Community-Based Organization (CBO) Grant Application

Submitted on	13 May 2026, 10:11PM
Receipt number	CBOG91
Related form version	8

Grant Overview

Grant Overview Acknowledgement	I acknowledge and accept the terms of the grant program

Applicant Information

Organization Name	Due To Arts
Organization Address	9300 NW 25 ST No coordinates found
Unit Number	105
Contact Person	Raoul Barnet
Telephone	3059751861
Email	raoul@duetoarts.org
Federal Employer ID Number (FEIN) number	81-2351901
Florida Corporation Number	N16000004128
Non-Profit Organization Type	501 (c)(3)
Year of Incorporation	04/22/2016

Organization Document Upload

State of Florida Certificate of Incorporation	DuetoartsAnnual2026.pdf
Federal 501 (c)(3) Determination Letter	IRS Acceptance Letter 501C-3.pdf

Federal 501 (c)(6) Determination Letter	
State of Florida Solicitation of Contribution Confirmation Letter	compl.pdf
Certificate of Use from City of Doral	DuetoArts BTR CERTIFICATE OF USE - 2026-05-11T114543.423.pdf
Internal Revenue Service (IRS) Form 990	DuetoArts2025Form990.pdf
Financial Statement	3-YearOrgBgt_Template_FY_2026-27_Protected_01 (1).xlsx

Vendor Registration Document Upload

IRS Form W-9	Due To Arts Form W-9 (Rev.pdf
Vendor Registration Documents	Doral Vendor Application 2026.pdf

Executive Project Summary

Name of the community based organization, its mission and goals:	The 6th Annual Talent Festival aims to showcase the talents of children and young adults before a live audience. Many students from schools throughout Doral will participate in this exciting event. Our festival will feature talented children, including participants with disabilities, and will celebrate different cultural and ethnic groups within our community. It provides a wonderful opportunity to promote the performing arts and encourage community involvement among the residents of Doral.
Why is the program/project needed in Doral?	The program is needed in Doral because it provides children and young adults with a positive outlet to express creativity, build confidence, and showcase their talents. Open to all residents, the program promotes inclusion, cultural diversity, and participation in the performing arts while encouraging youth to stay involved in productive activities. The event brings a positive impact to the community by strengthening community engagement and enhancing cultural and educational experiences.
Provide narrative detailing the program/project, the objectives and targeted Doral community:	The 6th Annual Talent Festival is a community arts program that provides children and young adults the opportunity to showcase their talents in music, dance, acting, and variety performances before a live audience. Open to all students, the festival promotes creativity, self-confidence, cultural diversity, and inclusion, including children with disabilities. Families in Doral benefit from increased access to arts, culture, and community involvement.
How will the success of the program be measured?	The success of the program will be measured through audience attendance, parent engagement, community participation, and feedback from attendees and participants. The event will also evaluate the level of youth involvement, participant recognition, and audience engagement throughout the performances. Positive

responses, enthusiastic applause, and continued community support will reflect the program's positive impact and overall success for the residents of Doral.

How much is the total program/project cost and how much of that cost is being requested from the City?

The total cost of the 6th Annual Talent Festival is $20,000. We are requesting $7,000 from the City of Doral and an additional $7,000 from Miami-Dade County Department of Cultural Affairs. The remaining amount will be covered through sponsorships and ticket sales.

Proposed project date	12/18/2026

Project Description

Provide a detailed description of the project for which funding is requested:	The Due to Arts Annual Talent Festival is a cultural event that showcases the talents of children and young adults through music, dance, acting, and variety performances. Open to all students, including youth with disabilities, participants audition and are selected through casting. The festival promotes confidence, artistic growth, cultural diversity, and inclusion while providing mentorship, live performance experience, and community engagement for families in Doral.

Budget

Total Project Budget (Enter Dollar Amount)	20000
Other Funding Sources:	Miami Dade Cultural Affairs, Sponsorships, Ticket Sales

Project Budget Form

	Fill Form Online
Upload Project Budget Form	
Project / Program Category	Art & Culture

Provide more information below if you selected "Other":

Authorized Signer Information

First Name	Raoul
Last Name	Barnet

Job Title	President
Telephone	3059751861
Email	raoul@duetoarts.org
Authorized Signer	 Link to signature

State of Florida
Department of State

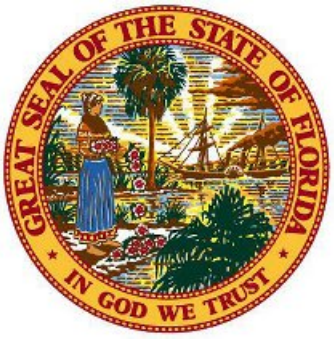
I certify from the records of this office that DUE TO ARTS, INC. is a corporation organized under the laws of the State of Florida, filed on April 22, 2016.

The document number of this corporation is N16000004128.

I further certify that said corporation has paid all fees due this office through December 31, 2026, that its most recent annual report/uniform business report was filed on April 5, 2026, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-first day of May, 2026



Secretary of State

Tracking Number: 0828205438CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

2026 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2026
Secretary of State
3408876415CC

DOCUMENT# N16000004128

Entity Name: DUE TO ARTS, INC.

Current Principal Place of Business:

9300 NW 25 ST
105
DORAL, FL 33172

Current Mailing Address:

9300 NW 25 ST
105
DORAL, FL 33172 US

FEI Number: 81-2351901

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARNET, RAOUL
9300 NW 25 ST
105
DORAL, FL 33172 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P	Title	VP
Name	BARNET, RAOUL	Name	BARNET, ESTHER
Address	9300 NW 25 ST 105	Address	9300 NW 25 ST 105
City-State-Zip:	DORAL FL 33172	City-State-Zip:	DORAL FL 33172
Title	SECRETARY	Title	TREASURER
Name	PEREZ, VALERIA	Name	BELLORO, OSCAR
Address	9300 NW 25 ST 105	Address	9300 NW 25 ST 105
City-State-Zip:	DORAL FL 33172	City-State-Zip:	DORAL FL 33172

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAOUL BARNET PRESIDENT 04/05/2026

Electronic Signature of Signing Officer/Director Detail — Date

Electronic Articles of Incorporation For

THE PERFORMING ARTS FOR AUTISM FOUNDATION INC.

N16000004128
FILED
April 22, 2016
Sec. Of State
tscott

The undersigned incorporator, for the purpose of forming a Florida not-for-profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

THE PERFORMING ARTS FOR AUTISM FOUNDATION INC.

Article II

The principal place of business address:

8181 NW 36 ST
1901
DORAL, FL. US 33166

The mailing address of the corporation is:

8181 NW 36 ST
1901
DORAL, FL. US 33166

Article III

The specific purpose for which this corporation is organized is:

THE OPPORTUNITY TO OFFER CLASSES ADDRESSED SPECIFICALLY TO KIDS WITH AUTISM AS A FORM OF THERAPY. BY OFFERING THIS PROGRAM PARENTS CAN GIVE THEIR CHILDREN A CHANCE TO EXPERIENCE THE PERFORMANCE ARTS WHILE IMPROVING THEIR

Article IV

The manner in which directors are elected or appointed is:

AS PROVIDED FOR IN THE BYLAWS.

Article V

The name and Florida street address of the registered agent is:

RAOUL BARNET
8181 NW 36 ST
1901
DORAL, FL. 33166

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: RAOUL BARNET

N16000004128
FILED
April 22, 2016
Sec. Of State
tscott

Article VI

The name and address of the incorporator is:

RAOUL BARNET
8181 NW 36 ST
1901
DORAL, FL 33166

Electronic Signature of Incorporator: RAOUL BARNET

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
RAOUL BARNET
8181 NW 36 ST SUITE 1901
DORAL, FL. 33166 US

Title: VP
ESTHER BARNET
8181 NW 36 ST SUITE 1901
DORAL, FL. 33166 US

Title: S
CARLOS A CALZADILLA
8181 NW 36 ST SUITE 1901
DORAL, FL. 33166 US

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

DEPARTMENT OF THE TREASURY

Date: JUL 06 2016

THE PERFORMING ARTS FOR AUTISM
FOUNDATION INC
8181 NW 36 ST STE 1901
DORAL, FL 33166

Employer Identification Number:
81-2351901
DLN:
17053133328016
Contact Person:
RENEE RAILEY NORTON ID# 31172
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:
April 22, 2016
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

THE PERFORMING ARTS FOR AUTISM

Sincerely,

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements

Division of Consumer Services
(850) 410-3800

The Rhodes Building
2005 Apalachee Parkway
Tallahassee, Florida 32399-6500

Florida Department of Agriculture and Consumer Services

Commissioner Wilton Simpson

September 2, 2025 **Refer To: CH49291**

DUE TO ARTS, INC
9300 NW 25TH ST STE 105
DORAL, FL 33172-1506

RE: DUE TO ARTS, INC
REGISTRATION#: CH49291
EXPIRATION DATE: September 9, 2026

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Keith Steverson
Regulatory Consultant
850-410-3833
Fax: 850-410-3804
E-mail: keith.steverson@fdacs.gov

CERTIFICATE OF USE

ISSUE DATE: 05/11/2026

CERT-005714-2025

Due to Arts Inc.

Training/Tutoring/Instruction (Not for Profit)

9300 NW 25 ST 105
Doral, FL

THE BUILDING ERECTED AND/OR ALTERED UPON THE ABOVE PREMISES HAS BEEN COMPLETED IN ACCORDANCE WITH ZONING AND CODE REQUREMENTS AND WITH PLANS AND/OR SPECIFICATIONS SUBMITTED TO THE CITY OF DORAL COMMUNITY DEVELOPMENT DEPARTMENT. THIS CERTIFICATE IS ISSUED TO THE ABOVE-NAMED APPLICANT FOR THE ABOVE-NAMED LOCATION ONLY UPON THE EXPRESS CONDITION THAT THE APPLCANT WILL ABIDE BY AND COMPLY WITH ALL APPLICABLE ORDINANCES AND/OR BUILDING CODES PERTAINING TO THE ERECTION, CONTRUCTION, ALTERATION, REMODELING, OR USE OF BUILDINGS OR STRUCTURES.

Square Footage: 1100

No. of Seats/Tables: 0

No of Units/Spaces:

Doral Restrictions: ART STUDIO. UP TO 5 STUDENTS. NO RETAIL SALES, NO OUTSIDE STORAGE OR DISPLAYS, DRY USE ONLY.

Guillermo De Nacimiento

Assistant Planning & Zoning Director

PLANNING AND ZONING DEPARTMENT

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form, as it may be made public.
Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning 01/01/2025 and ending 12/31/2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
DUE TO ARTS INC

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
9300 NW 25 ST STE 105

City or town, state or province, country, and ZIP or foreign postal code
Doral, FL 33172

D Employer identification number
81-2351901

E Telephone number
786-991-9080

F Group Exemption Number

G Accounting Method: ☑ Cash ☐ Accrual Other (specify): _____

H Check ☑ if the organization is **not** required to attach Schedule B (Form 990).

I Website: _____

J Tax-exempt status (check only one) – ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other: _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . $ 107,555

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	12,950
	2	Program service revenue including government fees and contracts		2	20,088
	3	Membership dues and assessments		3	74,517
	4	Investment income		4	0
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	0
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 0		
	b	Gross income from fundraising events (not including $ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b 0		
	c	Less: direct expenses from gaming and fundraising events	6c 0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less: cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	107,555
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	0
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	73,074
	14	Occupancy, rent, utilities, and maintenance		14	34,379
	15	Printing, publications, postage, and shipping		15	1,200
	16	Other expenses (describe in Schedule O)		16	0
	17	**Total expenses.** Add lines 10 through 16		17	108,653
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	-1,098
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	5,040
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	3,942

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

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	4,040	22	942
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O) See Schedule O, Statement 1	55,000	24	52,000
25	**Total assets**	59,040	25	52,942
26	**Total liabilities** (describe in Schedule O) See Schedule O, Statement 2	54,000	26	49,000
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	5,040	27	3,942

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? See Schedule O, Statement 3

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

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

28 Due to Arts provides performing arts classes and assistance for students ages 5 to 17 and gain hands-on experience in musical theater and acting.

(Grants $ 0) If this amount includes foreign grants, check here . . . . . ☐ 28a 75,000

29

(Grants $) If this amount includes foreign grants, check here . . . . . ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here . . . . . ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $ 0) If this amount includes foreign grants, check here . . . . . ☐ 31a 0

32 **Total program service expenses** (add lines 28a through 31a) 32 75,000

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Raoul Barnet President	30.00	0	0	0
Esther Barnet Vice President	5.00	0	0	0
Valeria Perez Secretary	5.00	0	0	0
Oscar Belloro Treasurer	30.00	0	0	0

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

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
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 change on Schedule O. See instructions	34		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
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		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: 0 ; section 4912: 0 ; section 4955: 0			
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		✓
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0			
e	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	40e		✓
41	List the states with which a copy of this return is filed: FL			
42a	The organization's books are in care of: Raoul Barnet Telephone no. 786-991-9080 Located at: 9300 NW 25 ST STE 105, Doral, FL 33172 ZIP + 4 33172			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		✓
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c		✓
43	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 43			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
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		✓

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

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

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

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

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		

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

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

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

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☑ **Yes** ☐ **No**

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

Sign Here	Signature of officer	Date
	Raoul Barnet, President	
	Officer's name and title	

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

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

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization	Employer identification number
DUE TO ARTS INC	81-2351901

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 ☐ An organization that normally receives (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	61,670	74,208	91,058	152,367	104,742	484,045
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	61,670	74,208	91,058	152,367	104,742	484,045
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						484,045

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	61,670	74,208	91,058	152,367	104,742	484,045
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						484,045

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) . . . . 14 100 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 . . . . . 15 100 %

16a **33 1/3% support test—2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☑

b **33 1/3% support test—2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

17a **10%-facts-and-circumstances test—2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

b **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests—2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	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* ***Part VI*** *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		
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.*	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* ***Part VI*** *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* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
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.*	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* ***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).*	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 benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI****.*	6		
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).*	7		
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).*	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 described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI****.*	9a		
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****.*	9b		
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****.*	9c		
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.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a, 3b, and 3c below.***			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI.***	3a		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI.***	3c		

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

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

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

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

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

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

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

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	5	
6	**Total annual distributions.** Add lines 1 through 5.	6	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	7	
8	Distributable amount for 2025 from Section C, line 6	8	
9	Line 7 amount divided by line 8 amount	9	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	**From 2020**			
b	**From 2021**			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	**Excess from 2021** . . .			
b	Excess from 2022 . . .			
c	Excess from 2023 . . .			
d	Excess from 2024 . . .			
e	Excess from 2025 . . .			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
DUE TO ARTS INC	**81-2351901**

Other Assets Structured Explanation

Description	EOY Amount
Vans	52,000
Total:	**52,000**

DUE TO ARTS INC
EIN: **81-2351901**
Part II, Line 26

Other Liabilities Structured Explanation

Description	EOY Amount
Vans Owed	49,000
Total:	**49,000**

Primary Exempt Purpose

Organization is organized exclusively for charitable and educational purpose.

Miami-Dade County Department of Cultural Affairs

Enter your organization's full legal name:

Instructions for completing the 3-Year Organizational Budget: Provide organizational operating revenues and expenses for Miami-Dade County based programs and activities *only.* For organizations whose activities occur exclusively in Miami-Dade County, the *completed* year cash budget should match your IRS Form 990 or Audited Financial Statement. For *current* and *projected* years, provide information which represents the organization's *expected/estimated* total operating revenues and expenses. Do not include Capital expenses or Restricted or Temporarily Restricted funds.

REVENUES	COMPLETED 2024-25		CURRENT 2025-26		PROJECTED 2026-27	
	CASH	IN-KIND	CASH	IN-KIND	CASH	IN-KIND
A. EARNED INCOME						
Admissions/Box Office	$ 12,000		$ 9,500		$ 11,100	
Membership Dues	$ 38,000		$ 32,000		$ 30,000	
Tuitions/Enrollment/Workshop Fees	$ 34,000		$ 30,000		$ 32,000	
Contracted Services: Outside Prgms/Performances						
Contracted Services: Special Exhibition Fees						
Contracted Services: Other						
Space Rental Income						
Merchandise/Concession/Gift Shop Sales						
Investment Income *(Endowment)*						
Interest and Dividends						
B. CONTRIBUTED INCOME						
Corporate Support						
Foundation Support						
Private/Individual Support			$ 5,000		$ 5,900	
Other Private Support: Auxilliary Activities						
Other Private Support: Special Event Proceeds						
C. GOVERNMENT GRANTS						
Federal *(itemize below)*						
State *(itemize below)*						
Local *(not Dept of Cultural Affairs Grants)*						
City Of Doral	$ 14,500		$ 3,500		$ 3,500	
The Children's Trust *(direct funding)*						
Dept. of Cultural Affairs Grants *(use drop down menu)*						
Community Grants (CG)	$ 5,071		$ 6,366		$ 7,000	
Youth Arts Enrichment Program (YEP)	$ 7,250				$ 17,000	
Cash on Hand						
D. Other Revenues *(Itemize below)*						
City of Doral Cultura Center Venue		$ 10,000				
Technical/Production Private Individual		$ 5,000		$ 7,000		$ 7,000
Administration (Board)		$ 30,000		$ 32,000		$ 35,000
Equipment Rental - Lakeside Films				$ 7,000		$ 7,000
Auto Lease Financial Venue				$ 8,000		$ 8,000
Subtotals: CASH Revenues / In-Kind	$ 110,821	$ 45,000	$ 86,366	$ 54,000	$ 106,500	$ 57,000
TOTAL REVENUES *(Cash Revenues + In-Kind)*	**$ 155,821**	41%	**$ 140,366**	63%	**$ 163,500**	54%

Use the numbers from the yellow cells above to enter into your Budget Summary form on the grant application.

Miami-Dade County Department of Cultural Affairs

EXPENSES	COMPLETED 2024-25		CURRENT 2025-26		PROJECTED 2026-27	
	CASH	IN-KIND	CASH	IN-KIND	CASH	IN-KIND
Personnel: Administration	$ 5,000	$ 30,000		$ 32,000		$ 35,000
Personnel: Artistic						
Personnel: Technical/Production		$ 5,000	$ 8,000	$ 7,000	$ 14,200	$ 7,000
Outside Artistic Fees/Services	$ 34,000		$ 37,000		$ 38,000	
Outside Other Fees/Services	$ 8,500					
Marketing: ADV/PR/Printing/Publications						
Marketing: Postage/Distribution						
Marketing: Web Design/Support/Maintenance						
Travel: In County						
Travel: Out of County						
Equipment Rental / *Administrative*						
Equipment Rental / *for Performance, Exhibit, Event, etc.*	$ 7,000			$ 7,000		$ 7,000
Equipment Purchase / *Administrative*						
Equipment Purchase / *for Performance, Exhibit, Event, etc.*	$ 4,000				$ 8,000	
Space Rental / *Administrative*	$ 20,000		$ 21,000		$ 23,000	
Space Rental / *for Performance, Exhibit, Event, etc.*	$ 12,000	$ 10,000	$ 12,000	$ 8,000	$ 12,000	$ 8,000
Mortgage/Loan Payments						
Insurance / *General*						
Insurance / *for Performance, Exhibit, Event, etc.*	$ 800		$ 800		$ 800	
Utilities						
Fundraising/Development *(Non-Personnel)*						
Merchandise/Concessions/Gift Shops Expenses	$ 2,500		$ 2,500		$ 3,500	
Supplies/Materials	$ 6,120		$ 6,000		$ 7,000	
Other Operating Expenses *(Itemize below)*						
Subtotals: CASH Expenses / In-Kind	$ 99,920	$ 45,000	$ 87,300	$ 54,000	$ 106,500	$ 57,000
TOTAL EXPENSES *(Cash Expenses + In-Kind)*	**$ 144,920**		**$ 141,300**		**$ 163,500**	

Use the numbers from the yellow cells above to enter into your Budget Summary form on the grant application.

SURPLUS/(DEFICIT) = *Total Revenues minus Total Expenses*	$ 10,901	$ (934)	$ -
		must balance to $0	*must balance to$0*

*Please indicate the source used to complete the FY 2024-25 budget above:

- ☐ IRS Form 990
- ☐ Audited Financial Statements
- ☐ Other: (specify)

If your organization reported a surplus in FY 2024-25, what are the plans for using these funds? If you reported a deficit, explain the cause of the deficit and your board-endorsed deficit reduction plan (include benchmarks and timeline).

The value ($) amounts pre-populated in the table below represent the dollar amounts that you have entered into the 3-year Org. Budget Expense columns above. Next to each amount for each of the three fiscal years represented, please identify the **Source(s)/Donor(s)** information in the space provided.

In-kind Detail & Volunteer Support	***Completed* Fiscal Year FY2024-25**		***Current* Fiscal Year FY2025-26**		***Projected* Fiscal Year FY2026-27**	
	Value ($)	Source/Donor	Value ($)	Source/Donor	Value ($)	Source/Donor
Personnel: Administration	$ 30,000	The Board	$ 32,000	The Board	$ 35,000	The Board
Personnel: Artistic	$ -		$ -		$ -	
Personnel: Technical/Production	$ 5,000	Yody Sanchez	$ 7,000	Yody Sanchez	$ 7,000	Yody Sanchez
Outside Artistic Fees/Services	$ -		$ -		$ -	
Outside Other Fees/Services	$ -		$ -		$ -	
Marketing: ADV/PR/Printing/Publications	$ -		$ -		$ -	
Marketing: Postage/Distribution	$ -		$ -		$ -	
Marketing: Web Design/Support/Maintenance	$ -		$ -		$ -	
Travel: In County	$ -		$ -		$ -	
Travel: Out of County	$ -		$ -		$ -	
Equipment Rental / Administrative	$ -		$ -		$ -	
Equipment Rental / for Performance, Exhibit, Event, etc.	$ -		$ 7,000	Lakeside Films	$ 7,000	Lakeside Films
Equipment Purchase / Administrative	$ -		$ -		$ -	
Equipment Purchase / for Performance, Exhibit, Event, etc.	$ -		$ -		$ -	
Space Rental / Administrative	$ -		$ -		$ -	
Space Rental / for Performance, Exhibit, Event, etc.	$ 10,000	City of Doral	$ 8,000	Auto Lease Finance	$ 8,000	Auto Lease Finance
Mortgage/Loan Payments	$ -		$ -		$ -	
Insurance / General	$ -		$ -		$ -	
Insurance / for Performance, Exhibit, Event, etc.	$ -		$ -		$ -	
Utilities	$ -		$ -		$ -	
Fundraising/Development *(Non-Personnel)*	$ -		$ -		$ -	
Merchandise/Concessions/Gift Shops Expenses	$ -		$ -		$ -	
Supplies/Materials	$ -		$ -		$ -	
Other *(Itemize below)*						
0	$ -		$ -		$ -	
0	$ -		$ -		$ -	
0	$ -		$ -		$ -	
0	$ -		$ -		$ -	
0	$ -		$ -		$ -	
0	$ -		$ -		$ -	
TOTAL IN-KIND SUPPORT	$ 45,000		$ 54,000		$ 57,000	

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Due To Arts Inc

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☑ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

9300 NW 25 ST STE 105

6 City, state, and ZIP code

Doral, FL 33172

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

8	1	–	2	3	5	1	9	0	1

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** Raoul Barnet **Date** 05/13/2026

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

CITY OF DORAL
PROCUREMENT & ASSET MANAGEMENT
8401 NW 53rd Terrace,
Doral, Florida 33166
procurement@cityofdoral.com

VENDOR APPLICATION

Vendor Name: Due To Arts Inc **D.B.A.:**

Federal ID No.: 81-2351901 **Date Business Established:** 04/22/2016

Business Type: ☐ Corporation ☐ Proprietorship ☐ Partnership ☐ LLC ☐ Other:

Business Address: 9300 NW 25 ST STE 105

City: Doral **State:** FL **Zip:** 33172

Telephone: 786-991-9080 **Website URL:** www.duetoarts.org

Payment/Remittance Address: 9300 NW 25 ST STE 105

City: Doral **State:** FL **Zip:** 33172

Contact: Raoul Barnet **Title:** President

Email: raoul@duetoarts.org **Phone No.:** 305-975-1861

Select all that apply:

Classification	Certificate No.	Certifying Agency	Expiration Date
☐ Minority/Women Owned			
☐ Small Business			
☐ Veteran Owned			
☐ Women Owned			
☐ Other			

VENDOR CHECKLIST: This application must be resubmitted at least every three (3) years or sooner if any information changes. In addition to this Application, Vendor must complete and submit the following:

- ☐ IRS Tax Form W-9 (submitted annually)
- ☐ Conflict of Interest Disclosure Form (submitted annually)
- ☐ Ownership Disclosure & Required Affidavits (submitted every 3 years or upon notary expiration)
- ☐ Local Business Tax Receipt if within the Tri-County area
- ☐ Proof of Classification Certificate, if applicable
- ☐ Proof of Insurance, if applicable (always required when conducting work on City property)

Please note: Prior to issuing a purchase order for goods and/or services, the City may also require additional documents and information, including but not limited to proof of insurance at such coverage types and amounts that the City deems appropriate based on the nature of the goods and/or services provided.

Signature

1/16/24
Date

Updated 02-23-2024.

CITY OF DORAL
PROCUREMENT & ASSET MANAGEMENT
8401 NW 53rd Terrace,
Doral, Florida 33166
procurement@cityofdoral.com

CONFLICT OF INTEREST DISCLOSURE

Vendor Name: Due To Arts Inc **D.B.A.:** _____

Federal ID No.: 81-2351901 **Date Business Established:** 04/22/2016

Business Address: 9300 NW 25 ST STE 105

City: Doral **State:** FL **Zip:** 33172

Please note that all business entities interested in or conducting business with the City are subject to comply with the City of Doral's conflict of interest policies as stated within the certification section below. If a vendor has a relationship with a City of Doral official or employee, an immediate family member of a City of Doral official or employee, the vendor shall disclose the information required below.

1. No City official or employee or City employee's immediate family member has an ownership interest in vendor's company or is deriving personal financial gain from this contract.
2. No retired or separated City official or employee who has been retired or separated from the City for less than one (1) year has an ownership interest in vendor's Company.
3. No City employee is contemporaneously employed or prospectively to be employed with the vendor.
4. Vendor hereby declares it has not and will not provide gifts or hospitality of any dollar value or any other gratuities to any City employee or elected official to obtain or maintain a contract.

Conflict of Interest Disclosure*	
Name of City of Doral employees, elected officials, or immediate family members with whom there may be a potential conflict of interest:	( ) Relationship to employee ( ) Interest in vendor's company ( ) Other (please describe below)
_____	_____
_____	_____
_____	(X) No Conflict of Interest

**Disclosing a potential conflict of interest does not automatically disqualify vendors. In the event vendors do not disclose potential conflicts of interest and they are detected by the City, vendor will be exempt from doing business with the City.*

I certify that this Conflict-of-Interest Disclosure has been examined by me and that its contents are true and correct to my knowledge and belief and I have the authority to so certify on behalf of the Vendor by my signature below:

[signature]	11/16/24	Raoul Barnet
Signature of Authorized Representative	Date	Printed Name of Authorized Representative

CITY OF DORAL
PROCUREMENT & ASSET MANAGEMENT
8401 NW 53rd Terrace,
Doral, Florida 33166
procurement@cityofdoral.com

VENDOR AFFIDAVITS

Vendor Name: Due To Arts Inc. **D.B.A.:** _____

Federal ID No.: 81-2351901 **Date Business Established:** 04/22/2016

Business Address: 9300 NW 25 ST STE 105

City: Doral **State:** FL **Zip:** 33172

1. Ownership Disclosure

The above-named vendor hereby discloses the following principals, individuals, or companies with five percent (5%) or greater ownership interest in Vendor *(supplement as needed)*:

Name	*Address*	*% Ownership*
Raoul Barnet	9300 NW 25 ST STE 105	
Esther Barnet	9300 NW 25 ST STE 105	
Oscar Belloro	9300 NW 25 ST STE 105	
Valeria Perez	9300 NW 25 ST STE 105	

The above-named vendor hereby discloses the following subcontractors *(supplement as needed)*:

Name	*Address*	*% Ownership*

Vendor hereby recognizes and certifies that no elected official, board member, or employee of the City of Doral ("City") shall have a financial interest in any transactions or any compensation to be paid under or through any transactions between Vendor and City, and further, that no City employee, nor any elected or appointed officer (including City board members) of the City, nor any spouse, parent or child of such employee or elected or appointed officer of the City, may be a partner, officer, director or proprietor of Vendor, and further, that no such City employee or elected or appointed officer, or the spouse, parent or child of any of them, alone or in combination, may have a material interest in the Vendor. Material interest means direct or indirect ownership of more than 5% of the total assets or capital stock of the Vendor. Any exception to these above-described restrictions must be expressly provided by applicable law or ordinance and be confirmed in writing by City. Further, Vendor recognizes that with respect to any transactions between Vendor and City, if any Vendor violates or is a party to a violation of the ethics ordinances or rules of the City, the provisions of Miami-Dade County Code Section 2-11.1, as applicable to City, or the provisions of Chapter 112, part III, Fla. Stat., the Code of Ethics for Public Officers and Employees, such Vendor may be disqualified from furnishing the goods or services for which the bid or proposal is submitted and may be further disqualified from submitting any future bids or proposals for

goods or services to City. The term "Vendor," as used herein, include any person or entity making a proposal herein to City or providing goods or services to City.

2. Public Entity Crimes

1. Vendor is familiar with and understands the provisions of Section 287.133, Florida Statutes
2. Vendor further understands that a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list.
3. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (**INDICATE WHICH STATEMENT APPLIES.**)
    - o __X_____ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
    - o _____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
    - o _____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attach a copy of the final order.)

3. Compliance With Foreign Entity Laws

Applicant certifies as follows:

1. Vendor is not owned by the government of a foreign country of concern, as defined in Section 287.138, Florida Statutes.
2. The government of a foreign country of concern does not have a controlling interest in Vendor, as defined in Section 287.138, Florida Statutes.
3. Vendor is not organized under the laws of a foreign country of concern, as defined in Section 287.138, Florida Statutes.
4. Vendor does not have a principal place of business in a foreign country of concern, as defined in Section 287.138, Florida Statutes.
5. Vendor is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in Iran Terrorism Sectors List, created pursuant to s. 215.473.
6. Vendor is not engaged in business operations in Cuba or Syria.
7. Vendor is not participating in a boycott of Israel, and is not on the Scrutinized Companies that Boycott Israel list in accordance with the requirements of Sections 287.135 and F.S. 215.473, Florida Statutes

4. **Disability, Nondiscrimination, and Equal Employment Opportunity**

Applicant certifies that Vendor is in compliance with and agrees to continue to comply with, and ensure that any subcontractor, or third party contractor under any and all contracts with the City of Doral complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and services, transportation, communications, access to facilities, renovations, and new construction.

- The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 USC 1210112213 and 47 USC Sections 225 and 661 including Title I, Employment; Title II, Public Services; Title III, Public Accommodations and Services Operated by Private entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.
- The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Section 553.501 553.513, Florida Statutes.
- The Rehabilitation Act of 1973, 229 USC Section 794.
- The Federal Transit Act, as amended 49 USC Section 1612.
- The Fair Housing Act as amended 42 USC Section 3601-3631

5. **Conformance with OSHA Standards**

Applicant certifies and agrees that Applicant has the sole responsibility for compliance with all the requirements of the Federal Occupational Safety and Health Act of 1970, and all State and local safety and health regulations, and in the event the City engages Vendor, Vendor agrees to indemnify and hold harmless the City of Doral, against any and all liability, claims, damages losses and expenses the City may incur due to the failure of itself or any of its subcontractors to comply with such act or regulation in the performance of the contract.

VENDOR AFFIRMATION

I, the undersigned affiant, being first duly sworn as an authorized agent of the below-named Vendor, does hereby affirm and attest under penalty of perjury as the proposed Vendor for City of Doral that the certifications and statements provided above on behalf of Vendor are true to the best of affiant's knowledge and belief and that Vendor is compliant with all requirements outlined in these City of Doral Affidavits. Vendor acknowledges it is required to comply with and keep current all statements sworn to in the above affidavits and will notify the City of Doral immediately if any of the statements attested hereto are no longer valid.

Due To Arts
Vendor Name

1/16/26
Date Signed

Affiant Signature

Raoul Barnet / President
Affiant Name & Title (Printed)

STATE OF Florida
COUNTY OF Miamidade

The foregoing instrument was affirmed, subscribed, and sworn to before me this 16 day of January, 2026 by means of ☒ physical presence or ☐ online notarization, by RaoulEnrique Barret who is personally known to me or who produced the following identification: FLDL.

[Notary Seal]

ANDREA DELATORRE
Commission # HH 501899
Expires March 10, 2028

Notary Public for the State of FL
My commission expires: 03/10/2028

Expense Item	Total Cost	Notes
Contracted/Outside Artistic Fees/Services	5500	
Contracted/Outside Other Fees/Services	3500	
Marketing: ADV/PR/Printing/Publications	1250	
Venue Rental for Performance	5000	
Insurance / for Performance	500	
Concessions	500	
Supplies/Materials	1250	
TOTAL EXPENSES	17500	