

# EXHIBIT 7

**Marie A. Wells Arts and Education Center, Inc.**

Bid Contact **Marie A Wells**  
**info@mawartscenter.org**  
**Ph 954-825-5446**

Address **4221 NW 19th Street, Unit 273**  
**Lauderhill, FL 33313**

Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch.	Docs
12642-925--01-01	Property Purchase Offer	<b>Supplier Product Code:</b>	<b>First Offer -</b>	1 / each	Y	Y

Supplier Total **\$0.00**

**Marie A. Wells Arts and Education Center, Inc.**Item: **Property Purchase Offer****Attachments**

MAW CRA BID 12642-925 5.pdf

MAW CRA BID 12642 925 4.pdf

MAW CRA BID 12642-925 3.pdf

MAW CRA BID 12642-925 2.pdf

MAW CRA BID 12642-925 1.pdf



# MARIE A. WELLS

ARTS & EDUCATION CENTER INC.

FORT LAUDERDALE CRA PURCHASE AND DEVELOPMENT OF  
CRA PROPERTY SOLICITATION BID 12642-925  
PARCEL 2 547 NW 7<sup>TH</sup> TERRACE

## 4.2.10

### SUBCONTRACTORS

NON - APPLICABLE





# MARIE A. WELLS

ARTS & EDUCATION CENTER INC.

FORT LAUDERDALE CRA PURCHASE AND DEVELOPMENT OF  
CRA PROPERTY SOLICITATION BID 12642-925  
PARCEL 2 547 NW 7<sup>TH</sup> TERRACE

## 4.2.11

### REQUIRED FORMS

A. PROPOSAL CERTIFICATION

B. NON-COLLUSION STATEMENT

C. NON-DISCRIMINATION CERTIFICATION FORM

D. SAMPLE INSURANCE CERTIFICATE

E. ACTIVE STATUS PAGE FROM DIVISION OF  
CORPORATIONS – SUNBIZ.ORG

**Supplier Response Form****BID/PROPOSAL CERTIFICATION**

**Please Note:** It is the sole responsibility of the bidder to ensure that his bid is submitted electronically through [www.BidSync.com](http://www.BidSync.com) prior to the bid opening date and time listed. Paper bid submittals will not be accepted. All fields below must be completed. If the field does not apply to you, please note N/A in that field.

If you are a foreign corporation, you may be required to obtain a certificate of authority from the department of state, in accordance with Florida Statute §607.1501 (visit <http://www.dos.state.fl.us/>).

Company: (Legal Registration) Marie A. Wells Arts and Education Center \* EIN (Optional):

Address: 4221 NW 19th Street, Suite 273

City: Lauderhill

\* State: Florida

\* Zip: 33313

Telephone No.: 9546098035

\* FAX No.: 9548255446

\* Email: [info@mawartscenter.org](mailto:info@mawartscenter.org)

Delivery: Calendar days after receipt of Purchase Order (section 1.02 of General Conditions): N/A

Total Bid Discount (section 1.05 of General Conditions): N/A

Check box if your firm qualifies for MBE / SBE / WBE (section 1.09 of General Conditions): ☐

**ADDENDUM ACKNOWLEDGEMENT** - Proposer acknowledges that the following addenda have been received and are included in the proposal:

Addendum No.	Date Issued	Addendum No.	Date Issued	Addendum No.	Date Issued
N/A	N/A				

**VARIANCES:** If you take exception or have variances to any term, condition, specification, scope of service, or requirement in this competitive solicitation you must specify such exception or variance in the space provided below or reference in the space provided below all variances contained on other pages within your response. Additional pages may be attached if necessary. No exceptions or variances will be deemed to be part of the response submitted unless such is listed and contained in the space provided below. The City does not, by virtue of submitting a variance, necessarily accept any variances. If no statement is contained in the below space, it is hereby implied that your response is in full compliance with this competitive solicitation. If you do not have variances, simply mark N/A. **You must also click the "Take Exception" button.**

N/A

The below signatory hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid/proposal.

I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal, I will accept a contract if approved by the City and such acceptance covers all terms, conditions, and specifications of this bid/proposal. The below signatory also hereby agrees, by virtue of submitting or attempting to submit a response, that in no event shall the City's liability for respondent's direct, indirect, incidental, consequential, special or exemplary damages, expenses, or lost profits arising out of this competitive solicitation process, including but not limited to public advertisement, bid conferences, site visits, evaluations, oral presentations, or award proceedings exceed the amount of Five Hundred Dollars (\$500.00). This limitation shall not apply to claims arising under any provision of indemnification or the City's protest ordinance contained in this competitive solicitation.

Submitted by:

[https://www.bidsync.com/DPXViewer/Bid\\_Proposal\\_Certification\\_Page\\_04-28-2020\\_8365013.htm?ac=supresponse&auc=2091389&docid=8367107&...](https://www.bidsync.com/DPXViewer/Bid_Proposal_Certification_Page_04-28-2020_8365013.htm?ac=supresponse&auc=2091389&docid=8367107&...) 1/3

5/5/22, 11:09 PM

DPX Form

Marie A Wells  
Name (printed)

Marie A Wells  
Signature

3/22/2022  
Date

President CEO  
Title

Revised 4/28/2020

**Supplier Response Form****NON-COLLUSION STATEMENT:**

By signing this offer, the vendor/contractor certifies that this offer is made independently and free from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

**NAME****RELATIONSHIPS**

In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.

Marie A Wells  
Authorized Signature

President CEO  
Title

Marie A Wells  
Name (Printed)

3/21/22  
Date



**Supplier Response Form****CONTRACTOR'S CERTIFICATE OF COMPLIANCE WITH  
NON-DISCRIMINATION PROVISIONS OF THE CONTRACT**

The completed and signed form should be returned with the Contractor's submittal. If not provided with submittal, the Contractor must submit within three business days of City's request. Contractor may be deemed non-responsive for failure to fully comply within stated timeframes.

Pursuant to City Ordinance Sec. 2-187(c), bidders must certify compliance with the Non-Discrimination provision of the ordinance.

The Contractor shall not, in any of his/her/its activities, including employment, discriminate against any individual on the basis of race, color, national origin, religion, creed, sex, disability, sexual orientation, gender, gender identity, gender expression, or marital status.

1. The Contractor certifies and represents that he/she/it will comply with Section 2-187, Code of Ordinances of the City of Fort Lauderdale, Florida, as amended by Ordinance C-18-33 (collectively, "Section 2-187").
2. The failure of the Contractor to comply with Section 2-187 shall be deemed to be a material breach of this Agreement, entitling the City to pursue any remedy stated below or any remedy provided under applicable law.
3. The City may terminate this Agreement if the Contractor fails to comply with Section 2-187.
4. The City may retain all monies due or to become due until the Contractor complies with Section 2-187.
5. The Contractor may be subject to debarment or suspension proceedings. Such proceedings will be consistent with the procedures in section 2-183 of the Code of Ordinances of the City of Fort Lauderdale, Florida.

Marie A Wells  
Authorized Signature

Marie A Wells President CEO  
Print Name and Title

3/21/2022  
Date

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
03/23/2022

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

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

<b>PRODUCER</b> Southern Agency, Inc. 4978 North Pine Island Rd. Lauderhill, FL 33351	<b>CONTACT NAME:</b> Jarrett Piersall <b>PHONE (A/C, No. Ext.):</b> (954) 749-1706 ext. 101 <b>FAX (A/C, No.):</b> (954) 333-8031 <b>E-MAIL ADDRESS:</b> jpiersall@southernagency.org																					
<b>INSURED</b> Marie A. Wells Arts And Education Center, Inc. 4221 NW 19th St. Ste. 273 Lauderhill, FL 33313	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Next Insurance US Company</td><td>16285</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Next Insurance US Company	16285	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	Next Insurance US Company	16285																				
INSURER B:																						
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X	X	NXTQLC4QYT-00-GL	02/24/2022	02/24/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Per Project aggregate \$
	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability	X	X	NXTQLC4QYT-00-GL	02/24/2022	02/24/2023	\$2,000,000 \$4,000,000

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

Proof of Insurance:

**CERTIFICATE HOLDER****CANCELLATION**

City of Fort Lauderdale and the Fort Lauderdale Community Redevelopment Agency 100 N. Andrews Avenue Fort Lauderdale, Florida 33301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Jarrett Piersall</i>
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ACORD 25 (2014/01)

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## Detail by Entity Name

Florida Not For Profit Corporation

MARIE A. WELLS ARTS AND EDUCATION CENTER, INC.

### Filing Information

**Document Number** N20000003505  
**FEI/EIN Number** 84-4851947  
**Date Filed** 03/17/2020  
**State** FL  
**Status** ACTIVE

### Principal Address

4221 NW 19TH STREET STE 273  
LAUDERHILL, FL 33313

### Mailing Address

4221 NW 19TH STREET STE 273  
LAUDERHILL, FL 33313

### Registered Agent Name & Address

WILLINGHAM-WELLS, SHANEKA R  
4221 NW 19TH STREET STE 273  
LAUDERHILL, FL 33313

### Officer/Director Detail

#### **Name & Address**

Title P

WILLINGHAM-WELLS, MARIE A  
4221 NW 19TH STREET STE 273  
LAUDERHILL, FL 33313

Title C

WILLINGHAM, SHANEKA R  
3501 NW 17TH ST  
LAUDERHILL, FL 33311

Title Secretary

Willis, Keisha



## Detail by Entity Name

9405 NW 42nd Street  
Sunrise, FL 33351

Title T

BOND, HERBERT  
5801 PLANTATION RD  
PLANTATION, FL 33317

**Annual Reports**

Report Year	Filed Date
2021	04/06/2021
2022	03/09/2022

**Document Images**

<a href="#">03/09/2022 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/06/2021 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/17/2020 - Domestic Non-Profit</a>	<a href="#">View image in PDF format</a>





City of Fort Lauderdale • Procurement Services Division  
100 N. Andrews Avenue, 619 • Fort Lauderdale, Florida 33301  
954-828-5933 Fax 954-828-5576  
[purchase@fortlauderdale.gov](mailto:purchase@fortlauderdale.gov)

**RFP No. 12642-925**

**TITLE: Purchase & Redevelopment of CRA Property**

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**ADDENDUM NO.1**

**DATE: 4/19/2022**

This addendum is being issued to add **Evaluation Committee Tabulation for previous Redevelopment of CRA Property**

All other terms, conditions and specifications remain unchanged.

*Paulette Hemmings Turner*  
Purchasing Specialist

Company Name: Marie A. Wells Arts & Education Center, Inc.  
(Please print)

Bidder's Signature: *Marie A. Wells*

Date: 5/3/22



City of Fort Lauderdale • Procurement Services Division  
100 N. Andrews Avenue, 619 • Fort Lauderdale, Florida 33301  
954-828-5933 Fax 954-828-5576  
[purchase@fortlauderdale.gov](mailto:purchase@fortlauderdale.gov)

**RFP No. 12642-925**

**TITLE: Purchase & Redevelopment of CRA Property**

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**ADDENDUM NO.2**

**DATE: 4/25/2022**

This addendum is being issued to Amends **Section 3.4 Appraised Value, History and Existing Documents**

All other terms, conditions and specifications remain unchanged.

*Paulette Hemmings Turner*  
Purchasing Specialist

Company Name: Marie A. Wells Arts and Education Center, Inc.  
(Please print)

Bidder's Signature: Marie A. Wells

Date: 5/3/22

IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL  
IN AND FOR BROWARD COUNTY, STATE OF FLORIDA

THE STATE OF FLORIDA

INFORMATION FOR

vs. REFILE OF CASE #03-020436MM10A

KEISHA NESBETH

I FALSE REPORT OF BOMB

II Disorderly Conduct  
(ADD CHARGE)

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF FLORIDA:

I  
MICHAEL J. SATZ, State Attorney of the Seventeenth Judicial Circuit of Florida, as Prosecuting Attorney for the State of Florida in the County of Broward, by and through his undersigned Assistant State Attorney, charges that KEISHA NESBETH on or about the 31st day of July, A.D. 2003, in the County and State aforesaid, did unlawfully make a false report, to-wit: did falsely advise airport security screener Robert Cavalho that a bag contained a bomb, with intent to deceive, mislead, or otherwise misinform any person, concerning the placing or planting of a bomb, dynamite, or other deadly explosive, contrary to F.S. 790.163, (L5),

II Disorderly Conduct - F.S. 877.03  
(waiver of formal reading and arraignment)

EJW/jle/9/11/03

STATE OF FLORIDA vs.

KEISHA NESBETH  
IDENTIFYING DATA

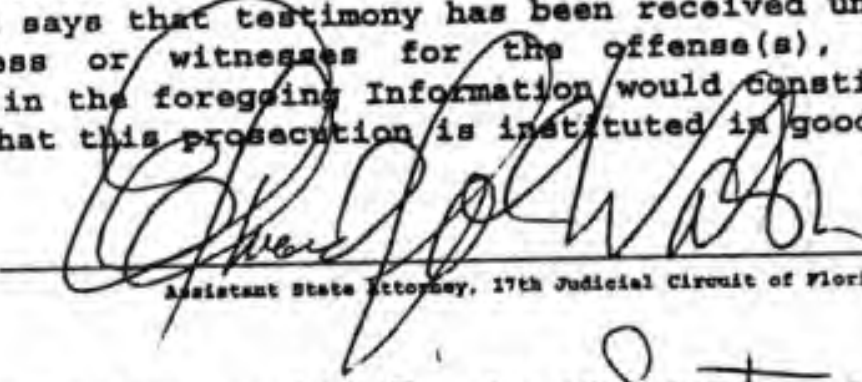
INFORM

B/F, 10/21/76, 589-95-4090

COUNTY OF BROWARD  
STATE OF FLORIDA

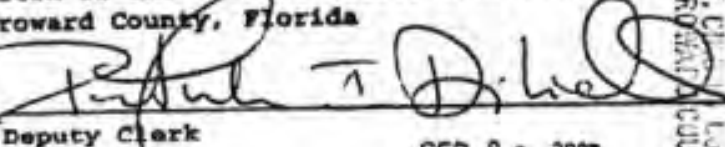
EDWARD WALSH

Personally appeared before me \_\_\_\_\_, duly appointed as an Assistant State Attorney of the 17th Judicial Circuit of Florida by MICHAEL J. SATZ, State Attorney of said Circuit and Prosecuting Attorney for the State of Florida in the County of Broward, who being first duly sworn, certifies and says that testimony has been received under oath from the material witness or witnesses for the offense(s), and the allegations as set forth in the foregoing information would constitute the offense(s) charged, and that this prosecution is instituted in good faith.

  
 Assistant State Attorney, 17th Judicial Circuit of Florida

 SWORN TO AND SUBSCRIBED before me this 12 day of Sept, A.D. 2003.


 HOWARD C. FORMAN  
 Clerk of the Circuit Court, 17th Judicial Circuit,  
 Broward County, Florida

 By   
 Deputy Clerk

SEP 30 2003

 To the within Information, Defendant pleaded NG

 HOWARD C. FORMAN  
 Clerk of the Circuit Court, 17th Judicial Circuit,  
 Broward County, Florida

 By   
 Deputy Clerk



BROWARD COUNTY  
ARREST NO. **SHADED FIELDS MUST BE ANSWERED IF APPLICABLE**

LING AGENT BSO		OFFENSE REPORT BS03-7-14641		LOCAL I.D. NO.		FDLE	FBI	SS NO.																																								
DEFENDANT'S LAST NAME NESBETH			FIRST KEISHA	MIDDLE	SUF	ALIAS/STREET NAME			CITIZENSHIP																																							
C.	SEX	HGT	WGT	HAIR	EYES	COMP	AGE	DOB	BIRTHPLACE																																							
B	F	5'7"	145	BLK	BRN	MED		10-21-76	JAMAICA																																							
PERMANENT ADDRESS						LOCAL ADDRESS 603 BELMONT LN, FT LAUDERDALE																																										
EVIDENCE TYPE (1) CITY (2) COUNTY (3) FLORIDA (4) OUT OF STATE						PLACE OF EMPLOYMENT NATURES PHARMACY		LENGTH																																								
HOW LONG DEFENDANT IN BROWARD COUNTY			BREATHALYZER BY/CCN	READING	PLACE OF ARREST 300 TERMINAL DR FT LAUDERDALE		DATE/TIME ARRESTED 7/31/03 1530		ARRESTING OFFICER(S) CCN James Dees/6520																																							
OFFICER INJURED	UNIT	ZONE	BEAT	SHIFT	UNIT TRANSPORTING PRISONER	TRANSPORTING OFFICER/CCN		PICK-UP TIME	DRUG TYPE																																							
<input type="checkbox"/>	<input type="checkbox"/>																																															
TIME ARRIVED AT BSO																																																
<table border="0"> <tr> <td>IN</td> <td>B-BASETURATE</td> <td>H-HALLUCINOGEN</td> <td>P-PARAPHERNALIA</td> <td>U-UNKNOWN</td> <td>ACTIVITY</td> <td>ACTIVITY</td> <td>S-SHILL</td> <td>A-SMOKER</td> <td>M-MANUFACTURE</td> <td>E-DEPOSED</td> <td>RECAUTION OF</td> <td>Y-N UNK</td> </tr> <tr> <td>AN</td> <td>C-COCAINE</td> <td>M-MARIJUANA</td> <td>E-EQUIPMENT</td> <td>Z-OTHER</td> <td>N-N/A</td> <td>B-BUY</td> <td>B-BUY</td> <td>B-BUYER</td> <td>P-PRODUCE</td> <td>D-DISTRIBUTE</td> <td>ALCOHOL INFLUENCE</td> <td></td> </tr> <tr> <td>AMPHETAMINE</td> <td>HEROIN</td> <td>SCOPOLAMINE</td> <td>SYNTHETIC</td> <td></td> <td>P-PURCHASE</td> <td>T-TRAFFIC</td> <td>E-USE</td> <td>E-USE</td> <td>CULTIVATE</td> <td>E-EDUCATE</td> <td>DRUG INFLUENCE</td> <td></td> </tr> </table>										IN	B-BASETURATE	H-HALLUCINOGEN	P-PARAPHERNALIA	U-UNKNOWN	ACTIVITY	ACTIVITY	S-SHILL	A-SMOKER	M-MANUFACTURE	E-DEPOSED	RECAUTION OF	Y-N UNK	AN	C-COCAINE	M-MARIJUANA	E-EQUIPMENT	Z-OTHER	N-N/A	B-BUY	B-BUY	B-BUYER	P-PRODUCE	D-DISTRIBUTE	ALCOHOL INFLUENCE		AMPHETAMINE	HEROIN	SCOPOLAMINE	SYNTHETIC		P-PURCHASE	T-TRAFFIC	E-USE	E-USE	CULTIVATE	E-EDUCATE	DRUG INFLUENCE	
IN	B-BASETURATE	H-HALLUCINOGEN	P-PARAPHERNALIA	U-UNKNOWN	ACTIVITY	ACTIVITY	S-SHILL	A-SMOKER	M-MANUFACTURE	E-DEPOSED	RECAUTION OF	Y-N UNK																																				
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ATTACH DEFENDANT'S PHOTO		DEFENDANT'S VEHICLE-MAKE		TYPE	YEAR	COLOR	VEHICLE TOWED TO			TAG NO	OTHER IDENTIFIERS OR REMARKS																																					
NAME OF VICTIM (IF CORPORATION, EXACT LEGAL NAME AND STATE OF INCORP.)										ADDRESS	PHONE #																																					
STATE OF FLORIDA											8153																																					
COUNT NO.	OFFENSES CHARGED				CITATION # IF APPLICABLE		F.S. # OR CAPTAS/WARRANT #																																									
1	FALSE REPORT OF BOMB						790.163																																									

## PROBABLE CAUSE AFFIDAVIT

I, the undersigned, being duly sworn, depose and say that on the 31 day of JULY, 192003 at 300 TERMINAL DR FT LAUDERDALE (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe same are as follows:

DEFENDANT DID STATE TO THE TSA SECURITY PERSONNEL WHEN QUESTIONED ABOUT HER FRIEND'S LUGGAGE, "THERE IS A BOMB IN THE BAG." HER FRIEND AND THE TSA SECURITY OFFICER MADE SWORN TAPED STATEMENTS THAT SHE DID SAY THAT THERE WAS A BOMB IN THE BAG. THE DEFENDANT DID MAKE A POST MIRANDA TAPED CONFESSION TO THE CHARGES.

I swear the above statement is correct and true to the best of my knowledge and belief.

James Dees  
OFFICER/AFFIANT'S SIGNATURE

James Dees/6520  
OFFICER'S NAME/CCN

Bombing  
OFFICER'S DIVISION

STATE OF FLORIDA COUNTY OF BROWARD.

I, the undersigned, being duly sworn, depose and say that on the 31 day of JULY, 192003, who is personally known to me or who has produced (ID Type) BSO as identification and who DID take an oath.  
(Did or Did Not)

(SEAL OR STAMP)

Dees  
DEPUTY CLERK OF THE COURT, NOTARY PUBLIC, OR ASSISTANT STATE ATTORNEY

Dees 6286  
TITLE OR RANK/CCN

FIRST APPEARANCE / ARREST FORM

SEVENTEENTH JUDICIAL CIRCUIT  
BROWARD COUNTY  
STATE OF FLORIDA  
SODB #2 (REV 9/91)

SHOULD ADDITIONAL SPACE BE NEEDED, USE PROBABLE CAUSE AFFIDAVIT CONTINUATION  
COURT COPY

1 OF 1

TX/020204/0930/11005/01300

**CIRCUIT COURT DISPOSITION ORDER IN AND FOR BROWARD COUNTY, FLORIDA**

Case Number 010169100E10A Arrest Number 0503014549 BCCN # 0029394  
 State of Florida VS ROBERT M. KILPATRICK AKA \_\_\_\_\_  
 Judge CLAUDE H. WILLIAMS Cash bond / Return to depositor / Surety bond / IC  
 Cash bond number(s) \_\_\_\_\_  
 Charges SEXUAL BATTERY

*Δ's motion to terminate probation upon full  
 Payment of restitution on 4-5-04 - granted*

☐ REMANDED ☐ REMAIN IC ☐ UNTIL PICKED UP BY \_\_\_\_\_ OR  
 BED AVAILABLE AT \_\_\_\_\_

☐ Arraignment ☐ Change of Plea ☐ Guilty ☐ No Contest ☐ PSI/PDR ☐ Sentencing / Re-Sentencing  
☐ Trial by Jury ☐ Trial by Court ☐ First VOP / VOCC ☐ Final VOP / VOCC ☐ Admits Allegations  
☐ Convicted by Jury/Court ☐ Acquitted by Jury/Court ☐ Dismissed ☐ Speedy  
☐ Discharged ☐ Nolle Prosequi ☐ Found Incompetent/Committed to Child/Family Services  
☐ Adj. Guilty ☐ Adj. Withheld ☐ Adj. Delinquent  
☐ Committed to DJJ/Level ☐ Sentence Withheld ☐ Previous Sentence Vacated  
☐ PSI Ordered  
 Adj. and Sentence deferred to \_\_\_\_\_

Type of Probation / Community Control:  
☐ Youthful Offender ☐ Drug Offender ☐ Sexual Offender ☐ Habitual Offender ☐ Mental Health ☐ County  
 PROBATION/COMM. CONTROL: ☐ Revoked ☐ Reinstated ☐ Modified ☐ Terminated  
☐ Extended \_\_\_\_\_  
 WARRANT: ☐ Dismissed ☐ Withdrawn ☐ Served in open court

**SENTENCE: (PROBATION/COMM. CONTROL)**  
 COUNT(S): \_\_\_\_\_

\_\_\_\_\_ ☐ Years ☐ Months ☐ Days ☐ Probation ☐ Community Control ☐ followed by  
 \_\_\_\_\_ ☐ Years ☐ Months ☐ Days ☐ Probation ☐ Community Control  
☐ each count concurrent/consecutive ☐ concurrent ☐ consecutive to case number \_\_\_\_\_

COUNT(S): \_\_\_\_\_  
 \_\_\_\_\_ ☐ Years ☐ Months ☐ Days ☐ Probation ☐ Community Control ☐ followed by  
 \_\_\_\_\_ ☐ Years ☐ Months ☐ Days ☐ Probation ☐ Community Control  
☐ each count concurrent/consecutive ☐ concurrent ☐ consecutive to case number \_\_\_\_\_

**SENTENCE: (INCARCERATION)**

COUNT(S): \_\_\_\_\_ ☐ One year plus one day ☐ \_\_\_\_\_ ☐ Years ☐ Months ☐ Days  
☐ BCJ ☐ FSP, w/credit for \_\_\_\_\_ days T/S  
☐ followed by \_\_\_\_\_ ☐ Years ☐ Months ☐ Days ☐ Probation ☐ Community Control  
☐ each count concurrent/consecutive ☐ concurrent/consecutive ☐ to case number \_\_\_\_\_  
☐ any other sentence ☐ Work release ☐ prison sentence suspended

COUNT(S): \_\_\_\_\_ ☐ One year plus one day ☐ \_\_\_\_\_ ☐ Years ☐ Months ☐ Days  
☐ BCJ ☐ FSP, w/credit for \_\_\_\_\_ days T/S  
☐ followed by \_\_\_\_\_ ☐ Years ☐ Months ☐ Days ☐ Probation ☐ Community Control  
☐ each count concurrent/consecutive ☐ concurrent/consecutive ☐ to case number \_\_\_\_\_  
☐ any other sentence ☐ Work release ☐ prison sentence suspended

JUDGE \_\_\_\_\_

DEPUTY CLERK \_\_\_\_\_

BB-1 10014 REV 9/01

FILE COPY

DATE

*2-2-04*



## CIRCUIT COURT DISPOSITION ORDER IN AND FOR BROWARD COUNTY

Case Number 03-16018 CF10 Arrest Number \_\_\_\_\_State of Florida VS Keisha Nesbeth AKA \_\_\_\_\_Judge Elijah Williams Cash bond / Return to depositor / \_\_\_\_\_

Cash bond number(s) \_\_\_\_\_

Charges: I False Bomb Report  
II Disorderly Conduct( ) REMANDED ( ) REMAIN IC ( ) UNTIL PICKED UP BY \_\_\_\_\_ OR  
BED AVAILABLE AT \_\_\_\_\_

( ) Arraignment ( ) Change of Plea ( ) Guilty ( ) No Contest ( ) PSI/PDR ( ) Sentencing / Re-Sentencing  
 ( ) Trial by Jury ( ) Trial by Court ( ) First VOP / VOCC ( ) Final VOP / VOCC ( ) Admits Allegations  
 ( ) Convicted by Jury/Court II ( ) Acquitted by Jury/Court I ( ) Dismissed ( ) Speedy  
 ( ) Discharged ( ) Nolle Prosequi ( ) Found Incompetent/Committed to Child/Family Services  
 ( ) Adj. Guilty ( ) Adj. Withheld II ( ) Adj. Delinquent  
 ( ) Committed to DJJ/Level ( ) Sentence Withheld ( ) Previous Sentence Vacated  
 ( ) PSI Ordered  
 Adj. and Sentence deferred to \_\_\_\_\_

## Type of Probation / Community Control:

( ) Youthful Offender ( ) Drug Offender ( ) Sexual Offender ( ) Habitual Offender ( ) Mental Health ( ) County  
 PROBATION/COMM. CONTROL: ( ) Revoked ( ) Reinstated ( ) Modified ( ) Terminated  
 ( ) Extended ( ) All previous special conditions apply  
 WARRANT: ( ) Dismissed ( ) Withdrawn ( ) Served in open court

SENTENCE: (PROBATION/COMM. CONTROL)

COUNT(S): II  
6 ( ) Years ( ) Months ( ) Days ( ) Probation ( ) Community Control ( ) followed by  
 ( ) each count concurrent/consecutive ( ) concurrent ( ) consecutive to case number \_\_\_\_\_

COUNT(S): \_\_\_\_\_  
 ( ) Years ( ) Months ( ) Days ( ) Probation ( ) Community Control ( ) followed by  
 ( ) each count concurrent/consecutive ( ) concurrent ( ) consecutive to case number \_\_\_\_\_

SENTENCE: (INCARCERATION)

COUNT(S): \_\_\_\_\_ ( ) One year plus one day ( ) \_\_\_\_\_ ( ) Years ( ) Months ( ) Days  
 ( ) BCJ ( ) FSP, w/credit for \_\_\_\_\_ days T/S  
 ( ) followed by \_\_\_\_\_ ( ) Years ( ) Months ( ) Days ( ) Probation ( ) Community Control  
 ( ) each count concurrent/consecutive ( ) concurrent/consecutive ( ) to case number \_\_\_\_\_  
 ( ) any other sentence ( ) Work release ( ) prison sentence suspended

COUNT(S): \_\_\_\_\_ ( ) One year plus one day ( ) \_\_\_\_\_ ( ) Years ( ) Months ( ) Days  
 ( ) BCJ ( ) FSP, w/credit for \_\_\_\_\_ days T/S  
 ( ) followed by \_\_\_\_\_ ( ) Years ( ) Months ( ) Days ( ) Probation ( ) Community Control  
 ( ) each count concurrent/consecutive ( ) concurrent/consecutive ( ) to case number \_\_\_\_\_  
 ( ) any other sentence ( ) Work release ( ) prison sentence suspended

JUDGE \_\_\_\_\_

DEPUTY CLERK \_\_\_\_\_ DATE \_\_\_\_\_

BS-1 TCC 14-1 REV 3/01

FILE COPY



**MARIE A. WELLS**

ARTS & EDUCATION CENTER INC.

FORT LAUDERDALE CRA PURCHASE AND DEVELOPMENT OF  
CRA PROPERTY SOLICITATION BID 12642-925  
PARCEL 2 547 NW 7<sup>TH</sup> TERRACE

**EMPLOYEES**  
**EXISTING PART – TIME STAFF**





## MARIE A. WELLS

ARTS & EDUCATION CENTER INC.

Delvin Rogers Sr.

### Job Description & Duties Program Coordinator

Program Coordinator manage, coordinate, and oversee different programs and projects.

- Greet parents & youth
- Sign in & sign out participants
- Receive payments
- Prepare weekly topics and facilitate Mentoring & Life Skill Groups (30 mins daily)
- Break down
- Close

#### Manage Sanitation Station

- Leadership skills
- Adaptability
- Self-motivation
- Organizational skills
- Close attention to detail and the ability to plan ahead
- Ability to work under pressure
- Administrative and clerical skills
- Interpersonal skills, including excellent written and verbal communication

Monday – Thursday, 3:30pm – 7:00pm  
3.5 hours X 4 days = 14 hours per week

Educate, Nurture, and Sustain Youth Whose World Evolves Around the Arts!



## MARIE A. WELLS

ARTS & EDUCATION CENTER INC.

Brooke Willingham

### Job Description & Duties Assistant Program Coordinator

Assistant Program Coordinator assist with different programming projects.

- Greet parents & youth
- Sign in & sign out participants
- Oversee and organize Rotation Stations
- Review, set up and model activities by age group
- Supervise youth, keeping them engaged and observing their solitary play, parallel play and group play behaviors
- Replenish supplies, keep area clean and orderly daily
- Break down

#### Manage Rotation Stations

- Leadership skills
- Adaptability
- Self-motivation
- Organizational skills
- Close attention to detail and the ability to plan ahead
- Ability to work under pressure
- Administrative and clerical skills
- Interpersonal skills, including excellent written and verbal communication

Monday – Thursday, 3:30pm – 6:30pm  
3 hours X 4 days = 12 hours per week

Educate, Nurture, and Sustain Youth Whose World Evolves Around the Arts!



## MARIE A. WELLS

ARTS & EDUCATION CENTER INC.

Darren Murphy Jr.

### Job Description & Duties Drawing and Painting Instructor

Drawing and painting instructor planning lessons on art and art history in accordance with students' learning objectives. Work with primary and secondary youth. Provide instruction on drawing and painting, as well as art history.

- Demonstrates excellence in a variety of art techniques.
- Excellent verbal and written communication skills.
- Capacity to supervise youth groups.

- Drawing and Painting Classes
- Monday and Thursday, 5:00pm – 6:30pm
- 1 1/2 hours X 2 days = 3 hours per week



## MARIE A. WELLS

ARTS & EDUCATION CENTER INC.

Cynthia Ramos

### Job Description & Duties Vocal and Keyboard Instructor

1. Vocal instructor well-structured lesson plan covering all aspects of music, specifically designed to help youth reach their individual goals, which includes the theory and practice of general music and singing. Skilled in playing musical instruments, planning concerts for student participation.

2. Keyboard instructor teaching music theory, and helping students to learn and sharpen their sight-reading, memorizing, and improvising techniques. Prepare students for recitals, and competitions, and teach music theory.

- Strong interpersonal and communication skills.
- Choral pedagogy
- Vocal Classes - Saturday, 12:00pm – 2:00pm
- Keyboard Classes - Saturday, 2:00pm – 4:00pm
- 4 hours X 1 day = 4 hours per week





## MARIE A. WELLS

ARTS & EDUCATION CENTER INC.

Ely Burgos

### Job Description & Duties Drama and Acting Instructor

Drama and Acting instructor generally require the ability to do the following work: Teach students from beginner to advanced level how to read scripts, rehearse scenes, exhibit broad ranges of emotions on cue, improvise, memorize lines, research characters, and follow directions.

A bachelor's degree in theater or drama is best, but acting or film classes at a community college, theater company's acting conservatory, or film school is acceptable.

- Drama and Acting Classes
- Tuesday and Wednesday, 4:00pm – 6:00pm
- 2 hours X 2 days = 4 hours per week

Imitate, Mimic, and Sustain Youth Whose World Evolves Around the Arts!



## MARIE A. WELLS

ARTS & EDUCATION CENTER INC.

Hattie McDowell

### Job Description & Duties Fiscal Manager

Finance Manager builds financial strategies and reports to help companies improve their financial health and meet their long-term goals.

Their main duties include, but not limited to:

- Preparing MAW organizations' activity reports
- Creating financial forecasts
- Managing companies' payroll
- Brainstorming ways to maintain or reduce company costs.

Educate, Nurture, and Sustain Youth Whose World Evolves Around the Arts!

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

## DEPARTMENT OF THE TREASURY

Date: **MAY 06 2020**

MARIE A WELLS ARTS AND EDUCATION  
CENTER INC  
C/O MARIE A WILLINGHAM-WELLS  
4221 NW 19TH STREET-SUITE 273  
LAUDERHILL, FL 33311-0000

Employer Identification Number:  
84-4851947  
DLN:  
26053498001410  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500

Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
March 17, 2020  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947





## MINUTES OF MAW BOARD OF DIRECTORS

Friday, March 25, 2022

- I. Assembly & Organization:
  - A. Call to Order at 6:02pm, Friday, March 25, 2022
  - B. Roll Call of Board Members
    1. Marie Wells- present
    2. Herbert Bond- present
    3. Shaneka Willingham - present
    4. Keisha Willis- present

Quorum Present: Yes
- II. Continued Matters:
  - A. Board of Directors in agreement with Marie A. Wells submitting RFP for Property on the Historical Sistrunk Blvd? Yes X No
  - B. RFP for Property on Sistrunk / Bid submitted 3/21/ 2022
  - C. RFP Due May 6, 2022, 2pm Uploaded
  - D. Incentive Application: Business Plans, Conceptual Plans, MAW Board, General Contractor, Consultant etc.
- III. Old Business: Discuss RFP for Property
- IV. New Business:
  1. MAW After-School Program will begin enrollment Monday, April 11, 2022 (Electronic and paper enrollment forms and payments submitted by using website)
  2. Sessions will begin, Monday, May 2, 2022, Mon – Thur. 2:30pm – 6:30pm
  3. MAW After-School Location: John E. Mullin Park 2000 NW 55<sup>th</sup> Avenue, Lauderhill, FL 33313
  4. Applied for Microloan of \$25,000 City of Lauderhill 3/14/2022 (Equipment & Inventory) (Consultant & Fiscal Manager)
  5. Applied for \$5,000 Grant Walmart
  6. Met with UPS Foundation requesting \$25,000 for MAW College Ready Program & Afterschool Program 3/25/2022
- V. Future Objectives
  1. Apply for grants
  2. Board of Directors Trainings
- VI. Communications:
  - A. Next Meeting April 8, 2022, at 6pm
- VII. Adjournment: 6:58 pm

*Keisha Willis 3/25/22*



# State of Florida



## Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of MARIE A. WELLS ARTS AND EDUCATION CENTER, INC., a Florida corporation, filed on March 17, 2020, as shown by the records of this office.

The document number of this corporation is N20000003505.



Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Twenty-seventh day of March, 2020



CR2E022 (01-11)

*Laurel M. Lee*

Laurel M. Lee  
Secretary of State



**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**Article I      NAME**

The name of the corporation shall be:

Marie A. Wells Arts and Education Center, Inc.

**Article II      PRINCIPAL OFFICE**Principal Street address

Mailing address, if different is:

4221 NW 19<sup>th</sup> Street, Suite 273  
Lauderhill, FL 33313

SAME

**Article III      PURPOSE**

The purpose for which the corporation is organized is:

Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations described under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

**Article IV      MANNER OF ELECTION** The manner in which the directors are elected and appointed.

As provided in the By-Laws.

**Article V      INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Marie A. Willingham-Wells, President  
Address: 4221 NW 19<sup>th</sup> Street, Suite 273  
Lauderhill, FL 33313

Name and Title: Shaneka R. Willingham, Board Chair  
Address: 3501 NW 17<sup>th</sup> Street  
Lauderhill, FL 33311

Name and Title: Shayla Bullard, Secretary  
Address: 3524 NW 24<sup>th</sup> Street  
Lauderhill Lakes, FL 33311

Name and Title: Herbert Bond, Treasurer  
Address: 5801 Plantation Road  
Plantation, FL 33317

**Article VI      REGISTERED AGENT**The name and Florida street address (P.O. box NOT acceptable) of registered agent is:

Name and Title: Marie A. Willingham-Wells, President  
Address: 4221 NW 19<sup>th</sup> Street, Suite 273  
Lauderhill, FL 33313

**Article VII INCORPORATOR**

City of Fort Lauderdale

12642-925

The name and Florida street address (P.O. box **NOT** acceptable) of incorporator is:

Name and Title: Marie A. Willingham-Wells, President  
Address: 4221 NW 19<sup>th</sup> Street, Suite 273  
Lauderhill, FL 33313

**Article VIII Purpose Clause**

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributed to its members, trustees or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article III hereof. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing and distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

**Article IX Dissolution of Assets**

Upon the dissolution of the Corporation, assets acquired by the Corporation shall be distributed for one or more exempt purposes within the meaning of Section 501c3 of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to the state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principle office of the Corporation is located, exclusively for such purposes or to such organization or organizations, as said Court shall determine which are organized and operated exclusively for such purposes.

*Having been named as the registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature of Registered Agent

6/3/2020

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature of Registered Agent

6/3/2020

Date





# MARIE A. WELLS

ARTS & EDUCATION CENTER INC.

FORT LAUDERDALE CRA PURCHASE AND DEVELOPMENT OF  
CRA PROPERTY SOLICITATION BID 12642-925  
PARCEL 2 547 NW 7<sup>TH</sup> TERRACE

## STREET MAP



PARCEL 2

7,925 SQUARE FEET

551 NW 7<sup>TH</sup> TERRACE

PROPERTY ID

504203011600

547 NW 7 Terrace

PROPERTY ID

504203011610



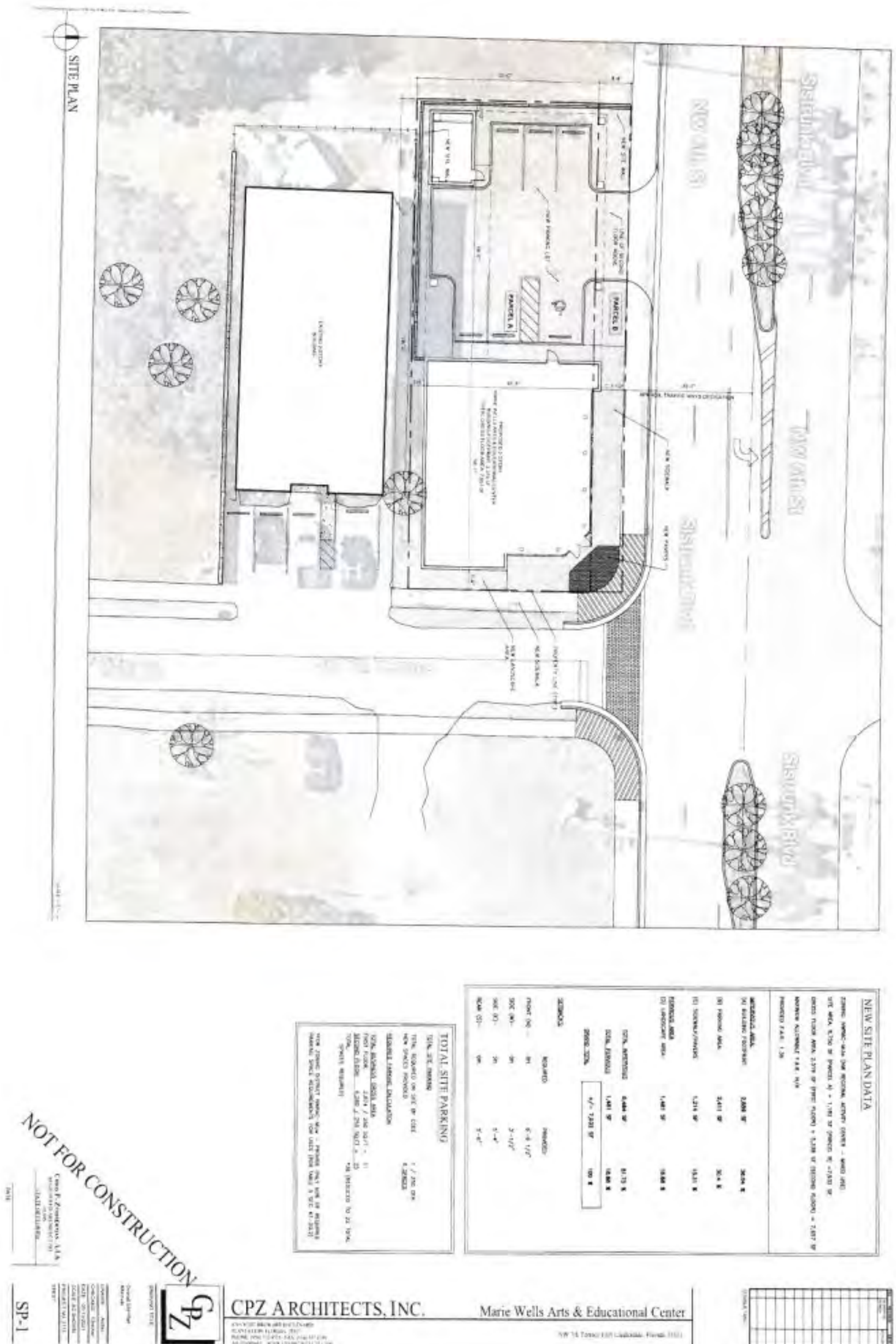
**MARIE A. WELLS**

ARTS & EDUCATION CENTER INC.

FORT LAUDERDALE CRA PURCHASE AND DEVELOPMENT OF  
CRA PROPERTY SOLICITATION BID 12642-925  
PARCEL 2 547 NW 7<sup>TH</sup> TERRACE

## 4.2.6 PROJECT PLANS AND INFORMATION







MARIE A. WELLS ARTS & EDUCATION CENTER

NW 7th Terrace Fort Lauderdale, Florida 33311

SITE PLAN

CPZ ARCHITECTS, INC.

2710 West Broward Boulevard, Pompano, FL 33062  
305.781.1144 Office, 305.781.1144 Mobile, 305.781.1144  
305.781.1144 Fax, 305.781.1144 Email: info@cpzarchitects.com



SP-1





MARIE A. WELLS ARTS & EDUCATION CENTER

4447 7th Terrace Fort Lauderdale, Florida 33317

CPZ ARCHITECTS, INC.

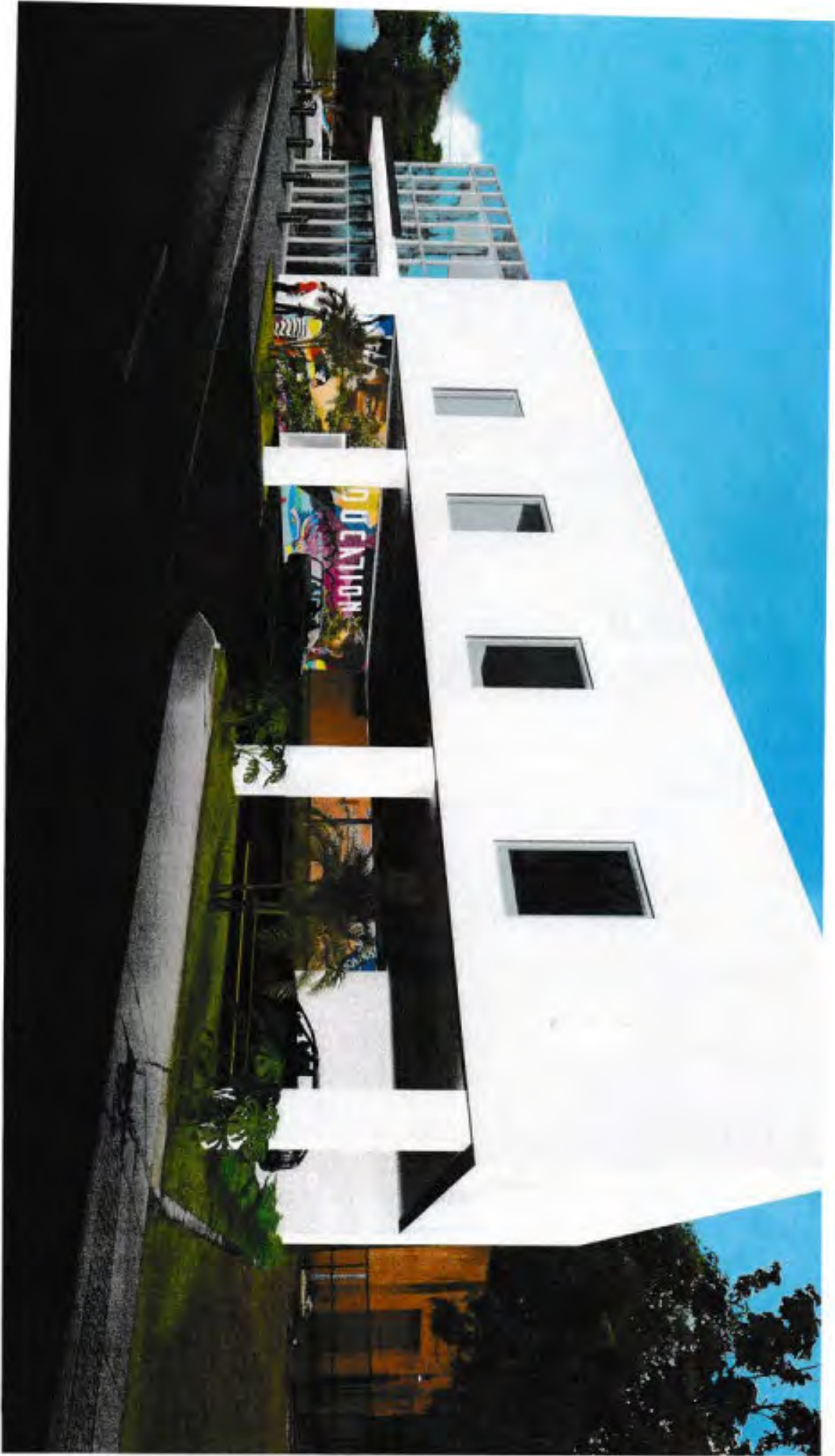
1116 West Beach Road, Fort Lauderdale, FL 33317  
305-551-1111  
www.cpzarchitects.com



R-1

RENDER

RENDER



MARIE A. WELLS ARTS & EDUCATION CENTER

NEW 21th Terrace Fort Lauderdale, Florida 33311

CPZ ARCHITECTS, INC.

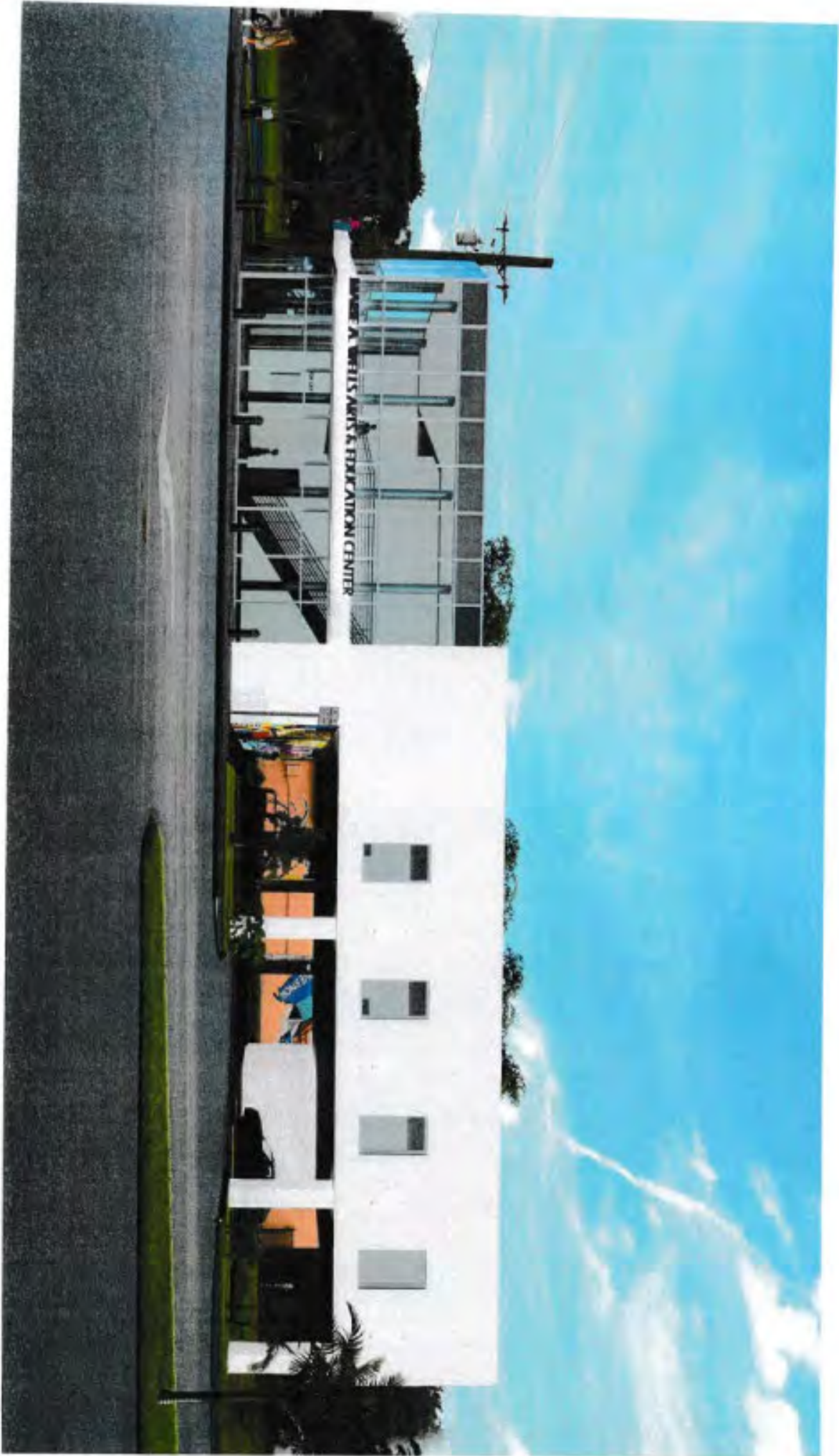
4105 West Broward Boulevard, Pompano, FL 33067  
260 N. E. 12th Ave., Suite 200, Fort Lauderdale, FL 33301  
Tel: (954) 782-8825 • www.cpzarchitects.com • AIAA 20160435

R-2





RENDER



MARIE A. WELLS ARTS & EDUCATION CENTER

NW 7th Terrace Fort Lauderdale, Florida 33311

CPZ ARCHITECTS, INC.

4106 West Broward Boulevard, Fort Lauderdale, FL 33317  
305.511.1111  
www.cpzarchitects.com



R-3

**HBR Construction, LLC.**

1401 N. Mangonia Drive  
 West Palm Beach, FL 33401  
 Ph: 561-371-8546 fax: 561-429-4028  
[hbrharold@gmail.com](mailto:hbrharold@gmail.com)

CGC

**JOB ESTIMATE****TO:**

Marie A. Wells  
 Marie A. Wells Arts and Education Center

**Job Address:** Marie A. Wells Arts and Education Center

**Job Description:** New Construction of Education Center

**We hereby submit specifications and estimates for:**

Description	Cost	Total
Shell Construction	\$455,000	
Plumbing - (Material & Labor)	75,000	
Electric - (Material & Labor)	86,000	
Air Conditioning	69,000	
Stucco	65,000	
Paint	72,000	
Windows & Doors	120,000	
Interior Framing, Furring & Drywall	84,000	
Flooring	53,000	
Finish Carpentry	69,000	
Landscaping	53,000	
Site Work	78,000	
Parking Lot Drainage Infrastructure	98,000	
Irrigation	16,200	
Monument Sign	8,500	
Contingency	50,000	
<b>Sub-Total</b>		<b>1,451,700</b>
Impact Fees		77,990
Equipment Package		55,681
Architectural & Engineering Fee		40,000
Permit Fees		21,486
Appraisal Cost		5,124
Environmental Survey		2,600
Site Survey		2,500
Construction Insurance		1,500
Overhead & Profit		290,340
<b>Grand Total</b>		<b>\$1,948,921</b>





# MARIE A. WELLS

ARTS & EDUCATION CENTER INC.

FORT LAUDERDALE CRA PURCHASE AND DEVELOPMENT OF  
CRA PROPERTY SOLICITATION BID 12642-925  
PARCEL 2 547 NW 7<sup>TH</sup> TERRACE

## 4.2.7

PROJECTS THAT INCLUDE A RESIDENTIAL ELEMENT

NON - APPLICABLE



# MARIE A. WELLS

ARTS & EDUCATION CENTER INC.

FORT LAUDERDALE CRA PURCHASE AND DEVELOPMENT OF  
CRA PROPERTY SOLICITATION BID 12642-925  
PARCEL 2 547 NW 7<sup>TH</sup> TERRACE

## 4.2.8

COMMERCIAL – RETAIL OR OFFICE ELEMENT

NON - APPLICABLE



**MARIE A. WELLS**

ARTS & EDUCATION CENTER INC.

FORT LAUDERDALE CRA PURCHASE AND DEVELOPMENT OF  
CRA PROPERTY SOLICITATION BID 12642-925  
PARCEL 2 547 NW 7<sup>TH</sup> TERRACE

4.2.9

MINORITY/WOMEN (M/WBEO PARTICIPATION

NON - APPLICABLE

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## Northwest-Progresso-Flagler Heights Community Redevelopment Agency

### APPLICATION REQUEST SUPPLEMENTAL INFORMATION

#### CRA Incentive Programs

Please select the incentive(s) you are applying for and insert the amount of funding assistance you are seeking:

<input type="checkbox"/> COMMERCIAL FAÇADE IMPROVEMENT PROGRAM	\$ _____
<input type="checkbox"/> PROPERTY AND BUSINESS IMPROVEMENT PROGRAM	\$ _____
<input type="checkbox"/> STREETScape ENHANCEMENT PROGRAM	\$ _____
<input checked="" type="checkbox"/> DEVELOPMENT INCENTIVE PROGRAM	\$ 200,000
<input type="checkbox"/> PROPERTY TAX REIMBURSEMENT PROGRAM	\$ _____

Please provide a supplement sheet responding to the following numbered questions:

1. Please describe your project.
2. What is the address, folio number and legal description of the property.
3. What is the existing and proposed use of the property? Please note that certain uses are not eligible for CRA assistance. This includes convenience stores, pawn shops, check cashing stores, tattoo parlors, massage parlors, liquor stores and other uses as may be determined by the CRA that are inconsistent with the CRA Community Redevelopment Plan. Please note that there will be restrictive covenants placed on the property for minimum of 5 years restricting use of the property to only those uses for which CRA funding was provided.
4. Are the proposed improvements to the property being made on behalf of a proposed tenant for the property. If so, please provide a copy of the lease agreement.
5. What is the zoning of the property?
6. Are you the property owner? Please provide a copy of the deed of the property. You must be the owner of the property to apply.
7. Is your project new construction or is it renovation?
8. What is the total capital investment of your project and what is your hard construction and soft cost? (While property acquisition cost is not an eligible CRA expense, it may be included in your total capital investment)
9. What is the current Broward County Assessed Value of the property?
10. Is there a mortgage on the property? Please provide OR Book and Page. Please note that CRA funding is in the form of a 0% interest forgivable loan, forgiven after 5 year of project completion secured by a first



mortgage or subordinate mortgage on the property. Projects receiving over \$225,000 in CRA assistance will be secured by a forgivable loan forgiven after 7 years to 10 years depending on the level of CRA funding. Other forms of security in lieu of a forgivable mortgage will be considered on a case by case basis.

11. Are there any other liens or pending liens on the property? Please provide OR Book and Page.
12. Are there any code violations on the property? Identify.
13. Is the property listed "For Sale." Please note that properties listed for sale may not apply for CRA program funding.
14. How many new permanent jobs will be created by the project? Please describe the jobs to be created and projected salaries.
15. What is the estimated construction commencement date of the project? Please note that no work is to commence on the project unless a Program Agreement is approved and fully executed between the CRA and the property owner and that work must commence within 90 days of CRA funding approval.
16. What is the estimated completion date of the project? Please note that all approved projects must be completed within a maximum of three (3) years.
17. Please provide proof of your matching funds (i.e. bank statement, line of credit, etc.) and identify other proposed forms of financing for your project.
18. Do you have general liability and fire and casualty insurance on the property? You will be required to demonstrate proof of insurance and may include bonding requirements as required by the City/CRA prior to commencement of work. The cost of insurance may be included as part of your total project cost funded by the program.
19. Have you previously received funding from the CRA? Explain.

**If you are applying for funding from the Commercial Façade Improvement Program, Property & Business Improvement Program and/or Streetscape Enhancement Program, please also complete the following:**

20. Do you have a detailed scope of work? If so, please include for CRA review and approval.
21. Do you have completed architectural drawings for the scope of work to be performed? Please include along with architectural illustration(s) of the proposed work, material specifications, color selections, etc. Please note that architectural cost may be included as part of your total project cost.
22. Have your project plans been submitted for City Development Review and/or permitting and if so what are the status of the plans and the plan review number? All work must be permitted and approved by the Building Official.
23. Do you have detailed, written contractor cost estimates? If so, please provide.
24. Have you selected a contractor from the attached City/CRA Approved Contractor List? Please note if your contractor is not on the City/CRA approved list, it may be possible to have your contractor become an approved CRA Contractor. He/She will need to complete the attached Contractor Application for consideration.
25. If you are applying for the Façade Program or Property and Business investment Program, and if you are not using a City /CRA Approved Contractor, you must secure two detailed licensed and insured contractor cost estimates and CRA funding is limited to 60% of the lowest cost estimate not to exceed \$50,000 which can only be funded on a reimbursement basis, rather than a direct payment to the contractor. In addition, all

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9 | CRA INCENTIVE APPLICANT FORM  
10/1/2019

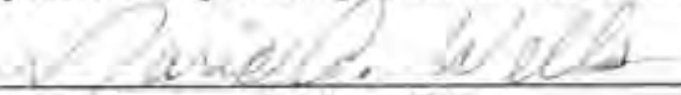


projects over \$50,000 may be assigned a CRA Construction Review Specialist who will determine the scope of work to be funded and will secure contractor pricing for the project, manage funding request and provide general project oversight.

26. For Streetscape Enhancement Program projects, see additional requirements for projects in excess of \$300,000 as required by Florida Statute 255.20.

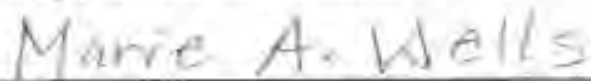
I **Marie A. Wells**

attest that the information is correct to the best of my knowledge. I further understand that the CRA program benefits are contingent upon funding availability and CRA approval and are not to be construed as an entitlement or right of a property owner/applicant. I further understand that I am responsible for providing all documentation required by The CRA.



Signature of

Property Owner or Business Owner



Print Name

## Personnel: Jobs to be Created



Job Title	#	Brief Job Description	Annual Average Salary	Industry Average Salary	Experience/Education/Skills Required
Dir. of Programs & Operations	1	Director of Operations will oversee the organization's processes. An upper management official, the Director of Operations will supervise the managers while reporting to the Chief Executive Officer.	\$50,000	\$60,000	<p>10-up years / Bachelor or Higher 10 years' experience working in an operations role and a minimum of five years in a management or leadership capacity.</p> <ul style="list-style-type: none"> <li>• Excellent leadership and organizational abilities</li> <li>• Superior knowledge of industry regulations and operational guidelines</li> <li>• In-depth knowledge of data analysis software packages</li> <li>• Working knowledge of customer relationship management (CRM) packages</li> <li>• Outstanding negotiation skills</li> <li>• Excellent written and oral communication</li> <li>• Proven knowledge of performance evaluation metrics in a business setting First-class people skills</li> </ul>
Program Coordinator	1	Program Coordinators manage, coordinate, and oversee different programs and projects.	\$39,000	\$45,000	<p>5-10 years / Bachelor or Higher</p> <ul style="list-style-type: none"> <li>• Leadership skills</li> <li>• Adaptability</li> <li>• Self-motivation</li> <li>• Organizational skills</li> <li>• Close attention to detail and the ability to plan ahead</li> <li>• Ability to work under pressure</li> <li>• Administrative and clerical skills</li> <li>• Interpersonal skills, including excellent written and verbal communication</li> </ul>
Admin. Assistant	1	Administrative Assistant work closely with Administrators and other employees to organize files, create correspondence, and prepare reports or documents. Their job is to complete a range of clerical tasks including manage calendars, sorting mail, or preparing invoices. They may also be responsible for engaging in event planning and meeting setup and implementation.	\$32,000	\$35,000	<p>3-5yrs/High School or Bachelor Micro Word, Excel etc. Well-rounded education that includes writing and mathematics</p>
Receptionist	2	Welcoming office guests and clients, sending, and receiving office correspondence and setting appointments. Answering phones and making phone calls on behalf of office employees.	\$25,000	\$30,000	<p>3-5 years High School or Bachelor Micro Word, Excel, etc. Written, Interpersonal skills, organization skills, communication skills, technology skills and multitasking skills.</p>
Maintenance Manager	1	Oversee the repairs, installations and upkeep of various buildings, offices, and other facilities. Their main duties include designing maintenance procedures, tracking budgets and expenses and performing inspections on different facilities to find problems and make repairs.	\$25,000	\$50,000	<p>5 + years' maintenance experience</p> <ul style="list-style-type: none"> <li>• School leaver's certificate required</li> <li>• Willingness to work early morning or late-night shifts, Ability to work well under minimal supervision, capacity to take direction, Strong attention to detail, physically capable of lifting and moving objects up to 15 kg as necessary.</li> </ul>



## Personnel: Jobs to be Created



Maintenance Assistant	2	Maintenance Assistant will be responsible for cleaning offices, meeting rooms, bathrooms, break rooms, and public areas etc.	\$25,000	\$31,000	2+ years' maintenance experience School leaver's certificate required. Willingness to work early morning or late-night shifts. Ability to work well under minimal supervision, capacity to take direction, Strong attention to detail, physically capable of lifting and moving objects up to 15 kg as necessary.
Security	2	Protect the business' property, staff, and the environment by keeping the location secure. Apprehend trespassers and remove people who violate the rules of the location they secure. Report any suspicious incidences to management in detail. Act in a lawful manner while in defense of the property, staff, and environment they oversee. Conduct regular and random patrols around the business building and perimeter.	\$27,000	\$40,000	10-15 years Certified / Experience <ul style="list-style-type: none"> <li>Conflict resolution: Personnel who work in the security sector often need to resolve conflicts and disputes in a safe manner.</li> <li>Observation: Good Security employees have outstanding observation skills, so they know if there's been trespassing, or other damage done to their prescribed area.</li> <li>Physical fitness: It's occasionally necessary for Security employees to chase or incapacitate trespassers to keep their company safe.</li> <li>Self-direction: Most Security personnel work independently without oversight from a manager. The ability to self-direct and stay focused on the task at hand is vital.</li> <li>Communication: Since Security employees often work on their own, it's important they communicate the interactions and incidents from their shift with their employer verbally and in writing.</li> </ul>
Finance Manager	1	Finance Manager builds financial strategies and reports to help companies improve their financial health and meet their long-term goals. Their main duties include preparing an organizations' activity reports, creating financial forecasts, and brainstorming ways to maintain or reduce company costs.	\$47,000	\$60,000	10 - up years Bachelor or Higher Executive-level role, several years of experience in the industry: <ul style="list-style-type: none"> <li>Demonstrates strategic planning experience at a management level</li> <li>Experience in managing budgets and forecasting</li> <li>Experience in providing data analysis and producing reports</li> <li>High-level experience with financial and/or accounting software</li> <li>Industry-specific qualifications as required</li> <li>Strong communication and presentation skills</li> <li>Hold a Chartered Financial Analyst (CFA) qualification.</li> </ul>

## Personnel: Jobs to be Created



Bookkeeper	1	Bookkeeping Clerk is a financial professional who is responsible for recording the company's financial accounts and records. Their duties include checking accounting records for accuracy, tracking invoices and payments and maintaining a system for organizing company documents.	\$36,700	\$41,000	5-10 years Bachelor or Higher Senior level Bookkeeper Formal education, certifications, and real-world experience and Math skills. <ul style="list-style-type: none"> <li>• An eye for detail</li> <li>• The ability to meet deadlines</li> <li>• The ability to communicate complex data in a clear way</li> <li>• Exceptional organization skills</li> <li>• The ability to prioritize projects</li> <li>• The ability to meet deadlines</li> <li>• Customer service skills</li> <li>• Excellent data entry skills</li> <li>• Payroll accounting skills</li> </ul>
Dance Instructor	2	Dance instructors teach a variety of dance styles and techniques to students from beginner to advanced level.	\$45 per class	\$50 per class	10 -15 years Bachelor or Higher <ul style="list-style-type: none"> <li>• Bachelor's degree in dance or qualification from an accredited college.</li> <li>• Previous teaching experience required.</li> <li>• Excellent communication skills.</li> <li>• Energetic, driven, creative, and dependable.</li> <li>• Demonstrate patience and leadership skills.</li> </ul>
Art Instructor - Drawing	1	Planning lessons on art and art history in accordance with students' learning objectives. Work with primary and secondary youth. Provide instruction on drawing, as well as art history.	\$40 per class	\$50 per class	10 -15 years Bachelor or Higher <ul style="list-style-type: none"> <li>• Bachelor's degree in fine arts with teaching qualification, or equivalent.</li> <li>• Prior experience as an art teacher.</li> <li>• Demonstrated excellence in a variety of art techniques.</li> <li>• Excellent verbal and written communication skills.</li> <li>• Capacity to supervise group work.</li> <li>• Outstanding planning and problem-solving skills.</li> <li>• Supportive, flexible disposition.</li> <li>• Available to work during evenings, on occasion.</li> </ul>
Art Instructor - Painting	1	Planning lessons on art and art history in accordance with students' learning objectives. Work with primary and secondary youth. Provide instruction on painting, as well as art history.	\$40 per class	\$50 per class	5 -10 years Bachelor or Higher <ul style="list-style-type: none"> <li>• Bachelor's degree in fine arts with teaching qualification, or equivalent.</li> <li>• Prior experience as an art teacher.</li> <li>• Demonstrated excellence in a variety of art techniques.</li> <li>• Excellent verbal and written communication skills.</li> <li>• Capacity to supervise group work.</li> <li>• Outstanding planning and problem-solving skills.</li> <li>• Supportive, flexible disposition.</li> <li>• Available to work during evenings, on occasion.</li> </ul>
Vocal Instructor	2	The vocal instructor will follow the guidelines from beginner to advanced - All Ages well-structured lesson plan covering all aspects of music, specifically designed to help youth reach their individual goals, which includes the theory and practice of general music and singing. Skilled in playing musical instruments, planning concerts for student participation. Skilled in playing musical instruments, planning concerts for student participation, and creating after school music clubs.	\$50 per class	\$75 per class	10 -15 years Bachelor or Higher <ul style="list-style-type: none"> <li>• Bachelor's degree in music.</li> <li>• License to teach as an academic (state requirement).</li> <li>• Strong interpersonal and communication skills.</li> <li>• Choral pedagogy.</li> </ul>



## Personnel: Jobs to be Created



Keyboard/ Piano Instructor	2	Teaching music theory, and helping students sharpen their sight-reading, memorizing, and improvising techniques. Prepare students for recitals, and competitions, and teach music theory.	\$50 per class	\$75 per class	10 -15 years Bachelor or Higher <ul style="list-style-type: none"> <li>• Bachelor's degree in music.</li> <li>• License to teach as an academic (state requirement).</li> <li>• Strong interpersonal and communication skills.</li> </ul>
Song Writing Instructor	1	Skilled and tech-savvy songwriter to create songs that will resonate with an audience. The songwriter's responsibilities include analyzing existing hits and music industry trends, networking with industry professionals, and producing work for organizations specifications and time frames. Also be able to use traditional instruments and software to create jingles and backing tracks.	\$45per class	\$50 per class	5 -10 years Bachelor or Higher A degree in fine art, music, creative writing. <ul style="list-style-type: none"> <li>• Industry experience and existing connections are recommended.</li> <li>• A sound understanding of melody, poetry, music, and lyrics.</li> <li>• Strong analytical and time management abilities.</li> <li>• Good research and marketing skills.</li> <li>• Superb written and verbal communication, as well as interpersonal skills.</li> <li>• Diligent, deadline-driven, and willing to work with other artists.</li> </ul>
Drama / Acting Instructor	1	Job generally requires the ability to do the following work: Teach students from beginner to advanced level how to read scripts, rehearse scenes, exhibit broad ranges of emotions on cue, improvise, memorize lines, research characters, and follow directions.	\$50 per class	\$75 per class	10 -15 years Bachelor or Higher A bachelor's degree in theater or drama is best, but <u>acting or film classes</u> at a community college, theater company's acting conservatory, or film school is acceptable.





**MARIE A. WELLS**  
ARTS & EDUCATION CENTER INC.

BUSINESS PLAN  
2022

Marie A. Wells

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#### **4.2.2 Executive Summary:**

The City of Ft. Lauderdale has around 132,7140 children under 18 years old.

In several neighborhoods, like the Northwest-Progresso-Flagler Heights (NPF) Sistrunk area, they are underserved with regards to exposure to music, painting, and drawing, drama and acting, vocal lessons and song writing.

The average Ft Lauderdale household has a median income at \$64,313. 41,723. 53% of the population is minority. 25% is foreign born. Those and other factors have made childhood exposure to the arts difficult.

Why is that exposure important?

When children engage in the artistic process of questioning, meaning making, experimentation, risk-taking, reflection, curiosity, and joy, it positively impacts their social-emotional growth and understanding of the world around them. It also helps with assimilation.

Research shows that exposure to the Arts can help teens develop many positive skills and capacities that are valued by leaders and employers, such as persistence, collaboration, creative thinking, problem solving, motivation, and problem solving. In addition, studies demonstrate that Arts exposure can improve a teenager's confidence and academic performance.

The Marie A. Wells Arts and Education Center, Inc and its "MAW After-School Youth Arts Programs" will provide students in the 6th to 12th grades with local, easy, and consistent access to art and music programs.

Measurable impacts of the Center would be an increase in residents who have high school degrees, a decrease in the high school dropout rate, and an increase in the number of residents with bachelor's degree or higher. Improvement in median household income would reflect the impact of younger residents, well prepared, starting out in better paying jobs.

The Center will address several goals of the redevelopment efforts. It will add jobs. Twelve positions with an initial annual payroll of \$321,000 will be added. The vacant lot in question will be developed. The overall quality of life for the children and families using the Center's services and programs will be enhanced by exposure to the arts, music, dancing, and personal development.

The Center is designed to be financially self-sustaining.



#### 4.2.3 Company Information

Ms. Wells has been working for almost 14 years in youth services positions. She has held positions as Director of Outreach, Program Coordinator, Child Care Coordinator, Family Resource Coordinator, and others. In those positions she created, participated in, or managed active parenting, becoming a responsible teen, and learning intervention programs as well as diversion and intervention programs to prevent juvenile delinquency.

She founded the Marie A. Wells Arts & Education Center as a 501(c)3 nonprofit established in 2020.

The organization's mission is to Educate, Nourish, and Sustain Youth Whose World Evolves around the Arts.

Built on the philosophy that the principles of *Honesty, integrity, Fun, Innovation, and Community* are values that are important, the center's vision is to expose young people from the ages of 6 to 18 to those values through the arts.

The founder's vision is to Ignite Youth in the Arts. By building awareness, self-esteem, and self-confidence, together with lifelong skills and appreciation of the arts, youths participating in the Center's programs will add value to the community and to society.

The Center's goals are to participate in the development of the youth in the community by providing a location where they can gather and participate in educational, recreational, and social events.

While the COVID pandemic slowed the implementation of some plans the Center built momentum by signing agreements with artist Constance Ivana to host online Drawing and Painting Classes from March to June 2021. In Person Dance Lessons on Hip Hop, Jazz, and Ballet were given using Dance to Life, LLC from March 2021 through January 2022.

Ms. Wells has established key ongoing collaborations. A relationship with UPS has established an annual back to school event in August that provides backpacks, school supplies, and snacks to elementary, middle, and high schoolers preparing youth for the new school year.

A Team Building Program was established in October. It is a four-hour session program that brings UPS employees, middle and high school youth together to initiate a highly interactive Fun day of Team Building activities which was proven to bring out the best characteristics among the youth, through modeling, role playing, and conflict resolution strategies etc.



#### 4.2.4 Community and Economic Benefits

##### Objectives

Marie A. Wells Arts and Education Center, Inc. will introduce the **MAW After-School Youth Arts Programs** to the NPF CRA area of the City of Ft. Lauderdale. It is designed to serve students in the arts from 1st to 12th grades, these after-school and summer sessions will include but not limited to:

- Drawing and Painting Classes
- Drama and Acting Classes
- Vocal Classes
- Keyboard Classes
- Mentoring Sessions & Life Skill Groups
- Career Development
- College Ready Program

Through their engagement in the afterschool and summer sessions, students will increase their level of acting, singing, drawing, and painting, song writing, vocal ability, dedication, creativity, pride, teamwork, and develop life-long friendships. The youth arts after-school and summer program will culminate with an Annual Musical performance, giving the youth an opportunity to share their talents with the community.

##### Services

Youth in the Ft Lauderdale area are underserved with regards to exposure to music, painting, and drawing, drama and acting, vocal lessons and song writing.

The Center's after-school program will offer music appreciation and participation programs, musical theater programs, basic through advanced art appreciation and application, and a creative song writing program. These programs, cumulatively, will provide a wide range of services to aid in the personal and social development of these young adults in their formative years.

The services will be provided throughout the year on an After-school schedule. Summer camps will be operated. Fees will be collected to put some value on the services. Grants, donations, and sponsorships will be targeted as additional revenue sources to keep those fees low. Affordability will be important to community participation.

#### 4.2.5. Financial Information

The table below shows the initial Monday -Thursday, and Saturday programs. As the programs grow additional times will be added as the rooms reach student capacity on the initial days scheduled.



#### After – School Youth ARTrichment Program Schedule

2022-2023

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	SATURDAY
2:30pm – 3:00pm	Snacks	Snacks	Snacks	Snacks	Vocal Classes 12:00pm – 2:00pm
3:00pm – 3:30pm	Homework Supervision	Homework Supervision	Homework Supervision	Homework Supervision	Keyboard Classes 2:00pm – 4:00pm
3:30pm – 4:00pm	Mentorship Groups & Life Skills Sessions	Mentorship Groups & Life Skills Sessions	Mentorship Groups & Life Skills Sessions	Mentorship Groups & Life Skills Sessions	
ARTrichment Sessions 4:00pm – 6:00pm	Drawing & Painting Classes	Drama & Acting Classes	Drama & Acting Classes	Drawing & Painting Classes	
<b>Note:</b> Drawing & Painting Classes 5:00pm – 6:30pm		(ACT & SAT Prep) June, July & August 9am – 2pm			
6:00pm – 6:30pm	Dismissal	Dismissal	Dismissal	Dismissal	
<b>NOTE:</b> Station Rotations 4:00pm – 6:00pm	Station Rotations  Reading Station Audio, hard book, etc	Station Rotations  STEM Science	Station Rotations  STEM Math	Station Rotations  Team Building Cooperative Learning	

The Center will offer its facilities for use by the residents and businesses in the community and from nearby downtown Ft. Lauderdale. The theater will be an attractive venue for performance-based activities put on by schools, non-profits, and community-based programs. The classrooms are ideal for use for instructors who teach adult focused fitness, yoga, dance, acting, and art lessons in individual or group sessions. The community room is ideal for business meetings and family gatherings and celebrations.

#### Marketing Strategy

The main purpose of the **MAW After-School Youth Arts Programs** is to Educate, Nourish, and Sustain youth who have a strong interest in the arts as well as other youth who will benefit, in their developmental years, from exposure to the arts.

Those young people will be 6 – 18 years old. 65% will skew towards those who identify as female. They will be from households within the NPF CRA area. Household income will reflect the underserved communities the program is looking to serve, meaning most incomes will be below the city's \$64,313 median income. Some of the children will be considered at-risk due to behavioral issues, lack of activity or motivation.



The Center's website <https://www.mawartscenter.org/> will be the central hub for the program. All marketing will direct interest parties to the website for information, program selection, and enrollment.

Marketing will be a combination of in person presentations, targeted direct mail, and social media.

In person presentations will be made to targeted partnership and collaboration organizations with electronic and hard copy content. Chambers of Commerce, community networking events, religious institutions, and schools will be approached to speak about the Center and its community focused programs and services.

Social media brand building will use the evolving marketing available on sites that the local youths watch. Currently Instagram, Facebook, etc.

Since the targeted households can be well identified the U.S. Postal Serviced Every Door Direct Mail service can be used to effectively test a direct mail campaign.

Public relations will be pursued with PSA materials prepared and distributed to local newspapers, magazines, TV and radio stations.

#### Financing:

The Center will be self-sustaining. It is requesting that the site be donated to the non-profit for the use designated in this proposal. Construction funding will be obtained via commercial loans or redevelopment assistance, or both.

The following financial documents show forecasts for startup up costs, a sales forecast for the arts program, an estimate of rental income, and a five-year proforma

**Startup Summary.** While the company has been operating for two years on a mobile basis, the initiative with the support of the City of Ft. Lauderdale is viewed as implementing a fixed location program. The funds needed for launching the initiative are shown below. 99% of startup costs are allocated to assets. Miscellaneous expenses are 7% of the funds.

Fixed Assets	Amount	Depreciation (years)	Notes
Real Estate-Land		Not Depreciated	
Real Estate-Buildings	2,000,000	20	
Leasehold Improvements		7	
Equipment	\$ 93,156	5	Assessment of startup costs to assets = 99%
Total Fixed Assets	\$ 2,093,156		
Operating Capital	Amount	Notes	
Pre-Opening Salaries and Wages	\$ 2,400	teachers for 2 days; PM for 2 weeks	
Prepaid Insurance Premiums	\$ 250		
Supplies	\$ 1,500		
Advertising and Promotions	\$ 3,000		
Licenses	\$ 350		
Working Capital (Cash On Hand)	\$ 3,000		
Total Operating Capital	\$ 12,500		
Total Required Funds	\$ 2,105,656		

Source of Funding	Percentage	Total	Loan Rate	Term in Months	Monthly Payments	Notes
Owner's Equity	0.27%	\$ 5,657				
Additional Loans or Debt		\$ 2,099,999				
Commercial Loan	0.00%	\$ -	0.00%	120	\$ -	
<b>Total Sources of Funding</b>	<b>100.00%</b>	<b>\$ 2,105,656</b>			<b>\$ -</b>	
<b>Total Funding Needed</b>		<b>\$ -</b>				You require more funding (Not Estimated)



**Facility Rentals Forecast:**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Theater		\$ 5,000			\$10,000	\$ 2,500	\$ 2,500		\$ 7,500		\$ 5,000	\$ 5,000	\$ 37,500
Classrooms	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 2,000	\$ 2,000	\$ 2,500	\$ 3,500	\$ 3,500	\$ 3,500	\$ 1,500	\$ 30,500
Community Room	\$ 200	\$ 200	\$ 200	\$ 200	\$ 500	\$ 500	\$ 1,500	\$ 1,500	\$ 200	\$ 200	\$ 200	\$ 200	\$ 5,400
Totals	\$ 3,200	\$ 3,200	\$ 3,200	\$ 3,200	\$13,500	\$ 5,000	\$ 6,000	\$ 4,000	\$11,200	\$ 3,700	\$ 8,700	\$ 6,700	\$ 73,400

**Sales Forecast:**

A five-year income statement is on the following page. It is built from a first-year sales forecast shown below. The revenue from the **MAW After-School Youth Arts Programs** is shown below. It is predicted to grow at 5% each year.

**Enrollment (Sales) Forecast**

Program	Fee Unit: 1 child	Average Weekly Fee Per Child Per Program	Total Monthly Revenue per child	# Children per teacher
Drama & Acting	1	\$ 80.00	\$ 260	20
Vocal Lessons	1	\$ 80.00	\$ 260	20
Keyboard Lessons	1	\$ 80.00	\$ 260	20
Drawing & Painting	1	\$ 80.00	\$ 260	20
Summer Camp	1	\$ 120.00	\$ 521	20

ENROLLMENTS	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual Totals
<b>Drama &amp; Acting</b>													
Numbers of Children Enrolled	8	10	15	18	20	0	0	0	20	20	20	20	
Total Classroom Tuition	\$ 2,083	\$ 2,604	\$ 3,906	\$ 4,687	\$ 5,208	\$ -	\$ -	\$ -	\$ 5,208	\$ 5,208	\$ 5,208	\$ 5,208	\$ 39,320
# Teachers needed	1.00	1.00	1.00	1.00	1.00	-	-	-	1.00	1.00	1.00	1.00	
Teacher Compensation	\$ 764	\$ 764	\$ 764	\$ 764	\$ 764	\$ -	\$ -	\$ -	\$ 764	\$ 764	\$ 764	\$ 764	\$ 6,875
on minus Teacher Compensation	\$ 1,319	\$ 1,840	\$ 3,142	\$ 3,923	\$ 4,444	\$ -	\$ -	\$ -	\$ 4,444	\$ 4,444	\$ 4,444	\$ 4,444	\$ 32,445
<b>Vocal Lessons</b>													
Numbers of Children Enrolled	8	10	15	18	20	0	0	0	20	20	20	20	13
Total Fees	\$ 2,083	\$ 2,604	\$ 3,906	\$ 4,687	\$ 5,208	\$ -	\$ -	\$ -	\$ 5,208	\$ 5,208	\$ 5,208	\$ 5,208	\$ 39,320
# Teachers needed	1.00	1.00	1.00	1.00	1.00	-	-	-	1.00	1.00	1.00	1.00	
Teacher Compensation	\$ 764	\$ 764	\$ 764	\$ 764	\$ 764	\$ -	\$ -	\$ -	\$ 764	\$ 764	\$ 764	\$ 764	\$ 6,875
on minus Teacher Compensation	\$ 1,319	\$ 1,840	\$ 3,142	\$ 3,923	\$ 4,444	\$ -	\$ -	\$ -	\$ 4,444	\$ 4,444	\$ 4,444	\$ 4,444	\$ 32,445
<b>Keyboard Lessons</b>													
Numbers of Children Enrolled	8	10	15	18	20	0	0	0	20	20	20	20	13
Total Fees	\$ 2,083	\$ 2,604	\$ 3,906	\$ 4,687	\$ 5,208	\$ -	\$ -	\$ -	\$ 5,208	\$ 5,208	\$ 5,208	\$ 5,208	\$ 39,320
# Teachers needed	1.00	1.00	1.00	1.00	1.00	-	-	-	1.00	1.00	1.00	1.00	
Teacher Compensation	\$ 764	\$ 764	\$ 764	\$ 764	\$ 764	\$ -	\$ -	\$ -	\$ 764	\$ 764	\$ 764	\$ 764	\$ 6,875
on minus Teacher Compensation	\$ 1,319	\$ 1,840	\$ 3,142	\$ 3,923	\$ 4,444	\$ -	\$ -	\$ -	\$ 4,444	\$ 4,444	\$ 4,444	\$ 4,444	\$ 32,445
<b>Drawing &amp; Painting</b>													
Numbers of Children Enrolled	8	10	15	18	20	0	0	0	20	20	20	20	13
Total Fees	\$ 2,083	\$ 2,604	\$ 3,906	\$ 4,687	\$ 5,208	\$ -	\$ -	\$ -	\$ 5,208	\$ 5,208	\$ 5,208	\$ 5,208	\$ 39,320
# Teachers needed	1.00	1.00	1.00	1.00	1.00	-	-	-	1.00	1.00	1.00	1.00	
Teacher Compensation	\$ 764	\$ 764	\$ 764	\$ 764	\$ 764	\$ -	\$ -	\$ -	\$ 764	\$ 764	\$ 764	\$ 764	\$ 6,875
on minus Teacher Compensation	\$ 1,319	\$ 1,840	\$ 3,142	\$ 3,923	\$ 4,444	\$ -	\$ -	\$ -	\$ 4,444	\$ 4,444	\$ 4,444	\$ 4,444	\$ 32,445
<b>Summer Camp</b>													
Numbers of Children Enrolled						100	100	100					25
Total Fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 52,080	\$ 52,080	\$ 52,080	\$ -	\$ -	\$ -	\$ -	\$ 156,240
# Teachers needed	-	-	-	-	-	5.00	5.00	5.00	-	-	-	-	
Teacher Compensation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 17,903	\$ 17,903	\$ 17,903	\$ -	\$ -	\$ -	\$ -	\$ 53,708
on minus Teacher Compensation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 34,178	\$ 34,178	\$ 34,178	\$ -	\$ -	\$ -	\$ -	\$ 102,533
<b>Total Fees (Annual Revenue)</b>	\$ 8,333	\$ 10,416	\$ 15,624	\$ 18,749	\$ 20,832	\$ 52,080	\$ 52,080	\$ 52,080	\$ 20,832	\$ 20,832	\$ 20,832	\$ 20,832	\$ 313,522
<b>Total instructor Compensation</b>	\$ 3,055	\$ 3,055	\$ 3,055	\$ 3,055	\$ 3,055	\$ 17,903	\$ 17,903	\$ 17,903	\$ 3,055	\$ 3,055	\$ 3,055	\$ 3,055	\$ 81,206
<b>Difference</b>	\$ 5,277	\$ 7,361	\$ 12,569	\$ 15,693	\$ 17,777	\$ 34,178	\$ 34,178	\$ 34,178	\$ 17,777	\$ 17,777	\$ 17,777	\$ 17,777	\$ 232,316



**5 Year Forecast:**

Revenue is derived from program fees (73%), facility rentals (16%), and fund raising (11%). Compensation, including payroll taxes and workman's compensation is 25%.

<b>Income Statement</b>		<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>
<b>INCOME</b>					
	Drama & Acting	\$ 39,320	\$ 41,286	\$ 43,351	\$ 45,518
	Vocal Lessons	\$ 39,320	\$ 41,286	\$ 43,351	\$ 45,518
	Keyboard Lessons	\$ 39,320	\$ 41,286	\$ 43,351	\$ 45,518
	Drawing & Painting	\$ 39,320	\$ 41,286	\$ 43,351	\$ 45,518
	Summer Camp	\$ 156,240	\$ 164,052	\$ 172,255	\$ 180,867
	Registration Fees	\$ 4,500	\$ 4,725	\$ 4,961	\$ 5,209
	Facility Rentals	\$ 73,400	\$ 77,070	\$ 80,924	\$ 84,970
	Grants/donations/ sponsorships	\$ 50,000	\$ 52,000	\$ 53,000	\$ 55,000
	<b>TOTAL INCOME</b>	<b>\$ 441,422</b>	<b>\$ 462,993</b>	<b>\$ 484,542</b>	<b>\$ 508,119</b>
<b>EXPENSES</b>					
Childcare	Program Supplies	\$ 10,000	\$ 10,400	\$ 10,920	\$ 11,466
	Snacks	\$ 40,000	\$ 41,600	\$ 43,680	\$ 45,864
	Program Instructors compensation	\$ 81,206	\$ 84,454	\$ 88,677	\$ 93,111
	Program Assistants	\$ 20,000	\$ 20,800	\$ 21,840	\$ 22,932
	Curriculum / Instructional Programs	\$ 10,000.00	\$ 10,400	\$ 10,920	\$ 11,466
Administration	Office Supplies	\$ 2,500	\$ 2,600	\$ 2,730	\$ 2,867
	Management Compensation	\$ 51,000	\$ 53,040	\$ 55,692	\$ 58,477
	Program Coordinator Compensation	\$ 50,960	\$ 52,998	\$ 55,648	\$ 58,431
	Advertising, Marketing and Promotions	\$ 13,500	\$ 14,040	\$ 14,742	\$ 15,479
	Website & Social Media	\$ 3,600	\$ 3,744	\$ 3,931	\$ 4,128
	Insurance: Business/Liability/Real Estate	\$ 2,169	\$ 2,256	\$ 2,369	\$ 2,487
	Accounting/Legal	\$ 3,000	\$ 3,120	\$ 3,276	\$ 3,440
	Printing	\$ 2,000	\$ 2,080	\$ 2,184	\$ 2,293
	Workman's Compensation	\$ 4,500	\$ 4,680	\$ 4,914	\$ 5,160
	Payroll Taxes	\$ 8,000	\$ 8,320	\$ 8,736	\$ 9,173
	License	\$ 425	\$ 442	\$ 464	\$ 487
	Mileage and Gas	\$ 2,000	\$ 2,080	\$ 2,184	\$ 2,293
	Loan/mortgage payments	\$ 122,796	\$ 122,796	\$ 122,796	\$ 122,796
	Phone	\$ 840	\$ 874	\$ 917	\$ 963
	<b>TOTAL EXPENSES</b>	<b>\$ 429,336</b>	<b>\$ 440,724</b>	<b>\$ 462,760</b>	<b>\$ 485,898</b>
<b>PROFIT (LOSS) BEFORE TAXES</b>		<b>\$ 12,086</b>	<b>\$ 22,269</b>	<b>\$ 23,382</b>	<b>\$ 24,552</b>
<b>INCOME TAXES</b>		0%			
<b>NET PROFIT (LOSS)</b>		<b>\$ 12,086</b>	<b>\$ 22,269</b>	<b>\$ 23,382</b>	<b>\$ 24,552</b>



## Northwest-Progresso-Flagler Heights Community Redevelopment Agency

### PERSONAL HISTORY STATEMENT

**PLEASE READ CAREFULLY - PRINT OR TYPE**

Each Proprietor (if a Sole Proprietorship), General Partner (if Partnership), Limited Partner (if Partnership), Officer, Director and Business Owner (owning 20% or more of the business), must complete a Personal History Statement. For all Non-Profit Organizations, all guarantors must complete this form and be approved as guarantors by the City of Fort Lauderdale Community Redevelopment Agency.

Applicant/Business Name: Marie A. Wells Arts & Education Center	Participating Bank/Lender: <u>PNC Bank</u>
City: <u>Lauderhill</u> State: <u>FL</u> Zip: <u>33319</u>	City: <u>Ft. Laud</u> State: <u>FL</u> Zip: <u>33301</u>

<b>Personal Statement of (if you do not have a middle name, put NMN):</b>		
First Name: <u>Shaneka</u>	Middle: <u>Renee</u>	Last: <u>Willingham</u>
Social Security No.: <span style="background-color: black; color: black;">[REDACTED]</span>	Date of Birth: <u>12/24/86</u>	Place of Birth: <u>Fort Lauderdale</u>

Present Address: <u>3501 NW 17th Street</u> City: <u>Lauderhill</u> State: <u>FL</u> Zip: <u>33311</u> From: <u>1989</u> To: <u>Present</u>	Previous Address: _____ <small>(needed if in present address less than 5 years)</small> City: _____ State: _____ Zip: _____ From: _____ To: _____
Loan Requested from CRA: \$ <u>0</u> Loan Request from Bank(s): \$ <u>0</u> Percentage of Company Ownership: <u>0</u> %	Are you a U.S. Citizen: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If NO, are you a Lawful Permanent Resident Alien: <input type="checkbox"/> YES <input type="checkbox"/> NO Alien Registration Number: _____

<b>IT IS IMPORTANT THAT THE NEXT THREE (3) QUESTIONS BE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU. HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.</b>	
<b>IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, PLEASE FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION.</b>	
1. Are you presently under indictment, on parole or probation? <small>(If YES, indicate the date parole or probation is to expire)</small>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Have you ever been charged with and/or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>I hereby authorize the City of Fort Lauderdale to request criminal record information about me from the criminal justice agencies for the purpose of determining my eligibility.</b>	

Signature: <u>Shaneka R. Willingham</u>	Title: <u>Board Member</u>	Date: <u>4/14/22</u>
---	----------------------------	----------------------

**\*ORIGINAL SIGNATURES REQUIRED**





## Northwest-Progresso-Flagler Heights Community Redevelopment Agency

### PERSONAL HISTORY STATEMENT

#### PLEASE READ CAREFULLY - PRINT OR TYPE

Each Proprietor (if a Sole Proprietorship), General Partner (if Partnership), Limited Partner (if Partnership), Officer, Director and Business Owner (owning 20% or more of the business), must complete a Personal History Statement. For all Non-Profit Organizations, all guarantors must complete this form and be approved as guarantors by the City of Fort Lauderdale Community Redevelopment Agency.

Applicant Business Name: Marie A. Wells Arts and Education Center, Inc.			Participating Bank/Lender: PNC Bank		
City: <u>Lauderhill</u>	State: <u>FL</u>	Zip: <u>33313</u>	City: <u>Fort Lauderdale</u>	State: <u>FL</u>	Zip: <u>33301</u>

#### Personal Statement of (if you do not have a middle name, put NMN):

First Name: Keisha Middle: Samar Last: Willis  
 Social Security No.: [REDACTED] Date of Birth: 10/21/1976 Place of Birth: Jamaica

Present Address: <u>9405 NW 42nd St.</u>			Previous Address: <u>10713 NW 42nd Ct.</u> <small>(needed if in present address less than 5 years)</small>		
City: <u>Sunrise</u>	State: <u>FL</u>	Zip: <u>33351</u>	City: <u>Sunrise</u>	State: <u>FL</u>	Zip: <u>33351</u>
From: <u>Dec. 2020</u> To: <u>Present</u>			From: <u>Dec 2015</u> To: <u>Dec 2020</u>		
Loan Requested from CRA: \$ _____			Are you a U.S. Citizen: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Loan Request from Bank(s): \$ _____			If NO, are you a Lawful Permanent Resident Alien: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Percentage of Company Ownership: _____ %			Alien Registration Number: _____		

IT IS IMPORTANT THAT THE NEXT THREE (3) QUESTIONS BE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU. HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.

IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, PLEASE FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION.

- Are you presently under indictment, on parole or probation? ☐ YES ☒ NO  
(if YES, indicate the date parole or probation is to expire)
- Have you ever been charged with and/or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted. ☒ YES ☐ NO
- Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation? ☒ YES ☐ NO

I hereby authorize the City of Fort Lauderdale to request criminal record information about me from the criminal justice agencies for the purpose of determining my eligibility.

Signature: <u>Wesbell Willis</u>	Title: <u>Board Secretary</u>	Date: <u>4/14/2022</u>
----------------------------------	-------------------------------	------------------------

\*ORIGINAL SIGNATURES REQUIRED



9/24/03  
arrgn  
J

MEMORANDUM

[ XXX ] **NOLLE PROSEQUI  
DISMISSAL**

NP/DISM DATE \_\_\_\_\_

DATE OF MEMORANDUM 9/11/03

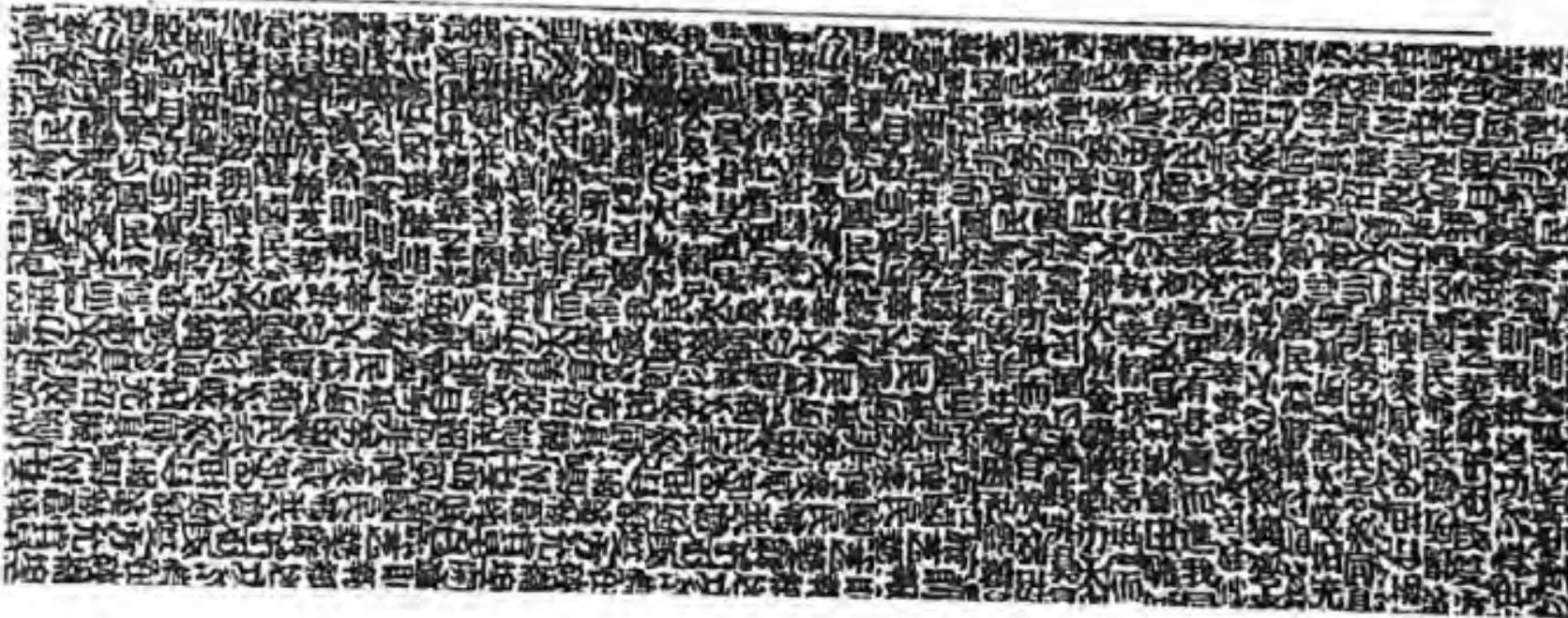
DEFENDANT KEISHA NESBETH

JUDGE: DIAZ

CASE NUMBER 03-20436 MM10A

03-20436 mm10a

CHARGE(S) DISORDERLY CONDUCT



SHARON MULLANE  
Assistant State Attorney

Supervisor,

FCT

Division

CLERK, CIRCUIT COURT  
BROWARD COUNTY, FL.

2003 SEP 15 AM 11:30

T&M CENTRAL

Rev 5/90

CLERK

#047



VISION: riminal	<b>FELONY ORDER OF ACQUITTAL</b>	OR BK 36722 Pages 695 - 695 RECORDED 01/09/04 10:09:16 BROWARD COUNTY COMMISSION DEPUTY CLERK 1047 #22, 1 Pages
THE STATE OF FLORIDA VS.  Keisha Nesbeth		CASE NUMBER
DEFENDANT		03-16018CF10

HERIFF'S NO: BS 03-14549 STATE ATTORNEY: Yael Gamm  
 EFENSE ATTY: Juniel Faiguherson COURT REPORTER: JODI BENJAMIN, RPD  
LAWS REPORTING

CHARGE(S) I False Bomb Report  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FELONY  
 JAN 15 AM 11:20  
 REC'D BY  
 CLERK, BROWARD COUNTY COURT  
 BROWARD COUNTY, FL.

THE DEFENDANT HAVING THIS DATE 1-5-04, BEEN  
 ACQUITTED BY [ ] JURY [x] COURT, THE DEFENDANT IS THEREFORE ADJUDGED TO BE NOT  
 GUILTY BY THE COURT, AND IT IS,

ORDERED AND ADJUDGED THAT THE DEFENDANT BE RELEASED FROM CUSTODY AS TO  
 THIS CAUSE AND THE APPEARANCE BOND HERETOFORE POSTED, IF ANY, IS HEREBY  
 DISCHARGED.

DONE AND ORDERED IN OPEN COURT AT BROWARD COUNTY, FLORIDA, THIS 5  
 DAY OF January 2004.

  
 JUDGE ELJAH H. WILLIAMS  
 CIRCUIT JUDGE





Department of Community Control  
 Probation Division  
 540 S.E. 3<sup>rd</sup> Avenue  
 Ft. Lauderdale, FL 33301  
 (954) 357-5900 - OFFICE  
 (954) 765-4567 - FAX

*(Handwritten signature)*

To: Clerk of the County Court

RE: EXPIRATION OF PROBATION

Name: KEISHA SAMAR NESBERT  
 Docket #: 03016018CF10A  
 Effective Date: 4/7/04

REC'D CIVIL COURT  
 2004 APR 13 PM 2:35  
 FELONY  
 BROWARD COUNTY, FL.

You are hereby notified that the term of probation for the above-named defendant has expired.

Alan Nissen

Probation Specialist

Broward County Courthouse  
 Domestic Violence Unit  
 201 S.E. 6 St, 5th Floor  
 Ft Lauderdale, FL 33301  
 (954) 831-7041  
 FAX (954) 831-7089

South Regional Courthouse  
 3550 Hollywood Blvd, Rm 240  
 Hollywood, FL 33021  
 (954) 831-0482  
 FAX (954) 964-0286

West Regional Courthouse  
 100 N. Pine Island Rd, 2nd Floor  
 Plantation, FL 33324  
 (954) 831-2300  
 FAX (954) 370-3715

North Regional Courthouse  
 1600 W. Hillsboro Blvd, 2nd Floor  
 Deerfield Beach, FL 33442  
 (954) 831-1280  
 FAX (954) 831-1290

RC B		SEX F		HGT 5'7"		WGT 145		HAIR BLK		EYES BRN		COMP. MED		AGE		DOR 10-21-76		BIRTHPLACE JAMAICA							
PERMANENT ADDRESS																		LOCAL ADDRESS 603 BELMONT LN, FT LAUDERDALE							
RESIDENCE TYPE: (1) CITY <input checked="" type="checkbox"/> (2) COUNTY <input type="checkbox"/> (3) FLORIDA <input type="checkbox"/> (4) OUT OF STATE <input type="checkbox"/>																		PLACE OF EMPLOYMENT NATURES PHARMACY		LENGTH					
HOW LONG DEFENDANT IN BROWARD COUNTY				BREATHALYZER BY/CCN				READING				PLACE OF ARREST 300 TERMINAL DR FT LAUDERDALE				DATE/TIME ARRESTED 7/31/03 1530				ARRESTING OFFICER(S) CCN James Dees/6520					
OFFICER INJURED			UNIT			ZONE			BEAT			SHIFT			UNIT TRANSPORTING PRISONER			TRANSPORTING OFFICER/CCN			PICK-UP TIME TIME ARRIVED AT BSO			DRUG TYPE	
Y <input type="checkbox"/> N <input type="checkbox"/>		MARSHALL RATE		MARSHALL RANK		MARSHALL NAME		MARSHALL NO.		ACTIVITY		ACTIVITY		S-BELL		A-MIDDLE		N-MANUFACTURE		S-CRIMINAL		INDICATION OF ALCOHOL INFLUENCE		Y H UNL	
V-LAMINATING		C-COCOA		M-MARIJUANA		O-OPIUM		I-INSTRUMENT		Z-ZIPPER		N-N/A		B-BUY		D-DILVER		P-PURCH		D-DISTRIBUTE		A-ALCOHOL INFLUENCE		Y H UNL	
ATTACH DEFENDANT'S PHOTO		DEFENDANT'S VEHICLE-MAKE		TYPE		YEAR		COLOR		VEHICLE TOWED TO		TAG NO.		OTHER IDENTIFIERS OR REMARKS											
NAME OF VICTIM (IF CORPORATION, EXACT LEGAL NAME AND STATE OF INCORP)																		ADDRESS		PHONE #					
STATE OF FLORIDA																									
COUNT NO.		OFFENSES CHARGED										CITATION # IF APPLICABLE				F.S. # OR CAPIAS/WARRANT #									
1		FALSE REPORT OF BOMB														790.163									

### PROBABLE CAUSE AFFIDAVIT

before he this date personally appeared JAMES DEES who being first duly sworn deposes and says that on the 31 day of JULY, 192003 at 300 TERMINAL  
 IR FT LAUDERDALE (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe same are as  
 follows:

DEFENDANT DID STATE TO THE TSA SECURITY PERSONNEL WHEN QUESTIONED ABOUT HER FRIEND'S LUGGAGE, "THERE IS A BOMB IN THE BAG." HER FRIEND AND THE TSA SECURITY OFFICER MADE SWORN TAPED STATEMENTS THAT SHE DID SAY THAT THERE WAS A BOMB IN THE BAG. THE DEFENDANT DID MAKE A POST MIRANDA TAPED CONFESSION TO THE CHARGES.

I swear the above statement is ~~correct~~ and true to the best of my knowledge and belief.

James J. Lees  
OFFICER/AFFILIANT'S SIGNATURE

James Dees/6520  
OFFICER'S NAME/CCN

Bombing  
FICER'S DIVISION

STATE OF FLORIDA      COUNTY OF BROWARD.

the foregoing instrument was acknowledged before me this 31 day of JULY, 192003, who is personally known to me or who has produced (ID Type) BSO as identification and who DID take an oath.  
(Did or Did Not)

(SEAL OR STAMP)

DEPUTY CLERK OF THE COURT, NOTARY PUBLIC, OR ASSISTANT STATE ATTORNEY

TITLE OR RANK/CCN

EVENTEENTH JUDICIAL CIRCUIT  
 HOWARD COUNTY  
 STATE OF FLORIDA  
 SODB #2 (REV 9/91)

SHOULD ADDITIONAL SPACE BE NEEDED, USE PROBABLE CAUSE AFFIDAVIT CONTINUATION  
COURT COPY



BROWARD COUNTY, FLORIDA  
I certify this document to be a true  
and correct copy of the original.  
WITNESS MY HAND AND SEAL  
on MAY 18 2004 of the County  
BY CMAS



# MTC

## TRNF TO MISD

### IN THE COUNTY COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT IN AND FOR BROWARD COUNTY, FLORIDA

STATE OF FLORIDA,

VS

KEISHA NESBETH

Plaintiff

Defendant

Case Number: 03012703CF10A

Offense Report No: BS0300714641

BSO Arrest No: BS03011347

DOB: 10/21/1976 Race[B] Sex[F]

SAO Book No: BS03011347

Offense Date: 07/31/2003

Arrest Date: 07/31/2003

BCCN: 0629394

#### TO THE CLERK OF THE ABOVE-STYLED COURT:

The State hereby announces the following actions to be taken on the charges involved in the above-captioned arrest/matter:

Action to be taken DECLINE CASE

Count	Action	Short Description	Charge
001	COC/REDUCE FEL/MISD	877.03 - 2/MM - DISORDERLY CONDUCT	
	CHRG PRESENTED	790.163 - 2/CF - FALSE REPORT OF PLANTING BOMB OR EXPLOSIVE	001-No Info

Victim's Names

#### Special Instruction to the Clerk/Jail

Dated 21 day of August, 2003

Michael J. Satz, State Attorney  
By: SHARON MULLANE/kc, ASA  
Florida Bar No: 0371939  
Phone: 954-831-8082

#### Clerk Comments

Filed \_\_\_\_\_ Custody Status \_\_\_\_\_ Division \_\_\_\_\_  
Arraignment \_\_\_\_\_

KEISHA NESBETH  
603 BELMONT LANE  
FT LAUDEDA, FL 00000



BS03011347  
CLERK'S COPY

State of Florida VS

Keisha NesbethCase number 0**SPECIAL CONDITIONS OF PRISON SENTENCE:**

- ☐ Habitual Violent Offender mandatory minimum \_\_\_\_\_ years Ct(s) \_\_\_\_\_  
☐ Violent Career Criminal mandatory minimum \_\_\_\_\_ years Ct(s) \_\_\_\_\_  
☐ Prison Releasee Reoffender mandatory minimum \_\_\_\_\_ years Ct(s) \_\_\_\_\_  
☐ Firearm mandatory minimum \_\_\_\_\_ years Ct(s) \_\_\_\_\_  
☐ Other mandatory minimum \_\_\_\_\_  
☐ Habitual Offender Ct(s) \_\_\_\_\_ ☐ Youthful Offender ☐ Sexual Predator/Offender ☐ Boot Camp  
☐ Drug Treatment ☐ Tier \_\_\_\_\_ Program  
☐ To be given credit for all time previously served in prison, to be calculated by Department of Corrections

**SPECIAL CONDITIONS OF PROBATION:**

- ☐ \_\_\_\_\_ days BCJ w/credit for \_\_\_\_\_ days T/S ☐ work release ☐ Boot Camp  
☐ ATTAC ☐ Work release after successful completion of ATTAC ☐ Electronic Monitor ☐ Drug Treatment  
☐ BSO/SAP ☐ ISAP ☐ Upon successful completion of drug program jail sentence shall be terminated  
☐ \_\_\_\_\_ hours of Community Service  
☒ 50 COS waived / imposed ☐ Obtain GED or High School diploma  
☐ Anger Management Program ☐ Peg program  
☐ BARC ☐ followed by \_\_\_\_\_ ☐ Psychological / Psychiatric evaluation and treatment necessary  
☐ Blood draw per F.S. 943.325 - 2 samples for conviction of sexual assaults; lewd or indecent acts; homicides (782.04) aggravated battery; home invasion robbery or carjacking ☐ Random drug/alcohol testing  
☐ Curfew \_\_\_\_\_ ☐ Random urinalysis/waive costs  
☐ Drug/Alcohol evaluation and treatment recommended ☐ Recommend 2-year Driver's License Suspension  
☐ Forfeit weapon / firearm ☒ Restitution ordered \$ \_\_\_\_\_ /amount reserved  
☐ F.A.C.T. ☐ Spectrum  
☐ House of Hope ☐ Substance abuse evaluation  
☐ IRT ☐ followed by \_\_\_\_\_ ☐ Turning Point Bridge Program/Aftercare  
☒ May transfer probation to County Probation ☐ Work permit  
☐ May travel \_\_\_\_\_ for work purposes ☐ Make donation of \$ \_\_\_\_\_ to \_\_\_\_\_  
☐ No contact with minor children without adult supervision  
☐ No contact directly or indirectly with victim(s) or victim's family or others listed  
☐ No driving without valid driver's license  
☐ No drugs or alcohol  
☐ Enter and successfully complete \_\_\_\_\_  
☐ Drug Court Monitoring/Hearing set \_\_\_\_\_  
☐ Other \_\_\_\_\_

**COSTS**

- ☐ \$200 Trust Fund  
☒ \$50 VC each count \_\_\_\_\_  
☐ \$5 Assessment each count \_\_\_\_\_  
☐ \$50 SN1  
☐ \$100 OTF  
☐ \$ \_\_\_\_\_ fine plus \$ \_\_\_\_\_  
☒ 25 Court Costs ☐ 5% surcharge count(s) \_\_\_\_\_  
☐ Pay balance of previously imposed costs ☒ 150 CFF  
☐ Balance of court costs and fees converted to a civil lien ☐ Waive all court costs  
☐ Deferral fee \_\_\_\_\_ ☐ Court costs converted to Comm. Service hours  
☒ Other 50 CSC ☐ Defer to \_\_\_\_\_

JUDGE \_\_\_\_\_

DEPUTY CLERK \_\_\_\_\_

DATE

1-5-04

JOC 14-2 REV 9/01



**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization

Marie A Wells Arts And Education Center, Inc

Employer identification number

84-4851947

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 1,297

Form 990-EZ, Part I, Line 16, Other Expenses: Business Registration: 61

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 585

Form 990-EZ, Part I, Line 16, Other Expenses: Accounting Fees: 1,091

Form 990-EZ, Part I, Line 16, Other Expenses: Misc Fees: 300

Form 990-EZ, Part II, Line 26, Liabilities: Organizational Fees: Beginning of year: 4,646, End

of year: 15,415

Form 990-EZ, Part I, Section 1, Line 9: In organizational process, had no income

Schedule O (Form 990) 2021

Page **2**

Name of the organization

Employer identification number

Marie A Wells Arts And Education Center, Inc

84-4851947

Electronic Filing Only

Schedule O (Form 990) 2021



Form <b>990-EZ</b>  Department of the Treasury Internal Revenue Service	<b>Short Form</b> <b>Return of Organization Exempt From Income Tax</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form, as it may be made public. ▶ Go to <a href="http://www.irs.gov/Form990EZ">www.irs.gov/Form990EZ</a> for instructions and the latest information.	OMB No. 1545-0047 <div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2020</div> <div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">Open to Public Inspection</div>
<b>A</b> For the 2020 calendar year, or tax year beginning <u>3/17/2020</u> , and ending <u>3/17/2021</u>		
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>Marie A Wells Arts And Education Center, Inc</u> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>4221 NW 19th St</u> <u>273</u> City or town State ZIP code <u>Lauderhill</u> <u>FL</u> <u>33313-7311</u> Foreign country name Foreign province/state/county Foreign postal code	<b>D</b> Employer identification number <div style="background-color: black; width: 100px; height: 1.2em; margin: 5px 0;"></div> <b>E</b> Telephone number <u>954-825-5446</u> <b>F</b> Group Exemption Number ▶
<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____		
<b>I</b> Website: ▶ <u>www.mawartscentr.org</u>		
<b>J</b> Tax-exempt status (check only one) — <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		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ <u>0</u>		
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>		
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . . <b>2</b> Program service revenue including government fees and contracts . . . . . <b>3</b> Membership dues and assessments . . . . . <b>4</b> Investment income . . . . . <b>5a</b> Gross amount from sale of assets other than inventory . . . . . <b>5a</b> <b>b</b> Less: cost or other basis and sales expenses . . . . . <b>5b</b> <b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . . <b>5c</b> <b>6</b> Gaming and fundraising events: <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . <b>6a</b> <b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . <b>6b</b> <b>c</b> Less: direct expenses from gaming and fundraising events . . . . . <b>6c</b> <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . <b>6d</b> <b>7a</b> Gross sales of inventory, less returns and allowances . . . . . <b>7a</b> <b>b</b> Less: cost of goods sold . . . . . <b>7b</b> <b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . . <b>7c</b> <b>8</b> Other revenue (describe in Schedule O) . . . . . <b>8</b> <b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶ <b>9</b>	<b>1</b> <b>2</b> <b>3</b> <b>4</b> <b>5a</b> <b>5b</b> <b>5c</b> <u>0</u> <b>6a</b> <b>6b</b> <b>6c</b> <b>6d</b> <u>0</u> <b>7a</b> <b>7b</b> <b>7c</b> <u>0</u> <b>8</b> <b>9</b> <u>0</u>
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . . <b>10</b> <b>11</b> Benefits paid to or for members . . . . . <b>11</b> <b>12</b> Salaries, other compensation, and employee benefits . . . . . <b>12</b> <b>13</b> Professional fees and other payments to independent contractors . . . . . <b>13</b> <b>14</b> Occupancy, rent, utilities, and maintenance . . . . . <b>14</b> <b>15</b> Printing, publications, postage, and shipping . . . . . <b>15</b> <b>16</b> Other expenses (describe in Schedule O) . . . . . <b>16</b> <b>17</b> <b>Total expenses.</b> Add lines 10 through 16. ▶ <b>17</b>	<b>10</b> <b>11</b> <b>12</b> <b>13</b> <b>14</b> <b>15</b> <b>16</b> <b>17</b> <u>4,010</u>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9) . . . . . <b>18</b> <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . <b>19</b> <b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . . <b>20</b> <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20. ▶ <b>21</b>	<b>18</b> <u>-</u> <b>19</b> <b>20</b> <b>21</b> <u>-</u>

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Form **990-EZ** (2020)



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Check if the organization used Schedule O to respond to any question		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .		22
23	Land and buildings . . . . .		23
24	Other assets (describe in Schedule O) . . . . .		24
25	<b>Total assets</b> . . . . .	0	25 0
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	0	27



### Expenses

What is the organization's primary exempt purpose? To Educate, Nourish and Sustain Youth in the Arts  
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28a

29

29a

30a

31a

32

[illegible]



Form 990-EZ (2020) Marie A Wells Arts And Education Center, Inc

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**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. . . . .		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. . . . .		X
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		X
<b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. . . . .		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. . . . .		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. . . . .		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year? . . . . .		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	X	
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved. . . . . <b>38b</b> 4,646		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9. . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities. . . . . <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. . . . .		X
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . ▶		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. . . . . ▶		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		
<b>41</b> List the states with which a copy of this return is filed. ▶		
<b>42a</b> The organization's books are in care of ▶ Marie A Wells Telephone no. ▶ 954-825-5446		
Located at ▶ 4221 NW 19th Street City Lauderhill ST FL ZIP + 4 ▶ 33313-7311		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). . . . .		X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? . . . . . If "Yes," enter the name of the foreign country ▶		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. . . . . ▶ <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. . . . .		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. . . . .		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. . . . .		X
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions. . . . .		

Form **990-EZ** (2020)



Form 990-EZ (2020)

Marie A Wells Arts And Education Center, Inc

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**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
<b>46</b>		X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

	Yes	No
<b>47</b>		X

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

<b>48</b>		X
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**49a** Did the organization make any transfers to an exempt non-charitable related organization?

<b>49a</b>		
------------	--	--

**b** If "Yes," was the related organization a section 527 organization?

<b>49b</b>		
------------	--	--

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			

**f** Total number of other employees paid over \$100,000 **▶**

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		

**d** Total number of other independent contractors each receiving over \$100,000 **▶**

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A.

☒ Yes ☐ No

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

**Sign Here**

Signature of officer

Date

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name

Hattie McDowell

Preparer's signature

Hattie McDowell

Date

7/3/2021

Check ☒ if self-employed

PTIN

Firm's name

Firm's address 3441 NW 7th Ct, Lauderhill, FL 33311

Firm's EIN

Phone no. 954-909-1291

May the IRS discuss this return with the preparer shown above? See instructions.

☐ Yes ☐ No

Form **990-EZ** (2020)



**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020****Open to Public  
Inspection**

Name of the organization

Marie A Wells Arts And Education Center, Inc

Employer identification number

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . . 0
- g Provide the following information about the supported organization(s).

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

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Schedule A (Form 990 or 990-EZ) 2020



Schedule A (Form 990 or 990-EZ) 2020

Marie A Wells Arts And Education Center, Inc

Page **2****Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	0.00%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	0.00%
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input checked="" type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020



Schedule A (Form 990 or 990-EZ) 2020

Marie A Wells Arts And Education Center, Inc

Page **3****Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	0.00%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%

**19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ☒

Schedule A (Form 990 or 990-EZ) 2020



Schedule A (Form 990 or 990-EZ) 2020

Marie A Wells Arts And Education Center, Inc

Page **4****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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> 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))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> 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)? If "Yes," answer line 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Schedule A (Form 990 or 990-EZ) 2020



Schedule A (Form 990 or 990-EZ) 2020

Marie A Wells Arts And Education Center, Inc

**Part IV Supporting Organizations (continued)**Page **5**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2020



Schedule A (Form 990 or 990-EZ) 2020

Marie A Wells Arts And Education Center, Inc

Page **6****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)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>	0	0
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8</b> Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	<b>8</b>	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d</b> Total (add lines 1a, 1b, and 1c)	<b>1d</b>	0	0
<b>e</b> Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>	0	0
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	0	0
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	0	0
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>	0	0
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	0	0
<b>8</b> Minimum Asset Amount (add line 7 to line 6)	<b>8</b>	0	0
Section C - Distributable Amount			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		0
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		0
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		0
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		0
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6</b> Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		0
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2020



Schedule A (Form 990 or 990-EZ) 2020

Marie A Wells Arts And Education Center, Inc

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Page **7****Section D - Distributions**

	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	0
<b>9</b> Distributable amount for 2020 from Section C, line 6	0
<b>10</b> Line 8 amount divided by line 9 amount	0.000

**Section E - Distribution Allocations** (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			0
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015 . . . . .			
<b>b</b> From 2016 . . . . .			
<b>c</b> From 2017 . . . . .			
<b>d</b> From 2018 . . . . .			
<b>e</b> From 2019 . . . . .			
<b>f Total</b> of lines 3a through 3e	0		
<b>g</b> Applied to underdistributions of prior years		0	
<b>h</b> Applied to 2020 distributable amount			0
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
<b>4</b> Distributions for 2020 from Section D, line 7: \$ 0			
<b>a</b> Applied to underdistributions of prior years		0	
<b>b</b> Applied to 2020 distributable amount			0
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.	0		
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.		0	
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			0
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.	0		
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016 . . . . .	0		
<b>b</b> Excess from 2017 . . . . .	0		
<b>c</b> Excess from 2018 . . . . .	0		
<b>d</b> Excess from 2019 . . . . .	0		
<b>e</b> Excess from 2020 . . . . .	0		

Schedule A (Form 990 or 990-EZ) 2020



## 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 L**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Transactions With Interested Persons**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020****Open To Public Inspection**

Name of the organization

Marie A Wells Arts And Education Center, Inc

Employer identification number

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

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

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

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

**Part II****Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Marie A Wells	President	organizational		X	4,646	4,646		X		X	X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . . ▶ \$						4,646						

**Part III****Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

HTA

Schedule L (Form 990 or 990-EZ) 2020



Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Provide additional information for responses to questions on Schedule L (see instructions).

Schedule L (Form 990 or 990-EZ) 2020



**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service  
Name of the organization**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**Open to Public  
Inspection

Marie A Wells Arts And Education Center, Inc

Employer identification number

Form 990-EZ, Part I, Line 16, Other Expenses: Consultant-501C3 Package: 1,200

Form 990-EZ, Part I, Line 16, Other Expenses: Business Plan: 375

Form 990-EZ, Part I, Line 16, Other Expenses: Grant Writer: 675

Form 990-EZ, Part I, Line 16, Other Expenses: Website: 800

Form 990-EZ, Part I, Line 16, Other Expenses: Consultant-Grant Proposal: 1,400

Form 990-EZ, Part I, Line 16, Other Expenses: Printer &amp; Ink: 196

Form 990-EZ, Part II, Line 26, Liabilities: Organizational Fees: Beginning of year: 0, End of

year: 4,646

Form 990-EZ, Part I, Section 1, Line 9: This was our organizational year, had no income

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

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization

Employer identification number

Marie A Wells Arts And Education Center, Inc

[REDACTED]

[REDACTED]

Schedule O (Form 990 or 990-EZ) 2020



<b>Electronic Filing Information (990/PF/EZ/T/1120-POL)</b>				
<b>Signature Method</b>				
<input checked="" type="checkbox"/> Option (1) - Using Practitioner PIN. Use Section (A) below.		Date return prepared <div style="border-bottom: 1px solid black; display: inline-block; width: 100px; text-align: center;">7/3/2021</div>		
<input type="checkbox"/> Option (2) - Scanned 8453-EO.				
<b>PIN Information</b> Enter information below				
<b>(A) Practitioner PIN:</b>				
	PIN (5 Digits)	TP entered	ERO entered	
Taxpayer PIN:	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ERO PIN:	[REDACTED]			
<b>EFIN</b>				
Enter your 6-digit EFIN number. You can enter EFINs in the Preparer Table.				
EFIN: <u>604783</u>				
<b>Submission ID</b>				
The Submission ID for this e-File will be computed automatically when an EFIN is entered above. It will only be regenerated if a 'Rejected by EFC' or 'Rejected by Agency' acknowledgement is received and the e-File is recreated.				
Submission ID: <u>6047832021181kw9tc4c</u>				
<b>Name Control</b>				
Click here to see Knowledge Base Document 14500, for more information on Name Controls				
<u>MARI</u>				
<b>Organization Information</b>				
Organization name			Employer identification no.	
Marie A Wells Arts And Education Center, Inc			[REDACTED]	
Street address				
4221 NW 19th St, Room 273				
Address continuation			In care of name	
City		State	ZIP code	Daytime phone
Lauderhill		FL	33313-7311	954-825-5446
Foreign country	Foreign province/county	Foreign postal code		Foreign phone number
Email address				
Officer name		Officer Title		Date return signed
Marie A Wells		President		07/03/2021
Officer Email address		Officer Phone		Authorize third party check ("X") here: <input type="checkbox"/>
psalmistmariewells@yahoo.com		954-825-5446		
<b>ERO</b> (Enter data in the Preparer Manager)				
ERO's name			Check if self-employed <input checked="" type="checkbox"/>	ERO's SSN or PTIN
Hattie McDowell				[REDACTED]
Firm's name		Email address		ERO's EIN
		hattiemcdowell@bellsouth.net		
Address				Phone
3441 NW 7th Ct				954-909-1291
City	State	ZIP code	Foreign country	Foreign phone number
Lauderhill	FL	33311		
<b>Preparer</b> (Enter data in the Preparer Manager)				
Preparer's name		Non-paid prep type	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
Hattie McDowell				[REDACTED]
Firm's name		Email address		EIN
		hattiemcdowell@bellsouth.net		
Address				Phone
3441 NW 7th Ct				954-909-1291
City	State	ZIP code	Foreign country	Foreign phone number
Lauderhill	FL	33311		



Marie A Wells Arts And Education Center, Inc

The following questions should be answered in the context of the **FEDERAL** return being electronically filed.  
Responses for state efiles are below.

Check ("x") this column to see more information, when available.

☒ Name of signing officer or fiduciary . . Marie A Wells  
☐ Check ("X") if foreign officer and does not have a SSN/TIN  
**OR**  
☐ Check ("X") if officer opts not to provide SSN/ITIN  
**OR**  
 Enter SSN/EIN of signing officer or fiduciary . . . . .

## Form family applicability

1065	1120/F	1120S	990	1041
Y	Y	Y	Y	Y

If a financial institution is the fiduciary then the financial institution's name should be entered.

☐ Total Income from Prior Year return . . . . . 0  
☐ If claiming deduction for Salary & Wages on current year return, mark this box  
 and enter the **COUNT** of original W2's reported to SSA for this tax year. . . . .  
☐ If claiming Compensation of Officers on current year return, mark this box  
 and enter the number of officers . . . . .  
☐ Parent Company Name . . . . .  
 Parent Company EIN . . . . .  
☐ Business's Primary Physical Address:  
 Street \_\_\_\_\_  
 Line 2 \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Country \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
☐ Grantor Name . . . . .  
 Grantor SSN . . . . .

☐ Indicate which, if any, of the following forms this entity is required to file.☐ 720 ☒ 990 ☐ 1042☐ 940 ☐ 941 ☐ 943 ☐ 944 ☐ 945☐ Were estimated tax payments made for this entity towards the current tax year's liability?☐ Yes ☒ No

Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.

First Payment, regardless of quarter or date paid.

Method Direct Debit/ACH Cash Check EFTPS  
☐ ☐ ☐ ☐ ☐

Amount paid with first quarter . . . . .

Date payment was requested to be debited . . . . .

For Cash payments, date cash was deposited. For Check payments, date on check.

Last 4 digits of account number for Direct Debit/ACH or EFTPS payment . . . . .

EFTPS Confirmation Number . . . . .

Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.

Last Payment, regardless of quarter or date paid.

Do NOT use if only one estimated payment was made.

Method Direct Debit/ACH Cash Check EFTPS  
☐ ☐ ☐ ☐ ☐

Amount of last payment . . . . .

Date payment was requested to be debited . . . . .

For Cash payments, date cash was deposited. For Check payments, date on check.

Last 4 digits of account number for Direct Debit/ACH or EFTPS payment . . . . .

EFTPS Confirmation Number . . . . .

Y	Y	Y		Y
Y	Y	Y		
	Y	Y		
Y	Y	Y		
Y	Y	Y		
				Y
Y	Y	Y		Y
	Y	Y		Y



**Perjury Statement**

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that I have examined a copy of the exempt organization's 2020 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

**Consent to Disclosure**

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the exempt organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

**Officer's Signature**

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

-----  
Officer's PIN                     

Date: 7/3/2021

**ERO Declaration**

I declare that the information contained in this electronic return is the information furnished to me by the corporation. If the exempt organization furnished me a completed return, I declare that the information contained in this electronic return is identical to that contained in the return provided by the exempt organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

**ERO Signature**

I am signing this tax return by entering my PIN below:

ERO's PIN                       
(Enter EFIN plus 5 self-selected numerics)

# City of Fort Lauderdale

**Northwest-Progresso-Flagler Heights  
Community Redevelopment Agency  
(NWPF CRA)**



## **APPLICATION FOR CRA FUNDING ASSISTANCE**

---

PREPARED BY: [illegible]  
DATE: [illegible]



Name of Principal Owner in Charge <b>Marie A. Wells</b>		Tel. No. <b>954 825 5446</b>		E-Mail Address <b>info@mawartscenter.org</b>	
Primary Contact for this CRA Request <b>Marie A. Wells</b>		Tel. No.		E-Mail Address <b>info@mawartscenter.org</b>	
Name of Business <b>Marie A. Wells Arts and Education Center, Inc.</b>		Tax I.D. No.		Company Website <b>www.mawartscenter.org</b>	
Business Address <b>4221 NW 19th Street, Suite 273</b>		Tel. No. <b>954 609-8035</b>		Fax No.	
City <b>Lauderhill</b>		State <b>FL</b>		Zip Code <b>33313</b>	
Commencement Date to Begin Project: <u>2022</u>				<b>JOB INFORMATION</b>	
Completion Date for Project: <u>2024</u>					
Check Appropriate Description		Project Type		Facility Description	
†Existing Business <input type="checkbox"/>		†Expansion <input checked="" type="checkbox"/>		Existing Space _____ sq. ft.	
†New Business <input checked="" type="checkbox"/>		†Relocation <input type="checkbox"/>		New Space <u>7,657</u> sq. ft.	
NAICS Code / Industry Type		Date of Incorporation <b>03/17/2020</b>		State where the business was incorporated <b>Florida</b>	
Proposed Project Location/City <b>Fort Lauderdale</b>		Proposed Address <b>547 NW 7th Terrace</b>			
Property Control Number(s)		Property Owner <b>Fort Lauderdale CRA</b>			
Owner Tel. No. (include Area Code)		Is there a lien on the property? <b>N/A</b>			
		† Yes † No			
Bank(s) Where Business Accounts for Projects Are Held		1. _____ 2. <b>PNC Bank</b>			
Name of Participating Bank/Lender					
Amount \$	Contact Person <b>John Randazzo</b>	Tel. No. (include Area Code) <b>954 547 5647</b>	Fax No. (include Area Code)		
Name of Other Financial Source					
Amount \$	Contact Person	Tel. No. (include Area Code)	Fax No. (include Area Code)		
Name of Other Financial Source					
Amount \$	Contact Person	Tel. No. (include Area Code)	Fax No. (include Area Code)		
Name of Other Financial Source					
Amount \$	Contact Person	Tel. No. (include Area Code)	Fax No. (include Area Code)		
Name of Other Financial Source					
Project Purpose and Economic Impact <b>Purchase Property</b>					

**NOTE 1:** If the project receives funds via another City, County, Federal or State program which also requires job creation/retention, the jobs created/retained for those programs must be in addition to the jobs required under this program.

**NOTE 2:** If project includes the purchase of equipment using CRA funds, then there must not be another UCC filing for the equipment.

**Management:** Owners, partners, officers, all holders of outstanding stock — 100% of ownership must be shown (use separate sheet if necessary).

Name	Complete Address	% Owned	From	To
Name	Complete Address	% Owned	From	To
Name	Complete Address	% Owned	From	To
Name	Complete Address	% Owned	From	To
Name	Complete Address	% Owned	From	To

PROJECT/ACTIVITY COST SUMMARY	
1. Please state the overall project cost:	\$225,000
2. Please state the overall project costs related to the CRA's assisted activity?	\$225,000
3. Please indicate the sources and uses of funds for the project on the following table.	

Project Source(s) of Funding	Amount	Rate	Term
Bank Loan (specify)	25,000		
City funds			
CRA funds	190,000		
Company's current cash assets	10,000		
Owner equity (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
<b>Total Sources</b>			
Select the Use(s) of Funds and the Amount Need for Each	Sources of Funds ( Yes or No)	Amount	
Land Acquisition	Yes		
Real Property Acquisition			
Utility and road infrastructure improvements			
New construction of commercial and industrial buildings			
Rehabilitation of commercial and industrial buildings			
Purchase and installation of equipment and fixtures			
Other (specify)			
Other (specify)			
Other (specify)			
<b>Total Uses</b>			

**NOTE 3: Other "uses" include Architectural/Engineering Fees, Application Fees, Permit Fees Impact Fees**



**BUSINESS INDEBTEDNESS:** Furnish the following information on all outstanding installment debts, code and other liens, notes and mortgages payable that relate to this project. The present balances should agree with the latest balance sheet submitted (use a separate sheet if necessary).

To Whom Payable	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity Date	Monthly Payment
Name: _____	\$ _____	_____	\$ _____	% <input type="text"/>	_____	\$ _____
Name: _____	\$ _____	_____	\$ _____	% <input type="text"/>	_____	\$ _____
Name: _____	\$ _____	_____	\$ _____	% <input type="text"/>	_____	\$ _____
Name: _____	\$ _____	_____	\$ _____	% <input type="text"/>	_____	\$ _____
Name: _____	\$ _____	_____	\$ _____	% <input type="text"/>	_____	\$ _____

**THE FOLLOWING ITEMS MUST BE COMPLETED AND SUBMITTED WITH YOUR APPLICATION**

1. A business plan which describes the company mission, market analysis, applicant capacity, economic analysis and project feasibility, a brief history and description of the company (including the founding of the company), overview of operations, product information, customer base, method and areas of distribution, primary competitors and suppliers within the County.
2. A list of general and limited partners, officers, directors and shareholders of the company. Please provide a resume for all the principals and key management.
3. Corporate income tax returns for the last three years (personal returns may also be requested).
4. Two separate lists that detail the existing jobs on your payroll and the new jobs to be created (within the list please provide the job title of each position, a brief description of each position, annual salary for existing and new positions and the industry average salary for those positions).
5. If machinery and equipment are being purchased with CRA funds, provide a list of all the items to be purchased, with quotes on vendor's letterhead. Include a statement from the manufacturer, attesting to the economic life of the equipment.
6. If business is a franchise, include a copy of the franchise agreement;
7. Bank Commitment Letter detailing the conditions of the loan approval.
8. Copy of IRS determination letter as a non-profit organization (required for all non-profit organizations only).
9. Signed copy of resolution or minutes from the meeting of the governing body authorizing submission of the application (required for all non-profit organizations only).
10. Articles of Incorporation or Division of Corporations information identifying authorized signatories.
11. Copy of the Property Deed (if the applicant is the owner)
12. Copy of By-Laws (required for all non-profit organizations only).
13. Please sign and submit *Statement of Personal History and Credit Check Release* (as attached).
14. If project involves construction, please provide a minimum of two (2) detailed cost estimates prepared by Architect/Engineer and/or General Contractor, preliminary plans and specifications, Architectural Illustration and photos of existing conditions.
15. Attach a street map showing the location of the proposed project, Property Folio number and Legal Description.
16. Preliminary Project Schedule.

**The following items are also needed, if your funding request is \$500,000 or more**  
(not applicable for Commercial Façade, Streetscape Enhancement and Property and Business Improvement Incentive requests)

17. CPA audited corporate financial statements for the last three years (Profit and Loss Statement and a Balance Sheet).
18. If the most recent business return and/or financial statement is more sixty (60) days old, please submit a current Interim Financial Statement.
19. Three year financial pro formas which include operating statements, balance sheets, funding sources, and use details.
20. Ten year revenue and expense projection for the project
21. Copy of sales/purchase agreement when purchasing land or a building (or an executed lease if applicable).
22. Provide details regarding any credit issues, bankruptcies and lawsuits by any principal, owning 20% or more of the business.
23. The names of all affiliates and/or subsidiary companies, and their previous three (3) years financial statements and Interim Financial Statements if the financial statements are more than sixty (60) days old.
24. Letter from the Department of Sustainable Development (DSD) approving the proposed project with zoning and land use designations, and Plan Development Review number and comments.
25. Identification and qualifications of project development team (i.e., attorney, engineer, architect, general contractor, etc.).

26. Current Broward County Assessed Value, new capital investment dollars and total estimated new assessment when completed and placed into service.
27. Existing Leases, Lease commitments and tenant makeup (if applicable).
28. Copy of Environmental Report showing there are no Environmental issues (if applicable).
29. Copy of Appraisal Report (if applicable).

**THE FOLLOWING ITEMS ARE REQUIRED AFTER CRA BOARD APPROVAL AND PRIOR TO EXECUTION OF AN AGREEMENT AND RELEASE OF FUNDS**

30. Evidence that all funds are in-place to fully fund the project.
31. A copy of the City approved project plans, contract with General Contractor and permits (Prior to Release of Funds)
32. Scope of work and all project costs
33. Copies of Insurance Certificates (Builders Risk/All Risk Policy, Commercial General Liability, Workers Compensation with the City of Fort Lauderdale and the Fort Lauderdale CRA listed as Additional Insured).

**APPLICANTS CERTIFICATION**

By my signature, I certify that I have read and understand the application, criteria, loan fees and program requirements. I further certify that all the information I (we) supplied is correct and accurate. All of the owners of the company/organization (regardless of ownership percentage) are aware of this loan and are in full agreement with the business securing financing for this project. My (our) signature(s) represent my (our) agreement to comply with City of Fort Lauderdale Community Redevelopment Agency, as it relates to this CRA funding request.

Each Proprietor, General Partner, Limited Partner and Business Owner, owning 20% or more must sign below. For all Non-Profit Organizations, all guarantors must be approved by City of Fort Lauderdale Community Redevelopment Agency.

Business Name: Marie A. Wells Arts and Education Center, Inc.

By:

Signature and Title

5/3/2022

Date

**Guarantors:**

Signature and Title

Date

Signature and Title

Date

Signature and Title

Date

Signature and Title

Date

Signature and Title

Date





## Northwest-Progresso-Flagler Heights Community Redevelopment Agency

### PERSONAL HISTORY STATEMENT

**PLEASE READ CAREFULLY - PRINT OR TYPE**

Each Proprietor (if a Sole Proprietorship), General Partner (if Partnership), Limited Partner (if Partnership), Officer, Director and Business Owner (owning 20% or more of the business), must complete a Personal History Statement. For all Non-Profit Organizations, all guarantors must complete this form and be approved as guarantors by the City of Fort Lauderdale Community Redevelopment Agency.

Applicant/Business Name: Marie A. Wells Arts and Education Center, Inc.	Participating Bank/Lender: <b>PNC Bank</b>
City: <b>Lauderhill</b> State: <b>FL</b> Zip: <b>33313</b>	City: <b>Fort Lauderdale</b> State: <b>FL</b> Zip: <b>33301</b>

**Personal Statement of (if you do not have a middle name, put NMN):**

First Name: **Marie** Middle: **Antoinette** Last: **Wells**  
 Social Security No.: [REDACTED] Date of Birth: **09/03/9169** Place of Birth: **Broward County**

Present Address: <b>4221 NW 19 Street, Unit 273</b> City: <b>Lauderhill</b> State: <b>FL</b> Zip: <b>33313</b> From: <b>2018</b> To: <b>2022</b>	Previous Address: <b>3501 NW 17th Street</b> <small>(needed if in present address less than 5 years)</small> City: <b>Lauderhill</b> State: <b>FL</b> Zip: <b>33311</b> From: <b>1986</b> To: <b>2018</b>
Loan Requested from CRA: \$ <b>200,000</b> Loan Request from Bank(s): \$ <b>25,000</b> Percentage of Company Ownership: <b>100</b> %	Are you a U.S. Citizen: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If NO, are you a Lawful Permanent Resident Alien: <input type="checkbox"/> YES <input type="checkbox"/> NO Alien Registration Number: _____

IT IS IMPORTANT THAT THE NEXT THREE (3) QUESTIONS BE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU. HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.

IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, PLEASE FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION.

- Are you presently under indictment, on parole or probation?  
(If YES, indicate the date parole or probation is to expire) ☐ YES ☒ NO
- Have you ever been charged with and/or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted. ☐ YES ☒ NO
- Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation? ☐ YES ☒ NO

I hereby authorize the City of Fort Lauderdale to request criminal record information about me from the criminal justice agencies for the purpose of determining my eligibility.

Signature <i>Marie A. Wells</i>	Title President / CEO	Date 5/3/2022
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\*ORIGINAL SIGNATURES REQUIRED



# MARIE A. WELLS

## ARTS & EDUCATION CENTER INC.

FORT LAUDERDALE CRA PURCHASE AND DEVELOPMENT OF  
CRA PROPERTY SOLICITATION BID 12642-925  
PARCEL 2 547 NW 7<sup>TH</sup> TERRACE

Marie A. Wells Arts And Education Center, Inc.  
4221 NW 19th Street,  
Suite 273  
Lauderhill, Florida 33313  
954 609 8035  
[www.mawartscenter.org](http://www.mawartscenter.org)  
[info@mawartscenter.org](mailto:info@mawartscenter.org)  
Tax ID Number 84 - 4851947





## MARIE A. WELLS

ARTS & EDUCATION CENTER INC.

### FORT LAUDERDALE CRA PURCHASE AND DEVELOPMENT OF CRA PROPERTY SOLICITATION BID 12642-925 PARCEL 2 547 NW 7<sup>TH</sup> TERRACE

## 4.2.2 EXECUTIVE SUMMARY

The City of Ft. Lauderdale has around 132,7140 children under 18 years old.

In several neighborhoods, like the Northwest-Progresso-Flagler Heights (NPF) Sistrunk area, they are underserved with regards to exposure to music, painting, and drawing, drama and acting, vocal lessons and song writing.

The average Ft Lauderdale household has a median income at \$64,313. 41,723. 53% of the population is minority, 25% is foreign born. Those and other factors have made childhood exposure to the arts difficult.

Why is that exposure important?

When children engage in the artistic process of questioning, meaning making, experimentation, risk-taking, reflection, curiosity, and joy, it positively impacts their social-emotional growth and understanding of the world around them. It also helps with assimilation.

Research shows that exposure to the Arts can help teens develop many positive skills and capacities that are valued by leaders and employers, such as persistence, collaboration, creative thinking, problem solving, motivation, and problem solving. In addition, studies demonstrate that Arts exposure can improve a teenager's confidence and academic performance.

The Marie A. Wells Arts and Education Center, Inc and its "MAW After-School Youth Arts Programs" will provide students in the 6th to 12th grades with local, easy, and consistent access to art and music programs.

Measurable impacts of the Center would be an increase in residents who have high school degrees, a decrease in the high school dropout rate, and an increase in the number of residents with bachelor's degree or higher. Improvement in median household income would reflect the impact of younger residents, well prepared, starting out in better paying jobs.

The Center will address several goals of the redevelopment efforts. It will add jobs. Twelve positions with an initial annual payroll of \$321,000 will be added. The vacant lot in question will be developed. The overall quality of life for the children and families using the Center's services and programs will be enhanced by exposure to the arts, music, dancing, and personal development.

The Center is designed to be financially self-sustaining.





FORT LAUDERDALE CRA PURCHASE AND DEVELOPMENT OF  
CRA PROPERTY SOLICITATION BID 12642-925  
PARCEL 2 547 NW 7<sup>TH</sup> TERRACE

### 4.2.3 COMPANY INFORMATION

Ms. Wells has been working for almost 14 years in youth services positions. She has held positions as Director of Outreach, Program Coordinator, Child Care Coordinator, Family Resource Coordinator, and others. In those positions she created, participated in, or managed active parenting, becoming a responsible teen, and learning intervention programs as well as diversion and intervention programs to prevent juvenile delinquency.

The Marie A. Wells Arts And Education Center, Inc. companies information is as follows: 4221 NW 19<sup>th</sup> Street, Suite 273, Lauderhill, Florida 33313, 954 609 8035, [www.mawartscenter.org](http://www.mawartscenter.org), [info@mawartscenter.org](mailto:info@mawartscenter.org)

She founded the Marie A. Wells Arts & Education Center as a 501(c)3 nonprofit established in 2020.

The organization's mission is to Educate, Nourish, and Sustain Youth Whose World Evolves around the Arts.

Built on the philosophy that the principles of *Honesty, integrity, Fun, Innovation, and Community* are values that are important, the center's vision is to expose young people from the ages of 6 to 18 to those values through the arts.

The founder's vision is to Ignite Youth in the Arts. By building awareness, self-esteem, and self-confidence, together with lifelong skills and appreciation of the arts, youths participating in the Center's programs will add value to the community and to society.

The Center's goals are to participate in the development of the youth in the community by providing a location where they can gather and participate in educational, recreational, and social events.

While the COVID pandemic slowed the implementation of some plans the Center built momentum by signing agreements with artist Constance Ivana to host online Drawing and Painting Classes from March to June 2021. In Person Dance Lessons on Hip Hop, Jazz, and Ballet were given using Dance to Life, LLC from March 2021 through January 2022.

Ms. Wells has established key ongoing collaborations. A relationship with UPS has established an annual back to school event in August that provides backpacks, school supplies, and snacks to elementary, middle, and high schoolers preparing youth for the new school year.

A Team Building Program was established in October. It is a four-hour session program that brings UPS employees, middle and high school youth together to initiate a highly interactive Fun day of Team Building activities which was proven to bring out the best characteristics among the youth, through modeling, role playing, and conflict resolution strategies etc.



## Harold St. John Davidson

1401 N. Mangonia Drive, West Palm Beach, FL 33401  
CGC #1509554

Email: hbrharold@gmail.com  
(561) 371-8546

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A Certified General Contractor with many years of experience in the construction industry, Harold Davidson is the Managing Member of HBR Construction, LLC. He possesses the confidence and experience needed to ensure a successful business enterprise, including:

- Extensive experience dealing with the public, providing high quality customer service and satisfaction, demonstrating knowledge in evaluating potential sites for development and value engineering reviews.
- Former Project Manager for Grey Construction Co. Of Florida, Inc. a national home builder. Responsible for infrastructure and site development of single family and commercial developments in Palm Beach County to improve the quality of life for low to moderate income families. This assignment required the application of technical experience and project managerial skills while providing high quality customer service and satisfaction.
- Former CRA Loan Originator specializing in Affordable House Lending, Financial Advising and Client Communication. Position required providing support to upper-level management and executive level personnel in policy implementations for planning and engineering of new and multifamily construction. This Position also included selecting and coordinating the efforts of multiple project consultants' efforts simultaneously; from planning reviews to obtaining construction permits. Other responsibilities included zoning interpretation, preparation and evaluation of project schedules, reviewing of engineering documents and managing complex development issues from planning to project completion.
- State Certified General Contractor, possessing a B.S. degree in Business Administration from Lee College, Cleveland, TN. Relevant continued education to include: Loan Origination, Loan Servicing, Retail Skills, and Communication Skills for Business from the Institute of Financial Education.
- Proven track record with hundreds of completed projects both residential and commercial. Construction projects have spanned from the simple residential renovation to major commercial renovation involving major groundwork and engineering. New construction projects completed for numerous cities and agencies including multiple CRA offices and nonprofit entities as well as countless private client new construction projects.





**GEORGE J. GREMSE****Business Consultant**

Mr. Gremse is the Chapter Chairman at SCORE Broward. He has held senior management positions in both Fortune 500 companies like Hertz Rent a Car, Citibank, and Adecco Staffing as well as start-ups. He is President of Jolizmo Consulting and Investments, Inc. He was Interim CEO and a member of the Board of Directors at Liberty Health Sciences. He served on the Board of Directors of Metro Broward Economic Development Corporation.

Mr. Gremse served in South America in the Peace Corps and holds a B.S. from Cornell University and an MBA from Baruch College of the City University of New York.

**CITY OF LAUDERHILL, FLORIDA  
PARKS AND LEISURE SERVICES DEPARTMENT**

**Program Service Contract  
Non-exclusive use**

THIS IS AN AGREEMENT, made on March 7, 2022, between the City of  
Lauderhill, a municipal corporation of Florida, Parks and Leisure Services Department  
(hereinafter referred to as the "Department") and

Marie A. Wells Arts and Education Center, Inc.  
(Name of Instructor(s) or Company)

(954) 609-8035  
(Phone Number)

4221 N.W. 19<sup>th</sup> Street, Suite 273, Lauderhill, FL 33313  
(Address)

hereinafter referred to as the "Instructor," which includes any and all volunteers,  
assistants, substitutes or persons in the employ or under the control of the Instructor  
collectively.

In consideration of mutual obligations of the parties and for good and valuable  
consideration, the adequacy and receipt of which are acknowledged, the parties agree as  
follows:

1. Instructor shall conduct Arts & Education Programming  
(Name of Class/Program)

Class/Program at: Any park facilities/outdoor spaces, based upon availability, located in  
Lauderhill, Florida, for a time period beginning the date this contract is executed, to be  
ongoing until notice is provided of the termination of said Program, but in no event shall  
continue for more than a five (5) year term without the need to have a written renewal.  
The Instructor's services shall be performed during the following days and hours, which  
may be subject to modification with prior written consent of the City:

See Schedule attached hereto as Exhibit "A"

(Description of Number of sessions of class; days of week and hours for each session)

2. The fees to be paid by each participant in the above-stated program shall be as  
provided in the Fee Schedule attached hereto as Exhibit "B" and incorporated herein.  
These fees shall be collected by Instructor.
3. The Instructor shall be entitled to keep 80% of the total gross fees collected by  
participants for all Programs and Special Events and shall pay the City 20% of the total  
gross fees collected. Instructor shall pay City at the end of each month for any and all  
fees collected by the Instructor that month. Instructor shall include a copy of the sign-in  
rosters of paid participants for the month together with payment each month. Instructor



**INSTRUCTOR:**

Signature: \_\_\_\_\_

Printed Name: Marie A. Wells

**CITY OF LAUDERHILL:**

By: \_\_\_\_\_

Desorae Giles-Smith - City Manager



## MARIE A. WELLS

ARTS & EDUCATION CENTER INC.

FORT LAUDERDALE CRA PURCHASE AND DEVELOPMENT OF  
CRA PROPERTY SOLICITATION BID 12642-925  
PARCEL 2 547 NW 7<sup>TH</sup> TERRACE

### 4.2.4 COMMUNITY AND ECONOMIC BENEFITS

#### Objectives:

Marie A. Wells Arts and Education Center, Inc. will introduce the **MAW After-School Youth Arts Programs** to the NPF CRA area of the City of Ft. Lauderdale. It is designed to serve students in the arts from 1st to 12th grades, these after-school and summer sessions will include but not limited to:

- Drawing and Painting Classes
- Drama and Acting Classes
- Vocal Classes
- Keyboard Classes
- Mentoring Sessions & Life Skill Groups
- Career Development
- College Ready Program

Through their engagement in the afterschool and summer sessions, students will increase their level of acting, singing, drawing, and painting, song writing, vocal ability, dedication, creativity, pride, teamwork, and develop life-long friendships. The youth arts after-school and summer program will culminate with an Annual Musical performance, giving the youth an opportunity to share their talents with the community.

#### Services:

Youth in the Ft Lauderdale area are underserved with regards to exposure to music, painting, and drawing, drama and acting, vocal lessons and song writing.

The Center's after-school program will offer music appreciation and participation programs, musical theater programs, basic through advanced art appreciation and application, and a creative song writing program. These programs, cumulatively, will provide a wide range of services to aid in the personal and social development of these young adults in their formative years.

The services will be provided throughout the year on an After-school schedule. Summer camps will be operated. Fees will be collected to put some value on the services. Grants, donations, and sponsorships will be targeted as additional revenue sources to keep those fees low. Affordability will be important to community participation.





# MARIE A. WELLS

ARTS & EDUCATION CENTER INC.

FORT LAUDERDALE CRA PURCHASE AND DEVELOPMENT OF  
CRA PROPERTY SOLICITATION BID 12642-925  
PARCEL 2 547 NW 7<sup>TH</sup> TERRACE

## 4.2.5 FINANCIAL INFORMATION

The table below shows the initial Monday, Thursday, and Friday programs. As the programs grow additional days will be added as the rooms reach student capacity on the initial days scheduled.



### After – School Youth ARTrichment Program Schedule

2022-2023

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	SATURDAY
2:30pm – 3:00pm	Snacks	Snacks	Snacks	Snacks	Vocal Classes 12:00pm - 2:00pm
3:00pm – 3:30pm	Homework Supervision	Homework Supervision	Homework Supervision	Homework Supervision	Keyboard Classes 2:00pm - 4:00pm
3:30pm – 4:00pm	Mentorship Groups & Life Skills Sessions	Mentorship Groups & Life Skills Sessions	Mentorship Groups & Life Skills Sessions	Mentorship Groups & Life Skills Sessions	
ARTrichment Sessions 4:00pm – 6:00pm	Drawing & Painting Classes	Drama & Acting Classes	Drama & Acting Classes	Drawing & Painting Classes	
Note: Drawing & Painting Classes 5:00pm – 6:30pm		(ACT & SAT Prep) June, July & August 9am – 2pm			
6:00pm – 6:30pm	Dismissal	Dismissal	Dismissal	Dismissal	
NOTE: Station Rotations 4:00pm – 6:00pm	Station Rotations  Reading Station Audio, hard book, etc.	Station Rotations  STEM Science	Station Rotations  STEM Math	Station Rotations  Team Building Cooperative Learning	

The Center will offer its facilities for use by the residents and businesses in the community and from nearby downtown Ft. Lauderdale. The theater will be an attractive venue for performance-based activities put on by schools, non-profits, and community-based programs. The classrooms are ideal for use for instructors who teach adult focused fitness, yoga, dance, acting, and art lessons in individual or group sessions. The community room is ideal for business meetings and family gatherings and celebrations.





**FORT LAUDERDALE CRA PURCHASE AND DEVELOPMENT OF  
CRA PROPERTY SOLICITATION BID 12642-925  
PARCEL 2 547 NW 7<sup>TH</sup> TERRACE**

**Marketing Strategy:**

The main purpose of the **MAW After-School Youth Arts Programs** is to Educate, Nourish, and Sustain youth who have a strong interest in the arts as well as other youth who will benefit, in their developmental years, from exposure to the arts.

Those young people will be 6 – 18 years old. 65% will skew towards those who identify as female. They will be from households within the NPF CRA area. Household income will reflect the underserved communities the program is looking to serve, meaning most incomes will be below the city's \$64,313 median income. Some of the children will be considered at-risk due to behavioral issues, lack of activity or motivation.

The Center's website <https://www.mawartscenter.org/> will be the central hub for the program. All marketing will direct interest parties to the website for information, program selection, and enrollment.

Marketing will be a combination of in person presentations, targeted direct mail, and social media.

In person presentations will be made to targeted partnership and collaboration organizations with electronic and hard copy content. Chambers of Commerce, community networking events, religious institutions, and schools will be approached to speak about the Center and its community focused programs and services.

Social media brand building will use the evolving marketing available on sites that the local youths watch. Currently Instagram, Facebook, etc.

Since the targeted households can be well identified the U.S. Postal Serviced Every Door Direct Mail service can be used to effectively test a direct mail campaign.

Public relations will be pursued with PSA materials prepared and distributed to local newspapers, magazines, TV and radio stations.

**Financing:**

The Center will be self-sustaining. It is requesting that the site be donated to the non-profit for the use designated in this proposal. Construction funding will be obtained via commercial loans or redevelopment assistance, or both.

The following financial documents show forecasts for startup up costs, a sales forecast for the arts program, an estimate of rental income, and a five-year proforma.





# MARIE A. WELLS

ARTS & EDUCATION CENTER INC.

## FORT LAUDERDALE CRA PURCHASE AND DEVELOPMENT OF CRA PROPERTY SOLICITATION BID 12642-925 PARCEL 2 547 NW 7<sup>TH</sup> TERRACE

**Startup Summary.** While the company has been operating for two years on a mobile basis, the initiative with the support of the City of Ft. Lauderdale is viewed as implementing a fixed location program. The funds needed for launching the initiative are shown below. 99% of startup costs are allocated to assets. Miscellaneous expenses are 7% of the funds.

Fixed Assets	Amount	Depreciation (years)	Notes
Real Estate-Land		Not Depreciated	
Real Estate-Buildings	2,000,000	20	
Leasehold Improvements		7	
Equipment	\$ 93,156	5	Allocation of startup costs to assets = 99%
Total Fixed Assets	\$ 2,093,156		
Operating Capital	Amount	Notes	
Pre-Opening Salaries and Wages	\$ 2,400	teachers for 2 days PM for 2 weeks	
Prepaid Insurance Premiums	\$ 250		
Supplies	\$ 1,500		
Advertising and Promotions	\$ 3,000		
Licenses	\$ 350		
Working Capital (Cash On Hand)	\$ 5,000		
Total Operating Capital	\$ 12,500		
Total Required Funds	\$ 2,105,656		

Sources of Funding	Percentage	Totals	Loan Rate	Term in Months	Monthly Payments	Notes
Owner's Equity	0.27%	\$ 5,657				
Additional Loans or Debt		\$ 2,099,999				
Commercial Loan	0.00%	\$ -	0.00%	120	-	
<b>Total Sources of Funding</b>	<b>100.00%</b>	<b>\$ 2,105,656</b>			<b>\$ -</b>	
<b>Total Funding Needed</b>		<b>\$ 0</b>				You require more funding (Not Balanced)

### Facility Rentals Forecast:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Theater		\$ 5,000			\$ 10,000	\$ 2,500	\$ 2,500		\$ 7,500		\$ 5,000	\$ 5,000	\$ 37,500
Classrooms	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 2,000	\$ 2,000	\$ 2,500	\$ 3,500	\$ 3,500	\$ 3,500	\$ 1,500	\$ 30,500
Community Room	\$ 200	\$ 200	\$ 200	\$ 200	\$ 500	\$ 500	\$ 1,500	\$ 1,500	\$ 200	\$ 200	\$ 200	\$ 200	\$ 5,400
<b>Totals</b>	<b>\$ 3,200</b>	<b>\$ 8,200</b>	<b>\$ 3,200</b>	<b>\$ 3,200</b>	<b>\$ 13,500</b>	<b>\$ 5,000</b>	<b>\$ 6,000</b>	<b>\$ 4,000</b>	<b>\$ 11,200</b>	<b>\$ 3,700</b>	<b>\$ 8,700</b>	<b>\$ 6,700</b>	<b>\$ 73,400</b>





# MARIE A. WELLS

ARTS & EDUCATION CENTER INC.

## FORT LAUDERDALE CRA PURCHASE AND DEVELOPMENT OF CRA PROPERTY SOLICITATION BID 12642-925 PARCEL 2 547 NW 7<sup>TH</sup> TERRACE

**Sales Forecast:** A five-year income statement is on the following page. It is built from a first-year sales forecast shown below. The revenue from the **MAW After-School Youth Arts Programs** is shown below. It is predicted to grow at 5% each year.

Enrollment (Sales) Forecast

Program	Fee Unit: 1 child	Average Weekly Fee Per Child Per Program	Total Monthly Revenue per child	# Children per teacher
Drama & Acting	1	\$ 50.00	\$ 260	20
Vocal Lessons	1	\$ 50.00	\$ 260	20
Keyboard Lessons	1	\$ 50.00	\$ 260	20
Drawing & Painting	1	\$ 50.00	\$ 260	20
Summer Camp	1	\$ 120.00	\$ 621	20

ENROLLMENTS	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual Totals
<b>Drama &amp; Acting</b>													
Numbers of Children Enrolled	8	10	15	18	20	0	0	0	20	20	20	20	133
Total Classroom Tuition	\$ 2,083	\$ 2,604	\$ 3,906	\$ 4,687	\$ 5,208	\$ -	\$ -	\$ -	\$ 5,208	\$ 5,208	\$ 5,208	\$ 5,208	\$ 39,320
# Teachers needed	1.00	1.00	1.00	1.00	1.00	-	-	-	1.00	1.00	1.00	1.00	
Teacher Compensation	\$ 764	\$ 764	\$ 764	\$ 764	\$ 764	\$ -	\$ -	\$ -	\$ 764	\$ 764	\$ 764	\$ 764	\$ 6,875
on minus Teacher Compensation	\$ 1,319	\$ 1,840	\$ 3,142	\$ 3,923	\$ 4,444	\$ -	\$ -	\$ -	\$ 4,444	\$ 4,444	\$ 4,444	\$ 4,444	\$ 32,446
<b>Vocal Lessons</b>													
Numbers of Children Enrolled	8	10	15	18	20	0	0	0	20	20	20	20	133
Total Fees	\$ 2,083	\$ 2,604	\$ 3,906	\$ 4,687	\$ 5,208	\$ -	\$ -	\$ -	\$ 5,208	\$ 5,208	\$ 5,208	\$ 5,208	\$ 39,320
# Teachers needed	1.00	1.00	1.00	1.00	1.00	-	-	-	1.00	1.00	1.00	1.00	
Teacher Compensation	\$ 764	\$ 764	\$ 764	\$ 764	\$ 764	\$ -	\$ -	\$ -	\$ 764	\$ 764	\$ 764	\$ 764	\$ 6,875
on minus Teacher Compensation	\$ 1,319	\$ 1,840	\$ 3,142	\$ 3,923	\$ 4,444	\$ -	\$ -	\$ -	\$ 4,444	\$ 4,444	\$ 4,444	\$ 4,444	\$ 32,446
<b>Keyboard Lessons</b>													
Numbers of Children Enrolled	8	10	15	18	20	0	0	0	20	20	20	20	133
Total Fees	\$ 2,083	\$ 2,604	\$ 3,906	\$ 4,687	\$ 5,208	\$ -	\$ -	\$ -	\$ 5,208	\$ 5,208	\$ 5,208	\$ 5,208	\$ 39,320
# Teachers needed	1.00	1.00	1.00	1.00	1.00	-	-	-	1.00	1.00	1.00	1.00	
Teacher Compensation	\$ 764	\$ 764	\$ 764	\$ 764	\$ 764	\$ -	\$ -	\$ -	\$ 764	\$ 764	\$ 764	\$ 764	\$ 6,875
on minus Teacher Compensation	\$ 1,319	\$ 1,840	\$ 3,142	\$ 3,923	\$ 4,444	\$ -	\$ -	\$ -	\$ 4,444	\$ 4,444	\$ 4,444	\$ 4,444	\$ 32,446
<b>Drawing &amp; Painting</b>													
Numbers of Children Enrolled	8	10	15	18	20	0	0	0	20	20	20	20	133
Total Fees	\$ 2,083	\$ 2,604	\$ 3,906	\$ 4,687	\$ 5,208	\$ -	\$ -	\$ -	\$ 5,208	\$ 5,208	\$ 5,208	\$ 5,208	\$ 39,320
# Teachers needed	1.00	1.00	1.00	1.00	1.00	-	-	-	1.00	1.00	1.00	1.00	
Teacher Compensation	\$ 764	\$ 764	\$ 764	\$ 764	\$ 764	\$ -	\$ -	\$ -	\$ 764	\$ 764	\$ 764	\$ 764	\$ 6,875
on minus Teacher Compensation	\$ 1,319	\$ 1,840	\$ 3,142	\$ 3,923	\$ 4,444	\$ -	\$ -	\$ -	\$ 4,444	\$ 4,444	\$ 4,444	\$ 4,444	\$ 32,446
<b>Summer Camp</b>													
Numbers of Children Enrolled						100	100	100					25
Total Fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 52,080	\$ 52,080	\$ 52,080	\$ -	\$ -	\$ -	\$ -	\$ 156,240
# Teachers needed	-	-	-	-	-	5.00	5.00	5.00	-	-	-	-	
Teacher Compensation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 17,903	\$ 17,903	\$ 17,903	\$ -	\$ -	\$ -	\$ -	\$ 53,708
on minus Teacher Compensation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 34,178	\$ 34,178	\$ 34,178	\$ -	\$ -	\$ -	\$ -	\$ 102,533
<b>Total Fees (Annual Revenue)</b>	\$ 8,333	\$ 10,416	\$ 15,624	\$ 18,749	\$ 20,832	\$ 52,080	\$ 52,080	\$ 52,080	\$ 20,832	\$ 20,832	\$ 20,832	\$ 20,832	\$ 313,522
<b>Total Instructor Compensation</b>	\$ 3,055	\$ 3,055	\$ 3,055	\$ 3,055	\$ 3,055	\$ 17,903	\$ 17,903	\$ 17,903	\$ 3,055	\$ 3,055	\$ 3,055	\$ 3,055	\$ 81,206
<b>Difference</b>	\$ 5,277	\$ 7,361	\$ 12,569	\$ 15,693	\$ 17,777	\$ 34,178	\$ 34,178	\$ 34,178	\$ 17,777	\$ 17,777	\$ 17,777	\$ 17,777	\$ 232,316





# MARIE A. WELLS

ARTS & EDUCATION CENTER INC.

## FORT LAUDERDALE CRA PURCHASE AND DEVELOPMENT OF CRA PROPERTY SOLICITATION BID 12642-925 PARCEL 2 547 NW 7<sup>TH</sup> TERRACE

### 5 Year Forecast:

Revenue is derived from program fees (73%), facility rentals (16%), and fund raising (11%). Compensation, including payroll taxes and workman's compensation is 25%.

Income Statement		Year 1	Year 2	Year 3	Year 4
<b>INCOME</b>					
	Drama & Acting	\$ 39,320	\$ 41,286	\$ 43,351	\$ 45,518
	Vocal Lessons	\$ 39,320	\$ 41,286	\$ 43,351	\$ 45,518
	Keyboard Lessons	\$ 39,320	\$ 41,286	\$ 43,351	\$ 45,518
	Drawing & Painting	\$ 39,320	\$ 41,286	\$ 43,351	\$ 45,518
	Summer Camp	\$ 156,240	\$ 164,052	\$ 172,255	\$ 180,867
	Registration Fees	\$ 4,500	\$ 4,725	\$ 4,961	\$ 5,209
	Facility Rentals	\$ 73,400	\$ 77,070	\$ 80,924	\$ 84,970
	Grants/donations/ sponsorships	\$ 50,000	\$ 52,000	\$ 53,000	\$ 55,000
	<b>TOTAL INCOME</b>	\$ 441,422	\$ 462,993	\$ 484,542	\$ 508,119
<b>EXPENSES</b>					
Childcare	Program Supplies	\$ 10,000	\$ 10,400	\$ 10,920	\$ 11,466
	Snacks	\$ 40,000	\$ 41,600	\$ 43,680	\$ 45,864
	Program Instructors compensation	\$ 81,206	\$ 84,454	\$ 88,677	\$ 93,111
	Program Assistants	\$ 20,000	\$ 20,800	\$ 21,840	\$ 22,932
	Curriculum / Instructional Programs	\$ 10,000.00	\$ 10,400	\$ 10,920	\$ 11,466
Administration	Office Supplies	\$ 2,500	\$ 2,600	\$ 2,730	\$ 2,867
	Management Compensation	\$ 51,000	\$ 53,040	\$ 55,692	\$ 58,477
	Program Coordinator Compensation	\$ 50,960	\$ 52,998	\$ 55,648	\$ 58,431
	Advertising, Marketing and Promotions	\$ 13,500	\$ 14,040	\$ 14,742	\$ 15,479
	Website & Social Media	\$ 3,600	\$ 3,744	\$ 3,931	\$ 4,128
	Insurance: Business/Liability/Real Estate	\$ 2,169	\$ 2,256	\$ 2,369	\$ 2,487
	Accounting/Legal	\$ 3,000	\$ 3,120	\$ 3,276	\$ 3,440
	Printing	\$ 2,000	\$ 2,080	\$ 2,184	\$ 2,293
	Workman's Compensation	\$ 4,500	\$ 4,680	\$ 4,914	\$ 5,160
	Payroll Taxes	\$ 8,000	\$ 8,320	\$ 8,736	\$ 9,173
	License	\$ 425	\$ 442	\$ 464	\$ 487
	Mileage and Gas	\$ 2,000	\$ 2,080	\$ 2,184	\$ 2,293
	Loan/mortgage payments	\$ 122,796	\$ 122,796	\$ 122,796	\$ 122,796
	Phone	\$ 840	\$ 874	\$ 917	\$ 963
	<b>TOTAL EXPENSES</b>	\$ 429,336	\$ 440,724	\$ 462,760	\$ 485,898
<b>PROFIT (LOSS) BEFORE TAXES</b>		\$ 12,086	\$ 22,269	\$ 23,382	\$ 24,552
<b>INCOME TAXES</b>		0%			
<b>NET PROFIT (LOSS)</b>		\$ 12,086	\$ 22,269	\$ 23,382	\$ 24,552



Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2021****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

<b>A</b> For the 2021 calendar year, or tax year beginning 3/18/2021, and ending 3/17/2022	
<b>B</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	<b>C</b> Name of organization Marie A Wells Arts And Education Center, Inc
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4221 NW 19th St 273
	City or town State ZIP code Lauderhill FL 33313-7311
	Foreign country name Foreign province/state/county Foreign postal code
<b>D</b> Employer identification number	
<b>E</b> Telephone number 954-825-5446	
<b>F</b> Group Exemption Number ▶	
<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	
<b>I</b> Website: ▶ <a href="http://www.mawartscentr.org">www.mawartscentr.org</a>	
<b>J</b> Tax-exempt status (check only one) — <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	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 0	

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I ☒

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>	0
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	0	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>	0	
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	0	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	
	<b>17</b> Total expenses. Add lines 10 through 16 . . . . .	<b>17</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	

For Paperwork Reduction Act Notice, see the separate instructions.  
HTAForm **990-EZ** (2021)



Form 990-EZ (2021)

Marie A Wells Arts And Education Center, Inc

Page **2****Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	0	25 0
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? To Educate, Nourish and Sustain Youth in the Arts

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 To educate youth in the Arts.		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	0

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Marie A. Wells President	Hr/WK 25.00			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

Form **990-EZ** (2021)



Form 990-EZ (2021) Marie A Wells Arts And Education Center, Inc

Page **3**

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. . . . .		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .		X
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		X
<b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. . . . .		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	X	
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . .		
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ . . . . .		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		X
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		X
<b>41</b> List the states with which a copy of this return is filed. ▶		
<b>42a</b> The organization's books are in care of ▶ Marie A Wells Telephone no. ▶ 954-825-5446 Located at ▶ 4221 NW 19th Street City Lauderhill ST FL ZIP + 4 ▶ 33313-7311		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? . . . . . If "Yes," enter the name of the foreign country ▶		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		X
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions. . . . .		X

Form **990-EZ** (2021)



Form 990-EZ (2021)

Marie A Wells Arts And Education Center, Inc

Page 4

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		X

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		

**b** If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK	.00		
Name				
Title	Hr/WK	.00		
Name				
Title	Hr/WK	.00		
Name				
Title	Hr/WK	.00		
Name				
Title	Hr/WK	.00		

**f** Total number of other employees paid over \$100,000

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

**d** Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A.

☒ Yes ☐ No

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: Marie A Wells, Date: President

**Paid Preparer Use Only** Print/Type preparer's name: Hattie McDowell, Preparer's signature: Hattie McDowell, Date: 3/9/2022, Check ☒ if self-employed, PTIN: [REDACTED], Firm's name: [REDACTED], Firm's EIN: [REDACTED], Firm's address: 3441 NW 7th Ct, Lauderhill, FL 33311, Phone no.: 954-909-1291

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

Form 990-EZ (2021)



**SCHEDULE A**  
**(Form 990)****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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Marie A Wells Arts And Education Center, Inc

Employer identification number

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: 0
- g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2021



Schedule A (Form 990) 2021

Marie A Wells Arts And Education Center, Inc

Page **2****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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						0
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	0	0	0	0	0	0
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .	0	0	0	0	0	0
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						0
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	0.00%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	0.00%
<b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		
<input type="checkbox"/>		
<b>b 33 1/3% support test—2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		
<input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		
<input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		
<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		
<input checked="" type="checkbox"/>		

Schedule A (Form 990) 2021



Schedule A (Form 990) 2021

Marie A Wells Arts And Education Center, Inc

Page **3****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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	0.00%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%

**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 . . . . . ☒

Schedule A (Form 990) 2021



**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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> 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? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b> 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))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> 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? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> 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)? If "Yes," answer line 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



Schedule A (Form 990) 2021

Marie A Wells Arts And Education Center, Inc

Page **5****Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

Schedule A (Form 990) 2021



Schedule A (Form 990) 2021

Marie A Wells Arts And Education Center, Inc

Page **6****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	0	0
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 <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d	0	0
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 <b>Minimum Asset Amount</b> (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		0
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2021



Schedule A (Form 990) 2021

Marie A Wells Arts And Education Center, Inc

Page 7

**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	<b>Total annual distributions.</b> Add lines 1 through 6.	7 0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9 0
10	Line 8 amount divided by line 9 amount	10 0.000

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

Schedule A (Form 990) 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.)

Electronic Filing Only



**SCHEDULE L**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Transactions With Interested Persons**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
- ▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**2021****Open To Public Inspection**

Name of the organization

Marie A Wells Arts And Education Center, Inc

Employer identification number

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

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

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

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

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Marie Wells	President	Operations/Ex	X		10,769	10,769		X	X		X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . . ▶ \$						10,769						

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

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

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

HTA

Schedule L (Form 990) 2021



Schedule L (Form 990) 2021

Marie A Wells Arts And Education Center, Inc

Page **2****Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

Schedule L (Form 990) 2021

**BID/PROPOSAL CERTIFICATION**

**Please Note:** It is the sole responsibility of the bidder to ensure that his bid is submitted electronically through [www.BidSync.com](http://www.BidSync.com) prior to the bid opening date and time listed. Paper bid submittals will not be accepted. All fields below must be completed. If the field does not apply to you, please note N/A in that field.

If you are a foreign corporation, you may be required to obtain a certificate of authority from the department of state, in accordance with Florida Statute §607.1501 (visit <http://www.dos.state.fl.us/>).

Company: (Legal Registration) **Marie A. Wells Arts and Education Center, Inc.**EIN (Optional):

Address: **4221 NW 19th Street, Suite 273**

City: **Lauderhill**State: **Florida**Zip: **33313**

Telephone No.: **9546098035**FAX No.: **9548255446**Email: **info@mawartscenter.org**

Delivery: Calendar days after receipt of Purchase Order (section 1.02 of General Conditions): **N/A**

Total Bid Discount (section 1.05 of General Conditions): **N/A**

Check box if your firm qualifies for MBE / SBE / WBE (section 1.09 of General Conditions): ☐

**ADDENDUM ACKNOWLEDGEMENT** - Proposer acknowledges that the following addenda have been received and are included in the proposal:

<u>Addendum No.</u>	<u>Date Issued</u>	<u>Addendum No.</u>	<u>Date Issued</u>	<u>Addendum No.</u>	<u>Date Issued</u>
N/A	N/A				

**VARIANCES:** If you take exception or have variances to any term, condition, specification, scope of service, or requirement in this competitive solicitation you must specify such exception or variance in the space provided below or reference in the space provided below all variances contained on other pages within your response. Additional pages may be attached if necessary. No exceptions or variances will be deemed to be part of the response submitted unless such is listed and contained in the space provided below. The City does not, by virtue of submitting a variance, necessarily accept any variances. If no statement is contained in the below space, it is hereby implied that your response is in full compliance with this competitive solicitation. If you do not have variances, simply mark N/A. **You must also click the "Take Exception" button.**

**N/A**

The below signatory hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid/proposal.

I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal, I will accept a contract if approved by the City and such acceptance covers all terms, conditions, and specifications of this bid/proposal. The below signatory also hereby agrees, by virtue of submitting or attempting to submit a response, that in no event shall the City's liability for respondent's direct, indirect, incidental, consequential, special or exemplary damages, expenses, or lost profits arising out of this competitive solicitation process, including but not limited to public advertisement, bid conferences, site visits, evaluations, oral presentations, or award proceedings exceed the amount of Five Hundred Dollars (\$500.00). This limitation shall not apply to claims arising under any provision of indemnification or the City's protest ordinance contained in this competitive solicitation.



Submitted by:

**Marie A Wells**  
Name (printed)

**3/22/2022**  
Date

**Marie A Wells**  
Signature

**President CEO**  
Title

Revised 4/28/2020

**NON-COLLUSION STATEMENT:**

By signing this offer, the vendor/contractor certifies that this offer is made independently and *free* from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

**Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.**

**NAME****RELATIONSHIPS**

**In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.**

**Marie A Wells**  
Authorized Signature

**President CEO**  
Title

**Marie A Wells**  
Name (Printed)

**3/21/22**  
Date



**CONTRACTOR'S CERTIFICATE OF COMPLIANCE WITH  
NON-DISCRIMINATION PROVISIONS OF THE CONTRACT**

The completed and signed form should be returned with the Contractor's submittal. If not provided with submittal, the Contractor must submit within three business days of City's request. Contractor may be deemed non-responsive for failure to fully comply within stated timeframes.

Pursuant to City Ordinance Sec. 2-187(c), bidders must certify compliance with the Non-Discrimination provision of the ordinance.

The Contractor shall not, in any of his/her/its activities, including employment, discriminate against any individual on the basis of race, color, national origin, religion, creed, sex, disability, sexual orientation, gender, gender identity, gender expression, or marital status.

1. The Contractor certifies and represents that he/she/it will comply with Section 2-187, Code of Ordinances of the City of Fort Lauderdale, Florida, as amended by Ordinance C-18-33 (collectively, "Section 2-187").
2. The failure of the Contractor to comply with Section 2-187 shall be deemed to be a material breach of this Agreement, entitling the City to pursue any remedy stated below or any remedy provided under applicable law.
3. The City may terminate this Agreement if the Contractor fails to comply with Section 2-187.
4. The City may retain all monies due or to become due until the Contractor complies with Section 2-187.
5. The Contractor may be subject to debarment or suspension proceedings. Such proceedings will be consistent with the procedures in section 2-183 of the Code of Ordinances of the City of Fort Lauderdale, Florida.

**Marie A Wells**  
Authorized Signature

**Marie A Wells President CEO**  
Print Name and Title

**3/21/2022**  
Date