or
 - (b) The spouse, child, parent, brother, or sister of that co-“employee” as a consequence of Paragraph (a) above;

- (4) The owner of a “non-owned auto” or any agent of or any person or entity employed by such owner.

- d. Paragraph 2.b. under **Financial Responsibility Laws of SECTION II — GENERAL CONDITIONS** does not apply.

- e. **SECTION II — DEFINITIONS** is amended as follows:

- (1) Paragraph 2. is replaced by the following:

2. “Auto” means:

- a. A land motor vehicle, trailer, or semi-trailer designed for travel on public roads, including any attached machinery or equipment; or
- b. Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance or motor vehicle registration law where it is licensed or principally garaged.

However, “auto” does not include “mobile equipment”.

- (2) The following is added to Paragraph 15. “mobile equipment”:

However, “mobile equipment” does not include land vehicles that are subject to a compulsory or financial responsibility law or other motor vehicle insurance or motor vehicle registration where they are licensed or principally garaged. Land vehicles subject to a compulsory or financial responsibility law or other motor vehicle insurance law or motor vehicle registration law are considered “autos”.

5. The following is added to **SECTION I AND SECTION II – COMMON POLICY CONDITIONS**:

Our Rights Regarding Claim Information

- a. We will collect, receive, obtain, use, and retain all the items described in Paragraph b.(1) below and use and retain the information described in Paragraph b.(3)(b) below, in accordance with applicable federal and state laws and regulations and consistent with the performance of our business functions. b. Subject to Paragraph a. above, we will not be restricted in or prohibited from:
- (1) Collecting, receiving, or obtaining records, receipts, invoices, medical bills, medical records, wage information, salary information, employment information, data, and any other information;
 - (2) Using any of the items described in Paragraph b.(1) above; or

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- (3) Retaining:
- (a) Any of the items in Paragraph b.(1) above; or
 - (b) Any other information we have in our possession as a result of our processing, handling, or otherwise resolving claims submitted under this policy.
- c. We may disclose any of the items in Paragraph b.(1) above and any of the information described in Paragraph b.(3)(b) above:
- (1) To enable performance of our business functions;
 - (2) To meet our reporting obligations to insurance regulators;
- (3) To meet our reporting obligations to insurance data consolidators;
 - (4) To meet other obligations required by law; and
 - (5) As otherwise permitted by law.
- d. Our rights under Paragraphs a., b., and c. above shall not be impaired by any:
- (1) Authorization related to any claim submitted under this policy; or
 - (2) Act or omission of an insured or a legal representative acting on an insured's behalf.

All other policy provisions apply.

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Page 1 of 1

In accordance with the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019, this disclosure is part of your policy.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is not excluded from your policy. However your policy does contain other exclusions which may be applicable, such as an exclusion for nuclear hazard. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under this policy, any covered losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. Under the formula, the United States Government generally reimburses 80% beginning on January 1,

2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

There is no separate premium charged to cover insured losses caused by terrorism. Your insurance policy establishes the coverage that exists for insured losses. This notice does not expand coverage beyond that described in your policy.

THIS IS YOUR NOTIFICATION THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER YOUR POLICY MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE.

FE-6999.3

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(CONTINUED)

NOTICE OF CHANGE IN POLICY TERMS

FE-8791.1 AMENDMENT OF INLAND MARINE CONDITIONS (Florida) is added to your State Farm® policy and replaces **FE-8791 AMENDMENT OF INLAND MARINE CONDITIONS (Florida)**.

- **CONDITIONS, Duties In The Event of Loss**
 - Definitions are added for “reopened claim” and “supplemental claim”;
 - A two-year time frame for notice of a claim or reopened claim is introduced for all perils;
 - A three-year time frame for notice of a supplemental claim is introduced;
 - An explanation is added of how to calculate the date of loss for claims resulting from hurricanes, tornadoes, windstorms, severe rain, or other weather-related events.

The endorsement follows this notice. Please read the endorsement and place it with your policy. If you have any questions, please contact your State Farm agent.

DISCLAIMER: This notice only provides a general summary of changes to your State Farm policy. This notice is not a statement of contract. This notice does not change, modify, or invalidate the provisions, terms, or conditions as set forth in your State Farm policy booklet, the most recently issued declarations, and any applicable endorsements.

AMENDMENT OF INLAND MARINE CONDITIONS (Florida)

1. Paragraph 4.e. under **Loss Payment** is replaced by the following:
 - e. Provided you have complied with all the terms of this policy, we will pay for covered loss:
 - (1) Within 20 days after we receive the sworn proof of loss and reach written agreement with you; or
 - (2) Within 30 days after we receive the sworn proof of loss and:
 - (a) There is an entry of a final judgment; or
 - (b) There is a filing of an appraisal award with us.
2. The following is added to Paragraph 5. **Duties In The Event Of Loss**:

A claim or reopened claim for loss caused by any peril is barred unless notice of claim is given to us in accordance with the terms of this policy within two years after the date of loss. A reopened claim means a claim that we have previously closed but that has been reopened upon an insured’s request for additional costs for loss or damage previously disclosed to us.

A supplemental claim is barred unless notice of the supplemental claim was given to us in accordance with the terms of the policy within three years after the date of loss. A supplemental claim means a claim for additional loss or damage from the same peril which we have previously adjusted or for which costs have been incurred while completing repairs or replacement pursuant to an
3. Paragraph 6. **Appraisal** is replaced by the following:
 6. **Appraisal**

If you and we fail to agree on the value of the property or the amount of loss, either party can demand that the value of the property or the amount of loss be set by appraisal. A demand for appraisal must be in writing. You must comply with the **Duties In The Event Of Loss** condition before making a demand.

Each party will select a qualified, disinterested appraiser and notify the other of the appraiser’s identity within 20 days of receipt of the written demand.

Each party shall be responsible for the compensation of their selected appraiser. The two appraisers

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shall then select a qualified, disinterested umpire. If the two appraisers are unable to agree upon an umpire within 15 days, you or we can ask a judge of a court of record in the state where the premises described in the Declarations is located to select an umpire. Reasonable expenses of the appraisal and the reasonable compensation of the umpire shall be paid equally by you and us.

The appraisers shall then set the value of the property or the amount of loss. The value of the property or the amount of loss is determined by the actual cash value, market value or replacement cost of the loss according to the Valuation provision in the applicable coverage form attached, including any amendment to that condition. If a dispute exists regarding the extent of the damages or whether any part of the loss is covered by the policy, the appraisers will itemize the damages according to the scope of the loss specified by each party. If the appraisers submit a written report of an agreement to us, the amount agreed upon shall be the value of the property or the amount of loss. If the appraisers fail to agree within

30 days, unless the time is extended by mutual agreement, they shall submit their differences to the umpire.

Written agreement signed by any two of these three shall set the value of the property or the amount of loss.

Appraisal is only available to determine the actual cash value, market value or replacement cost of the loss, and has no effect on matters of coverage. Appraisal is a non-judicial proceeding and neither party will be awarded attorney fees or be subject to an entry of judgment in a court. We do not waive any of our rights by submitting to an appraisal.

4. Paragraph **8.b.** under **Legal Action Against Us** is replaced by the following:
 - b. The action is brought within five years after the date on which the accidental direct physical loss occurred.

All other policy provisions apply.

FE-8791.1

BUSINESSOWNERS AND MANAGERS: Is A Loss Control Program A Part Of Your Business?



ST-1314-0001

Businessowners and managers: Is a loss control program part of your business? Perhaps you think your enterprise is too small to worry about that. We at State Farm® think that all businesses, regardless of size, should have a loss control program that provides a safer and healthier work environment.

Why Do You Need A Loss Control Program?

Concern for your employees' health and safety.

Compliance with provisions of the Occupational Safety and Health Act (OSHA) and similar approved state plans.

Control of losses due to fire, theft, personal illness, or personal injury.

Failure To Control Losses Could Result In:

Higher

- Insurance Costs
- Operating Costs

Lower

- Profits
- Operating Efficiency
- Productivity
- Product Quality
- Employee/Customer Confidence

What Are The Essentials Of A Loss Control Program?

- A written basic loss control policy is needed. It should be brief and easily understood. It should state the management's commitment to the policy and state, in general terms, the responsibilities of managers, supervisors, and employees.
- Specific responsibility and accountability assignments should be made to the appropriate management level. They should include planning for possible inspections by OSHA or state personnel and for reviewing compliance with all applicable standards.
- Methods of recognizing, evaluating, and controlling accident or health hazards must be devised. The following measures can assist you in reaching this goal:
 1. Planning regular surveys to detect unsatisfactory conditions.
 2. Evaluating machine guards, equipment, and processes.
 3. Establishing and maintaining safe work methods and practices, including related employee training.

4. Evaluating hazards to employees, including fire and other property exposures.
5. Investigating accidents and incidents, and taking steps to prevent recurrence.

- Accurate records should be kept in accordance with OSHA, state, and other applicable reporting requirements, as well as for your own evaluation and measurement of trends and major problems.
- A medical program should be established. It should include first-aid treatment and medical consultation, plus methods of monitoring potential occupational disease exposure on a continuing basis.
- Commitment to the program should be active at all employee levels and demonstrated by:
 1. Employer leadership
 2. Good healthful working conditions
 3. Good employee work practices

How State Farm Can Help

State Farm is ready to help you in any way we can. Our guidelines for a Risk Management and Loss Control Program are available at no cost by written request and include:

1. Safety measures
2. Training in safety management techniques
3. Safety management counseling services

If you request these services, we will respond to you within 30 days and schedule a consultation within 90 days.

For additional information about our Risk Management and Loss Control Program, fill out the form below and mail to:

State Farm Florida Insurance Company
PO Box 853925
Richardson, TX 75085-3922
Attention: Business Lines Loss Control Services
Phone: 844-892-8286
Email: ntex.comund-lossctrl.534o08@statefarm.com

State Farm services are not intended to be inclusive of all potential accident sources, nor are they intended to warrant your compliance with any federal, state or local laws.

Attention: Business Lines Loss Control Services

I AM INTERESTED IN RECEIVING FURTHER INFORMATION REGARDING THE FOLLOWING, WHICH ARE AVAILABLE FROM STATE FARM:

- Materials on establishing a loss control and risk management program.
- Consultation on new or existing loss control programs.
- Other (Describe) _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone Number _____

Policy Number _____ Agent _____

Important information regarding your policy premium



Your policy premium may include one or more of the following assessments:

Citizens Property Insurance Corporation

Under state law, Citizens Property Insurance Corporation (Citizens) may assess all property insurance companies to cover any deficit resulting from losses, including hurricane losses. Insurance companies are permitted to recoup this assessment from their policyholders. These assessments may be imposed for more than one deficit year, and may be in the form of a “regular” assessment or an “emergency” assessment. If your premium includes a Citizens assessment, your renewal notice will indicate the applicable assessment (for example, 2005 CITIZENS-REG, 2005 CITIZENS-EM, etc.) and the assessment amount.

The Florida Insurance Guaranty Association

The Florida Insurance Guaranty Association (FIGA) was created by the Florida legislature to administer the claims of insolvent property and casualty insurance companies. Under state law, the FIGA may secure funds to pay covered claims and expenses by assessing property and casualty insurers. Insurance companies are permitted to recoup this assessment from their policyholders. These assessments may be imposed for more than one deficit year, and may be in the form of a “regular” assessment or an “emergency” assessment. If your premium includes any FIGA assessments, your renewal notice will indicate the applicable assessment (for example, 2009 FL GUARANTY-REG, 2007 FL GUARANTY-EM, etc.) and the assessment amount.

Florida Hurricane Catastrophe Fund

The Florida Hurricane Catastrophe Fund (FHCF) was created in 1993 during a special legislative session after Hurricane Andrew. The fund protects the state’s interest in maintaining insurance capacity in Florida by providing reimbursements to insurers for a portion of their catastrophic hurricane losses. The assessments shall continue until the Office of Insurance Regulation is directed by the Board to issue an Order superseding or terminating the Order levying the assessment. If your premium includes this assessment, your renewal notice will indicate the applicable assessment (FHCF ASSESSMENT) and the assessment amount.

Florida Emergency Management Preparedness and Assistance

Florida statute established the Emergency Management, Preparedness and Assistance (EMPA) Trust Fund, which is funded by an annual surcharge of \$2.00 on residences of every home-owner, mobile homeowner, tenant homeowner, and condominium unit owner, and a \$4.00 surcharge on commercial fire, commercial multiple peril, and business owner property insurance policies. Money in the fund may not be used to supplant existing funding. The rules for the allocation of funds are: 60% to implement and administer state and local emergency management programs (training, specified percentages of which go to counties and local agencies), 20% for state relief assistance for non-federally declared disasters, and 20% for grants and loans to state or regional agencies, local governments, and private organizations to implement projects that will further state and local emergency management objectives. If your premium includes this assessment, your renewal notice will indicate the applicable assessment (FL EMPA ASSESSMENT) and the assessment amount.

Florida Trust Fund

The funds received from the Insurance Regulatory Trust Fund shall be used by the staff of the Florida State Fire College to provide all necessary services, training, equipment, and supplies to carry out the college’s responsibilities, including, but not limited to, the State Fire Marshal Scholarship Grant Program and the procurement of training films, videotapes, audiovisual equipment, and other useful information on fire, firefighting, and fire prevention, including public fire service information packages. If your premium includes this assessment, your renewal notice will indicate the applicable assessment (FL TRUST FUND) and the assessment amount.

If you have any questions regarding the information in this notice, please contact your State Farm® agent.

IMPORTANT NOTICE . . . Data Compromise Coverage Now Available

Nearly all businesses collect and retain personal information about their clients, employees and business associates. Yet many businesses lack the resources to respond effectively in the event this data is stolen or released when it is in their care, custody or control.

If a data breach occurs, a business may be required to notify all parties who were affected by the breach, effectively communicate the nature of the loss or disclosure and, if warranted, provide credit monitoring assistance and identity restoration case management service to those affected. Many states already require businesses to provide these services.

Data Compromise coverage may help a business respond to the expense of service obligations following a covered data breach.

Coverage Summary

Data Compromise coverage is designed to help a business investigate a data breach, notify individuals and provide credit monitoring, case management and other services that help prevent identity theft and fraud following a covered breach of non-public personal information. Data Compromise coverage may be available for certain necessary and reasonable expenses including:

- Legal and forensic information technology reviews;
- Notification to affected individuals; and
- Service to affected individuals including:
 - Informational materials;
 - Toll-free help line;
 - Credit report monitoring; and
 - Identity restoration case management.

If you choose to purchase Data Compromise coverage, Identity Restoration coverage will be included for your business.

No one can predict if a covered data breach will occur, but you are able to protect your business from certain response costs a breach may create. If you are interested in adding Data Compromise coverage to your policy, contact your State Farm® agent to see if your business qualifies.

553-3447.1 (C)

STATE FARM FLORIDA INSURANCE COMPANY
A STOCK COMPANY WITH HOME OFFICES IN WINTER HAVEN, FLORIDA

Po Box 2915
Bloomington IL 61702-2915

POLICY NUMBER 98-K3-8661-7

M-19-6304-FA51 F N

002305 3123
CREATIVE PINELLAS INC
12211 WALSINGHAM RD
LARGO FL 33778-2008



ST-
0105-0000

**YOUR POLICY PROVIDES COVERAGE FOR A
CATASTROPHIC GROUND COVER COLLASPE THAT
RESULTS IN THE PROPERTY BEING CONDEMNED AND
UNINHABITABLE. OTHERWISE, YOUR POLICY DOES
NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES.
YOU MAY PURCHASE ADDITIONAL COVERAGE FOR
SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.**

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NOV 14 2022

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Po Box 2915
Bloomington IL 61702-2915

Addl Insured-Section II Only

M-19-6304-FA51 F N

CREATIVE PINELLAS INC
12211 WALSHINGHAM RD
LARGO FL 33778-2008



Policy Number	98-K3-8661-7	
Policy Period	Effective Date	Expiration Date
12 Months	JAN 11 2023	JAN 11 2024
The policy period begins and ends at 12:01 am standard time at the premises location.		

Named Insured
ACADEMY OF BALLET ARTS INC

ST-0205-0000

Businessowners Policy

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: Corporation

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

POLICY PREMIUM	\$ 978.00	Renewal Year
FIGA ASSESSMENT	\$ 6.85	Years in Business
FIGA ASSESSMENT 2	\$ 12.71	Claim Record
FIGA ASSESSMENT 3	\$ 6.85	
FL TRUST FUND	\$.97	
FL EMPA ASSESSMENT	\$ 4.00	
Total Amount	\$ 1,009.38	

Prepared
NOV 14 2022
CMP-4000

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Continued on Reverse Side of Page

Page 1 of 6

DECLARATIONS (CONTINUED)

Businessowners Policy for CREATIVE PINELLAS INC
Policy Number 98-K3-8661-7

SECTION I - PROPERTY SCHEDULE

Location Number	Location of Described Premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property	Seasonal Increase-Business Personal Property
001	2914 1ST AVE N ST PETERSBURG FL 33713-8635	No Coverage	\$ 13,200	25%

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Cov A - Inflation Coverage Index: N/A
Cov B - Consumer Price Index: 296.8

NOV 14 2022

SECTION I - DEDUCTIBLES

Basic Deductible \$500

Special Deductibles:

Money and Securities \$250 Equipment Breakdown \$500

Other deductibles may apply - refer to policy.

DECLARATIONS (CONTINUED)

Businessowners Policy for CREATIVE PINELLAS INC
Policy Number 98-K3-8661-7



SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

ST-0305-0000

COVERAGE	LIMIT OF INSURANCE
Accounts Receivable	
On Premises	\$10,000
Off Premises	\$5,000
Arson Reward	\$5,000
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	\$2,500
Fire Extinguisher Systems Recharge Expense	\$5,000
Forgery Or Alteration	\$10,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Money And Securities (Off Premises)	\$2,000
Money And Securities (On Premises)	\$5,000
Money Orders And Counterfeit Money	\$1,000
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000

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DECLARATIONS (CONTINUED)

Businessowners Policy for CREATIVE PINELLAS INC
Policy Number 98-K3-8661-7

Ordinance Or Law - Equipment Coverage	Included
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Personal Property Off Premises	\$15,000
Pollutant Clean Up And Removal	\$10,000
Preservation Of Property	30 Days
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Valuable Papers And Records	
On Premises	\$10,000
Off Premises	\$5,000
Water Damage, Other Liquids, Powder Or Molten Material Damage	Included

NOV 14 2022

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

COVERAGE	LIMIT OF INSURANCE
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$1,000,000

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DECLARATIONS (CONTINUED)

Businessowners Policy for CREATIVE PINELLAS INC
Policy Number 98-K3-8661-7



Coverage M - Medical Expenses (Any One Person) \$5,000

Damage To Premises Rented To You \$300,000

AGGREGATE LIMITS

LIMIT OF INSURANCE

Products/Completed Operations Aggregate \$2,000,000

General Aggregate \$2,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

- CMP-4100 Businessowners Coverage Form
- CMP-4259.2 *Amendatory Endorsement
- CMP-4561.4 *Policy Endorsement
- FE-6999.3 *Terrorism Insurance Cov Notice
- CMP-4788 Addl Insd Mgrs Lessor of Prem
- CMP-4874 FL Cat Ground Cover Collapse
- CMP-4709 Money and Securities
- CMP-4522.1 Loss of Income & Extra Expense
- FE-3650 Actual Cash Value Endorsement
- CMP-4860 AI Design Person Org
- FD-6007 Inland Marine Attach Dec
- * New Form Attached

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Page 5 of 6

DECLARATIONS (CONTINUED)

Businessowners Policy for CREATIVE PINELLAS INC
Policy Number 98-K3-8661-7

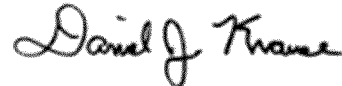
This policy is issued by the State Farm Florida Insurance Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Florida Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.


Secretary


President

NOV 14 2022

Po Box 2915
Bloomington IL 61702-2915

Named Insured

M-19-6304-FA51 F N

ACADEMY OF BALLET ARTS INC

Policy Number	98-K3-8661-7	
Policy Period	Effective Date	Expiration Date
12 Months	JAN 11 2023	JAN 11 2024
The policy period begins and ends at 12:01 am standard time at the premises location.		



ST-0505-0000

ATTACHING INLAND MARINE

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Annual Policy Premium Included

The above Premium Amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

Forms, Options, and Endorsements

FE-8791.1 *Amendment of Conditions
FE-8739 Inland Marine Conditions
FE-8743.1 Inland Marine Computer Prop

*New Form Attached

See Reverse for Schedule Page with Limits

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NOV 14 2022
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ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
FE-8743.1	Inland Marine Computer Prop	\$ 25,000	\$ 500	Included
	Loss of Income and Extra Expense	\$ 25,000		Included

NOV 14 2022

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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FD-6007

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STATE FARM FLORIDA INSURANCE COMPANY
A STOCK COMPANY WITH HOME OFFICES IN WINTER HAVEN, FLORIDA

Po Box 2915
Bloomington IL 61702-2915

POLICY NUMBER 98-K3-8661-7

M-19-6304-FA51 F N

002306 3123

PINELLAS COUNTY POLITICAL
SUBDIVISION OF THE STATE OF
FLORIDA
400 S FORT HARRISON AVE
CLEARWATER FL 33756-5113



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0105-0000

**YOUR POLICY PROVIDES COVERAGE FOR A
CATASTROPHIC GROUND COVER COLLASPE THAT
RESULTS IN THE PROPERTY BEING CONDEMNED AND
UNINHABITABLE. OTHERWISE, YOUR POLICY DOES
NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES.
YOU MAY PURCHASE ADDITIONAL COVERAGE FOR
SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.**

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NOV 14 2022

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STATE FARM FLORIDA INSURANCE COMPANY
A STOCK COMPANY WITH HOME OFFICES IN WINTER HAVEN, FLORIDA

DECLARATIONS

Po Box 2915
Bloomington IL 61702-2915

Addl Insured-Section II Only

M-19-6304-FA51 F N

PINELLAS COUNTY POLITICAL
SUBDIVISION OF THE STATE OF
FLORIDA
400 S FORT HARRISON AVE
CLEARWATER FL 33756-5113



Policy Number	98-K3-8661-7	
Policy Period	Effective Date	Expiration Date
12 Months	JAN 11 2023	JAN 11 2024
The policy period begins and ends at 12:01 am standard time at the premises location.		

Named Insured
ACADEMY OF BALLET ARTS INC

ST-0205-0000

Businessowners Policy

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: Corporation

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

POLICY PREMIUM	\$ 978.00	Renewal Year
FIGA ASSESSMENT	\$ 6.85	Years in Business
FIGA ASSESSMENT 2	\$ 12.71	Claim Record
FIGA ASSESSMENT 3	\$ 6.85	
FL TRUST FUND	\$.97	
FL EMPA ASSESSMENT	\$ 4.00	
Total Amount	\$ 1,009.38	

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NOV 14 2022
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DECLARATIONS (CONTINUED)

Businessowners Policy for PINELLAS COUNTY POLITICAL
Policy Number 98-K3-8661-7

SECTION I - PROPERTY SCHEDULE

Location Number	Location of Described Premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property	Seasonal Increase-Business Personal Property
001	2914 1ST AVE N ST PETERSBURG FL 33713-8635	No Coverage	\$ 13,200	25%

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Cov A - Inflation Coverage Index: N/A
Cov B - Consumer Price Index: 296.8

NOV 14 2022

SECTION I - DEDUCTIBLES

Basic Deductible \$500

Special Deductibles:

Money and Securities \$250 Equipment Breakdown \$500

Other deductibles may apply - refer to policy.

DECLARATIONS (CONTINUED)

Businessowners Policy for PINELLAS COUNTY POLITICAL
Policy Number 98-K3-8661-7



SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

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0305-0000

COVERAGE	LIMIT OF INSURANCE
Accounts Receivable	
On Premises	\$10,000
Off Premises	\$5,000
Arson Reward	\$5,000
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	\$2,500
Fire Extinguisher Systems Recharge Expense	\$5,000
Forgery Or Alteration	\$10,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Money And Securities (Off Premises)	\$2,000
Money And Securities (On Premises)	\$5,000
Money Orders And Counterfeit Money	\$1,000
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000

DECLARATIONS (CONTINUED)

Businessowners Policy for PINELLAS COUNTY POLITICAL
Policy Number 98-K3-8661-7

Ordinance Or Law - Equipment Coverage	Included
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Personal Property Off Premises	\$15,000
Pollutant Clean Up And Removal	\$10,000
Preservation Of Property	30 Days
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Valuable Papers And Records	
On Premises	\$10,000
Off Premises	\$5,000
Water Damage, Other Liquids, Powder Or Molten Material Damage	Included

NOV 14 2022

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

COVERAGE	LIMIT OF INSURANCE
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$1,000,000

Prepared
NOV 14 2022
CMP-4000

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DECLARATIONS (CONTINUED)

Businessowners Policy for PINELLAS COUNTY POLITICAL
Policy Number 98-K3-8661-7



Coverage M - Medical Expenses (Any One Person) \$5,000

Damage To Premises Rented To You \$300,000

AGGREGATE LIMITS

LIMIT OF INSURANCE

Products/Completed Operations Aggregate \$2,000,000

General Aggregate \$2,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

CMP-4100	Businessowners Coverage Form
CMP-4259.2	*Amendatory Endorsement
CMP-4561.4	*Policy Endorsement
FE-6999.3	*Terrorism Insurance Cov Notice
CMP-4788	Addl Insd Mgrs Lessor of Prem
CMP-4874	FL Cat Ground Cover Collapse
CMP-4709	Money and Securities
CMP-4522.1	Loss of Income & Extra Expense
FE-3650	Actual Cash Value Endorsement
CMP-4860	AI Design Person Org
FD-6007	Inland Marine Attach Dec
	* New Form Attached

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Continued on Reverse Side of Page

Page 5 of 6

DECLARATIONS (CONTINUED)

Businessowners Policy for PINELLAS COUNTY POLITICAL
Policy Number 98-K3-8661-7

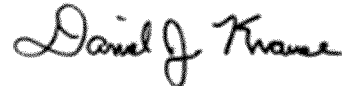
This policy is issued by the State Farm Florida Insurance Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Florida Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.


Secretary


President

NOV 14 2022

Po Box 2915
Bloomington IL 61702-2915

Named Insured

M-19-6304-FA51 F N

ACADEMY OF BALLET ARTS INC

Policy Number	98-K3-8661-7	
Policy Period	Effective Date	Expiration Date
12 Months	JAN 11 2023	JAN 11 2024
The policy period begins and ends at 12:01 am standard time at the premises location.		



ST-0505-0000

ATTACHING INLAND MARINE

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Annual Policy Premium Included

The above Premium Amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

Forms, Options, and Endorsements

FE-8791.1 *Amendment of Conditions
FE-8739 Inland Marine Conditions
FE-8743.1 Inland Marine Computer Prop

*New Form Attached

See Reverse for Schedule Page with Limits

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FD-6007

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ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
FE-8743.1	Inland Marine Computer Prop	\$ 25,000	\$ 500	Included
	Loss of Income and Extra Expense	\$ 25,000		Included

NOV 14 2022

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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NOV 14 2022
FD-6007

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Operating Budget 2023 & 2024	Actual 2022	Estimated Budget 2023	Estimated Budget 2024
Projected Revenue	\$219,747.00	\$223,000.00	\$225,000.00
Rent/lease	47,550.00	35,000.00	42,550.00
Contractors/teaching staff	83,277.00	90,000.00	100,000.00
Advertising & Marketing	7,275.00	10,000.00	10,000.00
Dance supplies/costumes	3,030.00	3,000.00	3,000.00
Bank charges & fees	546.00	1,000.00	1,000.00
Insurance	1,496.00	2,500.00	2,500.00
Office/General Supplies & Software	5,473.00	5,600.00	6,000.00
Legal & professional services	1,665.00	2,000.00	2,000.00
Repairs & maintenance	148.00	1,000.00	1,500.00
Storage rental	7,919.00	8,000.00	8,000.00
Taxes & licenses	256.00	275.00	275.00
Utilities	7,355.00	8,000.00	8,500.00
Miscellaneous	0.00	1,000.00	1,500.00
Total Expenses	\$165,990.00	\$167,375.00	\$186,825.00
Net Income	\$53,757.00	\$55,625.00	\$38,175.00

Projected Revenue	Monthly projected revenue
\$174,000.00	
Rent/lease	50000
Contractors/teaching staff	90000
Advertising & Marketing	10000
Dance supplies/costumes	700
Bank changes & fees	2100
Insurance	2000
Office/General Supplies & Software	4000
Legal & professional services	1700
Repairs & maintenance	300
Storage rental	6000
Taxes & licenses	220
Utilities	5700
Miscellaneous (memberships, dues, etc.)	500
Net	\$780.00

JAN	FEB	MAR	APR	MAY	JUN
\$13,000.00	\$13,500	\$14,000	\$13,000	\$20,000	\$12,000
4166	4166	4166	4166	4166	4166
7500	7500	7500	7500	7500	7500
833	833	833	833	833	833
0	0	0	120	175	0
175	175	175	175	175	175
166	166	166	166	166	166
333	333	333	333	333	333
142	142	142	142	142	142
150	0	0	0	0	0
500	500	500	500	500	500
18	18	18	18	18	18
475	475	475	475	475	475
41.5	41.5	41.5	41.5	41.5	41.5

JUL	AUG	SEP	OCT	NOV	DEC
\$11,000	\$13,000	\$13,500	\$13,000	\$13,000	\$25,000
4166	4166	4166	4166	4166	4166
7500	7500	7500	7500	7500	7500
833	833	833	833	833	833
0	0	0	0	305	100
175	175	175	175	175	175
166	166	166	166	166	166
333	333	333	333	333	333
142	142	142	142	142	142
0	150	0	0	0	0
500	500	500	500	500	500
18	18	18	18	18	18
475	475	475	475	475	475
41.5	41.5	41.5	41.5	41.5	41.5

Academy of Ballet Arts Inc. Board Members 2022-2023

President

Suzanne B. Pomerantzeff

1135 Park Street North

St. Petersburg, FL 33710

727-510-5262

BFA in Ballet Performance from University of Utah

22 years on the Board

Artistic Director: Academy of Ballet Arts Inc, St. Petersburg Ballet Company, St. Petersburg Folk Ensemble; Retired Pinellas School Board Employee

Treasurer/Secretary

Michelle Kuusela

3721 Kingston Street North

St. Petersburg, Florida 33713

727-687-8947

BFA in Dance from Boston Conservatory

9 years on the Board

Studio Director: Academy of Ballet Arts Inc; Former Pinellas School Board Employee

Trustee s:

Tai White

14228 Dickens Street

Sherman Oaks, CA 91423

727-797-9133

AA from St. Petersburg College

8 years on the Board

Go 2 Talent Agency, Former School Board Employee, Actor & Choreographer

Dr. Melinda Roskos

1326 25th Street North

St. Petersburg, Florida 33713

Degree:

2 years on the Board

Cigna Insurance Company Consultant, Former Teacher St. Petersburg College

Marsha Wilson

155 Davenport Avenue NE

St. Petersburg, FL 33702

727-420-9828

BA Degree from Eckerd College, professional dancer: Milwaukee Ballet, Southern Ballet Theatre

4 years on the Board

Community Liaison at Bon Secours Health System

Watson, Gerald

4801 East 9th Avenue

#307

Denver, CO 80220

727-385-0714

BFA in Contemporary Dance from Boston Conservatory;

Professional dancer at Nashville Ballet (8 years)

2 years on the Board

Arts Advocate and Teaching Artist, Choreographer: Denver, Colorado

Director of Summer Dance Program: Vail Dance Festival

Jocelyn Green

4801 East 9th Avenue

#307

Denver, CO 80220

AS in Liberal Studies at New College

2 years on the Board

Professional Dancer: Nashville Ballet (2 years), Dayton Ballet (6 years), Wonderbound (current)

Jalen Williams

2837 Emerson Avenue South

St. Petersburg, FL 33712

727-688-2506

BFA in Ballet at the University of Utah

2 years on the Board

Professional Dancer: Maryland Ballet Theatre (2 years), Virginia Ballet Theatre (current)

Guest Faculty: Academy of Ballet Arts Inc.

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **01/01/2021** and ending **12/31/2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ACADEMY OF BALLET ARTS INC		D Employer identification number 59-2926455
	Doing business as		E Telephone number 727-327-4401
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2914 First Avenue North		
City or town, state or province, country, and ZIP or foreign postal code St Petersburg, FL 33713			G Gross receipts \$ 175,734
F Name and address of principal officer: Michelle Kuusela 2914 First Avenue North, St Petersburg, FL 33713		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.academyofballetarts.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1969	M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To provide students of the Academy of Ballet Arts with a professional setting to study classical ballet exclusively. The academy strives to develop each student's creative potential by allowing them to express their individual ideas and emotions through the beauty of movement.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	27
	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	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 46,245	Current Year 30,679
	9 Program service revenue (Part VIII, line 2g)	107,449	145,055
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	153,694	175,734
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	60,163	60,474
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	114,735	110,465
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	174,898	170,939	
19 Revenue less expenses. Subtract line 18 from line 12	-21,204	4,795	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 99,867	End of Year 84,110
	21 Total liabilities (Part X, line 26)	28,405	7,853
	22 Net assets or fund balances. Subtract line 21 from line 20	71,462	76,257

Part II Signature Block

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

Sign Here	Signature of officer	Date
	<u>Michelle Kuusela, Secretary</u> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To provide students of the Academy of Ballet Arts with a professional setting to study classical ballet exclusively. The academy strives to develop each student's creative potential by allowing them to express their individual ideas and emotions through the beauty of movement.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 154,551 including grants of \$ _____) (Revenue \$ 145,055)

The regular program consists of conducting 39 ballet classes weekly of various levels. The summer program adds three ballet intensives lasting from one to five weeks. Four annual performances plus a few extra local opportunities make up the remainder of the Academy of Ballet Arts, Inc.'s dance program.

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 **▶** 154,551

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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. See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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>		✓
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>		✓
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>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
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>		✓
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>		✓
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>		✓
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>		✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
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>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
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>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
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>		✓
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>		✓
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>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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>		✓
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>		✓
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	✓	

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?	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		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	0
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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
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	✓
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	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
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	✓
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	
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	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
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	✓
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	✓
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	✓
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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	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	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
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?		
15a	The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
15b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
	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?		<input checked="" type="checkbox"/>
16b	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?		

Section C. Disclosure

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

Michelle Kuusela, (727)327-4401
 2914 First Avenue North, St Petersburg, FL 33713

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			
Michelle Kuusela Secretary/Treasurer	28.00	✓		✓				34,284	0	0
Suzanne B Pomerantzeff President	20.50	✓			✓			21,230	0	0
Marsha Wilson Trustee	4.75	✓						4,960	0	0
Jocelyn Green Trustee	0.25	✓		✓				0	0	0
Gerald Watson Trustee	0.25	✓		✓				0	0	0
Jalen Williams Trustee	0.25	✓						0	0	0
Sharon McCaman Trustee	0.25	✓						0	0	0
Tai White Trustee	0.25	✓						0	0	0
Sara Wolski Trustee	0.25	✓						0	0	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	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 28,657				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,022				
	g	Noncash contributions included in lines 1a-1f	1g \$ 0				
	h	Total. Add lines 1a-1f ▶		30,679			
	Program Service Revenue			Business Code			
2a		Ballet Tuition	611600	104,093	104,093	0	
b		Ballet Ticket Sales	611600	40,682	40,682	0	
c						
d						
e						
f		All other program service revenue		280	280	0	
g	Total. Add lines 2a-2f ▶		145,055				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		0	0	0	
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	
	5	Royalties ▶		0	0	0	
	6a	Gross rents	(i) Real	0			
			(ii) Personal	0			
			6a	0			
	b	Less: rental expenses	6b	0	0		
	c	Rental income or (loss)	6c	0	0		
	d	Net rental income or (loss) ▶		0	0	0	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	0			
			(ii) Other	0			
			7a	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	0	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		0		
9a	Gross income from gaming activities. See Part IV, line 19		0				
			0				
		9a	0				
b	Less: direct expenses	9b	0				
c	Net income or (loss) from gaming activities ▶		0	0	0		
10a	Gross sales of inventory, less returns and allowances						
		10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue			Business Code				
	11a					
	b					
	c					
	d	All other revenue					
e	Total. Add lines 11a-11d ▶		0				
12	Total revenue. See instructions ▶		175,734	145,055	0	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	60,474	52,008	8,466	0
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	1,688		1,688	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	24,935	24,935		
12 Advertising and promotion	11,507	11,507		
13 Office expenses	6,234		6,234	
14 Information technology				
15 Royalties				
16 Occupancy	59,253	59,253		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,040	1,040		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,127	4,127		
23 Insurance	1,018	1,018		
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 -----				
b -----				
c -----				
d -----				
e All other expenses -----	663	663		
25 Total functional expenses. Add lines 1 through 24e	170,939	154,551	16,388	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	77,545	1	65,915	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	84,591			
	b Less: accumulated depreciation	66,396	22,322	10c	18,195
	11 Investments—publicly traded securities		11		
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	99,867	16	84,110		
Liabilities	17 Accounts payable and accrued expenses		17		
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties	28,405	24	7,853	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	28,405	26	7,853	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions		27		
	28 Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds	71,462	29	76,257	
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0	
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0	
32 Total net assets or fund balances	71,462	32	76,257		
33 Total liabilities and net assets/fund balances	99,867	33	84,110		

Part XI Reconciliation of Net Assets

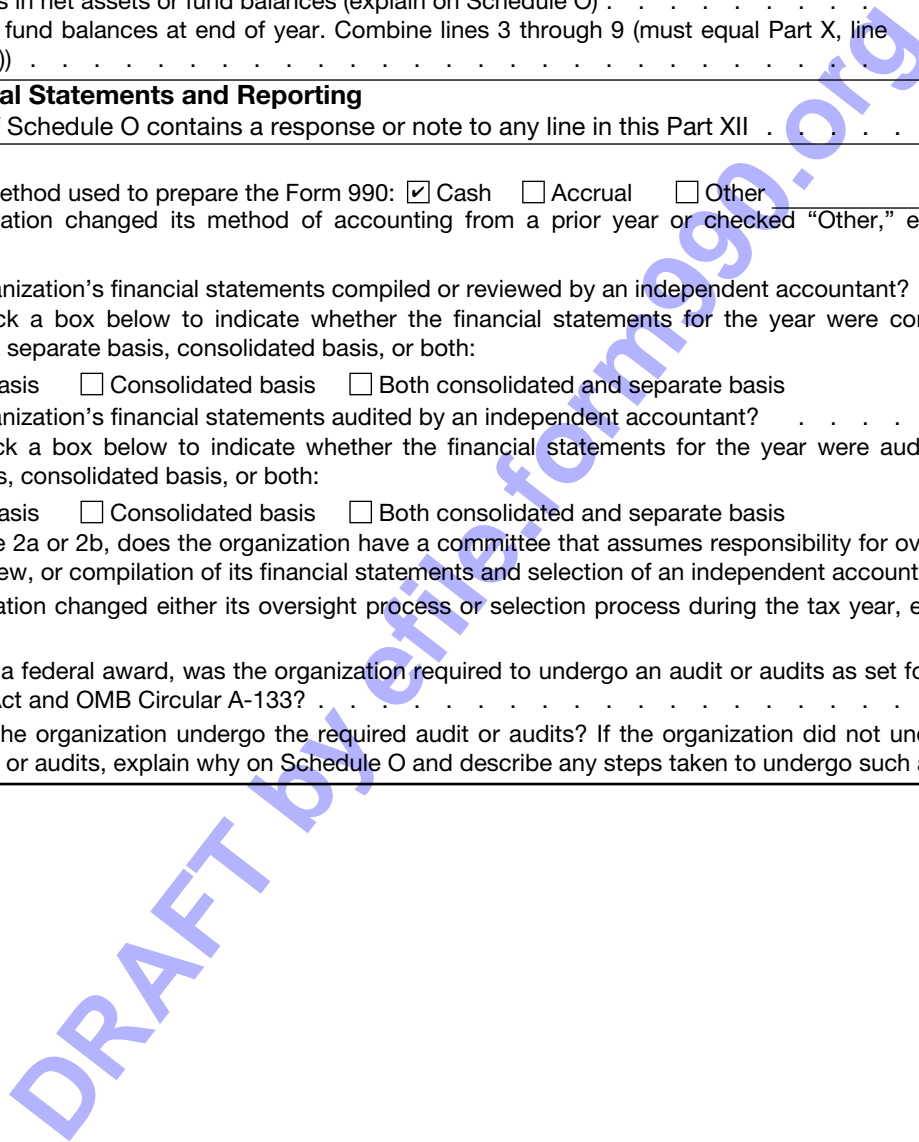
Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	175,734
2	Total expenses (must equal Part IX, column (A), line 25)	2	170,939
3	Revenue less expenses. Subtract line 2 from line 1	3	4,795
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	71,462
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	76,257

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain 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		✓
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		✓
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?		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		



SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization ACADEMY OF BALLET ARTS INC	Employer identification number 59-2926455
---	---

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)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% 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
- 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						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	12,025	11,975	12,076	27,948	28,657	92,681
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	189,664	190,491	161,734	125,746	147,077	814,712
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	201,689	202,466	173,810	153,694	175,734	907,393
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0		0
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	0	0	0		0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						907,393

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	201,689	202,466	173,810	153,694	175,734	907,393
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	778	100	0	0	0	878
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	778	100	0	0	0	878
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	920	0	0	0	920
13 Total support. (Add lines 9, 10c, 11, and 12.)	202,467	203,486	173,810	153,694	175,734	909,191
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	99.8 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	99.65 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	0.1 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	0.11 %

- 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>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	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?		
5c	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>		
9b	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>		
9c	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>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
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	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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
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
10	Line 8 amount divided by line 9 amount	10

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			
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			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
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.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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.)

Schedule A, Part III, Line 12 - In 2018 the sale of CD's totaled \$920.00.

Lined area for supplemental information with a large diagonal watermark reading "DRAFT by efileform990.org".

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: ACADEMY OF BALLET ARTS INC; Employer identification number: 59-2926455

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	42,875	27,967	14,908
c Leasehold improvements	0	41,716	38,429	3,287
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.)				18,195

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 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

ACADEMY OF BALLET ARTS INC

Employer identification number

59-2926455

Form 990, Part VI, Section B, Line 11b - THE 990 IS REVIEWED BY THE ORGANIZATION'S PRESIDENT WITH QUESTIONS OR CONCERNS, AT THE END OF THE WEEK THE SECRETARY/TREASURER SIGNS THE RETURN AND SENDS A COPY TO THE BOARD MEMBERS.

Form 990, Part VI, Section B, Line 12c - CONFLICT OF INTEREST POLICY IS SIGNED ANNUALLY BY THE BOARD MEMBERS.

Form 990, Part VI, Section C, Line 19 - THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Form 990, Part IX, Line 11g - OTHER FEES: PROGRAM SERVICE EXPENSE - DANCE INSTRUCTORS - \$13,935, PROGRAM SERVICE EXPENSES - GUEST PERFORMERS - \$7,500, PROGRAM SERVICE EXPENSE - CHOREOGRAPHY - \$3,500. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A - \$24,935

DRAFT by efile.form990.org

Reasonable Cause Explanations

Explanation

IRS Form 8868 was filed for a 6 month extension in May of 2022.

DRAFT by efile.form990.org

Academy of Ballet Arts, Inc.
Profit and Loss Statement
 January - December 2022

		<u>Total</u>
Revenue		
Contributions	\$	6,752.09
Grant Proceeds		49,036.37
Ticket Sales		41,607.00
Tuition		122,351.56
Total Revenue		<u>219,747.02</u>
Gross Profit		<u>219,747.02</u>
Expenditures		
Advertising & Marketing		7,275.00
Bank Charges & Fees		546.25
Contractors		63,777.00
Dancing Supplies/Costumes		3,030.34
Insurance		1,496.00
Interest Paid		856.76
Legal & Professional Services		1,665.00
Membership Dues		250.00
Office/General Supplies & Software		4,366.55
Program Expenses		
Program Contractors		19,500.00
Total Program Expenses		<u>19,500.00</u>
Rent & Lease		47,550.00
Repairs & Maintenance		148.20
Storage Rental		7,918.68
Taxes & Licenses		255.70
Utilities		7,354.54
Total Expenditures		<u>165,990.02</u>
Net Operating Revenue		<u>53,757.00</u>
Net Revenue	\$	<u>53,757.00</u>

Academy of Ballet Arts, Inc.

Balance Sheet

As of December 31, 2022

	Total
ASSETS	
Current Assets	
Bank Accounts	
Nutcracker Fund 4898	\$ 9,833.87
Operating Expenses 5565	74,268.88
Spring Show 7790	8,629.57
Summer Intensive 6999	20,375.04
Total Bank Accounts	113,107.36
Total Current Assets	113,107.36
Fixed Assets	
Fixed Assets	
Accumilated Depreciation	(54,040.21)
Furniture & Fixtures	33,631.23
Leasehold Improvements	41,002.88
Total Fixed Assets	20,593.90
Total Fixed Assets	20,593.90
Other Assets	
Security Deposit	3,800.00
Utility Deposit	865.39
Total Other Assets	4,665.39
TOTAL ASSETS	\$ 138,366.65
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Business Visa 9677	\$ 117.10
Total Credit Cards	117.10
Other Current Liabilities	
BB&T Business Adv Line 95998	8,234.51
Total Other Current Liabilities	8,234.51
Total Current Liabilities	8,351.61
Total Liabilities	8,351.61
Equity	
Accumulated Funds (Ret.Earnings)	8,280.99
Equity	
Without Donor Restrictions	
Building Reserve Fund	41,814.97
Contingency Reserve Fund	10,000.00
Jana Davis Memorial Scholarship	1,000.00
Marley Reserve Fund	15,162.08
Total Without Donor Restrictions	67,977.05
Total Equity	67,977.05
Net Revenue	53,757.00
Total Equity	130,015.04
TOTAL LIABILITIES AND EQUITY	\$ 138,366.65

Alumni Academy of Ballet Arts

For 53 years, the Academy has been pro-active in producing professional dancers without ever pre-selecting body types, skill level or ability to pay. Our most successful dancers have been tuition grant students from families totally unfamiliar with their child's artistic potential. Our philosophy is that talent gets a student through the first year and after that their success is based on "hard work". Every student is taught as if they are going to have a professional career, without the pressure to choose to pursue one, but with the expectation that everyone reaches for "personal excellence". The Academy is an arts institution that has a long history of teaching the whole child and nurturing each individual to find their own unique path. The Academy believes very strongly in a diverse student body. Funding will help us find those students who have not yet discovered their artistic voice and don't realize that learning to communicate with the powerful language of dance will set them free.

The Academy's alumnus reflects this philosophy:

Name	Company	Current Position
Briana Reed	Alvin Ailey II Alvin Ailey	Director: IAMT Prep Free-Lance actor
Calvin Royal	American Ballet Theatre American Ballet Theatre II	Principal: American Ballet Theatre
Erik Wagner	San Francisco Ballet Maurice Bejart Basel Ballet	Teacher: Lines School Freelance artist in San Francisco Ballet Master: Lines II
Carmela Gallace	Moiseyev Dance Co. Bolshoi Ballet Riverdance	Teacher: ABT School Teacher: Harlem School of the Arts Teacher: Alvin Ailey School Teacher Samoa Junior College
Henry Jackson	David Parsons	Teacher in Canada
Dajuan Booker	Dance Theatre of Harlem Momix	Teacher: Harlem School of the Arts
Ephraim Sykes	Ailey II Dance Theatre of Harlem Hamilton: Broadway Motown the Musical: Broadway Memphis: Broadway In the Heights: Broadway Newsies: Broadway	Ain't Too Proud: Broadway Michael Jackson Story: Broadway
Maureen Horrigan	Frankfurt Opera Ballet Cleveland Ballet	Marketing Director at Louisville Zoo
Anne Horrigan	Los Angeles Ballet	Physical Therapist
Shila Tirabassi	Ballet Hispanico Stephen Petronio Company	Somatic Therapist, Yoga Teacher
Gerald Watson	Nashville Ballet	Nashville Ballet: Teacher Boy's Program Free-lance Teacher: Vail, Colorado, Nashville Ballet,

Amos Oliver	Lexington Ballet Hairspray on NBC	Freelance Artist Royal Caribbean Cruise Line
Jared Brunson	Ballet X Montgomery Ballet Complexions	Complexions
Lucia Hutchins	Kiel Opera Ballet San Francisco Ballet Michigan Israel Ballet	Teacher in Colorado, Michigan, Iceland. Currently in Germany
Helen Hansen	Buglisi. Company	Choreographer, Teacher, Freelance artist
Michael Sheridan	Milwaukee Ballet Pennsylvania Ballet	Ballet Department Chair at University of the Arts
Sean Musselman	Milwaukee Ballet Chicago Ballet Pacific Northwest Ballet	Freelance Teacher (deceased)
Charlotte Johnson	Bill T. Jones Sarasota Contemporary Dance	Sarasota Contemporary Dance
Marque Lynche	Mickey Mouse Club Notre Dame Lion King Fame American Idol	Deceased
Michael Lynche	American Idol	Freelance Composer and Singer
James Gambrel	Sarasota Ballet	University Professor
Gabriela Johnson	Sarasota Ballet	Sarasota Ballet: retired
Daniel Johnson	Ni-Ne Chen Company	Teacher: ABA Guest Artist
Danielle Glynn	Ballet Palm Beach Montgomery Ballet	Ballet Palm Beach
Marquis Floyd	YAGP Stars of Today Bad Boys of Ballet Dance Theatre of Harlem Dallas Black Dance Theatre	Lion King: Touring Company
Sir. Brock Warren	In the Heights Nashville Radio City Christmas Show 2014	Choreographer, Guest Teacher Freelance artist Paradise Square: Broadway
Jeff Wolfe	Houston Ballet II Ballet Met River North	Freelance Artist Owner: The Hive in Chicago
Nicole Sabella	Mark Morris	Mark Morris
Susie Dodge	Paul Taylor	Retired

Gretel Batista	Dance Alive Orlando Ballet Houston Ballet	Houston Ballet
Coree McKee	American Contemporary Ballet Tribute Productions: Talent And Entertainment	Ballet Teacher at Beverly Hills Ballet School
Dallas Finely	Los Angeles Ballet	Los Angeles Ballet
Jalen Williams	Ballet Theatre of Maryland	Ballet Virginia Freelance Artist
Jackson Crawford	Ballet Theatre of Maryland Ballet Virginia	Ballet Virginia
Abby Stevanus	Busch Gardens Cruise Ships	Teacher: Bay-Area School of Dance Arts Dr. of Physical Therapy
Adam Boreland	Texas Ballet Orlando Ballet	Orlando Ballet
Alana Clapp	Cirque de Soleil Las Vegas	Stage Manager
Alex Jennings	Meet the Goldburgs, Criminal Minds, Lies I told my Sister	Actress
Austin Finely	JKO School Ballet Met	Financial Advisor
Blair Elliot	Spectrum Dance Theatre 5 th Avenue Theatre Seattle, Washington	Spectrum Dance Theatre "Anybody" in West Side Story
Carla Armstrong	Freelance Artist in NYC	Director of Philanthropy at Gulfside Hospice
William Hubbart	Senior Soloist Senior Pairs	USA Figure Skater
JoJo Hubbart	Senior Pairs	USA Pairs Figure Skater
Nik Hubbart	Intermediate Pairs	USA Figure Skater
Christina De Matteis Fannee	International Ballet School	Owner: International Ballet School Cary, North Carolina
Cierra Flood	American Contemporary Ballet	American Contemporary Ballet

David DuBois	Boston Ballet Theatre American Repertory Ballet Festival Ballet Providence	Festival Ballet Providence
Jonas Godwin	Charlotte Ballet Cleveland Ballet	Cleveland Ballet
Alexis Cobb	Dallas Black Dance Theatre	Retired
Samiya Parramore	Cleo Parker Robinson Co.	Cleo Parker Robinson Co.
Zeek Paige	Richmond Ballet	Richmond Ballet
Shawn Cusseaux	Ballet X	Ballet X
Dominika Afanasenkov	School of American Ballet Disney Film: On Pointe	New York City Ballet

The following Conservatories, Colleges, and Universities all have Dance Majors. Dancers from the Academy of Ballet Arts were accepted and attended these programs as Ballet, Modern, Jazz or Dance Majors

Dance Major Conservatories, Colleges, or Universities	Students
Ailey Certificate Program	Diana Ovadia Claire Price Astrid Schmidt Cindy Winsor
Boston Conservatory	Nicole Jeffries Dahne Ledford David DuBois Michelle Wilson Kuusela Gerald Watson Daniel Johnson Amos Oliver Coree McKee Sir. Brock Warren Christina Scarlett Eva Richardson Nicole Dalia Lisa Feingold: Musical Theatre Marquis Floyd
Carnegie-Mellon	Alana Clapp: MFA in Theatre Management Kelly Gilson: MFA Arts Administration
Cal-Arts	Sarah Eaves Allison Westfall
Dominican College: Lines Program	Alessandra Ranmarine Marquis Floyd
Florida State	Kim Spenser Alana Smith Becca Harris
Florida Southern University	Natalie Kennedy Tara Shelby
Fordham/Ailey	Ephraim Sykes Alexis Cobb Marque Lynche
Hardt School	Samiya Parramore

Indiana University	Tom Penman Gabriela Johnson Kenneth Shelby Anne Horrigan
Juilliard	Carla Norwood Shila Tirabassi Briana Reed Henry Jackson Helen Hansen French Charlotte Johnson Amy L'eon Yejin Park Julie Lawton
Marymount Manhattan	Aubrey Strickland Santoya Fields
Mercyhurst	Brieanna Hynish
New World School of the Arts	Erin Fletcher Marcus McCray Rachel Bansemer Renee Williams Nealya Brunson
New York University: Tisch School of the Arts	Julia Sullivan
North Carolina School of the Arts	Cierra Flood Taylor Flood Zeek Page Jacqueline Bowers
Pointe Park University	Shawn Cusseaux
Southern Methodist	Susie Dodge
Steinhardt University	Carmela Gallace: MFA in Pedagogy
SUNY at Buffalo	Angela Rauter
SUNY at Purchase	Heidi Busher Liz Williams April Johnson Jennifer Mills Phu Cao James Booth
Temple University	Lauren Slone Cynthia St. Claire
Texas Christian College	Amber Rerick

University of the Arts	Abby Borzweski Rikki McKinney Nicole Sabella Jennifer Clutterbuck Amanda Kirby Angel Montgomery Sarah Irwin Kyle Rivieccio Melissa Carey Rosie Stovall Travis Mesman Blair Elliot Jared Brunson: MFA program
University of Arizona	Drew Robinson Sharon Ranieri McCaman: MFA
University of California at San Diego	Annie Meier: MFA in Physical Therapy
University of Central Florida	Maya Silverberg
University of Florida	Melissa Coleman Mariana Montforte
University of Missouri at Kansas City	Danielle Glynn
University of South Florida	Avery Sabella Colleen Hanlon Kelli Gilson Sharon Ranieri McCaman Patrizia Planzo
University of Utah	Alexandra Hahl Jalen Williams Marsha Salzer Niki Kop