# **EXHIBIT** 7

CAM #22-0738 Exhibit 7 Page 1 of 122

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#### 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

ltem #	Line Item	Notes	Unit Price	Qty/Unit	Attch.	Docs
12642-92501-01	Property Purchase Offer	Supplier Product Code:	First Offer -	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	



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**

23



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

#### **BID/PROPOSAL CERTIFICATION**

Please Note: It is the sole responsibility of the bidder to ensure that his bid is submitted electronically through <u>www.BidSync.com</u> 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 F	Registration) Marie A	. Wells Arts and Educatio	n Cente	* EIN (Of	otional):		
Address: 4221 NV	W 19th Street, Suite	273 •					
City: Lauderhill		* State: Florida	* Zip:	33313	1.00		
Telephone No.: 95	546098035	* FAX No.: 9548255446	6	* Email:	info@mawartscenter.or	ng	
Total Bid Discount (	section 1.05 of Gene	Purchase Order (section 1 eral Conditions): N/A					
Check box if your fi	irm qualifies for MBE	/ SBE / WBE (section 1.0	9 of Ger	eral Con	ditions): 🗔	_	
ADDENDUM ACKI proposal:	NOWLEDGEMENT -	Proposer acknowledges	that the f	following a	iddenda have been rece	ived and are included in	n the
Addendum No.	Date Issued	Addendum No.	Date Iss	sued	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/DPXViewar/Bid\_Proposal\_Certification\_Page\_04-28-2020\_8365013.htm?ac=supresponse&auc=2091389&docid=8367107&... 1/3 5/6/2022 BidSync

1.0

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5/5/22, 11:09 PM

Marie A Wells Name (printed)

3/22/2022 Date

City of Fort Lauderdale

Marie A Wells Signature

President CEO Title

Revised 4/28/2020

https://www.bidsync.com/DPXViewer/Bid\_Proposal\_Certification\_Page\_04-28-2020\_8365013.htm?ac=supresponse&auc=2091389&docid=8367107&... 2/3

#### 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.

Date

Marie A Wells	President CEO
Authorized Signature	Title
Marie A Wells	3/21/22
Name (Printed)	Date

file:///C:/Users/Administrator/Downloads/2\_Non\_Collusion\_Statement\_05-2020\_8412001 (3).htm 5/6/2022 BidSync

1/2 p. 562

#### 12642-925

#### 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.

- 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").
- 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.
- The City may terminate this Agreement if the Contractor fails to comply with Section 2-187.
- The City may retain all monies due or to become due until the Contractor complies with Section 2-187.
- 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



City of Fort Lauderdale

# CERTIFICATE OF LIABILITY INSURANCE

03/23/2022

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	auderhill, FL 33351				E-MAI ADDR	Ess: Jpiersa	ll@southe	rnagency.org		
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City of Fort Lauderdale Detail by Entity Name

DIVISION OF CORPORATIONS



Department of State / Division of Corporations / Search Records / Search by Entity Name /

# **Detail by Entity Name**

Florida Not For Profit Corporation MARIE A. WELLS ARTS AND EDUCATION CENTER, INC.

Filing Information

Document Number	N2000003505
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

https://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=EntityName&directionType=Initial&searchNameOrder=MARIEA... 5/6/2022 BidSync 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

03/09/2022 - ANNUAL REPORT	View image in PDF format
04/06/2021 - ANNUAL REPORT	View Image in PDF format
03/17/2020 - Domestic Non-Profit	View image in PDF format

https://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=EntityName&directionType=Initial&searchNameOrder=MARIEA...

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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

# RFP No. 12642-925

# TITLE: Purchase & Redevelopment of CRA Property

# 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 Kemmings Turner Purchasing Specialist

Company Name:	Murie A.	(Please print)	Education Len	ter, Luc.
Bidder's Signature:	Wali	Gall	-	
Date: 5/3/2	2			



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

# RFP No. 12642-925

# TITLE: Purchase & Redevelopment of CRA Property

# 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 Kommings Traner

Purchasing Specialist

Company Name:	Marie Aindella Arts and Education	Contarto
	(Please print)	((1117, 12)
Bidder's Signature:	Mary Cille	
Date: 5/3/2	2	

Page 14 of 122

#### 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

#### T FALSE REPORT OF BOMB

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

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),

I Disorderily Conduct - F.S. 877.03 (maiver of formal reading and amaignment

BidSync

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5/6/2022

E OF FLORIDA VS.	KEISHA NESBETH INFON- IDENTIFYING DATA B/F, 10/21/76, 589-95-4090
NTY OF BROWARD	
TE OF FLORIDA	EDWARD WALSH
Personally appe	/ Www.j
orida by MICHAEL J	. SATZ, State Attorney of said Circuit and Prosecuting
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	acourses before me this 12 day of Sept, A.D. 2003.
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	HOWARD C. FORMAN
	Clerk of the Circuit Court, 17th Judicial Gircuit,
	Broward County, Florida
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	HOWARD C. FORMAN
	Clerk of the Circuit Court, 17th Judicial Circuit,
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Cials of Thursday, 1984	ISPOSITION ORDER IN AND FOR BROWARD COUNTY, DIGCE 19A Arrest Number _0503014549	
State of Florida VS	Arrest Number _050.J014549	BCCN# 0029314
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Judge Elijah willioms Cash bond / Return to depositor 75 Cash bond number(s) bamb Report alse Charges: Disorderly OR () REMANDED () REMAIN IC () UNTIL PICKED UP BY 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 \_\_\_\_\_\_() Adj. Delinquent \_\_\_\_\_\_ \_\_\_\_ ( ) Sentence Withheld ) Committed to DJJ/Level-() 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 ( ) Dismissed ( ) Withdrawn ( ) Served in open court WARRANT: SENTENCE: (PROBATION/COMM.CONTROL) T 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 ( ) One year plus one day ( ) \_\_\_\_\_( ) Years ( ) Months ( ) Days COUNT(S): ) BCJ ( ) FSP, w/credit for \_ \_ days T/S () Years () Months () Days () Probation () Community Control ) followed by \_\_\_\_ ) each count concurrent/consecutive ( ) concurrent/consecutive ( ) to case number \_\_\_\_\_ ) any other sentence ( ) Work release prison sentence suspended JUDGE DEPUTY CLERK DATE FILE COPY 65-1 10C 14-1 REV 9/01 11175



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

Exhibit 7 Page 20 of 122

p. 574

12642-925



# MARIE A. WELLS

ARTS & EDUCATION CENTER INC.

Delvin Rogers Sr.

Job Description & Duties Program Coordinator

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

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

City of Fort Lauderdale

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

Ethnoste, Nourish, and Sissiain Youth William World Evolves Around The Arost



# MARIE A. WELLS ARTS & EDUCATION CENTER INC.

Brooke Willingham

Assistant Program Coordinator Job Description & Duties

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
- solitary play, parallel play and group play behaviors Supervise youth, keeping them engaged and observing the
- Replenish supplies, keep area clean and orderly dai
- 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

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

Educate, Nourish, and Sustaw Touth Whose World Typiers Around th



# 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

Cynthia Ramos

Job Description & Duties Vocal and Keyboard Instructor

- 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.
- 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

5/6/2022



Ely Burgos

Drama and Acting Instructor Job Description & Duties

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

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

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



MARIE A. WELLS LET'S & EDUCATION CENTER INC.

Hattie McDowell

Job Description & Duties Fiscal Manager

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

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 com costs. pany

DEPARTMENT OF THE TREASURY

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

# Date: MAY 0 6 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. 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

- 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
    - Keisha Willis- present Quorum Present: Yes

### II. Continued Matters:

1.

- 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:

- 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
- MAW After-School Location: John E. Mullin Park 2000 NW 55<sup>th</sup> Avenue, Lauderhill, Fl 33313
- Applied for Microloan of \$25,000 City of Lauderhill 3/14/2022 (Equipment & Inventory) (Consultant & Fiscal Manager)
- 5. Applied for \$5,000 Grant Walmart
- 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

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p. 579



### 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 19th 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
- Address: Herbert Bond, Treasurer 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 The name and Florida street address (P.O. box NOT acceptable) of incorporator is: 12642-925

Name and Title: Marie A. Willingham-Wells, President 4221 NW 19th Street, Suite 273 Address: 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** 

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** 

120 Date



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

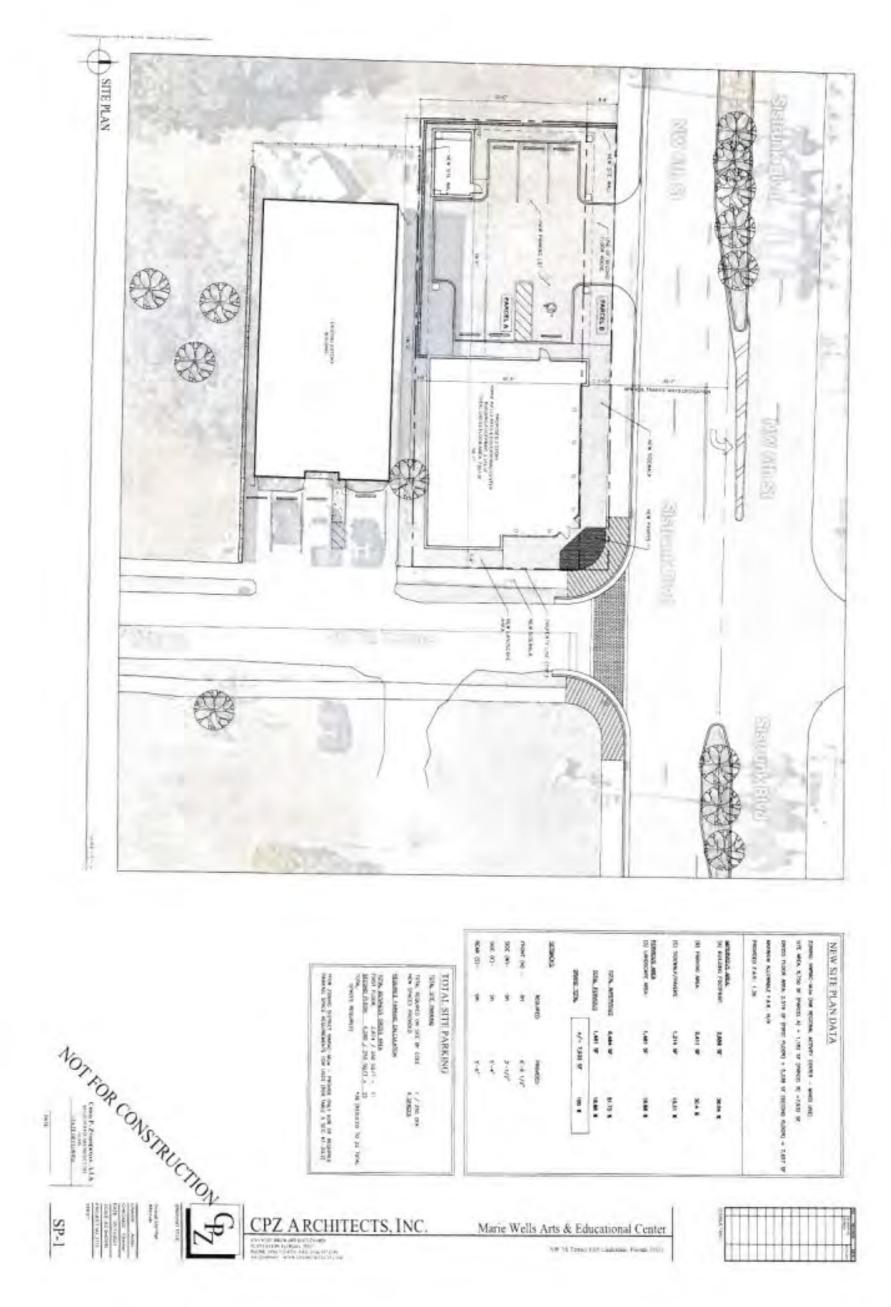


FORT LAUDERDALE CRA PURCHASE AND DEVELOPMENT OF CRA PROPERTY SOLICITATION BID 12642-925 PARCEL 2 547 NW 7<sup>TH</sup> TERRACE

# 4.2.6 PROJECT PLANS AND INFORMATION

12642-925

11 | P.A.T.



NW 7th Terrace Fort Lauderdate, Floride 333th MARIE A. WELLS ARTS & EDUCATION CENTER







SITE PLAN



CPZ ARCHITECTS, INC. Ult West Base al Societant, Westwork, H. (1917) 2618 Illula Base, San 206 Know Reat, H. (1917) 2618 Il



CAM #22-0738 Exhibit 7 Page 33 of 122

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5/6/2022

RENDER

p. 588

BidSync







CAM #22-0738 Exhibit 7 Page 35 of 122

RENDER

p. 589

BidSync

CGC

JOB ESTIMATE

# **HBR Construction, LLC.**

1401 N. Mangonia Drive West Paim Beach, Fl 33401 Ph: 561-371-8546 fax: 561-429-4028 hbrharold@gmail.com

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	
Sub-Total		1,451,700
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
Grand Total		\$1,948,921



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** 

BidSync

5/6/2022

20 | . . .

12642-925



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**

12642-925



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/WBE0 PARTICIPATION

# NON - APPLICABLE

22 | 2 . . .

12642-925

## 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:

COMMERCIAL FAÇADE IMPROVEMENT PROGRAM	\$
PROPERTY AND BUSINESS IMPROVEMENT PROGRAM	\$
STREETSCAPE ENHANCEMENT PROGRAM	\$
DEVELOPMENT INCENTIVE PROGRAM	s 200,000
PROPERTY TAX REIMBURSEMENT PROGRAM	S

## 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.
- 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?
- 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?
- 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

6 CHAINCENTIVE APPLICATION

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.
- Is the property listed "For Sale." Please note that properties listed for sale may not apply for CRA program funding.
- 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.
- 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 your 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 Facade 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

Signature of

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.

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

# 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.

Property Owner or Business Owner

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1-1-241-4-1

Print Name

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Job Title	#	Brief Job Description	Annual Average Salary	Industry Average	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	<u>Salary</u> \$60,000	<ul> <li>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.</li> <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 (CRIM) packages</li> <li>Outstanding negotiation skills</li> <li>Excellent written and oral communication</li> <li>Proven knowledge of</li> </ul>
Program Coordinator	1	Program Coordinators manage, coordinate,	410.000		performance evaluation metrics In a business setting First-class people skills
		and oversee different programs and projects.	\$39,000	\$45,000	<ul> <li>5-10 years / Bachelor or Higher</li> <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		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	3-5yrs/High School or Bachelor Micro Word, Excel etc. Well-rounded education that includes writing and mathematics
Receptionist		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	3-5 years High School or Bachelor Micro Word, Excel, etc. Written, Interpersonal skills, organization skills, communication skills, technology skills and multitasking skills.
laintenance Manager		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	<ul> <li>5 + years' maintenance experience</li> <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>



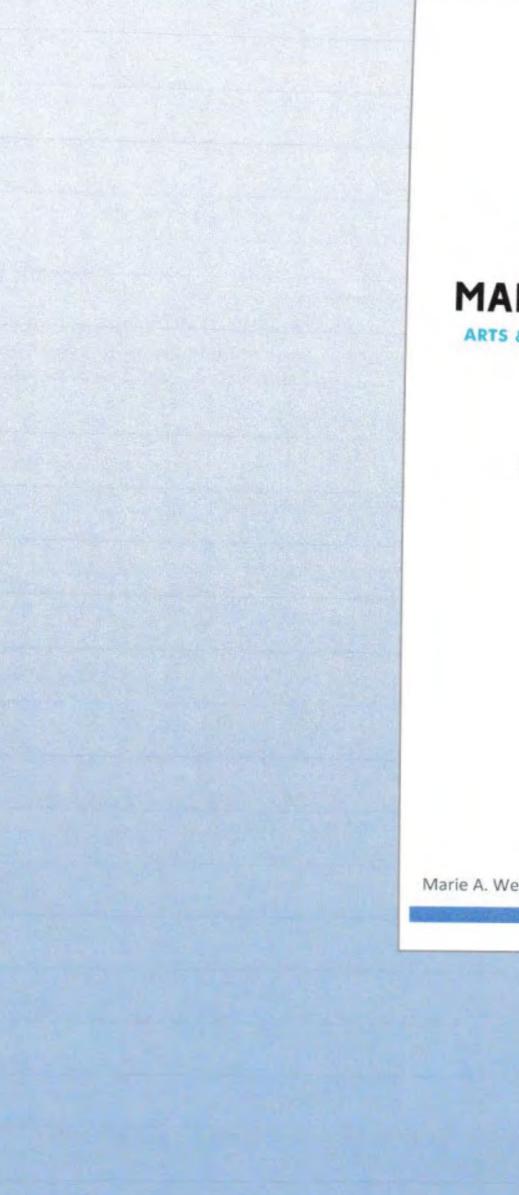
Maintenance Assistant	2	Maintenance Assistant will be responsible for cleaning offices, meeting rooms, bathrooms, break rooms, and public areas etc	\$25,000	\$31,000	2+ years' maintenance experience School leaver's certificate required Willingness to work early morning or late-night shifts, Ability to 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		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	<ul> <li>10-15 years Certified / Experience</li> <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 sale.</li> <li>Self-direction: Most Security personnel work independently without oversight from a munager. 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		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	<ul> <li>10 - up years Bachelor or Higher Executive-level role, several years of experience in the industry:</li> <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>



Bookkeeper Dance Instructor		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	<ul> <li>5-10 years Bachelor or Higher Senior level Bookkeeper</li> <li>Formal education, certifications, an real-world experience and Math skills.</li> <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 meet deadlines</li> <li>The ability to meet deadlines</li> <li>Exceptional organization skills</li> <li>The ability to meet deadlines</li> <li>Exceptional organization skills</li> <li>Exceptional accounting skills</li> <li>Payroll accounting skills</li> </ul>
Art Instructor - Drawing	2	Dance instructors teach a variety of dance styles and techniques to students from beginner to advanced level.	\$45 per class	\$50 per class	<ol> <li>10 -15 years Bachelor or Higher</li> <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> </ol>
The manufactor - brawing	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	S50 per class	<ul> <li>10 -15 years Bachelor or Higher</li> <li>Bachelor's degree in line 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.	540 per class	\$50 per class	<ul> <li>5 -10 years Bachelor or Higher</li> <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	<ul> <li>evenings, on occasion.</li> <li>10 -15 years Bachelor or Higher</li> <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>



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	<ul> <li>10 -15 years Bachelor or Higher</li> <li>Bachelor's degree in music.</li> <li>License to teach as an academic (state requirement).</li> <li>Strong interpersonal and</li> </ul>
Song Writing Instructor	1	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	<ul> <li>communication skills.</li> <li>5 -10 years Bachelor or Higher A degree in fine art, music, creative writing.</li> <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 verbail communication, as well as interpersonal skills.</li> <li>Diligent, deadling driven, and willing to work with other artists.</li> </ul>
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 artim or fin at a community college, theater company's acting conservatory, or film school is acceptable.





**BUSINESS PLAN** 2022

Marie A. Wells

#### 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, risktaking, 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.

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## 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.

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#### 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
- o Keyboard Classes
- Mentoring Sessions & Life Skill Groups
- o 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.

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### 4.2.5. Financial Information

2.2

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.

MARIE A.		Prog	ram Schedule		2022-2023
TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	SATURDAY
2:30pm - 3:00pm	Snacks	Snacks	Snacks	Snacks	Vocal Classes 12:00pm
3:00pm - 3:30pm	Homework Supervision	Homework Supervision	Homework Supervision	Homework Supervision	2:00pm Keyboard Classes 2:00pm
3:30pm - 4:00pm	Mentorship Groups & Life Skill's Sessions	Mentorship Groups & Life Skills Sessions	Mentorship Groups & Life Skills Sessions	Mentorship Groups & Life Skills Sessions	4:00pm
ARTrichment Sessions 4:00pm - 6:00pm	Drawing & Painting Classes	Drama & Acting Classes	Drama & Acting Classes	Drawing & Painting Classes	
Note: Drawing & Painong Classes 3.00pm - 6.30pm		(ACT & SAT Prep) June, July & August 9am + 2pm			
6:00pm - 6:30pm	Dismissal	Dismissal	Dismissal	Dismissal	
NOTE: Station Rotations 1:00pm - 0:00pm	Station Rotations Reading Station Audio, hard book,	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. 15|P a g e

The Center's website <u>https://www.mawartscenter.org/</u> 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.

Fired Arrest	-	Ercord .	Depresentation (peacy)	Haper
Real Estate-Land			Not Depreciated	
Real Estate-Buildings		2.000,000	20	
Leasahold Improvements			7	
Equipment	5	93,156	5	Afternation of scarting cores to tange + 10
Tatal Fixed Assets	5	2,093,156		
Operating Capital	1	Amesure .		Matta
Operating Capital	1	American II		Marina
Pre-Opening Salaries and Wages	2	2,400	teacher	rs for 2 days; PM for 2 weeks
Prepaid Insurance Premiums	5	250		
Supplies	5	1,500		
Advertising and Promotions	5	3,000		
Licenses	5	350		
Working Capital (Cash On Hand)	5	\$,000		
Total Operating Capital	5	(2,500		
Total Required Funds	5	1,105,658		

Sources of Funding Printentiage Teste Lots Han Licen in President Pw Owner's Equity 0.27% 5 5,657 Additional Leans or Debt 5 2,099,999 **Commercial Loan** 0.00% \$ 0,00% 120 **Total Sources of Funding** 100.00% \$ 2,105,656 3 **Total Funding Needed** 1 Tani Personal Int rea Ganating (Nor Bala

16 0000

## **Facility Rentals Forecast:**

	Jan	Feb	54 ar	Anr.	Linu	1 10/2	T		-	_			
Theater		\$ 5,000	(in the	mp	Nay	Jun	Jul	Aug	Sep	Oct	NOV	Dec	Tota/s
Classrooms	5 3 000	5 3 000		10000	\$10,000	\$ 2.500	\$ 2,500		\$ 7 500				
Constant Granting	3.000	5 3 000	5.3.000	\$ 3,000	\$ 3,000	\$ 2,000	5 2 000	\$ 2,500	\$ 7 500				
Totals	5 3 200	\$ 8 200	5 3 200	\$ 3,200	\$13,500	\$ 5 000	E E 000	6 1.000	\$ 200	\$ 200	\$ 200	> 200	5 5 400
				1.4. 0.444	1.4.19.004	3 3 000	3 0.000	5 4.000	\$11,200	\$ 3,700	5 8 700	\$ 5,700	5 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.

-					_	_	Enroliment	(Sales) Forecast
	Program	Fee Unit: 1 child	We Per	verage lekly Fea Child Per rogram	Mo Re	otal onthly venue child	# Children per	
	Drama & Acting	1	\$	80.00	\$	260	20	
	Vocal Lessons	1	5	80.00	\$	260	20	
	Keyboard Lessons	1	5	60.00	5	260	20	
	Drawing & Painting	1	5	60.00	5	260	20	
	Summer Camp	1	8	120.00	5	521	20	

ENROLLMENTS		Jan		Feb	Mar		Apr		May	JL	m		Jul	1.5	Aug		Gep		Oct		Nov		Dec		The second
Drama & Acting	-	_			-				_		-	-		-	_			-	-	-		-		Ann	ual Totat
Numbers of Children Enrolled	1			10	15		18		20	1	)		0		0		20		20		20		20	-	
Total Classroom Tuition	\$	2,083	5	2,604	\$ 3,906	\$	4,687	\$	5,208	\$		\$		\$	-	5	5.208	5	5,208	\$	5,208	\$	and the second second	-	
# Teachers needed		1.00	1	1.00	1.00	1	1.00	1	1.00	-	-	-		-		-	1.00	0	1.00		1.00	*	414.00	\$	39,320
Teacher Compensation	\$	764	\$	784	\$ 764	\$	764	\$	764	\$		5	-	\$	-	s	764	5	764	s	764	-	1.00	-	
on minus Teacher Compensation	\$	1,319	\$	1,840	\$ 3,142	\$	3,923	\$	4,444	\$	-	\$	-	\$		\$	4.444	\$	4,444	5	4,444	1.7.1	764	5	6,875
Vocal Lessons	-		-	_	-	-		-	_	-	-	-		_	_	-		_		_		-		-	
Numbers of Children Enrolled		8		10	15	-	18	-	20		1		0		ū	-	20	-	-	-		-	-	-	
Total Fees	-	2,083	\$	2.604	\$ 3,906	s		s	5,208	5		5		s		\$	5,208	5	20		20		20	-	13
# Teachers needed	1	1.00	-	1.00	1.00	ŕ	1.00	-	1.00	-		-			-		1.00	4	5,208	\$	5,208	\$		\$	39,320
Teacher Compensation	s	764	\$	764	\$ 764	s	764	s	764	\$	-	\$	-	5	-	\$	764	-			1.00	-	1.00	-	-
on minus Teacher Compensation		1,319	\$	1,840	\$ 3,142	\$	-	\$	4,444	5	-	5		5	-	\$	4,444	s	764	\$	764	\$	764	-	5,875
Keyboard Lessons								1						1		1		-	arre	1		-	4,444	-	02,440
Numbers of Children Enrolled		8		10	15		18		20	0			0		0	-	20	-	20	-	20		20		
Total Fees	\$	2,083	5	2,604	\$ 3,906	5		s	5,208	s	-	\$		\$		s	5,208	\$			100 million (1997)		20	-	13
# Teachers needed		1.00	-	1.00	1.00	-	1.00	-	1.00	*	-	-			-	0	1.00	\$	5,208	\$	5,208	\$		\$	39,320
Teacher Compensation	\$	764	5	764	\$ 764	5	764	\$	764	s	-	\$		s	-	5	764	s	764	\$	764	5	1.00	-	
minus Teacher Compensation	\$	1,319	\$	1,840	\$ 3,142	\$		\$	4,444	\$	~	\$	-	5		\$	4,444	\$	4,444	\$	4,444	\$	4,444	-	6,875
Drawing & Painting	÷	-	-	-		-				-	-	-	-	-	_	-	-	-	-						
Numbers of Children Enrolled		8		10	15	-	18		20	0		-	0		0	-	20	-	20	-	20		20	-	44
Total Fees	\$	2,083	\$	2.604	\$ 3,906	s	4,687	\$	5.208	Carlos of the		\$		5	-	s	-	s	5,208	5	5,208	\$		\$	13 39,320
# Teachers needed	-	1.00		1.00	1.00	1	1.00	-	1.00	-	14	-	-	-	-	-	1.00	*	1.00		1.00		1.00		38,320
Teacher Compensation	\$	764	\$	764	\$ 764	\$	764	\$	764	\$	-	\$	-	\$		\$	784	\$	764	\$	764	\$	764	8	6,875
on minus Teacher Compensation	\$	1,319	\$	1,840	\$ 3,142	\$	3,923	\$	4,444	\$	-	\$	-	\$	*	\$	4,444	\$	4,444	\$	4,444	8	4,444	5	32,446
Summer Camp	-	-	-		-			-		-	1	-		-	-	-		-			_	-		_	_
Numbers of Children Enrolled			-			-				10	0	-	100		100	-	-	-		-	-	-			25
Total Fees	\$		\$		5 -	5		5		\$ 52			52.080	_	52.080	5		5	-	\$		s		\$	156,240
# Teachers needed			-		+		-	-		-	5.00		5.00	-	5.00	-		-	-		-	-		•	100,240
	-		-		-	-	_					-		-		-		_	-	1 m		-		-	
Teacher Compensation	\$	-	\$	+	\$ -	\$	-	5	1.2	\$ 17	903	s	17,903	5.1	17,903	\$		\$	~	\$		- 5		\$	53,708

or menes reserves comparisation	4		-						-	34,110	9	34,178	 34,1/8	\$ -	\$ - × -	\$ - T -	ş		\$	102,533
Total Fees (Annual Revenue)	\$	8,333	\$	10,416	\$ 15,624	\$	18,749	\$ 20,832	\$	52,080	\$	52,080	\$ 52,080	\$ 20,832	\$ 20,832	\$ 20,832	\$	20,832	5	313,522
Total Instructor Compensation	\$	3,055	\$	3,055	\$ 3,055	\$	3,065	\$ 3,055	\$	17,903	\$	17,903	\$ 17,903	\$ 3,055	\$ 3,055	\$ 3,055	\$	3,055	\$	81,205
Difference	\$	5,277	\$	7,361	\$ 12,569	5	15,693	\$ 17,777	5	34,178	\$	34,178	\$ 34,178	\$ 17,777	\$ 17,777	\$ 17,777	\$	17,777	\$	232,316

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## **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	Income Statement	1	Year 1		Year 2	T	Year 3	T	Year 4
	Drama & Acting	1		-					ivai 4
	Vocal Lessons	\$	39,320	\$	41,286	5	43,351	\$	45,51
		\$	39,320	5	41,286	S	43,351	5	45,51
	Keyboard Lessons	\$	39,320	\$	41,286	\$	43,351	\$	45,51
	Drawing & Painting	\$	39,320	\$	41,286	5	43,351	\$	45,51
	Summer Camp	\$	156,240	S	164,052	5	172,255	S	180.86
	Registration Fees	\$	4,500	\$	4,725	S	4,961	S	5,20
	Facility Rentals	\$	73,400	\$	77,070	\$	80,924	\$	84,97
	Grants/donations/ sponsorships	\$	50,000	\$	52,000	\$	53,000	\$	55,00
EXPENSES	TOTAL INCOME	\$	441,422	\$	462,993	S	484,542	\$	508,11
and provide the second second				1		-	404,042	4	000,11
Childcare	Program Supplies	\$	10,000	S	10,400	\$	10,920	\$	14.40
	Snacks	\$	40,000	\$	41,600	\$	43,680	and the second s	11,46
	Program Instructors compensation	\$	81,206	S	84,454	5	88,677	\$	45,86
	Program Assistants	\$	20,000	\$	20,800	\$	and the second se	\$	93,11
	Curriculum / Instructional Programs	\$	10,000.00	\$	10,400	S	21,840	5	22,93
	Page 1			1	10,100		10,320	Ð	11,466
Administration	Office Supplies	\$	2,500	S	2,600	s	2.730	\$	2,867
	Management Compensation	\$	51,000	\$	53,040	S	55,692	S	58,477
	Program Coordinator Compensation	\$	50,960	\$	52,998	S	55,648	\$	and the second se
	Advertising, Marketing and Promotions	\$	13,500	S	14,040	\$	14,742	\$	58,431
	Website & Social Media	\$	3,600	S	3,744	\$	3,931	S	15,479
	Insurance: Business/Liability/Real Estate	\$	2,169	S	2,256	5	2,369	S	4,128
	Accounting/Legal	\$	3,000	S	3,120	5	3,276	5	2,487
	Printing	\$	2,000	\$	2.080	\$	2,184	Sec. Carlos	3,440
	Workman's Compensation	\$	4,500	S	4,680	5	4,914	S	2,293
	Payroll Taxes	5	8,000	s	8,320	S	8,736	5	5,160
	License	\$	425	5	442	\$	464	\$	9,173
	Mileage and Gas	\$	2,000	5	2.080	S	2,184	5	487
	Loan/mortgage payments	5	122,796	\$	122,796	\$	122,796	5	2,293
	Phone	\$	840	S	874	S	917	3	122,796
	TOTAL EXPENSES	\$	429,336	5	440,724	5	and the second se		963
ROFIT (LOSS)	BEFORE TAXES	5	12,086	5	22,269	-	462,760	\$	485,898
NCOME TAXES		\$	12,000	\$	22,209	S	23,382	5	24,552
ET PROFIT (L	G P01	s	12,086	\$	22,269	\$	-	\$	-
and the second second			12,000		22,209	\$	23,382	\$	24,552

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## 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: PNC Bank
City: Lauderhill State: FI Zip: 33319	
Personal Statement of (if you do not have a middle name, p First Name: Shaneka Middle: R	
Social Security No.: Date of Birt	h: 12/24/86 Place of Birth: Fort Lauderdale
Present Address: 3501 NW 17th Street City: Lauderhill State: FL Zip: 33311 From: 1989 To: Present	Previous Address:
Loan Requested from CRA: <u>s</u> 0 Loan Request from Bank(s): <u>s</u> 0 Percentage of Company Ownership: <u>0</u>	Are you a U.S. Citizen: If NO, are you a Lawful Permanent Resident Alien: Alien Registration Number:
NECESSARILY DISQUALIFY YOU. HOWEVER, AN UNTRUTHFUL ANSW IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, <u>PLEAS</u>	<u>se furnish details on a separate sheet</u> . Include dates, location, fine ole/probation, unpaid fines or penalties, name(s) under which charge
<ul> <li>(If YES, indicate the date parole or probation is to expire)</li> <li>Parole you ever been charged with and/or arrested for any or vehicle violation? Include offenses which have been dism</li> </ul>	criminal offense other than a minor motor hissed, discharged, or not prosecuted.
3. Have you <u>ever</u> been convicted, placed on pretrial diversion adjudication withheld pending probation, for any criminal hereby authorize the City of Fort Lauderdale to request agencies for the purpose of determining my eligibility.	
	Member Date 4/14/22
6 CRA INCENTIVE APPLICATION Last 1/pdated: September 16, 2016	

City of Fort Lauderdale

CRA. Commu	st-Progresso-Flagler Heights nity Redevelopment Agency RSONAL HISTORY STATEMENT
PLEASE READ CAREFULLY - PRINT OR TYPE Each Proprietor tit a Sole Proprietorship), General Partner (if Partner (owning 20% or more of the business), must complete a Personal complete this form and be approved as guarantors by the City of Fort L	ship), Limited Partner (if Partnership), Officer, Director and Business Owner History Statement. For all Non-Profit Organizations, all guarantors must anderdale Community Redevelopment Agency.
Applicant Business Name: Mare A. Webs Arts and Education Carther. Inc.	Participating Bank/Lender PNC Bank
City: Lauderhill State: FI Zip: 33313	City Fort Lauderdale State: FI Zip: 33301
	umar Last Willis
Social Security No.: Date of Birth:	10/21 1976 Place of Birth: Jamai ca
Tresent Address: 9405 NW 42nd St. The Sunse State FI Zip: 33351 Tom: Dec. 2020 To: Present	Previous Address: 10713 NW 42Nd CH. recorded of an except address for than 3 sources City: Sunnise State: 74 Zip: 33351 From: Del 2015 To: Dec 2020
oan Requested from CRA: 5	Are you a U.S. Citizen: XYES NO
ercentage of Company Ownership: %	Permanent Resident Alien: YES NO     Alien Registration Number:
ECESSARILY DISQUALIFY YOU, HOWEVER, AN UNTRUTHFUL ANSWERY F YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, PLEASE F ENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/ NO ANY OTHER PERTINENT INFORMATION. Are you presently under indictment, on parole or probation? (If YES, indicate the date parole or probation is to expire) Have you ever been charged with and/or arrested for any crim vehicle violation? Include offenses which have been dismissi Have you ever been convicted, placed on pretrial diversion, o adjudication withheld pending probation. for any criminal off	TRNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, YES NO ainal offense other than a minor motor ed, discharged, or not prosecuted. r placed on any form of probation, including
A	Secretary Dune 4/14/2022
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	2
	MEMORANDUM
	XXX NOLLE PROSEQUI
NP/DISM DATE	DATE OF MEMORANDUM _ 9/11/03
DEFENDANT KEISHA NESBET	н
JUDGE:DIAZ	CASE NUMBER 03-20420010A
CHARGE(S) DISORDERLY CONDUCT	03-20436 mmisa
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5/6/2022

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5/6/2022

riminal	FELONY ORDER OF ACQUITTAL	OR BK 36722 Pages 695 - 505 RECORDED 01/09/04 10:09.16 BROWARD COUNTY COMMISSION DEPUTY CLERK 1047 #22, 1 Pages
HE STATE OF		CASE NUMBER
	Keisha Nesbeth	
	DEFENDANT	03-160186 FIC
HERIFF'S NO:	BS 03 -14549 STATE ATTO	RNEY: Ygel Gamm
EFENSE ATTY	Juniol Faiguharson COURT REP	ORTER. JODI BENJAMIN, RPD
		LAWS REPORTING
HARGE(S)	I False Romb Report	
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ORDERE	E COURT, AND IT IS,	REFORE ADJUDGED TO BE NOT
ORDERE THIS CAUSE AN DISCHARGED.	T [ ] JURY [\]COURT, THE DEFENDANT IS THE E COURT, AND IT IS, D AND ADJUDGED THAT THE DEFENDANT BE ND THE APPEARANCE BOND HERETOFORE PO	REFORE ADJUDGED TO BE NOT RELEASED FROM CUSTODY AS TO ISTED, IF ANY, IS HEREBY
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ORDERE THIS CAUSE AN DISCHARGED.	T [ ] JURY [\]COURT, THE DEFENDANT IS THE E COURT, AND IT IS, D AND ADJUDGED THAT THE DEFENDANT BE ND THE APPEARANCE BOND HERETOFORE PO	REFORE ADJUDGED TO BE NOT
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		Department of 0 Probation Divis 540 S.E. 3 <sup>rd</sup> Ave Ft. Lauderdale, (954) 357-5900 (954) 765-4567	FL 33301
E: EXPIRATION OF PR	OBATION SAMAR NESBER 0/8CF70A 4/2/04	t	FELOWY
AWAN Nissen	he term of probation for the abov	re-named defendant has expired	
Broward County Courthouse Domestic Violence Unit	South Regional Courthouse 3550 Hollywood Bivd, Rm 240 Hollywood, FL 33021 (954) 831-0482	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 Floo Deerfield Beach, FL 33442 (954) 831-1280 FAX (954) 831-1290

RC. SEX HGT B F 57" PERMANENT ADDRESS	145	HAIR EYES BLK BRN		NGE DOR 10-21-7	LOCAL AD		AUDERDA	LE
RESIDENCE TYPE (1) C HOW LONG DEFENDANT IN BROWARD COUNTY	8 0	] [	ADING PLAC	OF STATE	PLACE OF NATURE	EMPLOYMENT S PHARMACY DATE/TIME A	ARESTED 7	LENGTH ARRESING OFFICIENTS)
	MARABERIAMA	REAT SHIFT	UNIT TRAN PRISIONER		TRANSPORTING OFFICER/CCN	PIC TIM	E ARRIVED A	James Dees/6520 DRUG TY T BSO
ATTACH DEFUNDANT'S PHOTO	VECHILE TO	T'S VEHICLE-MAI	KE TYPE	YEAR COL		CLIM		ALCONSLINATURAS D S
AME OF VICTIM (IF CORPO STATE OF F	LORIDA			CORP)	ADDRESS	MI PUL	1 81	53
1		NSES CHARGE		cn	ATION # IF APP	LICABLE	FS. FOR	790.163
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			PROBABL	E CAUSE AFFID	WIT		-	
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BROWARD COUNTY, FLORIDA I certify this document to be a tru<sup>2</sup> and correct copy of the originat WITNESS MY HAND AND SEAL

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R	N THE COUNTY	COURT OF THE SEVE	NTEENTH JUDICIAL CIRCUI OUNTY, FLORIDA	
STATE	OF FLORIDA,	Distant	Case Number: 03012703CF10A	SAO Book No: BS03011347
vs		Plaintiff	Offense Report No: BS0300714641	Offense Date: 07/31/2003
KEISH	A NESBETH		BSO Arrest No: BS03011347	Arrest Date: 07/31/2003
		Defendant	DOB: 10/21/1976 Race[B] Sex[F]	BCCN: 0629394
Action	The State hereby a to be taken DECLINI	nnounces the following actions	OF THE ABOVE-STYLED COURT: to be taken on the charges involved in the a	above-catilloned arrest/matter
		2500		E FE
Count 001	Action COC/REDUCE	Short Description 877.03 - 2/MM - DISOR	DEDI V CONDUCT	E Charge
001	FEL/MISD			NIN CONTRACTOR
	CHRG PRESENTED	790.163 - 2/CF - FALSE 1	REPORT OF PLANTING BOMB OR I	EXPLASEVE 001-No Info
	's Names	Special	Instruction to the Clerk/Jail	02
Michae By: SH	1 J. Satz, State Attorn ARON MULLANEA Bar No: 0371939 954-831-8082	icy	Clerk Comments Filed Custody Arraignment	

	Case number
SPECIAL CONDITIONS OF PRISON SENTENCE	
() Habitual Violent Offender mandatory minimum ) Violent Carper Criminal mandatory minimum	years Ct(s)
) Violent Career Criminal mandatory minimum _	years Ct(s)
) Prison Releasee Reoffender mandatory minimum	m years Ct(s)
) Firearm mandatory minimum ye	ears Ct(s)
) Other mandatory minimum	
) Prior Transmitter ( ) The ( ) Youthfi	ul Offender ( ) Sexual Predator/Offender ( ) Boot Camp
) Drug Treatment ( ) Tier Program	i versionale
, to be given credit for all time previously served	in prison, to be calculated by Department of Corrections
PECIAL CONDITIONS OF PROBATION.	
) dave BCI w/readit for	days T/S ( ) work release ( ) Boot Camp
) ATTAC ( ) Work release after successful come	days T/S ( ) work release ( ) Boot Camp
) BSO/SAP( ) ISAP ( ) Upon successful comp	days T/S ( ) work release ( ) Boot Camp letion of ATTAC ( ) Electronic Monitor ( ) Drug Treatment
	letion of ATTAC ( ) Electronic Monitor ( ) Drug Treatment letion of drug program jail sentence shall be terminated
) hours of Community Service	
TSSOCOS waived/	() Obtain GED or High School diploma
Anger Management Program	
) BARC ( ) followed by	( ) Psychological / Psychiatric evaluation and treatment
) Blood draw per F.S. 943 325 - 2 samples for one	necessary
sexual assaults; lewd or indecent acts; homicidae	(792 04)
aggravated battery; home invasion robbery or car	The second second with the second sec
) Currew	Jacking () Recommend 2-year Driver's License Suspension
) Drug/Alcohol evaluation and treatment recommer	Resultation ordered S/amount record
) Porteil weapon / firearm	() specuum
) F.A.C.T.	( ) Substance abuse evaluation
) House of Hope	( ) Turning Point Bridge Program/Aftercare
() IBP( ) followed by	() work permit
May transfer probation to County Pr	() Make donation of S to
May travel	
No contact with minor children without adult supe	rk purposes
No contact directly or indirectly with victim(s) or	strusion
family or others listed	vicum's
and a series listed	
No driving without valid driver's license	
No driving without valid driver's license	
No driving without valid driver's license No drugs or alcohol	
No driving without valid driver's license No drugs or alcohol Enter and successfully complete	
No driving without valid driver's license No drugs or alcohol Enter and successfully complete Drug Court Monitoring/Hearing set	
No driving without valid driver's license No drugs or alcohol Enter and successfully complete Drug Court Monitoring/Hearing set	
No driving without valid driver's license No drugs or alcohol Enter and successfully complete Drug Court Monitoring/Hearing set Other	COSTS
No driving without valid driver's license No drugs or alcohol Enter and successfully complete Drug Court Monitoring/Hearing set Other \$200 Trust Fund	COSTS ( ) \$40 PD application fee waived / imposed
No driving without valid driver's license No drugs or alcohol Enter and successfully complete Drug Court Monitoring/Hearing set Other \$200 Trust Fund \$50 VC each count	COSTS ( ) \$40 PD application fee waived / imposed ( ) \$ PD fee
No driving without valid driver's license No drugs or alcohol Enter and successfully complete Drug Court Monitoring/Hearing set Other \$200 Trust Fund \$50 VC each count \$55 Assessment each count	COSTS ( ) \$40 PD application fee waived / imposed ( ) \$ PD fee ( ) \$20 CSTF
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SCHEDULE O (Form 990)	Supplemental Information to Form 990 Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional info Attach to Form 990 or Form 990-EZ.	questions on	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service Name of the organization	<ul> <li>Go to www.irs.gov/Form990 for the latest informa</li> </ul>		Open to Public Inspection
Marie A Wells Arts And E	ducation Center, Inc	Employer ide 84-4851947	ntification number
Form 990-EZ, Part I, Line	a 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	1	1
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	N	
Form 990-EZ, Part II, Line	e 26, Liabilities: Organizational Fees: Beginning of year: 4,646, E	ind	
of year: 15,415			G
Form 990-EZ, Part I, Sect	tion 1, Line 9: In organizational process, had no income	7	
		2	
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	North Statement of		
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For Paperwork Reduction	Act Notice, see the Instructions for Form 990 or 990-EZ.	s	chedule O (Form 990) 2021

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5/6/2022

ame of the organization	Employer identification number
farie A Wells Arts And Education Center, Inc	84-4851947
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Schedule O (Form 990) 2021

	Short Form		OMB No. 1545-0047
	Return of Organization Exempt From Income Ta		2020
epartment of the Treasury temal Revenue Service	<ul> <li>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation)</li> <li>Do not enter social security numbers on this form, as it may be made public.</li> <li>Go to www.irs.gov/Form990EZ for instructions and the latest information.</li> </ul>		Open to Public Inspection
For the 2020 cale	dar year, or tax year beginning 3/17/2020 , and ending	3/17/2	and the second second
Check if applicable:		the second s	dentification number
Address change	Marie A Wells Arts And Education Center, Inc		
Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	1	
Initial return	4221 NW 19th St 273 E	Telephone r	umber
Final return/terminated	City or town State ZIP code		
Amended return	Lauderhill FL 33313-7311	95	4-825-5446
Application pending	Foreign country name Foreign province/state/county Foreign postal code F	Group Exe Number	
Accounting Method:	Cash X Accrual Other (specify)		If the organization is
Website: Mww.			o attach Schedule B
Tax-exempt status (che			0-EZ, or 990-PF).
Form of organization			
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		
art Revenu	re \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	
	e, Expenses, and Changes in Net Assets or Fund Balances (see the instru	uctions fo	
	the organization used Schedule O to respond to any question in this Part I .	4.4.4.4	
1 Contribution	s, gifts, grants, and similar amounts received	1	
2 Program se	rvice revenue including government fees and contracts	2	
3 Membershi	o dues and assessments	3	
4 Investment	income		
5a Gross amo		4	
b Less: cost o	Int from sale of assets other than inventory	_	
Coio as /las	r other basis and sales expenses	-	
6 Gaming an	s) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	fundraising events:		
a Gross incor	ne from gaming (attach Schedule G if greater than		
\$15,000) . b Gross incor from fundra	6a 6a	1 1	
b Gross incor	ne from fundraising events (not including \$ of contributions		
	sing events reported on line 1) (attach Schedule G if the	S	
and the second second	gross income and contributions exceeds \$15,000) 6b		
	expenses from gaming and fundraising events 66		
d Net income	expenses from gaming and fundraising events	-	
d Net income line 6c)	gross income and contributions exceeds \$15,000).       6b         expenses from gaming and fundraising events.       6c         or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
d Net income line 6c) 7a Gross sales	gross income and contributions exceeds \$15,000).       6b         expenses from gaming and fundraising events.       6c         or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract         of inventory, less returns and allowances       7a	6d	
d Net income line 6c) 7a Gross sales b Less: cost c	gross income and contributions exceeds \$15,000)       6b         expenses from gaming and fundraising events.       6c         or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract         of inventory, less returns and allowances       7a         f goods sold       7b	6d	
d Net income line 6c) 7a Gross sales b Less: cost c c Gross profit	gross income and contributions exceeds \$15,000).       6b         expenses from gaming and fundraising events.       6c         or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract         of inventory, less returns and allowances.       7a         f goods sold       7b         or (loss) from sales of inventory (subtract line 7b from line 7a).	6d 7c	
d Net income line 6c) 7a Gross sales b Less: cost c c Gross profit 8 Other reven	gross income and contributions exceeds \$15,000)       6b         expenses from gaming and fundraising events.       6c         or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract         of inventory, less returns and allowances       7a         f goods sold       7b         or (loss) from sales of inventory (subtract line 7b from line 7a)       0	7c	
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d Net income line 6c) 7a Gross sales b Less: cost of c Gross profit 8 Other reven 9 Total reven 9 Total reven 10 Grants and 11 Benefits pai 12 Salaries, ott 13 Professiona 14 Occupancy, 15 Printing, put 16 Other expen 17 Total expen 18 Excess or (of 19 Net assets of end-of-year 20 Other change	gross income and contributions exceeds \$15,000).       6b         expenses from gaming and fundraising events.       6c         or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract         of inventory, less returns and allowances.       7a         f goods sold.       7b         or (loss) from sales of inventory (subtract line 7b from line 7a).       7b         ue (describe in Schedule O).       7a         ue (describe in Schedule O).       7a         initial amounts paid (list in Schedule O).       7a         d to or for members.       1         ere compensation, and employee benefits.       1         f ees and other payments to independent contractors       1         rent, utilities, and maintenance.       1         wilcations, postage, and shipping.       1         ses (describe in Schedule O).       1	7c 8 9 10 11 12 13 14 15 16 17 18 19 20	

m 990-EZ (2020) Marie A Wells Arts And	Education Center, Inc		84-48		
rt II Balance Sheets (see the instructions Check if the organization used Schedule C	) to respond to any guestion in this	s Part II			X
Check if the organization used Schoold of		(A) B	Beginning of year	-	(B) End of year
2 Cash, savings, and investments				22	
3 Land and buildings				23	
4 Other assets (describe in Schedule O)		· · · · · -		0 25	(
5 Total assets				26	
6 Total liabilities (describe in Schedule O) . 7 Net assets or fund balances (line 27 of colu	(R) must scree with line 21)			0 27	
	malishments (see the instruction	s for Part III)	-	-	
Check if the organization used Schedu	ile O to respond to any question in	i unis Fartini.	1. 1. A. (	1	Expenses uired for section
which is a second purpose	2 To Educate, Nourish and Su	istain Youth in the Ar	ts	_ 501(	c)(3) and 501(c)(4)
hat is the organization's primary exempt purpose escribe the organization's program service accom s measured by expenses. In a clear and concise ersons benefited, and other relevant information f	mplishments for each of its three ia manner, describe the services pro	rgest program aer no			nizations; optional thers.)
8 To educate youth in the Arts.				-	1 · · · · · · · · · · · · · · · · · · ·
					4.6
V 16 the s	amount includes foreign grants, ch	eck here	· · • [	28a	
(Giana e	the state of the s				
	***************************************				
				-	
(Grants \$ ) If this a	amount includes foreign grants, ch	eck here	► L	29a	
30					
			F		
A stable .	amount includes foreign grants ct	leck here		11 308	
(Grants \$ ) If this :	amount includes foreign grants, ch	eck here	· · · •	30a	
Other program services (describe in Schedule (Grants \$ ) If this     Total program service expenses. (add lines     Part IV List of Officers Directors Trustees	e O) . amount includes foreign grants, ch 28a through 31a) . and Key Employees (list each on	e even if not compensa	ted—see the	31a 31a 32	ns for Part IV)
31 Other program services (describe in Schedule (Grants \$ ) If this	e O) . amount includes foreign grants, ch 28a through 31a) . and Key Employees (list each on ule O to respond to any question in (b) Average hours per week	e even if not compensa n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health b contributio employee bena	■ 31a ■ 32 instruction enefits, ns to sRt plans,	ns for Part IV)
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Form 990-EL (2)

-	Other Information (Note the Schedule A and personal benefit contract statement requirements in instructions for Part V.) Check if the organization used Schedule O to respond to any question in the instruction of the organization used Schedule O to respond to any question in the instruction of the organization used Schedule O to respond to any question in the instruction of the organization used Schedule O to respond to any question in the instruction of the organization used Schedule O to respond to any question in the instruction of the organization used Schedule O to respond to any question in the instruction of the organization used Schedule O to respond to any question in the instruction of the organization used Schedule O to respond to any question in the instruction of the organization used Schedule O to respond to any question in the instruction of the organization used Schedule O to respond to any question in the instruction of the organization used Schedule O to respond to any question in the instruction of the organization used Schedule O to respond to any question in the instruction of the organization used Schedule O to respond to any question in the instruction of the organization used Schedule O to respond to any question in the instruction of the organization used Schedule O to respond to any question in the instruction of the organization used Schedule O to respond to any question in the instruction of the organization used Schedule O to respond to any question in the instruction of the organization used Schedule O to respond to any question in the instruction of the organization used Schedule O to respond to any question in the instruction of the organization used Schedule O to respond to any question in the instruction of the organization used Schedule O to respond to any question of the organization used Schedule O to respond to any question of the organization used Schedule O to respond to any question of the organization used Schedule O to respond to the organization used Schedule O to r	nis Pa	rtV.	
	instructions for Part V.) Check if the organization used Schedule O to respond to any queese		Yes	No
3	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			12
2.1	detailed description of each activity in Schedule O	33	-	X
4	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	34		х
5a	change on Schedule O. See instructions			~
Ja	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		x
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.	35b		
c	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	35c		X
6	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	36		x
7-	during the year? If "Yes," complete applicable parts of Schedule N	30	10.00	~
7a b	Did the organization file Form 1120-POL for this year?	37b		х
8a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	25	1	1
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X	_
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	101		
9	Section 501(c)(7) organizations. Enter:	10		
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
0a	section 4911 ► ; section 4912 ► ; section 4955 ►			
ь	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	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		1007	
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			1
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	0.1		
	transaction? If "Yes," complete Form 8886-T.	40e		1
11	List the states with which a copy of this return is filed.			_
12a	The organization's books are in care of  Marie A Wells Telephone no.	954-8	25-544	6
		13-731	1	_
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
1	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	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).			~
	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
c	If "Vee" enter the name of the foreign country			٠Г
c 43	If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			-
c 43	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
c 43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		Yes	No
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	1.01	Yes	
44a	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	44a	Yes	No X
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	44a	Yes	x
44a	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	44a 44b	Yes	x
44a b c	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	44a	Yes	x
44a	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . and enter the amount of tax-exempt interest received or accrued during the tax year	44a 44b	Yes	x x x
44a b c	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	44a 44b 44c	Yes	x
44a b c d	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . and enter the amount of tax-exempt interest received or accrued during the tax year	44a 44b 44c 44d	Yes	x x x x
44a b c d 45a	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . and enter the amount of tax-exempt interest received or accrued during the tax year	44a 44b 44c 44d	Yes	x x x x

5/6/2022

						Yes	Pag
46 Did th	e organization engage, directly or indi	rectly, in political campaign act	ivities on behalf of or i	n opposition		103	F
to can	didates for public office? If "Yes," com	plete Schedule C. Part I.		in opposition	46	-	
Part VI	Section 501(c)(3) Organization All section 501(c)(3) organization	s Only				es	
	50 and 51.						
	Check if the organization used S	chedule O to respond to an	ny question in this P	art VI			
			Mar David			Yes	1
47 Did the	e organization engage in lobbying acti	vities or have a section 501(h)	election in effect durin	ng the tax			
48 Is the	If "Yes," complete Schedule C, Part II.				. 47		
	organization a school as described in				48		-
b If "Yes	e organization make any transfers to a s," was the related organization a secti	in exempt non-chantable relate	ed organization?		. 49a	-	-
50 Comp	lete this table for the organization's five	a highest componented ample			495		_
emplo	yees) who each received more than \$	100 000 of compensation from	yees (other than office	rs, directors, trustee	es, and key		
entiple		and the second sec	1 C 4 3 C = 1 C C C = 7 Y	(d) Health benefits,	vone."		-
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred	(e) Estim	(e) Estimated amoun other compensatio	
			(roma m-2/1089-MISC)	compensation		1. 1. 1. 1. 1.	
Name None							
Title		Нг/ЖК .00				_	
Name							
Title		Hr/WK .00			-		
Name Title					1		
Name		Hr/WK .00					-
		HANK OO					
Title	***************************************	нлWK .00			-		
Title Name Title f Total n 51 Compl	number of other employees paid over s ete this table for the organization's five 000 of compensation from the organiz	Hr/WK .00 \$100,000	 ndent contractors who	each received mon	e than		
Title Name Title f Total n 51 Compl		Hr/WK .00 \$100,000	ndent contractors who lone." (b) Type of service		e than (c) Compensa	tion	
Title Name Title f Total n 51 Compl \$100,0	ete this table for the organization's five 000 of compensation from the organiz	Hr/WK .00 \$100,000	lone."			tion	
Title Name Title f Total n 51 Compl \$100,0	ete this table for the organization's five 000 of compensation from the organiz (a) Name and business address of each indep	Hr/WK .00 \$100,000	lone."			tion	
Title Name f Total n 51 Compl \$100,0	ete this table for the organization's five 000 of compensation from the organiz (a) Name and business address of each indep Str	Hr/WK .00 \$100,000	lone."			6on	
Title Name f Total n 51 Compl \$100,0 Name None City	ete this table for the organization's five 000 of compensation from the organiz (a) Name and business address of each indep Str ST	Hr/WK .00 \$100,000	lone."			tion	
Title Name f Total n 51 Compl \$100,0 Name None City Name City Name	ete this table for the organization's five 000 of compensation from the organiz (a) Name and business address of each indep Str ST Str	Hr/WK .00 \$100,000	lone."			6on	
Title Name Title f Total n 51 Compl \$100,0 Name None City Name City Name City	ete this table for the organization's five 000 of compensation from the organiz (a) Name and business address of each indep Str Str Str Str Str	Hr/WK .00 \$100,000	lone."			tion	
Title Name Title f Total n 51 Compl \$100,0 Name None City Name City Name City Name City Name City Name	ete this table for the organization's five 000 of compensation from the organiz (a) Name and business address of each indep Str Str Str Str Str Str Str Str	Hr/WK .00 \$100,000	lone."			6on	
Title Name Title f Total m 51 Compl \$100,0 Name None City Name City Name City Name City Name City	ete this table for the organization's five 000 of compensation from the organiz (a) Name and business address of each indep Str Str Str Str Str Str Str Str Str Str	Hr/WK .00 \$100,000	lone."			tion	
Title Name Title f Total m 51 Compl \$100,0 Name None City Name	ete this table for the organization's five 000 of compensation from the organiz (a) Name and business address of each indep Str Str Str Str Str Str Str Str Str Str	Hr/WK     .00       \$100,000	lone."			lion .	
Title Name Title f Total n 51 Compl \$100,0 Name None City Name City	ete this table for the organization's five 000 of compensation from the organiz (a) Name and business address of each indep Str Str Str Str Str Str Str Str	Hr/WK .00 \$100,000	lone." (b) Type of servic			bon	
Title Name Title f Total m 51 Compl \$100,0 Name None City Name	ete this table for the organization's five 000 of compensation from the organiz (a) Name and business address of each indep Str Str Str Str Str Str Str Str	Hr/WK .00 \$100,000	(b) Type of servic	28		bion	
Title Name Title f Total m 51 Compl \$100,0 Name None City Name City Did Total m 52 Did the	ete this table for the organization's five 000 of compensation from the organiz (a) Name and business address of each indep Str Str Str Str Str Str Str Str	Hr/WK       .00         \$100,000	(b) Type of servic	20	(c) Compensa		
Title Name Title f Total m 51 Compl \$100,0 Name None City Name City Did Total m 52 Did the comple	ete this table for the organization's five 000 of compensation from the organiz (a) Name and business address of each indep Str Str Str Str Str Str Str Str	Hr/WK       .00         \$100,000	(b) Type of servic	же 	(c) Compensa		
Title Name Title f Total m 51 Compl \$100,0 Name None City Name City City Name City City Name City Name City Name City City Name City Nam	ete this table for the organization's five 000 of compensation from the organiz (a) Name and business address of each indep Str Str Str Str Str Str Str Str	Hr/WK       .00         \$100,000	(b) Type of servic	a constant of my knowledge and t	(c) Compensa		N
Title Name Title f Total m 51 Compl \$100,0 Name None City Name City City Name City City Name Cit	ete this table for the organization's five 000 of compensation from the organiz (a) Name and business address of each indep Str Str Str Str Str Str Str Str	Hr/WK       .00         \$100,000	(b) Type of servic	a constant of my knowledge and t	(c) Compensa		N
Title Name Title f Total m 51 Compl \$100,0 Name None City Name City City Nam	ete this table for the organization's five 000 of compensation from the organiz (a) Name and business address of each indep Str Str Str Str Str Str Str Str	Hr/WK       .00         \$100,000	(b) Type of servic	a constant of my knowledge and t	(c) Compensa		•
Title Name Title f Total m f Total m f f Total m f f f f f f f f f f f f f f f f f f f	ete this table for the organization's five 000 of compensation from the organiz (a) Name and business address of each indep Str Str Str Str Str Str Str Str	Hr/WK       .00         \$100,000	(b) Type of servic	a sat of my knowledge and t	(c) Compensa		N
Title Name Title f Total m f Total m f f Total m f f f f f f f f f f f f f f f f f f f	ete this table for the organization's five 000 of compensation from the organiz (a) Name and business address of each indep Str Str Str Str Str Str Str Str	Hr/WK       .00         \$100,000	(b) Type of servic	a sat of my knowledge and t	(c) Compensa		N
Title Name Title f Total m 51 Compl \$100,0 Name City Nam	ete this table for the organization's five 000 of compensation from the organiz (a) Name and business address of each indep Str Str Str Str Str Str Str Str	Hr/WK       .00         \$100,000	(b) Type of servic	a	(c) Compensa (c) Compensa (c		N
Title Name Title f Total m	ete this table for the organization's five 000 of compensation from the organiz (a) Name and business address of each indep Str Str Str Str Str Str Str Str	Hr/WK       .00         \$100,000	(b) Type of service (b) Type of service (b) Type of service (b) Type of service (c) Ty	a sat of my knowledge and t	(c) Compensa		N
Title Name Title f Total m 51 Compl \$100,0  Name City Na	ete this table for the organization's five 000 of compensation from the organiz (a) Name and business address of each indep Str Str Str Str Str Str Str Str	Hr/WK       .00         \$100,000	(b) Type of service (b) Type of service (b) Type of service (b) Type of service (c) Ty	a a bast of my knowledge and t e. Date	(c) Compensa		N

SCHEDULE A (Form 990 or 990-EZ)	Public C	harity Status and	Dublic Su	mant	OMB No. 1545-004		
(1 0111 000 01 000-22)	Complete if the organizatio	n is a section 501(c)(3) organization or a	rubiic St	pport	2020		
Department of the Treasury		► Attach to Form 990 or For	56C008 4947(a)(1) none:	xempt charitable trust.			
Internal Revenue Service	► Go to www.irs	s.gov/Form990 for instructions		ormation	Open to Publi		
Name of the organization					Employer Identification number		
Marie A Wells Arts And Ed Part I Reason for	ucation Center, Inc						
	rublic Charity Statu	s. (All organizations must	complete this p	part.) See instructio	ns.		
1 A church, conven	tion of churches, or ass	se it is: (For lines 1 through 1 ociation of churches describe	2, check only one	box.)			
2 A school describe	d in section 170/b/(1)/	A)(ii). (Attach Schedule E (Fo	a in section 170(	b)(1)(A)(i).			
3 A hospital or a co	operative bosoital cond	ce organization described in s	rm 990 or 990-EZ	:).)			
4 A medical resear	th omanization onerstee	d in conjunction with a burning	ection 170(b)(1)(	A)(iii).			
hospital's name, o	ity, and state:	d in conjunction with a hospita	a described in sec	tion 170(b)(1)(A)(iii).	Enter the		
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.)							
			section 170/b//1	VANA			
7 X An organization ti	government of government of governmental unit described in section 170(b)(1)(A)(v).						
8 A community trus	described in section 1	70(b)(1)(A)(vi). (Complete Pa	rt II.)				
9 An agricultural res	earch organization des	cribed in section 170(b)(1)(A) of agriculture (see instructions	(he) and the state of the second	onjunction with a land- , city, and state of the	grant college college or		
10 An organization th receipts from activ support from gros	at normally receives: (1 ities related to its exem s investment income an	) more than 33 1/3% of its su pt functions—subject to certa d unrelated business taxable 0, 1975. See section 509(a)(2	pport from contrib in exceptions, and	utions, membership fe 1 (2) no more than 33	es, and gross		
1 An organization o	ganized and operated e	exclusively to test for public sa	of the Second Part	(III.)			
2 An organization of	ganized and operated e	exclusively for the benefit of, t	nety. See section	509(a)(4).	Section of the		
Check the box in I	ines 12a through 12d th	ations described in section 5 at describes the type of supp	09(a)(1) or section orting organization	n 509(a)(2). See sect and complete lines 1	tion 509(a)(3).		
a Type I. A supported of	orting organization operation operation operation (s) the power	ated, supervised, or controlled or to regularly appoint or elect t IV, Sections A and B.	built aunanted	annanimation for the state			
b Type II. A supp control or mana	orting organization supe gement of the supporting	ervised or controlled in conne	ction with its supp same persons that	orted organization(s), t control or manage th	by having le supported		
urganization(s)	Tou must complete P	art IV, Sections A and C.					
ita aupporteu ui	gamzadon(s) (see instru	uctions). You must complete	Part IV. Section	s A D and F			
that is not funct	nctionally integrated. / ionally integrated. The c	A supporting organization ope organization generally must sa	rated in connection	on with its supported o	organization(s) attentiveness		
e Check this box	if the organization recei	est complete Part IV, Section ved a written determination fr	is A and D, and I	Part V.			
functionally inte	grated, or Type III non-t	functionally integrated suppor	ting organization.	is a type I, type II, T	ype III		
f Enter the number of	f supported organization	ns					
<ul> <li>g Provide the following</li> <li>(i) Name of supported organ</li> </ul>	ization (ii) El	supported organization(s).	Laste and second				
	(1)	(described on lines 1-10 above (see instructions))	listed in your govern		ry (vi) Amount of other support (see instructions)		
			Yes No				
)							
				·			
)							
)			+		-		
)							
)							
otal							

Sched		Is Arts And Educ					Page 2
Par	t II Support Schedule for Organ (Complete only if you checked Part III. If the organization fail	d the box on lin	e 5, 7, or 8 of I	Part I or if the o	rganization fail	ed to qualify und	ler
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	· · · · · · · ·	1				0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each person (other than a governmental unit or publicly						1
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					1.000	
6	Public support. Subtract line 5 from line 4						0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0
11	Total support. Add lines 7 through 10		in the second second				0
12	Gross receipts from related activities, etc. (se	e instructions).				12	
13	First 5 years. If the Form 990 is for the organ organization, check this box and stop here .	nization's first, seco	and, third, fourth, o	r fifth tax year as a	section 501(c)(3)		
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2020 (line 6, co	olumn (f), divided b	y line 11, column (	f))		14	0.00%
15	Public support percentage from 2019 Schedu					15	0.00%
16a	33 1/3% support test—2020. If the organization dualifies as						
b	33 1/3% support test—2019. If the organization dualifie box and stop here. The organization qualifier						
17a	10%-facts-and-circumstances test—2020. 10% or more, and if the organization meets the Part VI how the organization meets the facts- organization	he facts-and-circum and-circumstances	nstances test, cheo s test. The organiza	k this box and sto ation qualifies as a	p here. Explain in publicly supported		· · · · <b>•</b> [
b	10%-facts-and-circumstances test—2019 15 is 10% or more, and if the organization me in Part VI how the organization meets the fac organization	eets the facts-and- ts-and-circumstand	circumstances test ces test. The organ	, check this box an ization qualifies as	d stop here. Expl a publicly support	ain ed	· · · · <b>•</b> [
18	Private foundation. If the organization did n	ot check a box on	line 13, 16a, 16b, 1	17a, or 17b, check	this box and see		
_	instructions						
						Schedule A (Form	990 or 990-EZ) 2020

Sa	(Complete only if you check If the organization fails to q ction A. Public Support	ualify under the t	ne 10 of Part I o tests listed belo	or if the organiz	ation failed to oplete Part II.)	qualify under Pa	art II.
		1					
1	Gifts, grants, contributions, and membership fees	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	received. (Do not include any "unusual grants.")	1.1.1.1.1.1.1.1					
2	Gross receipts from admissions, merchandise		· · · · · · · · · · · · · · · · · · ·				(
	sold or services performed, or facilities						
	furnished in any activity that is related to the				1		
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the		1.000				
	organization's benefit and either paid to	· · · · · · · · · · · · · · · · · · ·					
	or expended on its behalf	1					
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	· · · · · · · · · · · · · · · · · · ·	10 million 100		-		
6	Total. Add lines 1 through 5	0	0	0	0	0	
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	1					
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	· · · · · · · · · · · · · · · · · · ·			1.2.2.11		
c	Add lines 7a and 7b	0	0	0	0		(
8	Public support (Subtract line 7c from		0			0	
	line 6.)	(					1
Sec	tion B. Total Support						0
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2010	(-) 0000	
	Amounts from line 6	0	0	10/2010	(d) 2019	(e) 2020	(f) Total
	Gross income from interest, dividends,					0	0
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
ь	Unrelated business taxable income (less						0
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	0	0	0			0
	Net income from unrelated business			0	0	0	0
	activities not included in line 10b, whether					2.1	
	or not the business is regularly carried on .						
	Other income. Do not include gain or						0
	loss from the sale of capital assets						
	(Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11,						0
	and 12.).	0					
13		Dization's first encor	U	0	0	0	0
13	First 5 years, If the Form 990 is for the groat	INCONUNTS INSU SOCUL	ia, unira, lourai, or i	min tax year as a s	ection 501(c)(3)		
13	First 5 years. If the Form 990 is for the orga						· · · · ►
4	First 5 years. If the Form 990 is for the orga organization, check this box and stop here .		******				
4 Sect	First 5 years. If the Form 990 is for the orga organization, check this box and stop here. tion C. Computation of Public Sur	port Percentag	e				
3 4 5 5	First 5 years. If the Form 990 is for the orga organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2020 (line 8, co	port Percentag	e line 13, column (f))	)		15	0.00%
3 4 5 6	First 5 years. If the Form 990 is for the orga organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2020 (line 8, co Public support percentage from 2019 Schedu	port Percentag olumn (f), divided by ale A, Part III, line 15	e line 13, column (f)	)		15	
3 4 5 6 Sect	First 5 years. If the Form 990 is for the orga organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2020 (line 8, co Public support percentage from 2019 Schedu tion D. Computation of Investmen	port Percentag olumn (f), divided by ale A, Part III, line 15 t Income Perce	e line 13, column (f)) 	)		16	0.00% 0.00%
13 14 5 6 5 6 7	First 5 years. If the Form 990 is for the orga organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2020 (line 8, or Public support percentage from 2019 Schedu tion D. Computation of Investment Investment income percentage for 2020 (line	oport Percentag olumn (f), divided by ale A, Part III, line 15 t Income Perce 10c, column (f), divi	e line 13, column (f) ntage ded by line 13, colu	)		16	0.00%
13 14 5 6 5 6 5 6 7 8	First 5 years. If the Form 990 is for the orga organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2020 (line 8, or Public support percentage from 2019 Schedu tion D. Computation of Investment Investment income percentage for 2020 (line Investment income percentage from 2019 Schedu	oport Percentag olumn (f), divided by ale A, Part III, line 15 t Income Perce 10c, column (f), divi hedule A, Part III, lin	line 13, column (f)) ntage ded by line 13, colu e 17.	)	· · · · · · · · · · · · · · · · · · ·	16 17 18	0.00%
3 4 5 6 6 7 8 9a	First 5 years. If the Form 990 is for the orga organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2020 (line 8, or Public support percentage from 2019 Schedu tion D. Computation of Investment Investment income percentage for 2020 (line Investment income percentage from 2019 Sc 33 1/3% support tests—2020. If the organiz	port Percentag olumn (f), divided by ale A, Part III, line 15 t Income Perce 10c, column (f), divi hedule A, Part III, lin tation did not check	e line 13, column (f) ntage ded by line 13, colu e 17 the box on line 14,	umn (f))	e than 33 1/3%, an	16 17 18 d line 17 is	0.00% 0.00% 0.00%
3 4 5 6 6 6 6 7 7 8 8 9 9	First 5 years. If the Form 990 is for the orga organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2020 (line 8, or Public support percentage from 2019 Schedu tion D. Computation of Investment Investment income percentage for 2020 (line Investment income percentage from 2019 Sch	oport Percentage olumn (f), divided by ale A, Part III, line 15 t Income Perce 10c, column (f), dividended hedule A, Part III, line tation did not check in top here. The organ	line 13, column (f) ntage ded by line 13, column the box on line 14, ization qualifies as	umn (f))	e than 33 1/3%, an	16 17 18 d line 17 is	0.00% 0.00% 0.00%

Schedule A (Form 990 or 990-EZ) 2020

Part	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	t I, con	nplete	A
Sect	on A. All Supporting Organizations		Yes	N
1	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.	1		
2	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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a	1200	
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.	3b		
c	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.	3c		
4a	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.	4a		
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.	46		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.	4c		
5a	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 ElN 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
7	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</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).	6		
8	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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
b	described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</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> .	9a 9b		
c		9c		
0a	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.	10a		
ь	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.)	105		

	t IV Supporting Organizations (continued)			Page
11	Has the organization accepted a gift or eachibuting (	1	Ye	sh
a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either along any of the following persons?		1	1
	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?	100	10.	
b	A family member of a person described in line 11a above?	11:	3	
c	A 35% controlled entity of a person described in line 11a above?	11	2	
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.			
Sec	tion B. Type I Supporting Organizations	110		
			1	1.
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the accurate to a second se	-	Yes	s N
	a supportion or generations have the power to regularly appoint or elect at least a maladu at the support			1
	an ostered, or ordered at an unles ouring the tax year? If "No," describe in Part VI how the supported and the time in the			
	chocavery operated, supervised, or controlled the organization's activities. If the operational sector		1	
	organization, describe now the powers to appoint and/or remove officers, directory, as texture	192		
	supported organizations and what conditions of restrictions, if any applied to such powers during the terror	1.	-	
2	ond the organization operate for the penefit of any supported organization other than the	1	-	-
	organization(s) that operated, supervised, or controlled the supporting organization? #"Ves" available in the			
	throw providing such benefit carried out the purposes of the supported organization(e) that executed			
	supervised, or controlled the supporting organization.			
ec	ion C. Type II Supporting Organizations	2	-	1
4	Were a second with the second se		Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	or ouslees of each of the organization's supported organization(s)? If "No " describe in Part VI how eached			
	or management or the supporting organization was vested in the same persons that controlled or menaged	1000		
act	the supported organization(s).	1		
eci	ion D. All Type III Supporting Organizations		-	-
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	-	Yes	No
	organization's tax year. (i) a written notice describing the time and any of the fifth month of the			100
	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 and (iii) copies of the	1		1.00
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	100		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1.1.1		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, shows did the amount of the support	2		
	By reason of the relationship described in line 2, above, did the organization's supported organizations have		1	
	a significant voice in the organization's investment policies and in directing the use of the organization's	1.1	1 3	
	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.		6 8	
ect	on E. Type III Functionally Integrated Supporting Organizations	3	) <u> </u>	_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Inst	nunting	-1	
а	The organization satisfied the Activities Test. Complete line 2 below.	ucuon	s).	
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 (se	a factoria		
	Activities Test. Answer lines 2a and 2b below.			_
a		-	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1.13	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined		-	1
b	that these activities constituted substantially all of its activities.	2a		_
U	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		1.3	ć.
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	1000		a
1	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.		-	-
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	- 1		0
a	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
a		-	the second se	
a 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.	3b		

art V Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifyin			n Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizations	(A) Prior Year	(B) Current Year (optional)
ection A - Adjusted Net Income	1.1		(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	0	0
4 Add lines 1 through 3.	4	0	
5 Description and depletion	5		
<ul> <li>5 Depreciation and depletion</li> <li>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)</li> </ul>	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	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 Total (add lines 1a, 1b, and 1c)	1d	0	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
6 Multiply line 5 by 0.035.	6	0	
7 Recoveries of prior-year distributions	7	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2	and allowed	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4	States and the second	
5 Income tax imposed in prior year	5		
<ul> <li>6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</li> <li>7 Check here if the current year is the organization's first as a non-function.</li> </ul>	6		

Schedule A (Form 990 or 990-EZ) 2020

	Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	izations (continued)	Page						
Sect	ion D - Distributions			Current Year						
1	Amounts paid to supported organizations to accomplish ex	xempt purposes								
2	Amounts paid to perform activity that directly furthers even	npt purposes of supporter	4							
	organizations, in excess of income from activity									
3	<ol> <li>Administrative expenses paid to accomplish exempt purposes of supported organizations</li> </ol>									
	Portocitis paid to acquire exempt-use assets									
5	above anounts (prior into approval required-	-provide details in Part V	0							
6	Other distributions (describe in Part VI). See instructions		/							
7	Total annual distributions. Add lines 1 through 6									
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	nsive								
9										
10	Line 8 amount divided by line 9 amount									
-	and an arrived by mile of arriverit			0.00						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable						
1	Distributable amount for 2020 from Section C, line 6		P10-2020	Amount for 2020						
2	Underdistributions, if any, for years prior to 2020									
	(reasonable cause required—explain in Part VI). See instructions.	A. Thiske								
3	Excess distributions carryover, if any, to 2020									
a	From 2015									
b	From 2016			and the second second						
C	From 2017			and the second						
	From 2018		the second second	and the second						
8	From 2019			and the second						
f	Total of lines 3a through 3e									
	Applied to underdistributions of prior years	0								
	Applied to 2020 distributable amount		0	and the state						
1	Carryover from 2015 not applied (see instructions)									
1	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2020 from	0								
2	Section D, line 7: \$ 0	11 - 2225								
a	Applied to underdistributions of prior years			and the second second						
b	Applied to 2020 distributable amount		0							
C	Remainder. Subtract lines 4a and 4b from line 4.	0								
5	Remaining underdistributions for years prior to 2020, if	0								
	any. Subtract lines 3g and 4a from line 2. For result									
	greater than zero, explain in Part VI. See instructions.									
6	Remaining underdistributions for 2020. Subtract lines 3h		0							
	and 4b from line 1. For result greater than zero, explain		10 10							
	in Part VI. See instructions.		the second se							
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			C TER IN						
8	Breakdown of line 7:	0								
a	Excess from 2016 0			the starter start						
b	Excess from 2017 0									
0	Excess from 2018 0									
d	Excess from 2019									
1.1	LA000 HUIL 2013									

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.)         Page 8
*********	***************************************

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service		e organization a 28a, 28b, or 28 ▶ Atta www.irs.gov/Fo	c, or ch to	Form 990 Form 990	-EZ, Part V	, line 3	8a or 40b.		27,		2( Open Inspec		-	
Name of the organization									Ientific					
Marie A Wells Arts And Ed Part I Excess Benef							1			1	_			
	e organization a	s (section 501(c) inswered "Yes"	)(3), s on Fo	section 50 orm 990. F	1(c)(4), an Part IV, line	nd secti a 25a o	on 501(c)(29) or r 25b, or Form 9	ganiz	ations	only)				
1 (a) Name of disqualified person		(b) Relationship between disqualified person and organization			T	(c) Descriptio	1.1.1.			18 400	(d) Co	recte		
(1)				and the second		-						Yes	No	
(2)		21.2				-						-	-	
(3)						-						-	-	
(4)								-	-		-	-	-	
(5)												-	-	
(6) 2 Enter the amount of								-				-	-	
3 Enter the amount of Part II Loans to and/ Complete if the organization re	or From Intere	ine 2, above, rei	mbur	rsed by the	e organiza	tion .		*.*	• •	► S	if the			
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) L fre	Loan to or om the inization?	(e) Origi principal a		(f) Balance due	(g) in c	default?	by bo	proved ard or hittee?	(I) W agree		
(1) Marie A Wells	Dessident		То	From				Yes	No	Yes	No	Yes	No	
(2)	President	organizational		X		4,646	4,646		X	-	X	X		
(3)			-	-										
(4)				1					-					
(5)			-	+ +				-	-	-			_	
(6)									-	-	-	-	_	
(7)						-		-			-	-	-	
(8)			-		-	-		-	-			-	-	
(9)												-	-	
10)													-	
Complete if the	stance Benefit organization ar		Person n For	ons.			4,646							
(a) Name of interested person (b) Relation person		thip between interest nd the organization	ed (	(c) Amount o	d assistance	(0	(d) Type of assistance (A				(e) Purpose of assistance			
													-	
(2)	_		-										-	
(2) (3)						-								
(2) (3) (4)			+					_	-					
(2) (3) (4) (5)													_	
(2) (3) (4) (5) (6)														
(2) (3) (4) (5) (6) (7)														
(1) (2) (3) (4) (5) (6) (7) (8) (9)														

	Business Transactions Invo Complete if the organization a	Iving Interested Persons. Inswered "Yes" on Form 990, F	Part IV, line 28a, 28h	or 28c.		age
	(a) Name of interested person	(b) Relationship between interested person and the organization	(d) Description of transaction	(e) Sharing organization revenues		
(1)					Yes	No
(2)						
(3)						
(4)						-
(5)						
(6)						
(7)						
(8)						-
(9)						-
(10) Part V	Supplemental Information.					-
	Provide additional information					
		***************************************		***************************************		
	*************					
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	***************************************					
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			*********************			

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2020 Open to Public Inspection
Name of the organization	and the second se	dentification number
Marie A Wells Arts And Ed	ducation Center, Inc	
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	
orm 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 Proprosal: 1,400	
Form 990-EZ, Part I, Line	16, Other Expenses: Printer & Ink: 196	
Form 990-EZ, Part II, Line	26, Liabilities: Organizational Fees: Beginning of year: 0, End of	
year: 4,646		
		**********************
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	***************************************	
************************************	***************************************	
For Paperwork Reduction	Act Notice, see the Instructions for Form 990 or 990-EZ. Sched	tule O (Form 990 or 990-EZ) 20

Name of the organization	Page Employer identification number
Marie A Wells Arts And Education Center, Inc	
***************************************	
***************************************	
***************************************	

	lectronic I	ung Inj	ormation	(990/P)	C/LZ	/1/112	U-POL)
Signature M							
X Option (1) - Us	ing Practitioner PIN	Use Section (A)	below.		turn preș /3/2021	ared	
Option (2) - Sc	anned 8453-EO.		ſ		13/2021		
PIN Inform	nation Enter inf	ormation below					
			(A) Pra	actitioner Pl	N:		
		PIN (5 Digits)		ERO entere			
	Taxpayer PIN:		X				
	ERO PIN:						
EFIN							
nter your 6-digit EFI EFIN: 604783	N number. You can	enter EFINs in th	he Preparer Table.				
Submission	ID						
if a 'Rejected by E	D for this e-File will t FC' or 'Rejected by 6047832021181kv	Agency' acknowl					be regenerated
Name Contro	ol					1	
	see Knowledge Ba	se Document 14	1500, for more inf	ormation on N	lame Co	ntrols	
Organization	Information						
rganization name							Employer identification no.
larie A Wells Arts Ar	nd Education Center	, Inc					
treet address 221 NW 19th St, Ro	om 272						
ddress continuation	011215			In care of	name		
ity				State	ZIP		Daytime phone
auderhill oreign country		Foreign provinc	alcoupty	FL		3-7311	954-825-5446
oreight country		Poreign provinc	ercounty	Foreign p	ostal cot	be	Foreign phone number
mail address							
fficer name				Officer Tr	tle		Date return signed
arie A Wells				President			07/03/2021
fficer Email address salmistmariewells@				Officer Pt			Authorize third party
ERO		ata in the Prepa	ar Managar)	954-825-	0440		check ("X") here:
RO's name	(Enter u	ita in ule Frepa	rer manager)			Check if self-	ERO's SSN or PTIN
attie McDowell						employed X	
irm's name				Email add hattiemcd		ellsouth.net	ERO's EIN
ddress							Phone
141 NW 7th Ct ity		State	ZIP code	Ferri			954-909-1291
auderhill		FL	33311	Foreign c	ountry		Foreign phone number
Preparer	(Enter da	ata in the Prepa					
reparer's name				Non-paid p	orep type	Check if self-	Preparer's SSN or PTIN
attie McDowell						employed X	
rm's name				Email add hattiernco		ellsouth.net	EIN
ddress 441 NW 7th Ct							Phone 954-909-1291
ity auderhill		State	ZIP code 33311	Foreign c	ountry		Foreign phone number
/auuua) ( III )		IL.	100011				

Marie A Wells Arts	s And Educatio	on Center, Inc
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The following questions should be answered in the context of the FEDERAL return being electronically filed. Responses for state efiles are below.

eck ("x") this column to see more info		ble.	1065	1120/F	1120S	990	1041
Name of signing officer or fiduciary .	Marie A	Wells					1
Check ("X") if foreign officer an	nd does not have a S	SN/TIN					
OR							
Check ("X") if officer opts not to	o provide SSN/ITIN						
OR			174	1.000			1.00

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

Total Income from Prior Year return	Y	Y	Y		Y
If claiming deduction for Salary & Wages on current year return, mark this box and enter the <u>COUNT</u> of original W2's reported to SSA for this tax year.	Y	Y	Y		
if claiming Compensation of Officers on current year return, mark this box		Y	Y		
Parent Company Name	Y	Y	Y	-	
Business's Primary Physical Address: Street Line 2 City Country Province Postal Code	Y	Y	Y		
Grantor Name		2010		1000	Y
Indicate which, if any, of the following forms this entity is required to file. 720 X 990 1042 940 941 943 944 945 Were estimated tax payments made for this entity towards the current tax year's liability? Yes X No	Y	Y Y	Y Y		Y Y
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					
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					
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment					
EFTPS Confirmation Number					

BidSync

#### **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

FIGURE STRUCTURE AND INCOME.

Name of Principal Owner in Cha Marie A. Wells			Tel. No. 954 825 5446		E-Mail Address info@mawartscenter.or			
Primary Contact for this CRA Re Marie A. Wells	equest			Tel. M	No.	E-Mail	Address	
Name of Business Marie A. Wells Arts and Edu	ucation (	Center, In	C.	Tax I	.D. No.	Compa	ny Website .mawartscente	
Business Address 4221 NW 19th Stree	et, Sui	te 273	0	Tel. N 954	609-8035	Fax No.		
City Lauderhill				State		Zip Cox 3331		
Commencement Date to Begin Pr	roject:	3	2022	-		1	JOB INFORMATION	V
Completion Date for Project: 2024						Full Tin	ne Equivalent (FTE) be created	14
Check Appropriate Description Existing Business	TExpansion     IRelocation		s IExpansion E Existing Space		Existing Total F1	6		
Incorporation		adustry Type Date of State where the business Incorporation was incorporated		Sole Pro	TYPE OF BUSINES	\$		
Proposed Project Location/City Proposed Addr			d Addre	ess		Partnership Joint Venture		
Fort Lauderdale	)	541	_		n Terrace	Corpora	tion	_
Property Control Number(s)				nty Own	erdale CRA	A 15 19 19 19	Liability Company	x
Owner Tel. No. (include Area Co		Is there a line		he prope	nty? N/A	Non-Pro Other:		
Bank(s) Where Business Account	s for Proje	ects Are Hel	ld		2.PNC Ba	ink		
Name of Participating Bank/Lend	67							
Amount S	John	Person Randa	azzo		Tel. No. (include Area Code) 954 547 5647		Fax No. (include Area	a Code)
Name of Other Financial Source	e.							
Amount S	Contact	Person			Tel. No. (include Area Co		Fax No. (include Area	(Code)
Name of Other Financial Source	æ							
Amount \$	Contact Person			Tel. No. (include Area Code)		Fax No. (include Area Code)		
Name of Other Financial Source	æ							
Amount S	Contact	Person			Tel. No. (include Area	a Code)	Fax No. (include Area	Code)
Project Purpose and Economic Purchase Property	Impact							

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.

2 CRAINCENTIVE APPLICATION Last epimentic Supremiur III. 2018 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	То
Name	Complete Address	% Owned	From	То
Name	Complete Address	% Owned	From	То
Name	Complete Address	% Owned	From	То
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	Amouat	Rate	Term
Bank Loan (specify)	25,000		
City funds			
CRA funds	190,000		
Company's current cash assets	10,000		
Owner equity (specify)		11	
Other (specify)			2
Other (specify)		11.000	
Other (specify)			
Total Sources			
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		1	
Purchase and installation of equipment and fixtures			
Other (specify)			
Other (specify)			
Other (specify)			-
Total Uses			

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

Exhibit 7 Page 87 of 122 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:	5		5	84		5
Name:	\$		s	*		s
Name:	5		s	*6		5
Name.	s		\$	-		s
Name:	5		\$	14		5

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

- 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.
- 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.
- Copy of IRS determination letter as a non-profit organization (required for all non-profit organizations only).
   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.
- Attach a street map showing the location of the proposed project, Property Folio number and Legal Description.
   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).
- If the most recent business return and/or financial statement is more sixty (60) days old, please submit a current Interim Financial Statement.
- 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

CONTRACTOR AND CONTRACTOR

- 21. Copy of sales/purchase agreement when purchasing land or a building (or an executed lease if applicable).
- 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.
- 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. Marie A Wells Arts and Education Contar Inc.

By: Marie Cold le	5/3/2022	
Signature and Title	Date	
Guarantors:		
Signature and Title	Date	
Signature and Title	Date	-
ignature and Title	Date	_
ignature and Title	Date	_
lignature and Title	Date	

ERATO EPIPERATE FATING CONTRACTOR OF THE OWNER



# 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.

City:       Lauderhill       State:       FI       Zip:       33313       City:       Fort Lauderdale       State:       FI       Zip:         Personal Statement of (if you do not have a middle name, put NMN):       First Name:       Marie       Middle:       Antoinette       Last:       Wells         Social Security No       Date of Birth:       09/03/9169       Place of Birth:       Broward Could Could for the second of the second		er: PNC Bank	Parti Ban	icant/Business Name: A. Wells Arts and Education Center, Inc.
First Name:       Marie       Middle:       Antoinette       Last:       Wells         Social Security Not.       Date of Birth:       09/03/9169       Place of Birth:       Broward Could         Present Address:       4221 NW 19 Street, Unit 273       Previous Address:       3501 NW 17th Street         City:       Lauderhill       State:       Fl       zip:       33313       City:       Lauderhill       State:       Fl       zip:       33313         From:       2018       To:       2022       From:       1986       To:       2018         Loan Requested from CRA:       \$200,000       Are you a U.S. Citizen:       Y       Y         Loan Request from Bank(s):       \$25,000       Are you a Lawful       Y       Y         Percentage of Company Ownership:       100       %       Alien Registration Number:       Y         T Is IMPORTANT THAT THE NEXT THREE (3) QUESTIONS BE ANSWERE WILL CAUSE YOUR APPLICATION TO BE DENIED.       Y       Y         F YOU ANSWE WETHER MISDEMEANO OF THE QUESTIONS BELOW, PLASE FURNISH PETAILS ON A SEPARATE SHEET.       Include DATES, INCLU	33301	1 1 1 1 1		Lauderhill State: FI
Social Security No       Date of Birth:       09/03/9169       Place of Birth:       Broward Courter Street		Last: Wells		
City:       Lauderhill       State:       Fl       Zip:       33313       City:       Lauderhill       State:       Fl       Zip:       33         rom:       2018       To:       2022       From:       1986       To:       2018         oan Requested from CRA:       \$200,000       Are you a U.S. Citizen:       Iv       v       v         oan Request from Bank(s):       \$25,000       Are you a Lawful       vi       vi       vi         ercentage of Company Ownership:       100       %       Alien Registration Number:       vi       vi         T is IMPORTANT THAT THE NEXT THREE (3) QUESTIONS BE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECO       State:       vi       vi         vou answer "YES" to any of the Questions below, please furnish details on a separate sheet.       Include dates, to         NTENCES, whethere Misberdeanor or felony, dates of Parole/probation, unpaid fines or penaltities, name(s) under we wat or probation is to expire)       vi         Have you ever been charged with and/or arrested for any criminal offense other than a minor motor vehicle violation?       vie         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?       vie	unty		Date of Birth: 09/03/9	Il Security No
Loan Requested from CRA:       § 200,000         Are you a U.S. Citizen:       Y         If NO, are you a Lawful       Permanent Resident Alien:         Percentage of Company Ownership:       100         Y       Alien Registration Number:         F is IMPORTANT THAT THE NEXT THREE (3) QUESTIONS BE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECO         ECESSARILY DISQUALIFY YOU. HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.         F YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, PLEASE FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LO         ENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WE         ND ANY OTHER PERTINENT INFORMATION.         Are you presently under indictment, on parole or probation?         (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.         YE         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?	3311	ent address less than 3 years) derhill State: FI Zip: 3331	p: 33313 (needed City:	Lauderhill State: FI Z
YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, <u>PLEASE FURNISH DETAILS ON A SEPARATE SHEET</u> . INCLUDE DATES, LO ENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WE ND ANY OTHER PERTINENT INFORMATION.  Are you presently under indictment, on parole or probation?  (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.  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?  YE		ou a Lawful Resident Alien:	00 If NC	Request from Bank(s): \$25,000
<ul> <li>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.</li> <li>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?</li> </ul>	OCATION PINE	APPLICATION TO BE DENIED. <u>IN A SEPARATE SHEET</u> . INCLUDE DATES, LOCATION ID FINES OR PENALTIES, NAME(S) UNDER WHICH (	NTRUTHFUL ANSWER WILL CAUSE ONS BELOW, <u>PLEASE FURNISH DE</u> Y, DATES OF PAROLE/PROBATION Brole or probation?	ANSWER "YES" TO ANY OF THE QUESTION NCES, WHETHER MISDEMEANOR OR FELON NY OTHER PERTINENT INFORMATION. e you presently under indictment, on page
gencies for the purpose of determining my eligibility.	s INO	r not prosecuted. YES	prested for any criminal offen have been dismissed, dischar pretrial diversion, or placed o for any criminal offense other rdale to request criminal rec	we you <u>ever</u> been charged with and/or a hicle violation? Include offenses which we you <u>ever</u> been convicted, placed on judication withheld pending probation, by authorize the City of Fort Lauder
ignature Any any Could Title President / CEO Date 5/3/2022			Title	ture A - A LA AI

6 CRA INCENTIVE APPLICATION Last Updated: September 16, 2016

5/6/2022

# 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 info@mawartscenter.org Tax ID Number 84 - 4851947



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 19th Street, Suite 273, Lauderhill, Florida 33313, 954 609 8035, www.mawartscenter.org, 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.

4100

12642-925

# Harold St. John Davidson

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

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

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.



8

## **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 od 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

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

(954) 609-8035 (Phone Number)

4221 N.W. 19th 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)

 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 LAUNERHILL:

By: Desorae Giles-Smith - City Manager



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
- o Drama and Acting Classes
- Vocal Classes
- A Keyboard Classes
- Mentoring Sessions & Life Skill Groups
- Career Development
- o 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.

BidSync



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.

MARIE A. WELLS		After – Schoo Prog	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
3:30pm – 4:00pm	Mentorship Groups & Life Skills Sessions	Mentorship Groups & Life Skills Sessions	Mentorship Groups & Life Skills Sessions	Mentorship Groups & Life Skills Sessions	4:00pm
ARTrichment Sessions 4:00pm - 6:00pm Note: Drawing & Painting Classes 5:00pm - 6:30pm	Drawing & Painting Classes	Drama & Acting Classes (ACT & SAT Prep) June, July & August 9am - 2pm	Drama & Acting Classes	Drawing & Painting Classes	
5:00pm - 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.

BidSync

5/6/2022

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12642-925



# 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.

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12642-925



ARTS & EDUCATION CENTER INC.

# FORT LAUDERDALE CRA PURCHASE AND DEVELOPMENT OF

CRA PROPERTY SOLICITATION BID 12642-925

## PARCEL 2 547 NW 7TH 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 Assists	Amount		Amount Depreciation (years		Depreciation (years)	Nates
Real Estate-Land			Not Depreciated			
Real Estate-Buildings		2,000,000	20			
Lesschold Improvements	1000		7			
Equipment	5	93,156	5	Allocation of scarbup costs to assure # 991		
Total Fixed Assets	\$	2,093,156				
Operating Capital	1	Amount		Noses		
Pre-Opening Salaries and Wages	5	2,400	teacher	s for 2 days PM for 2 weeks		
Prepaid Insurance Premiums	5	250	1000	Con a definition a manual		
Supplies	5	1,500				
Advertising and Promotions	5	3,000				
Licenses	5	350				
Working Capital (Cash On Hand)	5	5,000				
Total Operating Capital	5	12,500				
Total Required Funds	5	2,105,656				

Sources of Funding	Percentage		Totals	Loan Rate	Term in Months	Payments	Notes
Owner's Equity	0.27%	5	5,657				
Additional Loans or Debt		\$	2,099,999				
Commercial Loan	0.00%	5	-	0.00%	120		
Total Sources of Funding	100.00%	5	2,105,656		740		
Total Funding Needed		1	0	Two res	uirs more funding (Not Ba	and and a	

#### Facility Rentals Forecast:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Off	Now.	Dec	Totals
Theater		\$ 5 000			\$10,000	\$ 2 500	\$ 2,500		\$ 7.500	001	\$ 5,000	5 5 000	6 97 500
Classrooms	\$ 3.000	\$ 2,000	\$ 3,000	\$ 3,000	\$ 3000	\$ 2000	\$ 2,000	\$ 2,500	\$ 3,600	\$ 3 500	5 3 500	2 + 500	
Community Room	\$ 200	\$ 200	\$ 200	\$ 200	\$ 500	\$ 500	\$ 1,500	\$ 1.500	¢ 200	5 3.000	\$ 3,500	5 3 500	\$ 30,500
Totais	\$ 3 200	\$ 8 200	\$ 3,200	\$ 3,200	\$13.500	\$ 8,000	\$ 6 000	\$ 1000	\$ 200	2 200	5 200	\$ 200	\$ 5,400

12642-925



# 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.

Program	Fee Unit: 1 child	Wee Per C	erage kly Fee hild Per ogram	Mo	otal nthiy renue child	# Children	(Sales) Forecast
Drama & Ading	1	\$	50 00	5	260	20	
Vocal Lessons	1	3	50 00	5	260	20	
Keypoard Lessons	1	5	50.00	\$	250	20	
Drawing & Painting	1	5	50.00	5	250	20	
Summer Camp	1	\$ .	120.00	5	521	.20	

ENROLLMENTS		Jan		Fet	tă ar		HEF		May		Jan		Jul		-tup		5 40		001		1100		Dec		mai Touls
Drama & Acting	9	1		_	1	Т	_	T		1						-		-				-		T	PRIME FORMER
74umbers of Children Enrolled	4	3	1	10	15		16		20		3		0				20		21		20	his	-20	-	
Total Classroom Tutton	Ú.S	2.083	5	2,604	\$ 3.906	1	4,687	5	5,208	5	-	5		5		5	5.208	5	5,208	5	5,208	s	_	5	39,320
# Teachers needed	1	1 00		1.00	1.00		1 00		1.00	1	-	1	-	1	-	1	1.00	1	1.00	1	1.00	4	1.00	1	39.320
Teacher Compensation	n 3	764	3	764	5 764	1.5	764	5	764	5	1.00	5	-	15		5	764	5	764	3	764	5		5	6.875
on minus Teacher Compensation	1	1,219	5	1.840	\$ 3.142	1.5	3,923	5	4,444	5	-	5		ŝ		5	# 444	5	1 444	2	4,444	8	4,444	-	32,446
Vocal Lessons	s	-	T		1	T		-		1		1	_	-	-	-		-	_	-		-		-	
Numbers of Children Entolleo	2		1	* <u>0</u> *	35	1	18		20		0		÷.				20		-		55	-	20	-	13
Total Fees	5 5	2,083	5	2,684	5 3,905	5	4.587	5	5 208	5		5	-	5		5	5,208	5	5 208	5	5.208	5	5.208	5	39.320
# Teachers needed	2	1.00		1.00	1.00		1.00		1.00	1		t	-	1		1°	1.00	1	1.00	1-	1.00	+*	1.00	-	39.329
Teacher Compensation	1 5	764	1.5	764	\$ 764	5	764	5	764	5		5	-	18	1	15	764	5	764	3	754	-	764	5	6.875
on minus Teacher Compensation	1 5	1.319	\$	1.840	\$ 3,142	5	3,923	\$	4,444	\$	- 80	5	~	5	1	5	4.444	5	4,444	<u> </u>		5	_	-	32,446
Keyboard Lessons	5				1																				
Numbers of Children Enrolled	1	1	1	72	15		18		20		5		- Ti		10	1	30		-76		-		34	-	13
Total Fees	5	2.083	5	2,604	\$ 3,906	1.5	4,687	3	5.208	15	-	5	-	3	-	5	5 208	8	5.208	5	5.208	s	5,208	5	
# Teachers needed	1	1.00		1.00	1.00	1	1.00	1	1.00	1	-	1		1	-	1	1.00	-	1.00	-	1.00	-	100	12	39.320
Teacher Compensation	1 3	764	S	764	\$ 764	5		5	764	1.5	1	3		5	-	2	764		754	T	764	-	764	5	6,875
on minus Teacher Compensation	5	1.319	5	1.840	\$ 3,142	\$	3.923	5	4.444	5	1	5	-	\$	+	\$	4,444	\$	4,444	5	4,444	\$		5	32,446
Drawing & Painting	t	-			-	+		+	-	-	-	-		-		+	_	-		-		-			
Numbers of Children Enrolled		3	0	10	te -				20		0				5		25		20		20		20	-	13
Total Fees	5	2,083	5	2.904	\$ 3.906	15	4 687	5	5,208	5		\$	1	5	1	5	5,209		5.208	5	5.208	5	5.208	6	39,320
# Teachers needed		1.00		1.00	1.00		1.00		1.00		+			-	-	1	1.00	-	1.00	-	1.00	-	1 00	-	20,320
Teacher Compensation	5	764	\$	764	\$ 764	15	764	5	764	5		5		5		5	764	5	764	5	764	8	764	•	6.875
in minus Teacher Compensation	5	1,319	ş	1.840	\$ 3,142	5	3,923	5	4,444	ş		ŝ		5		15	4:444	5	3,444	5	4,444	\$	4.444	-	32,446
Summer Camp						1	-		-		-	-	-	1		1	-	-	-			-	-	-	
Numbers of Children Enrolled					and the second	1.1		100			100		100		100						-			-	25
Totsi Fees	5	-	5		8	18	-	5	-	5.5	2.080	8	52,080	5	52.080	5		5		5		5	-	5	156,240
# Teachers needed		-							-		5.00		5.00	1	5.00	1	-	-		-		-	-	3	150,240
Teacher Compensation		1 8	5		5	5	1.1-21	5	-	5.1	7.903	\$	17.903	5	17,903	5		\$	-	5	-	3	-	\$	53,708
n minus Teacher Compensation	3		\$		8	\$	. 1e	\$	1	5.3	4,178	\$	34, 178		34,178	5	-	\$	< ×	5		\$	191	5	102,533
Total Fees (Annual Revenue)	\$	8,333	5	10.416	\$ 15,624	\$	18,749	5	20.832	\$ 5	2.080	5	52.080	5	52.080	5	20,832	5	20,832	5	20.832	5	20.832	5	313.522
otal Instructor Compensation	\$	3,055	\$	3,055	\$ 3.055	\$	3,055	\$	3,055	-	7,903	-	17.903	-	17,903	5	3,055	5	3.055	-		-	3.055		81.205
Difference	5	5,277	5	7,361	\$ 12,569	5	15.693	\$	17.777	\$ 3	4,178	5	34,178	5	34.178	5	17.777	\$	17.777	\$	17,777	5	17.777	\$	232.316

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# 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	1	Year 2		Year 3	1	Year 4
NCOME		-				-		-	
	Drama & Acting	\$	39,320	5	41.286	\$	43,351	\$	45,518
	Vocal Lessons	\$	39,320	5	41,286	5	43,351	\$	45.518
	Keyboard Lessons	\$	39,320	\$	41,286	\$	43,351	5	45,518
	Drawing & Painting	5	39.320	\$	41 286	\$	43,351	5	45,518
	Summer Camp	5	156 240	\$	164,052	\$	172 255	\$	180,86
	Registration Fees	\$	4,500	5	4.725	\$	4.961	\$	5,209
	Facility Rentals	\$	73,400	5	77.070	5	80.924	\$	84.97
	Grants/donations/ sponsorships	\$	50.000	\$	52 000	\$	53,000	\$	55,000
	TOTAL INCOME	\$	441.422	\$	462 993	\$	484 542	S	508,119
EXPENSES		-							
Childcare	Program Supplies	\$	10,000	\$	10,400	\$	10.920	\$	11.46
	Snacks	\$	40,000	\$	41,600	\$	43,680	\$	45,86
	Program Instructors compensation	\$	81.206	\$	84,454	\$	88.677	\$	93,11
	Program Assistants	\$	20.000	\$	20,800	S	21,840	\$	22.93
	Curriculum / Instructional Programs	\$	10,000.00	\$	10,400	\$	10,920	S	11.46
Administration	Office Supplies	\$	2 500	\$	2,600	\$	2.730	\$	2,86
	Management Compensation	\$	51.000	\$	53,040	\$	55,692	\$	58,47
	Program Coordinator Compensation	\$	50.960	S	52,998	\$	55.648	\$	58,43
	Advertising, Marketing and Promotions	\$	13,500	5	14.040	\$	14,742	\$	15,47
	Website & Social Media	s	3,600	\$	3.744	\$	3,931	S	4,12
	Insurance: Business Liability/Real Estate	s	2.169	s	2,256	\$	2 369	5	2.48
	Accounting/Legal	\$	3,000	\$	3,120	\$	3,276	5	3.44
	Printing	\$	2.000	\$	2.080	\$	2.184	\$	2.29
	Workman's Compensation	S	4,500	S	4,680	\$	4,914	5	5,16
	Payroll Taxes	\$	8,000	\$	8,320	\$	8,736	\$	9.17
	License	5	425	5	442	\$	464	\$	48
	Mileage and Gas	\$	2,000	\$	2,080	\$	2 184	5	2 29
	Loan mortgage payments	\$	122,796	\$	122,796	\$	122 796	5	122.79
	Phone	s	840	5	874	\$	917	\$	96
	TOTAL EXPENSES		429.336	S	440.724	S	462 760	\$	485.89
PROFIT (LOSS)	BEFORE TAXES	S	12.086	5	22,269	\$	23.382	S	24,55
INCOME TAXES		S		\$		\$		5	-
NET PROFIT (L		\$	12.086	\$	22 269	5	23.382	\$	24.55

12642-925

City of Fort Lauderdale

	990-EZ		hort Form		L	OMB No. 1545-0047
Form	330-LZ	Return of Organizat Under section 501(c), 527, or 4947(a)(1)	of the Internal Revenue	Code (except private found	dations)	2021
Depa Inten	artment of the Treasury nal Revenue Service	<ul> <li>Do not enter social security no</li> <li>Go to www.irs.gov/Form990E</li> </ul>				Open to Public Inspection
A	For the 2021 cale	ndar year, or tax year beginning	3/18/2021	, and ending	3/17/2	022
B	Check if applicable:	C Name of organization		1		identification number
	Address change	Marie A Wells Arts And Education Cen	iter, Inc			
	Name change	Number and street (or P.O. box if mail is not delive		Room/suite		
	Initial return	4221 NW 19th St		273	E Telephone	number
1	Final return/terminated	City or town	State	ZIP code		
	Amended return	Lauderhill	FL	33313-7311	9	54-825-5446
	Application pending	Foreign country name Foreign ;	province/state/county	Foreign postal code	F Group Ex	
	Accounting Method:		cify) 🕨		Number ► Check ► X	if the organization is
1 1	Website: Nww.	mawartscentr.org				to attach Schedule B
	ax-exempt status (che		) 🛋 (insert no.)	4947(a)(1) or 527	(Form 990).	
KF	form of organization	X Corporation Trust	Association	Other		
LA	Add lines 5b, 6c, and	7b to line 9 to determine gross receipts. If g	ross receipts are \$200,	000 or more, or if total ass	sets	
0	Part II, column (B))	are \$500,000 or more, file Form 990 instead	of Form 990-EZ		►\$	0
Pa	rtl Revenu	e, Expenses, and Changes in Ne	t Assets or Fund E	Balances (see the in	structions for	or Part I)
	Check if	the organization used Schedule O	to respond to any	question in this Part I		X
		ns, gifts, grants, and similar amounts red			. 1	
	2 Program se	rvice revenue including government fee			2	
	3 Membershi	p dues and assessments			. 3	
	4 Investment	income	and the second		4	
	5a Gross amo	unt from sale of assets other than invent	tory	5a		-
	b Less: cost of	or other basis and sales expenses		5b		
	c Gain or (los	s) from sale of assets other than invento	ory (subtract line 5b fr	om line 5a)	. 5c	0
	6 Gaming an	d fundraising events:	P			
		ne from gaming (attach Schedule G if gr				
Revenue	\$15,000) .			6a		
8	b Gross incor	ne from fundraising events (not including	g <u>\$</u>	of contributions		
æ	from fundra	ising events reported on line 1) (attach s	Schedule G if the			
	sum of such	gross income and contributions exceed	ds \$15,000)	6b		
	c Less: direct	expenses from gaming and fundraising	events	6c		
	d Net income	or (loss) from gaming and fundraising e	vents (add lines 6a ar	nd 6b and subtract	1.1	
	7a Gross sales	of investory loss			. 6d	0
	b Less: cost of	of inventory, less returns and allowance	es	/a		
	c Gross profit	or (loss) from sales of inventory (subtra	at line 7h from the 7	/b		
	8 Other reven	ue (describe in Schedulo O)	ct line / b from line /a	)	- 7c	0
1	9 Total reven	ue (describe in Schedule O).			. 8	
	10 Grants and	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and a similar amounts paid (list in Schedule O	0		. 9	0
	11 Benefits pai	d to or for members			. 10	
	12 Salaries, ot	ner compensation, and employee benefi	ts.		. 11	
Su	13 Professiona	I fees and other payments to independe	nt contractors		. 12	
Expenses	14 Occupancy,	rent, utilities, and maintenance			. 14	
ũ	15 Printing, pul	plications, postage, and shipping			. 15	
	16 Other exper	ises (describe in Schedule O)			16	
11.5	1/ Iotal exper	ises. Add lines 10 through 16			► 17	
23	IO Excess or (0	tericit) for the year (subtract line 17 from	line 9)		. 18	
Se	19 Net assets (	or fund balances at beginning of year (fro	om line 27, column (A	)) (must agree with	1000	
1 214	end-of-year	figure reported on prior year's return) .	Contraction of the second s			
A		generation prior jean aradanij.			19	
	20 Other chang	es in net assets or fund balances (expla or fund balances at end of year. Combin	ain in Schedule O) .		20	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2021)

12642-925

City of Fort Lauderdale

Pai							
	Check if the organization used S	Schedule O to	respond to any question in	this Part II			
				(A	) Beginning of year	T	(B) End of year
22	Cash, savings, and investments .					22	
23	Land and buildings					23	
24	Other assets (describe in Schedule	0)	* * * * * * * * * * * *			24	
25	Total assets				0	25	
26 27	I otal liabilities (describe in Sched	ule O)		S		26	
-	ter and the set of the set and the set and	27 of column	(B) must agree with line 21	1)		27	-
F 6		lice Accomp	ishments (see the instructi	ons for Part III)	4		
Mb	Check if the organization use				N.		Expenses
100	at is the organization's primary exemp	t purpose?	To Educate, Nourish and	Sustain Youth in the A	Arts	501	quired for section (c)(3) and 501(c)(4)
ie n	scribe the organization's program serv	ice accomplis	nments for each of its three	largest program servi	ces,	org:	anizations; optional
ers	measured by expenses. In a clear and sons benefited, and other relevant info	concise man	ner, describe the services p	provided, the number of	of Contraction	lord	others.)
28	To educate youth in the Arts.				<u> </u>	-	-
		*********	***************************************				
	(Grants \$	) If this amou	unt includes foreign grants,	check here			
29						28a	
		************					
					************		
	(Grants \$		int includes foreign grants,		·····		1 m C 1
0		,	A a a a a a a a a a a a a a a a a a a a			29a	
					************		
					**************		
				are and a second s			
	(Grants \$	) If this amou	int includes foreign grants	check here			
1	1	) If this amou Schedule (0)	int includes foreign grants, o	check here	· · • 🗋	30a	1
1	Other program services (describe in	Schedule O)				1.2	
104	Other program services (describe in (Grants \$	Schedule O) ) If this amou	int includes foreign grants, i		· · · · · · ·	31a	
2	Other program services (describe in (Grants \$ Total program service expenses. (a	Schedule O) ) If this amou add lines 28a	int includes foreign grants, o	check here		31a	
2	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T	Schedule O) ) If this amou add lines 28a rustees, and	Int includes foreign grants, of through 31a)	check here	• • • • •	31a 32	as for Part IV)
2	Other program services (describe in (Grants \$ Total program service expenses. (a	Schedule O) ) If this amou add lines 28a rustees, and	Int includes foreign grants, of through 31a)	check here	• • • • •	31a 32	as for Part IV/)
2	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used	Schedule O) ) If this amou add lines 28a rustees, and	Int includes foreign grants, of through 31a)	check here	ated—see the instr	31a 32 ruction	as for Part IV/)
2	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T	Schedule O) ) If this amou add lines 28a rustees, and	through 31a)	ne even if not compensa in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/	(d) Health benefits	31a 32 ruction s,	ns for Part IV)
2	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used	Schedule O) ) If this amou add lines 28a rustees, and	through 31a)	in this Part IV	ated—see the instr	31a 32 ruction s,	ns for Part IV)
2 Pa	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used	Schedule O) ) If this amou add lines 28a rustees, and	through 31a)	ne even if not compensa in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/	(d) Health benefits contributions to employee benefit plan	31a 32 ruction s,	ns for Part IV)
2 Pa	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used (a) Name and title	Schedule O) ) If this amou add lines 28a rustees, and	Int includes foreign grants, of through 31a)	check here	(d) Health benefits contributions to employee benefit plan	31a 32 ruction s,	ns for Part IV)
2 Pa	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used (a) Name and title	Schedule O) ) If this amou add lines 28a rustees, and	through 31a) Key Employees (list each of to respond to any question (b) Average hours per week	check here	(d) Health benefits contributions to employee benefit plan	31a 32 ruction s,	ns for Part IV)
2 Pa	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used (a) Name and title	Schedule O) ) If this amou add lines 28a rustees, and	through 31a)	check here	(d) Health benefits contributions to employee benefit plan	31a 32 ruction s,	ns for Part IV)
2 Pa	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used (a) Name and title	Schedule O) ) If this amou add lines 28a rustees, and	Int includes foreign grants, of through 31a)	check here	(d) Health benefits contributions to employee benefit plan	31a 32 ruction s,	ns for Part IV)
2 Pa	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used (a) Name and title	Schedule O) ) If this amou add lines 28a rustees, and	through 31a)	check here	(d) Health benefits contributions to employee benefit plan	31a 32 ruction s,	ns for Part IV)
2 Pa	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used (a) Name and title	Schedule O) ) If this amou add lines 28a rustees, and	through 31a)	check here	(d) Health benefits contributions to employee benefit plan	31a 32 ruction s,	ns for Part IV)
2 Pa	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used (a) Name and title	Schedule O) ) If this amou add lines 28a rustees, and	Int includes foreign grants, or         through 31a)         Key Employees (list each or         to respond to any question         (b) Average         hoors per week         devoted to position         Hr/WK         Hr/WK	check here	(d) Health benefits contributions to employee benefit plan	31a 32 ruction s,	ns for Part IV)
2 Pa	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used (a) Name and title	Schedule O) ) If this amou add lines 28a rustees, and	through 31a)	check here	(d) Health benefits contributions to employee benefit plan	31a 32 ruction s,	e) Estimated amount
2 Pa	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used (a) Name and title	Schedule O) ) If this amou add lines 28a rustees, and	Int includes foreign grants, of through 31a)	check here	(d) Health benefits contributions to employee benefit plan	31a 32 ruction s,	ns for Part IV)
2 Pa	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used (a) Name and title	Schedule O) ) If this amou add lines 28a rustees, and	Int includes foreign grants, or         through 31a)         Key Employees (list each or         to respond to any question         (b) Average         hoors per week         devoted to position         Hr/WK         Hr/WK	check here	(d) Health benefits contributions to employee benefit plan	31a 32 ruction s,	ns for Part IV)
2 Pa	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used (a) Name and title	Schedule O) ) If this amou add lines 28a rustees, and	Int includes foreign grants, of through 31a)	check here	(d) Health benefits contributions to employee benefit plan	31a 32 ruction s,	ns for Part IV)
2 Pa	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used (a) Name and title	Schedule O) ) If this amou add lines 28a rustees, and	Int includes foreign grants, of through 31a)	check here	(d) Health benefits contributions to employee benefit plan	31a 32 ruction s,	ns for Part IV)
2 Pa	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used (a) Name and title	Schedule O) ) If this amou add lines 28a rustees, and	Int includes foreign grants, of through 31a)	check here	(d) Health benefits contributions to employee benefit plan	31a 32 ruction s,	ns for Part IV)
2 Pa	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used (a) Name and title	Schedule O) ) If this amou add lines 28a rustees, and	Int includes foreign grants, of through 31a)	check here	(d) Health benefits contributions to employee benefit plan	31a 32 ruction s,	ns for Part IV)
2 Pa	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used (a) Name and title	Schedule O) ) If this amou add lines 28a rustees, and	Int includes foreign grants, of through 31a) Key Employees (list each of to respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	check here	(d) Health benefits contributions to employee benefit plan	31a 32 ruction s,	ns for Part IV)
2 Pa	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used (a) Name and title	Schedule O) ) If this amou add lines 28a rustees, and	Int includes foreign grants, of through 31a)	check here	(d) Health benefits contributions to employee benefit plan	31a 32 ruction s,	ns for Part IV)
2 Pa	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used (a) Name and title	Schedule O) ) If this amou add lines 28a rustees, and	Int includes foreign grants, of through 31a) Key Employees (list each of to respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	check here	(d) Health benefits contributions to employee benefit plan	31a 32 ruction s,	ns for Part IV)
2 Pa	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used (a) Name and title	Schedule O) ) If this amou add lines 28a rustees, and	Int includes foreign grants, of through 31a) Key Employees (list each of to respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	check here	(d) Health benefits contributions to employee benefit plan	31a 32 ruction s,	ns for Part IV)
2 Pa	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used (a) Name and title	Schedule O) ) If this amou add lines 28a rustees, and	Int includes foreign grants, of through 31a) Key Employees (list each of to respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	check here	(d) Health benefits contributions to employee benefit plan	31a 32 ruction s,	e) Estimated amount
2 Pa	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used (a) Name and title	Schedule O) ) If this amou add lines 28a rustees, and	Int includes foreign grants, of through 31a) Key Employees (list each of to respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	check here	(d) Health benefits contributions to employee benefit plan	31a 32 ruction s,	as for Part IV/)
Pa	Other program services (describe in (Grants \$ Total program service expenses. (a rt IV List of Officers, Directors, T Check if the organization used (a) Name and title	Schedule O) ) If this amou add lines 28a rustees, and	Int includes foreign grants, of through 31a) Key Employees (list each of to respond to any question (b) Average hours per week devoted to position Hr/WK 25.00 Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	check here	(d) Health benefits contributions to employee benefit plan	31a 32 ruction s,	ns for Part IV)

Form 990-EZ (2021)

5/6/2022

#### City of Fort Lauderdale

Pa	Marie A Wells Arts And Education Center, Inc     Other Information (Note the Schedule A and personal benefit contract statement requirements i	n tho		Page
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in	n the this Pa	art V	Ē
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		100	140
	detailed description of each activity in Schedule O.	33		X
34	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	1.1	1.1	
35a	change on Schedule O. See instructions	34		Х
<i>,</i> <b>, , ,</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			1
b	activities (such as those reported on lines 2, 6a, and 7a, among others)? . If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q.	35a	-	X
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		-
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		v
6	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	300	-	X
	during the year? If "Yes," complete applicable parts of Schedule N.	36		x
7a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			~
b	Did the organization file Form 1120-POL for this year?	37b		x
8a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X	-
9	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
а	lettering for and another and the second sec			
b	Owner search to the dealer of the second sec			
Da	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ►; section 4912 ►; section 4955 ►		1	
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.	40b		x
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		1	
	on organization managers or disqualified persons during the year under sections 4912,	8 9		
	4955, and 4958.		8	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
e	40c reimbursed by the organization			
¢	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		8	
ġ.,	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed.	40e		Х
a				-
			25-5446	3
		13-731	1	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	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	42b		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		1	
	Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	40-		
	If "Yes," enter the name of the foreign country	42c		Х
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			Ē
	and enter the amount of tax-exempt interest received or accrued during the tax year		1.1	
	43	- 1	Veel	
а	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	440		~
	completed instead of Form 990-EZ	44b		x
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			-
	explanation in Schedule O	44d		х
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
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.	45b		X

Form 990-EZ (2021)

City of Fort Lauderdale

			a state has					Vac	No
m 990	)-EZ (2021)	Marie A Wells Arts And					T	Yes	110
-		anization engage, directly or indire	atty in political campaign acti	vities on behalf of or in	oppositio	n	10		х
1	Did the org	anization engage, directly or indire- tes for public office? If "Yes," comp	lete Schedule C, Part I.				46	-	A
art	VI Sec All	section 501(c)(3) Organizations section 501(c)(3) organizations and 51. eck if the organization used Sc	must answer questions 4	17-49b and 52, and 0	complete	e the tables			[
	Che	eck if the organization used Sc	riedule o to respond to a	,, 42222				Yes	N
7	year? If "Y	ganization engage in lobbying activ 'es," complete Schedule C, Part II anization a school as described in s	section 170(b)(1)(A)(ii)? If "Ye	s," complete Schedule	 E	2 2 4 4 A -	47		x
.9a	Did the on	ganization make any transfers to a	n exempt non-charitable relat	ed organization?	1.100		430	-	-
b	If Went !!	the related organization a section	on 527 organization?			A	490		-
50	Complete	this table for the organization's five	e highest compensated emplo	yees (other than officer	s, directo	ors, trustees, a	and key		
	employee	s) who each received more than \$1	100,000 of compensation from	n the organization. If the	The second se		0.		
	(a) M	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	contributio benefit pla	lith benefits, ns to employee ns, and deferred pensation	(e) Estim other o	ated an	
Name Title	None		 нr/WK .00				_	_	
Name				S					
Title	9		Hr/WK .0					-	
Name			нг/wк 0						
Title			Hr/WK						
Name			Hr/WK .0						
Name									
			Hr/WK ,0						
Title f	Total nun	nber of other employees paid over	\$100,000				han		
f 51	Total nun Complete \$100,000	e this table for the organization's fiv of compensation from the organiz (a) Name and business address of each inde	\$100,000	bendent contractors who			han ) Compens	sation	
f 51	Total nun Complete \$100,000 e None	e this table for the organization's fiv of compensation from the organiz	\$100,000	► pendent contractors who "None."			1.1.1	sation	
f 51 Nam	Total nun Complete \$100,000 e None	e this table for the organization's fiv of compensation from the organiz (a) Name and business address of each inde Str	\$100,000	► pendent contractors who "None."			1.1.1	sation	
f 51 Nam Cit	Total nun Complete \$100,000 e None y	e this table for the organization's fiv of compensation from the organiz (a) Name and business address of each inde Str Str Str Str	\$100,000	► pendent contractors who "None."			1.1.1	sation	
f 51 Nam Cit Nam	Total nun Complete \$100,000 e None y e	e this table for the organization's fiv of compensation from the organiz (a) Name and business address of each inde Str ST Str Str Str Str	\$100,000	► pendent contractors who "None."			1.1.1	sation	
f 51 Nam Cit Nam Cit Nam Cit	Total nun Complete \$100,000 e None y e y	e this table for the organization's fiv of compensation from the organiz (a) Name and business address of each inde Str Str Str Str Str Str Str	\$100,000	► pendent contractors who "None."			1.1.1	sation	
f 51 Nam Cit Nam Cit Nam	Total nun Complete \$100,000 e None y e y e	e this table for the organization's fiv of compensation from the organiz (a) Name and business address of each inde Str ST Str ST Str Str Str Str	\$100,000	► pendent contractors who "None."			1.1.1	sation	
f 51 Nam Cit Nam Cit Nam Cit	Total nun Complete \$100,000 e None y e y e	e this table for the organization's fiv of compensation from the organiz (a) Name and business address of each inde Str Str Str Str Str Str Str	\$100,000	► pendent contractors who "None."			1.1.1	ation	
f 51 Nam Cit Nam Cit Nam Cit Nam	Total nun Complete \$100,000 e None y e y e y e	e this table for the organization's fiv of compensation from the organiz (a) Name and business address of each inde Str ST Str ST Str Str Str Str	\$100,000	► pendent contractors who "None."			1.1.1	sation	
f 51 Nam Cit Nam Cit Nam Cit	Total nun Complete \$100,000 e None y e y e y e	e this table for the organization's fiv of compensation from the organiz (a) Name and business address of each inde Str ST Str ST Str Str ST Str ST Str ST	\$100,000	(b) Type of servi			1.1.1	sation	
f 51 Nam Cit Nam Cit Nam Cit Nam Cit Nam Cit d	Total nun Complete \$100,000 e None y e y e y e y e y e y u total nun Did the o	e this table for the organization's fiv of compensation from the organiz (a) Name and business address of each inde Str Str Str Str Str Str Str Str Str Str	\$100,000	(b) Type of servi	се 	(6	Compens		
f 51 Nam Cit Nam Cit Nam Cit Nam Cit Nam Cit S2	Total nun Complete \$100,000 e None y e y e y e y e y e y e y e y e y f Total nun Did the o complete r penalties of p	e this table for the organization's fiv of compensation from the organiz (a) Name and business address of each inde Str Str Str Str Str Str Str Str Str Str	\$100,000	(b) Type of servi	ce 1 a 	(c)	Compens		
f 51 Nam Cit Nam Cit Nam Cit Nam Cit Nam Cit S2	Total nun Complete \$100,000 e None y e y e y e y e y e y e y e y e y f Total nun Did the o complete r penalties of p	a this table for the organization's fiv of compensation from the organiz (a) Name and business address of each inde Str ST Str ST Str ST Str ST Str ST Str ST Str Str Str Str Str Str Str Str Str Str	\$100,000	(b) Type of servi	ce 1 a 	(c)	Compens		
f 51 Nam Cit Nam Cit Nam Cit Nam Cit Nam Cit S2	Total nun Complete \$100,000 e None y e y e y e y e y e y e y e y e y e y	a this table for the organization's fiv of compensation from the organiz (a) Name and business address of each inde Str ST Str ST Str ST Str ST Str ST Str ST Str Str Str Str Str Str Str Str Str Str	\$100,000	(b) Type of servi	ce n a best of my k ge.	(c)	Compens		
f 51 Nam Cit Nam Cit Nam Cit Nam Cit Nam Cit Sigu	Total nun Complete \$100,000 e None y e y e y e y e y e y e y e y e y e y	a this table for the organization's fiv of compensation from the organiz (a) Name and business address of each inde Str ST Str ST Str Str ST Str ST Str ST Str ST Str ST Str Str Str Str Str Str Str Str Str Str	\$100,000	(b) Type of servi	ce 1 a  ge.	(c)	Compens		
f 51 Nam Cit Nam Cit Nam Cit Nam Cit S2 Under true, c	Total nun Complete \$100,000 e None y e y e y e y e y e y e y e y e y e y	a this table for the organization's fiv of compensation from the organiz (a) Name and business address of each inde Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str Str ST Str Str Str Str Str Str Str Str Str Str	\$100,000	(b) Type of servi	ce n a best of my k ge.	(c)	Compens	/es [	
f 51 Nam Cit Nam Cit Nam Cit Nam Cit Nam Cit Sigu Her	Total nun Complete \$100,000 e None y e y e y e y e y e y e y e y e y e y	a this table for the organization's fiv of compensation from the organiz (a) Name and business address of each inde Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str Str ST Str Str Str Str Str Str Str Str Str Str	\$100,000	(b) Type of servi	ce n a best of my k ge.	(c)	Compens	/es [	
f 51 Nam Cit Nam Cit Nam Cit Nam Cit Nam Cit Nam Cit Sign Her Sign Her	Total nun Complete \$100,000 e None y e y e y e y e y e y e y e y e y e y	a this table for the organization's fiv of compensation from the organiz (a) Name and business address of each inde Str ST ST Str ST Str ST Str ST Str ST Str ST Str Str ST Str Str Str Str Str Str Str Str Str Str	\$100,000	(b) Type of servi	ce 1 a best of my k ge. 1 1 1 1 1 1 1 1 1 1 1 1 1	(c)	Compens	/es [	
f 51 Nam Cit Nam Cit Nam Cit Nam Cit Nam Cit Sign Her Pai Pre	Total nun Complete \$100,000 e None y e y e y e y e y e y e y e y e y e y	a this table for the organization's fiv of compensation from the organiz (a) Name and business address of each inde Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str Str ST Str Str Str Str Str Str Str Str Str Str	\$100,000	(b) Type of servi	ce 1 a best of my k ge.	(c)	Compens	res [	

Form 990-EZ (2021)

p. 663

12642-925

City of Fort Lauderdale

SCHEDULE A (Form 990)		rity Status and ection 501(c)(3) organization or a se				OMB No. 1545-0047
Department of the Treasury		ttach to Form 990 or Form		1) nonexempt	charitable trust.	Open to Public
Internal Revenue Service	Go to www.irs.gov.	Form990 for instructions	and the lat	est informa	ation.	Inspection
Name of the organization			1.		Employer identification	
Marie A Wells Arts And Ec Part I Reason for						
	Public Charity Status. (A	All organizations must o	complete	this part.	) See instruction:	3.
1 A church, conver	private foundation because it ntion of churches, or associat	is: (For lines 1 through 12,	check on	ly one box.	.)	
	ed in section 170(b)(1)(A)(ii)			11/0(0)(1)	(A)(I).	
4 A medical resear	ooperative hospital service or	ganization described in se	ction 170	(D)(1)(A)(ii	I).	
hospital's name,	rch organization operated in c city, and state:	onjunction with a nospital	described	in section	170(b)(1)(A)(iii). E	inter the
5 An organization	operated for the benefit of a c I)(A)(iv). (Complete Part II.)	ollege or university owned	f or operat	ed by a go	vernmental unit de	scribed in
	or local government or govern	mental unit described in s	ection 17	0/6W1VAW	a la	
7 X An organization t	that normally receives a subst tion 170(b)(1)(A)(vi). (Completion	tantial part of its support fr	om a gove	ernmental	unit or from the gen	eral public
	st described in section 170(b)		t II.)			
9 An agricultural re	esearch organization describe non-land-grant college of agr	d in section 170(b)(1)(A)(i	x) onerate	d in conjur name, city	nction with a land-g v, and state of the c	rant college ollege or
10 An organization t receipts from acti support from gros	that normally receives (1) more ivities related to its exempt functions investment income and uni- organization after June 30, 19	nctions, subject to certain related business taxable in	exceptions	s; and (2) r	to more than 33 1/3	29% of ite
	organized and operated exclu					
12 An organization of one or more put of one or	organized and operated excluublicly supported organization in lines 12a through 12d that d	sively for the benefit of, to a described in section 50	perform th	ne function	s of, or to carry out	- EGG(-1/2)
a Type I. A supp the supported	oorting organization operated, organization(s) the power to You must complete Part IV,	supervised, or controlled regularly appoint or elect a	by its sum	norted ora:	anization/s) tunical	ly by aiving
b Type II. A sup control or man	porting organization supervise agement of the supporting or ). You must complete Part I	ed or controlled in connect ganization vested in the s	tion with its ame perso	s supporteens that co	d organization(s), b ntrol or manage the	y having supported
c Type III functi	ionally integrated. A support	no proanization operated	in connect	tion with, a	nd functionally inte	grated with,
that is not fund	organization(s) (see instruction unctionally integrated. A sup ctionally integrated. The organ	porting organization oper nization generally must sat	ated in con	nnection w	ith its supported or	ganization(s) tentiveness
e Check this box functionally int	ee instructions). You must contract of the organization received a egrated, or Type III non-funct	a written determination fro	m the IRS	that it is a	V. Type I, Type II, Typ	be III
f Enter the number	of supported organizations .					
<ul> <li>g Provide the followi</li> <li>(i) Name of supported orga</li> </ul>	ing information about the sup	ported organization(s). (III) Type of organization	find to the r	rganization	6.4 A.m.	
1		(described on lines 1-10 above (see instructions))	listed in you	r governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
A)			Yes	No	100 C	
3)	<u></u>					
;)						
))						
E)				-		
		1		· · · · · · ·		
otal			1		0	

-
25

Pa	rt II Support Schedule for Or (Complete only if you ched	ganizat	ions Des		tions 170(b)(1			Page 2
	Part III. If the organization							001
Sec	ction A. Public Support			1011111111				
Cale	ndar year (or fiscal year beginning in)	► (a	) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1						0
2	Tax revenues levied for the	1.2						
	organization's benefit and either paid to or expended on its behalf							
2	The value of services or facilities	-					1	0
5	furnished by a governmental unit to the organization without charge						5	0
4	Total. Add lines 1 through 3		0	0	C	0	0	0
5	The portion of total contributions by			1.1				
	each person (other than a					(	1	
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the amount	13			2			
	shown on line 11, column (f)	-			-			
6	Public support. Subtract line 5 from line 4			a manage	~	17		0
	ndar year (or fiscal year beginning in)	► /a	2017	(b) 2018	(c) 2019	(4) 2020	(-) 2021	(D Tatal
7	Amounts from line 4		0	(0) 2010		(d) 2020	(e) 2021	(f) Total
R	Gross income from interest, dividends,	-	0	0		0	0	0
	payments received on securities loans.			1				
	rents, royalties, and income from			- L /	-			
	similar sources			$\sim$				0
9	Net income from unrelated business			-				
	activities, whether or not the business is			C .				
	regularly carried on				1			0
10	Other income. Do not include gain or		-					
	loss from the sale of capital assets			~				
i.	(Explain in Part VI.).		1	-				0
11	Total support. Add lines 7 through 10 .			1				0
12 13	Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the o						12	
10	organization, check this box and stop her	10 March 10			the set of			
Ser	tion C. Computation of Public S	-	-					
14	Public support percentage for 2021 (line 6				(6))		14	0.00%
15	Public support percentage from 2020 Sch						15	0.00%
16a	33 1/3% support test-2021. If the organ	-				and the second		0.00 /1
	and stop here. The organization qualifies							
b	33 1/3% support test-2020. If the organ							
	box and stop here. The organization qua	lifies as a	publicly sup	ported organizatio	n			
17a	10%-facts-and-circumstances test-20	21. If the	organization	did not check a t	ox on line 13, 16a	, or 16b, and line 1	4	
	10% or more, and if the organization mee Part VI how the organization meets the fa organization	ts the fact cts-and-ci	s-and-circur rcumstance:	nstances test, che s test. The organiz	ck this box and <b>st</b> ation qualifies as	op here. Explain in a publicly supported	1	
b	10%-facts-and-circumstances test-20					16b or 17e and I		ar ar ar an 🕨 📘
~	15 is 10% or more, and if the organization							
	in Part VI how the organization meets the	facts-and-	-circumstan	ces test. The orga	nization qualifies a	is a publicly suppor	ted	
	organization							
18	Private foundation. If the organization d	id not chee	ck a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions							X
-								

The second second	rt III Support Schedule for Orga	anizations Des	cation Center, In scribed in Sect	ion 509(a)(2)			Page 3
_	(Complete only if you checked If the organization fails to que	ed the box on li	ne 10 of Part I	or if the organiz	zation failed to o	qualify under Pa	irt II.
_	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	-					
3	Gross receipts from activities that are not an unrelated trade or business under section 513.					1	(
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				5	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge				$\bigcirc$		
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons			Ò			0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000			0	2		
	or 1% of the amount on line 13 for the year						0
R	Add lines 7a and 7b	0	0	0	0	0	0
Ser	line 6.).		4	0.			0
	ndar year (or fiscal year beginning in)	(a) 2017	(1) 2010	4-1-0040	( )) 0000 L		
9	Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gross income from interest, dividends, payments received on securities loans, rents,	*	C	0	0	0	0
	royalties, and income from similar sources	-					
b	Unrelated business taxable income (less section 511 taxes) from businesses	2					0
	acquired after June 30, 1975						0
11	Add lines 10a and 10b	<u> </u>	0	0	0	0	0
	or not the business is regularly carried on . Other income. Do not include gain or	~					0
	Ioss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)	0					0
14	First 5 years. If the Form 990 is for the organ	ization's first, seco	ond, third, fourth, or	0 fifth tax year as a	0] section 501(c)(3)	0	0
Sec	organization, check this box and stop here . tion C. Computation of Public Sup	new Developments	e e e e e e e e e. Ma	ellerienen al al al	P. P. P. P. R. R. R. R. R.		<b>.</b>
15	Public support perceptage for 2021 /line 9, pe	port Percenta	ge				
16	Public support percentage for 2021 (line 8, co	iumn (f), divided b	y line 13, column (f)	)		15	0.00%
Sec	Public support percentage from 2020 Schedul tion D. Computation of Investment	Income Perce	entage			16	0.00%
	Investment income percentage for 2021 (line			umn (f))		47	0.000
18	Investment income percentage from 2020 Sch	nedule A. Part III	ne 17	unn (1))		17 18	0.00%
19a	33 1/3% support tests—2021. If the organization of more than 33 1/3%, check this box and st	ation did not check	the box on line 14,	and line 15 is more	re than 33 1/3%, an	d line 17 is	0.00%
b	33 1/3% support tests—2020. If the organization of the second sec	ation did not check	a box on line 14 or	line 19a, and line	16 is more than 33	1/3%, and	
20	Private foundation. If the organization did no	ot check a box on I	ine 14, 19a, or 19b,	check this box an	d see instructions .		<b>X</b>

### Page 4

# Schedule A (Form 990) 2021

Marie A Wells Arts And Education Center, Inc

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

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

Yes No 1 2 3a 36 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990) 2021

10b

Par	t IV Supporting Organizations (continued)			Page
11	Has the preservative second of the second seco		Yes	N
a	Has the organization accepted a gift or contribution from any of the following persons?	1 - 1	-	
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
b	11c below, the governing body of a supported organization?	11a		
c	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		1	1
Sec	tion B. Type I Supporting Organizations	11c	_	
			Yes	N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			1
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1.0		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	_	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	10		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	11.00		
	supervised, or controlled the supporting organization.	2		-
iec	tion C. Type II Supporting Organizations	1-1		-
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		6 U.	
	or management of the supporting organization was vested in the same persons that controlled or managed			
0.0	the supported organization(s).	1		
ec	tion D. All Type III Supporting Organizations			_
1	Did the organization provide to each of its suprested	_	Yes	N
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			12
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		8 10	-
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		0.11	1
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		1
-	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1000		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, shows did the	2	_	_
	By reason of the relationship described on line 2, above, did the organization's supported organizations have	1		
	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.			
ect	ion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr		-	-
a	The organization satisfied the Activities Test. Complete line 2 below.	ructions	).	
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 (se	e instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	-	Yes	M
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		res	NC
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	_	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Zd	-	
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		-
3				
3 a	Did the organization have the power to regularly appoint or elect a majority of the officers directors or			
3 a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No " provide details in <b>Part VI</b>	2-		
82.2	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> . Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		_

Schedule A (Form 990) 2021

<ul> <li>Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organiz</li> <li>Section A - Adjusted Net Income</li> <li>Net short-term capital gain</li> <li>Recoveries of prior-year distributions</li> <li>Other gross income (see instructions)</li> <li>Add lines 1 through 3.</li> <li>Depreciation and depletion</li> <li>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)</li> <li>Other expenses (see instructions)</li> <li>Adjusted Net Income (see instructions)</li> </ul>	trus zatio	(A) Prior Year 0	in Part VI). See s A through E. (B) Current Year (optional)
Section A - Adjusted Net Income         1 Net short-term capital gain         2 Recoveries of prior-year distributions         3 Other gross income (see instructions)         4 Add lines 1 through 3.         5 Depreciation and depletion         6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)         7 Other expenses (see instructions)	1 2 3 4 5 6 7	(A) Prior Year 0	(B) Current Year
<ul> <li>2 Recoveries of prior-year distributions</li> <li>3 Other gross income (see instructions)</li> <li>4 Add lines 1 through 3.</li> <li>5 Depreciation and depletion</li> <li>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)</li> <li>7 Other expenses (see instructions)</li> </ul>	2 3 4 5 6 7	0	
<ul> <li>3 Other gross income (see instructions)</li> <li>4 Add lines 1 through 3.</li> <li>5 Depreciation and depletion</li> <li>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)</li> <li>7 Other expenses (see instructions)</li> </ul>	3 4 5 6 7	0	
<ul> <li>4 Add lines 1 through 3.</li> <li>5 Depreciation and depletion</li> <li>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)</li> <li>7 Other expenses (see instructions)</li> </ul>	4 5 6 7	0	
<ul> <li>5 Depreciation and depletion</li> <li>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)</li> <li>7 Other expenses (see instructions)</li> </ul>	5 6 7	0	
<ul> <li>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)</li> <li>7 Other expenses (see instructions)</li> </ul>	67	2	
gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)	7	2	
		A.	
8 Adjusted Not Income (subtract lines E. C. and 7 to a the	8		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)		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			(optional)
instructions for short tax year or assets held for part of year):		$\checkmark$	
	18		
	1b		
a Fata and data at a state	16	7	
d T-4-17- dd B	1d	0	
e Discount claimed for blockage or other factors (explain in detail in Part VI):	-		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	
	5	0	
6 Multiply line 5 by 0.035.	6	0	
7 Recoveries of prior-year distributions	7	0	
	8	0	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
0 F-1-0 0F-10-1	2		
	3		
A Estas sector of the O and the O	4		
E lasses to be a start of the s	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990) 2021

1	V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	zations (continued)	
ecti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported		
-	organizations, in excess of income from activity	and the second second second	2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part V	) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		Z	
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	the organization is respon	nsive 8	
9	Distributable amount for 2021 from Section C, line 6		9	)
10	Line 8 amount divided by line 9 amount		10	0.0
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021	A.		
	(reasonable cause required—explain in Part VI). See instructions.	C		
3	Excess distributions carryover, if any, to 2021	A 4	1)	
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
e	and the second se			
f	Total of lines 3a through 3e			
a	Applied to underdistributions of prior years	0	6	
h	Applied to 2021 distributable amount		0	
i	Carryover from 2016 not applied (see instructions)			
I	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
ł	Distributions for 2021 from Section D, line 7: \$	0		
	+			
h	Applied to underdistributions of prior years Applied to 2021 distributable amount		0	
0	Remainder. Subtract lines 4a and 4b from line 4.			
<u>с</u> ;		0		
	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	
	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions,			
	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.	0		
1	Breakdown of line 7:			
a	Excess from 2017 0			
D	Excess from 2018 0			
C	Excess from 2019 0			
	Excess from 2020 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         Page 8
2000	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.)
	(See instructions.)
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5/6/2022

Schedule A (Form 990) 2021

SCHEDULE L (Form 990) Department of the Treasury Internal Revenue Service	<ul> <li>Complete if th</li> </ul>	28a, 28b, or 2 Atta	answer 8c, or F ach to F	red "Yes Form 990 Form 99	on Form D-EZ, Part \ 0 or Form 9	990, Par V, line 38	t IV. line 25a, 25		27,		20	) 1545- ) 2' To Pu	1
Name of the organization									entificati				
Marie A Wells Arts And	Education Center,	Inc											
Part I Excess Be Complete if	nefit Transaction f the organization a	s (section 501(c answered "Yes"	c)(3), si on Fo	ection 5 rm 990,	01(c)(4), ar Part IV, lin	nd sectione 25a of	on 501(c)(29) or 25b. or Form 9	ganiza 90-EZ	ations of Part V	only).	e 40h		
1 (a) Name of disq	Service and the service of the servi	(b) Relationship b		disqualifie			(c) Descriptio		-	- 1		(d) Co	mected'
(1)						-		-	6			Yes	No
(2)						-			1		-	-	-
(3)						-	-	dia	1	-	_		-
(4)						-		-	-	_		-	
(5)						-		1	1	_			
(6)				_	_	-	4	1		_	_	-	
	t of tax incurred by		2.2154								- 1		
3 Enter the amoun	58	ine 2, above, re					J.			• \$ • \$	_		
Complete if organization	nd/or From Interest the organization a reported an amount	nswered "Yes"	on For D, Part	m 990-E X, line (	Z, Part V, 5, 6, or 22.	line 38a	or Form 990, P	Part IV,	line 26	6; or	if the		
(a) Name of interested perso	m (b) Relationship with organization	(c) Purpose of Ioan	fro	oan to or m the hization?	(e) Orig principal a	jinal imount	(f) Balance due	(g) In d			proved ard or hittee?		nitten ment?
(4) Maria Malla	Durit		To	From	11	(		Yes		Yes	No	Yes	No
(1) Marie Wells	President	OperationsI Ex	X	6	1 4	10,769	10,769		X	X		Х	
(2)				V									
(3)					h-								1
(4)	-		1							1.1			
(5)				1							1		
(6)			1								1	1	
(7)	-	- 0	1										
(8)			and the second										_
(9)										1			
10)			*										
otal		i al il					10,769		-	-			-
Part III Grants or A Complete if	ssistance Benefit the organization ar	ting Interested	Perso	ns.									
(a) Name of interested per	son (b) Relations	ship between interes and the organization	sted (		of assistance	1	) Type of assistance		(e) F	Purpos	se of as	sistanc	ø
(1)		1	-			-		-	-			_	
(2)	(7)		-			-		-	-			-	
(3)	SV7					-				_	_		
(4)			-			-					_		
(5)	1		-					-				_	
(6)	/ /							_					-
(7)			_			-							
And a second	-		-	_		-							
(8)													

5/6/2022

(9) (10)

HTA

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

Schedule L (Form 990) 2021

## City of Fort Lauderdale

Descrive         Descrive and the intervention interventinterven		A Wells Arts And Education Ce			F	age
(a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of transaction       (d) Description of transaction       (e) Shar organization         (1)	Part IV Business Transactions Invo Complete if the organization a	Iving Interested Persons. Inswered "Yes" on Form 990, P	art IV, line 28a, 28b,	or 28c.		
(1)       (2)       (3)       (4)       (5)         (3)       (4)       (5)       (7)         (6)       (7)       (7)       (7)         (8)       (7)       (7)       (7)         (9)       (7)       (7)       (7)         (7)       (7)       (7)       (7)         (9)       (7)       (7)       (7)         (9)       (7)       (7)       (7)         (7)       (7)       (7)       (7)         (9)       (7)       (7)       (7)         (9)       (7)       (7)       (7)         (9)       (7)       (7)       (7)         (9)       (7)       (7)       (7)         (9)       (7)       (7)       (7)         (9)       (7)       (7)       (7)         (9)       (7)       (7)       (7)         (9)       (7)       (7)       (7)         (9)       (7)       (7)       (7)         (9)       (7)       (7)       (7)         (9)       (7)       (7)       (7)         (9)       (7)       (7)       (7)         (		(b) Relationship between interested person and the	(c) Amount of	and the second of the	organia	zatio
(2)     (3)     (4)     (5)       (6)     (7)     (7)       (7)     (7)     (7)       (8)     (7)     (7)       (9)     (7) <th></th> <th></th> <th></th> <th></th> <th>Yes</th> <th>N</th>					Yes	N
(3)     (4)     (5)     (7)       (6)     (7)     (7)       (8)     (7)     (7)       (9)     (7)     (7)       (10)     (7)     (7)       Part V     Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).     (8)						
(4)     Image: Construction of the second seco						
(5)     (6)     (7)     (7)       (8)     (7)     (7)       (9)     (7) <td></td> <td></td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td></td> <td></td>			· · · · · · · · · · · · · · · · · · ·			
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BidSync

Schedule L (Form 990) 2021

5/6/2022

#### **BID/PROPOSAL CERTIFICATION**

<u>Please Note</u>: It is the sole responsibility of the bidder to ensure that his bid is submitted electronically through 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: LauderhillState: FloridaZip: 33313

Telephone No.: 9546098035FAX No.: 9548255446Email: 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):

<u>ADDENDUM ACKNOWLEDGEMENT</u> - 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				

<u>VARIANCES</u>: 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 proh bited 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 WellsPresident CEOAuthorized SignatureTitle

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