

# Community-Based Organization (CBO) Grant Application



Submitted on	14 March 2024, 1:36PM
Receipt number	CBOG17
Related form version	1

## Grant Overview

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

## Organization Information

Organization Name	Doral Contemporary Art Museum, Inc.
-------------------	-------------------------------------

Non-Profit Organization Type	501 (c)(3)
------------------------------	------------

Federal Employer ID Number (FEIN) number	83-2197459
--	------------

Florida Corporation Number	N18000000877
----------------------------	--------------

Year of Incorporation	01/23/2018
-----------------------	------------

Organization Address	5775 NW 84th Ave, Doral, FL 33166, USA <a href="#">Map</a> (25.825807, -80.33354349999999)
----------------------	---

Unit Number	
-------------	--

## Document Upload

State of Florida Certificate of Incorporation	<a href="#">DORCAM_FL Incorporation.pdf</a>
---	---

Federal 501 (c)(3) Determination Letter	<a href="#">DORCAM_IRS Determination Letter.pdf</a>
---	---

Federal 501 (c)(6) Determination Letter	
---	--

State of Florida Solicitation of Contribution Confirmation Letter	<a href="#">DORCAM Fla Dept Agr. 2024.pdf</a>
---	---

Certificate of Use from City of Doral	<a href="#">DORCAM_City of Doral_Certificate of Use 2024.pdf</a>
---------------------------------------	--

2023 Internal Revenue Service (IRS) Form 990	<a href="#">DORCAM_2023 990.pdf</a>
--	-------------------------------------

2023 Financial Statement	<a href="#">DORCAM_PL 2023.pdf</a>
--------------------------	------------------------------------

## Executive Project Summary

---

### Program / Project Narrative

The Doral Contemporary Art Museum will present the eighth annual 'Women of Vision' Exhibition in March, 2025. The programs' objectives are to celebrate women artists, promote gender equity in the arts, and showcase contemporary interpretations of artistic principles. Through an exhibition and supplemental programming, DORCAM aims to highlight the diversity and talent of women artists while engaging audiences in meaningful dialogue about their work and its impact on art history and culture.

### Why is the program needed in Doral?

The 'Women of Vision' Exhibition is vital for Doral, celebrating women artists while highlighting DORCAM's role as a cultural hub. DORCAM provides diverse and inclusive programming that enriches the lives of residents and fosters a vibrant arts scene in Doral. 'Women of Vision' not only highlights the importance of women's contributions to the arts but also underscores DORCAM's significance as a cultural institution that enriches and inspires the Doral community.

### How will the success of the program be measured?

DORCAM will measure the success of the 'Women of Vision' Exhibition through attendance numbers, audience engagement, and feedback. Additionally, we will track media coverage and sponsor support. Post-event surveys and reviews will gauge visitor satisfaction and program impact, ensuring alignment with our objectives.

### Total proposed project / program cost

\$26,330

### Total CBO Grant amount requested

\$5,000

### Proposed project date

03/01/2025

### Project / Program Category

Art & Culture

## Project Budget Form

---

Upload Form

Item 1

Description

\$ Dollar Amount

Upload Project Budget Form

[DORCAM\\_Women of Vision Budget.pdf](#)

## Authorized Signer Information

---

First Name

Marcelo

Last Name

Llobell

Job Title

Executive Director

Telephone

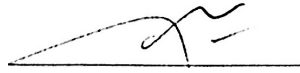
786-359-4297

Email

admin@dorcam.org

---

Authorized Signer



[Uploaded signature image: ML\\_Signature.bmp](#)



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Not For Profit Corporation  
DORAL CONTEMPORARY ART MUSEUM INC.

### Filing Information

<b>Document Number</b>	N18000000877
<b>FEI/EIN Number</b>	83-2197459
<b>Date Filed</b>	01/23/2018
<b>Effective Date</b>	01/23/2018
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	AMENDED AND RESTATED ARTICLES
<b>Event Date Filed</b>	02/04/2019
<b>Event Effective Date</b>	NONE

### Principal Address

5775 NW 84 Avenue  
DORAL, FL 33166

Changed: 04/30/2019

### Mailing Address

5775 NW 84 Avenue  
DORAL, FL 33166

Changed: 04/30/2019

### Registered Agent Name & Address

SER & ASSOCIATES, PLLC  
801 Monterey Street  
#204  
CORAL GABLES, FL 33134

Name Changed: 02/04/2019

Address Changed: 04/29/2022

### Officer/Director Detail

#### **Name & Address**

Title S, Secretary

LLOBELL, MARCELO  
1800 CORAL WAY #2633  
MIAMI, FL 33324

Title President

ROCKEFELLER, INGRID  
1 ROCKEFELLER PLAZA  
NEW YORK, NY 10020

Title VP

MAYORAL, FLOR  
455 AMALFI AVENUE  
CORAL GABLES, FL 33146

#### **Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2022	01/21/2022
2023	01/19/2023
2024	01/08/2024

#### **Document Images**

<a href="#">01/08/2024 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/19/2023 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/29/2022 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/21/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/08/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/02/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/30/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/04/2019 -- Amended and Restated Articles</a>	<a href="#">View image in PDF format</a>
<a href="#">01/23/2018 -- Domestic Non-Profit</a>	<a href="#">View image in PDF format</a>

# *State of Florida*

## *Department of State*

I certify from the records of this office that DORAL CONTEMPORARY ART MUSEUM INC. is a corporation organized under the laws of the State of Florida, filed on January 23, 2018, effective January 23, 2018.


The document number of this corporation is N18000000877.

I further certify that said corporation has paid all fees due this office through December 31, 2024, that its most recent annual report/uniform business report was filed on January 8, 2024, 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 Fourteenth day of March,  
2024*



  
Secretary of State

Tracking Number: 6567835748CU

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

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

N18000000 877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

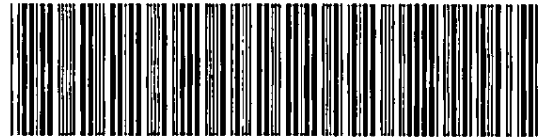
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300323900383

02/04/19--01030--030 \*\*35.00

FEB 09 2019  
S. YOUNG

19 FEB -4 PM 3:43  
RECEIVED

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Doral Contemporary Art Museum, Inc.

DOCUMENT NUMBER: N18000000577

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zacharian Evangelista, Esq.  
(Name of Contact Person)

Ser + Associates  
(Firm/ Company)

2100 Ponce de Leon Blvd Ste. 1180  
(Address)

Coral Gables, Fl. 331  
(City/ State and Zip Code)

Zachariah @ Ser-asso  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at 305 222 7282  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



**AMENDED AND RESTATED ARTICLES OF INCORPORATION  
OF  
DORAL CONTEMPORARY ART MUSEUM, INC.**

Pursuant to the provisions of Section 617.1006 of the Florida Statutes, this Florida Not-for-Profit Corporation amends its Articles of Incorporation. Doral Contemporary Art Museum, Inc. is not a membership organization and does not have any members. Hereforth, Doral Contemporary Art Museum, Inc.'s Articles of Incorporation shall read as follows:

**ARTICLE I  
NAME**

The Name of the Organization (hereinafter referred to as the "**Corporation**") shall be Doral Contemporary Art Museum, Inc.

**ARTICLE II  
PRINCIPAL OFFICE**

The Principal Office of the Corporation shall be at:

3400 NW 78<sup>th</sup> Avenue  
Doral, Florida 33122

**ARTICLE III  
REGISTERED AGENT**

The name and address of the Registered Agent in this State is:

Ser & Associates, PLLC  
2100 Ponce De Leon Boulevard, Suite 1180  
Coral Gables, Florida 33134

**ARTICLE IV  
PURPOSE OF CORPORATION**

The purpose for which this Corporation is organized is to open and operate a contemporary museum of art and provide related cultural and educational services and programs. These purposes for which the Corporation is formed are exclusively charitable and educational and consist of the following:

1. The purposes of the Corporation are to function as a not-for-profit corporation pursuant to Chapter 617, Florida Statutes, and to exercise all rights and powers conferred upon it by law and by these Articles of Incorporation.
2. To do any and all lawful activities which may be necessary, useful, or desirable for the furtherance, accomplishment, fostering, or attaining of the foregoing purposes, either directly or indirectly, and either alone or in conjunction or cooperation with others, whether such others be persons or organizations of any kind or nature, such as corporations, firms, association, trusts, institutions, foundations, governmental bureaus, departments or agencies.
3. All of the foregoing purposes shall be exercised exclusively for charitable and educational purposes in such a manner that the Corporation will qualify as an exempt organization under section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue law.

**ARTICLE V**  
**EXEMPTION REQUIREMENTS**

At all times shall the following operate as conditions restricting the operations and activities of the Corporation:

1. The Corporation is organized exclusively for charitable and educational purposes.
2. No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its directors, officers, or others private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purpose set forth in the purpose clause hereof.
3. No substantial part of the activities of the Corporation shall constitute the carrying on of propaganda or otherwise attempting to influence legislation, or any initiative or referendum before the public, and the corporation shall not participate in, or intervene in (including by publication or distribution of statements), any political campaign on behalf of, or in opposition to, any candidate for public office.
4. Notwithstanding any other provisions of this document, the organization shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170 (c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

**ARTICLE VI**  
**DURATION**

The duration of the corporate existence shall be perpetual.

**ARTICLE VII**  
**DISSOLUTION**

Upon winding up and dissolution of the Corporation, the assets remaining after payment of all debts and liabilities shall be distributed to one or more organizations exempt under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. If the Corporation holds any assets in trust, such assets shall be disposed of in such a manner as may be directed by decree of the Circuit Court of the district in which the Corporation's principal office is located, upon petition of the Attorney General.

**ARTICLE VIII**  
**BOARD OF DIRECTORS**

The method of selection of the Board of Directors, and number of directors, shall be stated in the bylaws, but at no time shall the number of Board of Directors be less than three. The initial Board of Directors shall be comprised of the following individuals:

Marcelo Llobell  
1800 Coral Way #2633  
Miami, Florida 33245

Ingrid Rockefeller  
1 Rockefeller Plaza  
Room 2500  
New York, New York 10020

Flor Mayoral  
455 Amalfi Avenue  
Coral Gables, Florida 33146

**ARTICLE IX**  
**PERSONAL LIABILITY**

No officer, or Director of the Corporation shall be personally liable for the debts or obligations of the Corporation of any nature whatsoever, nor shall any of the property of the members, officers, or Directors be subject to the payment of the debts or obligations of this corporation.

**ARTICLE X**  
**NON-STOCK CORPORATION**

The Corporation is a non-stock corporation, and no dividends or pecuniary profits will be declared. The Corporation has no authority to issue capital stock. All the earnings and property of the Corporation shall be used to further the purposes and objectives of the Corporation. Nothing contained herein, however, shall prohibit payments by the Corporation to directors, officers, or employees as reasonable compensation for services rendered to the Corporation.

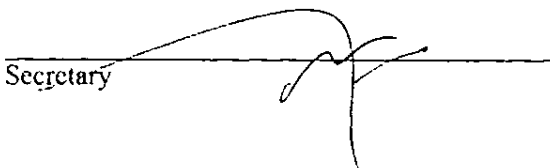
**ARTICLE XI**  
**INDEMNIFICATION**

Any person (and the heirs, executors and administrators of such person) made or threatened to be made a party to any action, suit or proceeding by reason of the fact that he/she is or was a Director or Officer of the Corporation shall be indemnified by the Corporation against any and all liability and the reasonable expenses, including attorneys' fees and costs, incurred by him/her (or by his heirs, executors or administrators) in connection with the defense or settlement of such action, suit or proceeding, or in connection with any appearance therein, except in relation to matters as to which it shall be adjudged in such action, suit or proceeding that such Director or Officer is liable for gross negligence or willful misconduct in the performance of his/her duties. Such right of indemnification shall not be deemed exclusive of any other rights to which such Director or Officer (or such heirs, executors or administrators) may be entitled apart from this Article.

**EXECUTION**

These Amended and Restated Articles of Incorporation are hereby executed on this  
15<sup>th</sup> day of December, 2018.

Secretary



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

DEPARTMENT OF THE TREASURY

Date: **SEP 05 2019**

DORAL CONTEMPORARY ART MUSEUM INC  
C/O ZACHARIAH EVANGELISTA  
2100 PONCE DE LEON BLVD 1180  
CORAL GABLES, FL 33134

Employer Identification Number:  
83-2197459  
DLN:  
29053232314009  
Contact Person: TINA M MARTINI ID# 17187  
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:  
January 23, 2018  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

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

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

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

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

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

Letter 947



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
COMMISSIONER WILTON SIMPSON

---

December 23, 2023

Refer To: CH60689

DORAL CONTEMPORARY ART MUSEUM INC  
5775 NW 84TH AVE  
DORAL, FL 33166-3310

RE: DORAL CONTEMPORARY ART MUSEUM INC  
REGISTRATION#: CH60689  
EXPIRATION DATE: November 19, 2024

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,

Gloria Meadows  
Regulatory Consultant  
850-410-3851  
Fax: 850-410-3804  
E-mail: gloria.meadows@fdacs.gov

# CERTIFICATE OF USE

ISSUE DATE: 05/23/2019

2019011493

**DORAL CONTEMPORARY ART MUSEUM INC**

**NOT FOR PROFIT ORGANIZATION**

**5775 NW 84 AVE  
DORAL 33166**

THE BUILDING ERRECTED AND/OR ALTERED UPON THE ABOVE PREMISES HAS BEEN COMPLETED IN ACCORDANCE WITH ZONING AND CODE REQUIREMENTS 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 APPLICANT 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: 1185

No. of Seats/Tables: 0

No of Units/Spaces:

Doral Restrictions: OFFICE AND STORAGE ONLY, NO EVENTS, NO RETAIL SALES, NO OUTSIDE STORAGE OR DISPLAYS, DRY USE ONLY.

**Julian H. Perez, AICP, CFM Development  
Services Administrator**

Planning & Zoning Director

**PLANNING AND ZONING DEPARTMENT**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
**Do not enter social security numbers on this form as it may be made public.**  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>DORAL CONTEMPORARY ART MUSEUM INC</b>		<b>D</b> Employer identification number <b>** - ***7459</b>
	Doing business as		<b>E</b> Telephone number <b>305-665-6166</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>455 AMALFI AVENUE</b>		<b>G</b> Gross receipts \$ <b>127,777.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>CORAL GABLES, FL 33146</b>		
<b>F</b> Name and address of principal officer: <b>FLOR MAYORAL</b> <b>455 AMALFI AVENUE, CORAL GABLES, FL 33146</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **HTTPS://DORCAM.ORG/**

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **2018** **M** State of legal domicile: **FL**

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO OPEN A MUSEUM IN THE CITY OF DORAL, FLORIDA FOR THE BENEFIT OF ITS RESIDENTS AND VISITORS</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>6</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>0</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>109,342.</b>	<b>127,777.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>109,342.</b>	<b>127,777.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>127,729.</b>	<b>129,188.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>127,729.</b>	<b>129,188.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-18,387.</b>	<b>-1,411.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>21,123.</b>	<b>End of Year</b> <b>9,712.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>28,735.</b>	<b>18,735.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>-7,612.</b>	<b>-9,023.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>FLOR MAYORAL, VICE PRESIDENT</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>DAVID G. BARBEITO, CPA</b>		<b>02/26/24</b>		<b>P00647408</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN	Phone no. (305) 448-5585		
	<b>DE LA HOZ PEREZ &amp; BARBEITO PLLC</b>	<b>** - ***6204</b>			
	Firm's address				
	<b>2800 PONCE DE LEON, SUITE 1020</b> <b>CORAL GABLES, FL 33134</b>				



Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO OPEN A MUSEUM IN THE CITY OF DORAL, FLORIDA FOR THE BENEFIT OF ITS RESIDENTS AND VISITORS

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

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

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

4a (Code: ) (Expenses \$ 129,188. including grants of \$ ) (Revenue \$ ) TO OPEN A MUSEUM IN THE CITY OF DORAL, FLORIDA FOR THE BENEFIT OF ITS RESIDENTS AND VISITORS

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

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

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

4e Total program service expenses 129,188.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows 22-38 cover various IRS requirements for Form 990 filers.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows 1a-1c cover statements regarding other IRS filings and tax compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Rows include questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	6	
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent	0	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		
<b>13</b>	Did the organization have a written whistleblower policy?		X
<b>14</b>	Did the organization have a written document retention and destruction policy?		X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official		X
<b>15b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
FLOR MAYORAL - 305-665-6166  
455 AMALFI AVENUE, CORAL GABLES, FL 33146

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FLOR MAYORAL VICE PRESIDENT	0.00			X				0.	0.	0.
(2) MARCELO LLOBELL PRESIDENT	0.00			X				0.	0.	0.
(3) INGRID ROCKEFELLER SECRETARY	0.00			X				0.	0.	0.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal and total rows.

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

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'NONE' in column A.

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	127,777.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		127,777.			
Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....					
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal		
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other		
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>				
<b>d</b>	Net gain or (loss) .....						
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
<b>12</b>	<b>Total revenue.</b> See instructions .....		127,777.	0.	0.	0.	



**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits .....				
10 Payroll taxes .....				
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion .....	34,024.	34,024.		
13 Office expenses .....	5,551.	5,551.		
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	36,197.	36,197.		
17 Travel .....	100.	100.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....				
23 Insurance .....	663.	663.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>CONTRACTORS</b>	33,656.	33,656.		
b <b>OTHER BUSINESS EXPENSE</b>	9,155.	9,155.		
c <b>REPAIRS AND MAINTENANCE</b>	6,406.	6,406.		
d <b>LEGAL &amp; PROFESSIONAL FE</b>	2,621.	2,621.		
e All other expenses .....	815.	815.		
<b>25 Total functional expenses.</b> Add lines 1 through 24e	129,188.	129,188.	0.	0.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	21,123.	<b>1</b>	9,712.	
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>		
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>		<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....		21,123.	<b>16</b>	9,712.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>		
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		28,735.	<b>25</b>	18,735.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		28,735.	<b>26</b>	18,735.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....		<b>27</b>		
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>		
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....	0.	<b>29</b>	0.	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....	0.	<b>30</b>	0.	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....	-7,612.	<b>31</b>	-9,023.	
	<b>32</b> Total net assets or fund balances .....	-7,612.	<b>32</b>	-9,023.	
<b>33</b> Total liabilities and net assets/fund balances .....	21,123.	<b>33</b>	9,712.		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	127,777.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	129,188.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,411.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	-7,612.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	-9,023.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>		X
<b>2c</b>		
<b>3a</b>		X
<b>3b</b>		



**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....			243,162.	109,342.	127,777.	480,281.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....			243,162.	109,342.	127,777.	480,281.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						480,281.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....			243,162.	109,342.	127,777.	480,281.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						480,281.

**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**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	100.00	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	100.00	%

**16a 33 1/3% support test - 2023.** 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 - 2022.** 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 - 2023.** 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 - 2022.** 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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2023. 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 - 2022. 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
<b>1</b>		

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

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

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

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



**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

**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.)

Horizontal lines for supplemental information input.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: DORAL CONTEMPORARY ART MUSEUM INC; Employer identification number: \*\* - \*\*\* 7459

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, details of conservation easements held at end of tax year, and monitoring expenses.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures collections.

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

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

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0.

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO CONTRIBUTOR	18,735.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	18,735.

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

DORAL CONTEMPORARY ART MUSEUM INC

Employer identification number

\*\* - \*\*\*7459

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TO OPEN A MUSEUM IN THE CITY OF DORAL, FLORIDA FOR THE BENEFIT OF ITS  
RESIDENTS AND VISITORS

FORM 990, PART VI, SECTION B, LINE 11B:

NONE

FORM 990, PART VI, SECTION C, LINE 19:

FORM 990, PART VI, LINE 11B, ORGANIZATION'S PROESS TO REVIEW FORM 900  
NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

NO DOCUMENTS AVAILABLE TO THE PUBLIC



Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20\_\_\_\_\_

# 2023

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer **DORAL CONTEMPORARY ART MUSEUM INC** EIN or SSN **\*\*-\*\*\*7459**

Name and title of officer or person subject to tax **FLOR MAYORAL**  
**VICE PRESIDENT**

### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	127,777.
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

I authorize **DE LA HOZ PEREZ & BARBEITO PLLC** to enter my PIN **97459**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date **2/27/2024**

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. **65524860275**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **DE LA HOZ PEREZ & BARBEITO PLLC** Date **02/26/24**

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8879-TE** (2023)

# Doral Contemporary Art Museum

## Profit and Loss

January - December 2023

	TOTAL
Income	
Contributions	101,821.91
Uncategorized Income	37,955.01
<b>Total Income</b>	<b>\$139,776.92</b>
<b>GROSS PROFIT</b>	<b>\$139,776.92</b>
Expenses	
Advertising & Marketing	14,732.33
Art Event	19,291.51
Ask My Accountant	10,000.00
Bank Charges & Fees	136.00
Contractors	33,655.91
Insurance	663.08
Legal & Professional Services	2,621.07
Meals & Entertainment	100.15
Office Supplies & Software	2,355.78
Office/General Administrative Expenses	3,195.53
Other Business Expenses	155.35
Rent & Lease	31,590.27
Repairs & Maintenance	6,405.53
Taxes & Licenses	678.60
Uncategorized Expense	9,000.00
Utilities	4,607.06
<b>Total Expenses</b>	<b>\$139,188.17</b>
<b>NET OPERATING INCOME</b>	<b>\$588.75</b>
<b>NET INCOME</b>	<b>\$588.75</b>

# Doral Contemporary Art Museum

## Profit and Loss Detail

January - December 2023

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
Ordinary Income/Expenses							
Income							
Contributions							
01/13/2023	Deposit		JP Morgan	Donation	TOTAL BUS CHK (5299)	400.00	400.00
01/20/2023	Deposit		Marlen Mazo	Donation	TOTAL BUS CHK (5299)	200.00	600.00
01/24/2023	Deposit		Marlen Mazo	Donation	TOTAL BUS CHK (5299)	300.00	900.00
02/17/2023	Invoice	1036	Air Europa	Marketing	Accounts Receivable (A/R)	0.00	900.00
02/17/2023	Invoice	1035	Air Europa	Marketing	Accounts Receivable (A/R)	0.00	900.00
02/21/2023	Deposit		Marlen Mazo	Donation	TOTAL BUS CHK (5299)	350.00	1,250.00
04/28/2023	Deposit		Marlen Mazo	Donation	TOTAL BUS CHK (5299)	50.00	1,300.00
05/01/2023	Deposit		Arkys Pedra	Donation	TOTAL BUS CHK (5299)	10.00	1,310.00
05/10/2023	Deposit		Network For Good	Donation	TOTAL BUS CHK (5299)	120.47	1,430.47
05/12/2023	Deposit		Norberto Spangaro	Donation	TOTAL BUS CHK (5299)	455.00	1,885.47
05/31/2023	Deposit		Miami Dade County Cultural Affairs	DEPOSIT	TOTAL BUS CHK (5299)	40,000.00	41,885.47
06/21/2023	Deposit		Miami Dade County Cultural Affairs	DEPOSIT	TOTAL BUS CHK (5299)	35,000.00	76,885.47
07/11/2023	Deposit		Miami Dade County Cultural Affairs	DEPOSIT	TOTAL BUS CHK (5299)	6,366.00	83,251.47
09/26/2023	Invoice	1038	Chase	Membership	Accounts Receivable (A/R)	1,000.00	84,251.47
09/26/2023	Invoice	1039	Chase	Membership	Accounts Receivable (A/R)	1,000.00	85,251.47
10/03/2023	Deposit		Miami Dade County Cultural Affairs	DEPOSIT	TOTAL BUS CHK (5299)	5,000.00	90,251.47
12/16/2023	Deposit		JP Morgan	ORIG CO NAME:JPMCUSEMPFUNDS ORIG ID:XXXXXX4650 DESC DATE:231218 CO ENTRY DESCR:CORP PAY SEC:CCD TRACE#:XXXXXXXXX8490082 EED:231218 IND ID:17532537 IND NAME:DORAL CONTEMPORARY A XXXX7899 TRN: XXXXXX0082 TC	TOTAL BUS CHK (5299)	467.00	90,718.47
12/22/2023	Invoice	1051	Air Europa	Marketing	Accounts Receivable (A/R)	0.00	90,718.47
12/23/2023	Deposit		Mightycause Foundation	ORIG CO NAME:MIGHTYCAUSE FDN ORIG ID:XXXXXX9903 DESC DATE:231222 CO ENTRY DESCR:GRANTDEP SEC:CCD TRACE#:XXXXXXXXX2411654 EED:231226 IND ID:832197459 IND NAME:DOR AL CONTEMPORARY ART TRN: XXXXXX1654 TC	TOTAL BUS CHK (5299)	11,103.44	101,821.91
<b>Total for Contributions</b>						<b>\$101,821.91</b>	
Uncategorized Income							
09/26/2023	Invoice	1037	Galileax Two, LLC	Donation - Fed Reserve Event	Accounts Receivable (A/R)	1,100.00	1,100.00
10/02/2023	Invoice	1040	De La Hoz, Perez & Barbeito, PLLC	Donation - Fed Reserve Event	Accounts Receivable (A/R)	2,000.00	3,100.00
10/03/2023	Invoice	1041	MICHELLE KAUFFMANN, PA	Donation - Fed Reserve Event	Accounts Receivable (A/R)	2,000.00	5,100.00
10/24/2023	Deposit		Eventbrite	ORIG CO NAME:Eventbrite, INC. ORIG ID:2141888467 DESC DATE: CO ENTRY DESCR:EDI PYMNTSSEC:CCD TRACE#:091000011781597 EED:231024 IND ID:3 -XXXX8739 IND NAME:Doral	TOTAL BUS CHK	1,380.00	6,480.00

# Doral Contemporary Art Museum

## Profit and Loss Detail

January - December 2023

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
11/01/2023	Invoice	1042	GMCVB - Greater Miami Convention & Visitors Bureau	Contemporary Art RMR*IV*XXXXXXXX7457**1380*1380\ EDI TRN: XXXXXX1597 TC MIAMI ART WEEK KICK OFF / THE ART OF BUSINESS, THE BUSINESS OF ART	(5299) Accounts Receivable (A/R)	5,000.00	11,480.00
11/07/2023	Invoice	1044	GMCVB - Greater Miami Convention & Visitors Bureau	MIAMI ART WEEK KICK OFF / THE ART OF BUSINESS, THE BUSINESS OF ART	Accounts Receivable (A/R)	5,000.00	16,480.00
11/07/2023	Invoice	1043	Eastern Engineering Group	MIAMI ART WEEK KICK OFF / THE ART OF BUSINESS, THE BUSINESS OF ART	Accounts Receivable (A/R)	2,000.00	18,480.00
11/14/2023	Invoice	1049	GMCVB - Greater Miami Convention & Visitors Bureau	MIAMI ART WEEK KICK OFF / THE ART OF BUSINESS, THE BUSINESS OF ART	Accounts Receivable (A/R)	5,000.00	23,480.00
11/14/2023	Invoice	1048	City Place Doral	MIAMI ART WEEK KICK OFF / THE ART OF BUSINESS, THE BUSINESS OF ART	Accounts Receivable (A/R)	4,000.00	27,480.00
11/30/2023	Invoice	1050	Chestnut Hill Farms, LLC	Donation to museum	Accounts Receivable (A/R)	10,000.00	37,480.00
12/02/2023	Deposit		Eventbrite	ORIG CO NAME:Eventbrite, INC. ORIG ID:XXXXXXXX8467 DESC DATE: CO ENTRY DESCR:EDI PYMNTSSEC:CCD TRACE#:XXXXXXXX6095706 EED:231204 IND ID:3 -XXXX1849 IND NAME:Doral Contemporary Art RMR*IV*XXXXXXXX2157**475.01*475.01\ EDI TRN: XXXXXX5706 TC	TOTAL BUS CHK (5299)	475.01	37,955.01
<b>Total for Uncategorized Income</b>						<b>\$37,955.01</b>	
<b>Total for Income</b>						<b>\$139,776.92</b>	
Expenses							
Advertising & Marketing							
01/23/2023	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 01/21	TOTAL BUS CHK (5299)	467.50	467.50
02/22/2023	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 02/21	TOTAL BUS CHK (5299)	467.50	935.00
03/22/2023	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 03/21	TOTAL BUS CHK (5299)	467.50	1,402.50
03/31/2023	Expense		Facebook	FACEBK 3JYB7P3WT2 650-5434800 CA 03/31	TOTAL BUS CHK (5299)	20.00	1,422.50
04/24/2023	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 04/21	TOTAL BUS CHK (5299)	467.50	1,890.00
05/22/2023	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 05/21	TOTAL BUS CHK (5299)	467.50	2,357.50
06/13/2023	Check	510	Antares Portfolio	Manolo Valdes Book	TOTAL BUS CHK (5299)	5,000.00	7,357.50
06/14/2023	Check	511	DDR Epro Graphics & Marketing	Banners/printing/mark	TOTAL BUS CHK (5299)	1,133.35	8,490.85
06/15/2023	Expense		Carlos Corradine	Zelle payment to CARLOS E. CORRADINE JPM999xzzumk	TOTAL BUS CHK (5299)	930.00	9,420.85
06/21/2023	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 06/21	TOTAL BUS CHK (5299)	467.50	9,888.35
07/18/2023	Expense		GMCVB - Greater Miami Convention & Visitors Bureau	GREATER MIAMI CONVENTI XXX-XXXXXXX FL 07/18	TOTAL BUS CHK (5299)	325.00	10,213.35
07/21/2023	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 07/21	TOTAL BUS CHK (5299)	467.50	10,680.85
08/02/2023	Expense		Go Daddy	DNH*GODADDY.COM XXX-XXXXXXX AZ 08/02	TOTAL BUS CHK (5299)	23.17	10,704.02
08/21/2023	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 08/21	TOTAL BUS CHK (5299)	467.50	11,171.52
09/21/2023	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 09/21	TOTAL BUS CHK (5299)	467.50	11,639.02
10/21/2023	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 10/21	TOTAL	467.50	12,106.52

# Doral Contemporary Art Museum

## Profit and Loss Detail

January - December 2023

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
11/17/2023	Expense		Go Daddy	DNH*GODADDY.COM https://www.g AZ 11/17	BUS CHK (5299) TOTAL	299.88	12,406.40
11/21/2023	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 11/21	BUS CHK (5299) TOTAL	467.50	12,873.90
11/22/2023	Expense		Digital Graphics System	DGS XXX-XXX8345 FL 11/22	BUS CHK (5299) TOTAL	426.93	13,300.83
11/27/2023	Check	533	Color Press	CHECK # 533	BUS CHK (5299) TOTAL	400.00	13,700.83
12/12/2023	Check	536	Color Press	CHECK # 536	BUS CHK (5299) TOTAL	496.00	14,196.83
12/21/2023	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 12/21	BUS CHK (5299) TOTAL	535.50	14,732.33
<b>Total for Advertising &amp; Marketing</b>						<b>\$14,732.33</b>	

# Doral Contemporary Art Museum

## Profit and Loss Detail

January - December 2023

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
Art Event							
01/06/2023	Check	502	Antares Portfolio	Manolo Valdés Book	TOTAL	2,000.00	2,000.00
					BUS CHK (5299)		
02/27/2023	Expense		JERRY'S ARTARAMA	JERRY'S ARTARAMA MIAMI MIAMI FL 02/26	TOTAL	219.99	2,219.99
					BUS CHK (5299)		
03/06/2023	Expense		Navarro Discount Pharmacy	NAVARRO DISCOUNT PHAR CORAL GABL ES FL 03/04	TOTAL	8.52	2,228.51
					BUS CHK (5299)		
03/06/2023	Expense		Navarro Discount Pharmacy	NAVARRO DISCOUNT 10697 MIAMI FL 535263 03/04	TOTAL	124.26	2,352.77
					BUS CHK (5299)		
03/14/2023	Expense		Intercontinental Doral	INTERCONTINENTAL @ DORA MIAMI FL 03/13	TOTAL	3.00	2,355.77
					BUS CHK (5299)		
03/14/2023	Expense		Intercontinental Doral	INTERCONTINENTAL @ DORA MIAMI FL 03/13	TOTAL	549.52	2,905.29
					BUS CHK (5299)		
04/21/2023	Expense		Dainymar Tapia	Zelle payment to Dainymar Tapia JPM999vklkdx	TOTAL	100.00	3,005.29
					BUS CHK (5299)		
06/12/2023	Check	507	Martin Mendieta	Gallery Expo Prep	TOTAL	2,000.00	5,005.29
					BUS CHK (5299)		
06/15/2023	Expense		Ana Carrano	Zelle payment to Ana Carrano JPMXXy00v64	TOTAL	558.00	5,563.29
					BUS CHK (5299)		
06/15/2023	Expense		JAC Visual (Jorge Andres Castillo)	Zelle payment to Jorge Castillo JPMXXy00vy5	TOTAL	300.00	5,863.29
					BUS CHK (5299)		
06/16/2023	Expense		Aileen Quintana	Zelle payment to Aileen Quintana JPMX99y1o0yf	TOTAL	250.00	6,113.29
					BUS CHK (5299)		
06/16/2023	Expense		Evelyn Politzer	Zelle payment to Evelyn Politzer JPMXXy0p36p	TOTAL	250.00	6,363.29
					BUS CHK (5299)		
06/28/2023	Check	552	Antares Portfolio	Manolo Vades Book	TOTAL	3,550.00	9,913.29
					BUS CHK (5299)		
08/17/2023	Expense		JAC Visual (Jorge Andres Castillo)	Zelle payment to Jorge Castillo JPM99a0tkbf	TOTAL	300.00	10,213.29
					BUS CHK (5299)		
08/22/2023	Expense		Isaac Bencid	Zelle payment to Isaac Bencid JPM99a11vrqm	TOTAL	194.99	10,408.28
					BUS CHK (5299)		
09/23/2023	Expense		Navarro Discount Pharmacy	NAVARRO DISCOUNT XXXXX MIAMI FL XXXXXX 09/23	TOTAL	61.55	10,469.83
					BUS CHK (5299)		
10/19/2023	Check	527	The Business Forum Group	CHECK # 527	TOTAL	1,640.00	12,109.83
					BUS CHK (5299)		
10/24/2023	Expense		Publix	PUBLIX SUPER MAR 8455 DORAL FL XX1296 10/24	TOTAL	41.13	12,150.96
					BUS CHK (5299)		
10/31/2023	Expense		FRB Miami Catering	FRB MIAMI CATERING MIAMI FL 10/31	TOTAL	1,198.40	13,349.36
					BUS CHK (5299)		
11/01/2023	Check	553	Bonnely Productions	CHECK # 553	TOTAL	300.00	13,649.36
					BUS CHK (5299)		
11/08/2023	Check	528	Federal Reserve Bank of Atlanta	CHECK # 528	TOTAL	201.46	13,850.82
					BUS CHK (5299)		
11/16/2023	Expense		Intercontinental Doral	INTERCONTINENTAL AT DO XXX-XXX2211 FL 11/16	TOTAL	120.00	13,970.82
					BUS CHK (5299)		
11/19/2023	Expense		Publix	Miami Art Week	TOTAL	508.00	14,478.82
					BUS CHK (5299)		
11/24/2023	Check	532	Intercontinental Doral	CHECK # 532	TOTAL	2,668.00	17,146.82
					BUS CHK (5299)		

# Doral Contemporary Art Museum

## Profit and Loss Detail

January - December 2023

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
12/13/2023	Expense		Fenix Media USA Inc	Zelle payment to Isaac Bencid JPM99a6f6uzs	TOTAL	948.00	18,094.82
					BUS CHK (5299)		
12/14/2023	Check	534	Carlos Benmaman	Miami Art Week 2023	TOTAL	400.00	18,494.82
					BUS CHK (5299)		
12/18/2023	Check	539	DDR Epro Graphics & Marketing	CHECK # 539	TOTAL	396.69	18,891.51
					BUS CHK (5299)		
12/19/2023	Expense		Aitor Echeverria	usher	TOTAL	100.00	18,991.51
					BUS CHK (5299)		
12/22/2023	Expense		JAC Visual (Jorge Andres Castillo)	Miami Art Week 2023	TOTAL	300.00	19,291.51
					BUS CHK (5299)		
<b>Total for Art Event</b>						<b>\$19,291.51</b>	
Ask My Accountant							
03/27/2023	Deposit		Modernican	Loan Reimbursement	TOTAL	-400.00	-400.00
					BUS CHK (5299)		
04/21/2023	Deposit		Modernican	Loan from Modernican	TOTAL	-1,000.00	-1,400.00
					BUS CHK (5299)		
05/30/2023	Deposit		Dr. Flor Mayoral	Loan	TOTAL	-2,500.00	-3,900.00
					BUS CHK (5299)		
06/20/2023	Check	512	Dr. Flor Mayoral	Loan Reinbursement	TOTAL	5,000.00	1,100.00
					BUS CHK (5299)		
06/26/2023	Check	551	Dr. Flor Mayoral	Loan Reinbursement	TOTAL	5,000.00	6,100.00
					BUS CHK (5299)		
07/06/2023	Check	513	Modernican	Loan Reinbursement	TOTAL	1,400.00	7,500.00
					BUS CHK (5299)		
07/07/2023	Check	514	Dr. Flor Mayoral	Loan Reinbursement	TOTAL	2,500.00	10,000.00
					BUS CHK (5299)		
<b>Total for Ask My Accountant</b>						<b>\$10,000.00</b>	
Bank Charges & Fees							
03/23/2023	Expense		Chase Bank	OVERDRAFT FEE FOR A \$467.50 CARD PURCHASE - DETAILS: 0321MAILCHIMP *MISC MAILCHIMP.COM GA 0#####4907	TOTAL	34.00	34.00
					BUS CHK (5299)		
03/28/2023	Deposit		Chase Bank	ORIG CO NAME:JPMorgan Chase ORIG ID:9200502233 DESC DATE:230328 CO ENTRY DESCR:ACCTVERIFYSEC:PPD TRACE#:021000022982556 EED:230328 IND ID: IND NAME:Auth TRN: 0872982556TC	TOTAL	-0.49	33.51
					BUS CHK (5299)		
03/28/2023	Deposit		Chase Bank	ORIG CO NAME:JPMorgan Chase ORIG ID:9200502233 DESC DATE:230328 CO ENTRY DESCR:ACCTVERIFYSEC:PPD TRACE#:021000022982722 EED:230328 IND ID: IND NAME:Auth TRN: 0872982722TC	TOTAL	-0.47	33.04
					BUS CHK (5299)		
03/28/2023	Expense		Chase Bank	ORIG CO NAME:JPMorgan Chase ORIG ID:9200502233 DESC DATE:230328 CO ENTRY DESCR:ACCTVERIFYSEC:WEB TRACE#:021000022982864 EED:230328 IND ID:16917009232 IND NAME:Auth TRN: 0872982864TC	TOTAL	0.96	34.00
					BUS CHK (5299)		
05/24/2023	Expense		Chase Bank	OVERDRAFT FEE FOR A \$42.40 CARD PURCHASE WITH PIN - DETAILS: 0523OFFICE MA 8515 NW 13TH MIAMI FL 0#####4907	TOTAL	34.00	68.00
					BUS CHK (5299)		
05/26/2023	Expense		Chase Bank	OVERDRAFT FEE FOR A \$115.36 CARD PURCHASE - DETAILS: 0523WAREHOUSE INSTANT SUPPL MIAMI FL 0#####4907	TOTAL	34.00	102.00
					BUS CHK (5299)		
05/26/2023	Expense		Chase Bank	OVERDRAFT FEE FOR A \$55.99 RECUR RING CARD PURCHASE - DETAILS: 0524ZOOM.US 888-799-9666 WWW.ZOOM.US CA 0#####4907	TOTAL	34.00	136.00
					BUS CHK (5299)		
<b>Total for Bank Charges &amp; Fees</b>						<b>\$136.00</b>	
Contractors							
01/09/2023	Expense		Klutter Kontrol	September & October 2022 Bookkeeping	TOTAL	717.60	717.60
					BUS CHK (5299)		
01/09/2023	Expense		Klutter Kontrol	December 2022 Bookkeeping	TOTAL	686.40	1,404.00
					BUS CHK (5299)		
01/09/2023	Expense		Klutter Kontrol	November 2022 Bookkeeping	TOTAL	967.20	2,371.20
					BUS CHK (5299)		

# Doral Contemporary Art Museum

## Profit and Loss Detail

January - December 2023

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
01/09/2023	Check	501	Dainymar Tapia	CHECK 501	TOTAL BUS CHK (5299)	1,000.00	3,371.20
01/12/2023	Expense		Isabel D. Almaraz for Culturlsa Creative Consulting	December 2022 - ORIG CO NAME:PAYPAL ORIG ID:PAYPALS177 DESC DATE:230112 CO ENTRY DESCR:INST XFER SEC:WEB TRACE#:021000021784009 EED:230112 IND ID:ISALMARAZ IND NAME:DORAL CONTEMPORARY ART	TOTAL BUS CHK (5299)	1,083.99	4,455.19
02/06/2023	Expense		Isabel D. Almaraz for Culturlsa Creative Consulting	January 2023 - ORIG CO NAME:PAYPAL ORIG ID:PAYPALS177 DESC DATE:230206 CO ENTRY DESCR:INST XFER SEC:WEB TRACE#:021000028643325 EED:230206 IND ID:ISALMARAZ IND NAME:DORAL CONTEMPORARY ART	TOTAL BUS CHK (5299)	1,010.13	5,465.32
02/15/2023	Expense		Klutter Kontrol	January 2023 Bookkeeping	TOTAL BUS CHK (5299)	436.80	5,902.12
06/15/2023	Expense		Dainymar Tapia	Zelle payment to Dainymar Tapia JPMXX9y01lf8	TOTAL BUS CHK (5299)	3,200.00	9,102.12
06/15/2023	Expense		Klutter Kontrol	February, March, April, May 2023 Bookkeeping	TOTAL BUS CHK (5299)	1,606.80	10,708.92
06/16/2023	Expense		Dainymar Tapia	Zelle payment to Dainymar Tapia JPMX99y0ojw5	TOTAL BUS CHK (5299)	2,500.00	13,208.92



# Doral Contemporary Art Museum

## Profit and Loss Detail

January - December 2023

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
06/16/2023	Expense		Isabel D. Almaraz for Culturlsa Creative Consulting	ORIG CO NAME:PAYPAL ORIG ID:PAYPALSIXX DESC DATE:XXXXXX CO ENTRY DESCR:INST XFER SEC:WEB TRACE#:XXXXXXXXXXXXXXXXX EED:XX0616 IND ID:ISALMARAZ IND NAME:DORAL CONTE MPORARY ART XXXXXXPPZXUF TRN: XXXXXX2143TC	TOTAL BUS CHK (5299)	3,513.19	16,722.11
06/16/2023	Expense		Dainymar Tapia	Zelle payment to Dainymar Tapia JPMX99y0p2ks	TOTAL BUS CHK (5299)	300.00	17,022.11
07/07/2023	Expense		Isabel D. Almaraz for Culturlsa Creative Consulting	ORIG CO NAME:PAYPAL ORIG ID:PAYPALSIXX DESC DATE:XXXXXX CO ENTRY DESCR:INST XFER SEC:WEB TRACE#:XXXXXXXXXXXXXXXXX EED:XX0707 IND ID:ISALMARAZ IND NAME:DORAL CONTE MPORARY ART XXXXXXPPZAXO TRN: XXXXXX7031TC	TOTAL BUS CHK (5299)	1,117.44	18,139.55
07/11/2023	Check	517	Marcelo Llobell	CHECK # XXX 07/11	TOTAL BUS CHK (5299)	3,000.00	21,139.55
07/26/2023	Expense		Klutter Kontrol	June 2023 Bookkeeping	TOTAL BUS CHK (5299)	514.80	21,654.35
08/04/2023	Check	520	Marcelo Llobell	CHECK # 520	TOTAL BUS CHK (5299)	3,000.00	24,654.35
08/09/2023	Expense		Klutter Kontrol	July 2023 Bookkeeping	TOTAL BUS CHK (5299)	343.20	24,997.55
08/10/2023	Expense		Isabel D. Almaraz for Culturlsa Creative Consulting	ORIG CO NAME:PAYPAL ORIG ID:PAYPALSIXX DESC DATE:XXXXXX CO ENTRY DESCR:INST XFER SEC:WEB TRACE#:XXXXXXXXXXXXXXXXX EED:XX0810 IND ID:ISALMARAZ IND NAME:DORAL CONTE MPORARY ART XXXXXXPPZAXU TRN: XXXXXX7567TC	TOTAL BUS CHK (5299)	487.54	25,485.09
09/08/2023	Expense		Isabel D. Almaraz for Culturlsa Creative Consulting	ORIG CO NAME:PAYPAL ORIG ID:PAYPALSIXX DESC DATE:XXXXXX CO ENTRY DESCR:INST XFER SEC:WEB TRACE#:XXXXXXXXXXXXXXXXX EED:XX0908 IND ID:ISALMARAZ IND NAME:DORAL CONTE MPORARY ART XXXXXXPPZXF TRN: XXXXXX8295TC	TOTAL BUS CHK (5299)	1,095.09	26,580.18
09/08/2023	Expense		Klutter Kontrol	August 2023 Bookkeeping	TOTAL BUS CHK (5299)	327.60	26,907.78
10/10/2023	Expense		Klutter Kontrol	September 2023 Bookkeeping	TOTAL BUS CHK (5299)	342.60	27,250.38
10/11/2023	Expense		Isabel D. Almaraz for Culturlsa Creative Consulting	ORIG CO NAME:PAYPAL ORIG ID:PAYPALSIXX DESC DATE:XXXXXX CO ENTRY DESCR:INST XFER SEC:WEB TRACE#:XXXXXXXXXXXXXXXXX EED:XX1011 IND ID:ISALMARAZ IND NAME:DORAL CONTE MPORARY ART XXXXXXPPZXFS TRN: XXXXXX9989TC	TOTAL BUS CHK (5299)	432.43	27,682.81
11/16/2023	Expense		Klutter Kontrol	October 2023 Bookkeeping	TOTAL BUS CHK (5299)	405.60	28,088.41
11/16/2023	Expense		Isabel D. Almaraz for Culturlsa Creative Consulting	ORIG CO NAME:PAYPAL ORIG ID:PAYPALSIXX DESC DATE:231116 CO ENTRY DESCR:INST XFER SEC:WEB TRACE#:021000024660526 EED:231116 IND ID:ISALMARAZ IND NAME:DORAL CONTE MPORARY ART XX1116PPZ9J6 TRN: XXXXXX0526 TC	TOTAL BUS CHK (5299)	916.32	29,004.73
11/29/2023	Check	531	Carlos Benmaman	CHECK # 531	TOTAL BUS CHK (5299)	300.00	29,304.73
12/05/2023	Expense		Pete De La Torre	Miami Art Week 2023	TOTAL BUS CHK (5299)	2,500.00	31,804.73
12/22/2023	Expense		Isabel Almaraz	Zelle payment to Isabel de Almaraz JPM99a6x4f9w	TOTAL BUS CHK (5299)	450.00	32,254.73
12/22/2023	Expense		Dainymar Tapia	Miami Art Week 2023	TOTAL BUS CHK (5299)	500.00	32,754.73
12/31/2023	Expense		Isabel Almaraz	Zelle payment to Isabel de Almaraz JPM99a7b4w9f	TOTAL BUS	435.58	33,190.31

# Doral Contemporary Art Museum

## Profit and Loss Detail

January - December 2023

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
12/31/2023	Expense		Klutter Kontrol	November 2023 Bookkeeping	CHK (5299) TOTAL BUS CHK (5299)	465.60	33,655.91
<b>Total for Contractors</b>						<b>\$33,655.91</b>	
Insurance							
10/17/2023	Expense		US Liability Insurance	ORIG CO NAME:USLIABILITYINSUR ORIG ID:XXXXXXXXX DESC DATE:XXXXXX CO ENTRY DESCR:INSURANCE SEC:WEB TRACE#:XXXXXXXXXXXXXXXXX EED:XXXXXX IND ID:XXX2341 IND NAME:DOR AL CONTEMPORARY ART XXX-XXX-XXXX TRN: XXXXXX4598TC	TOTAL BUS CHK (5299)	663.08	663.08
<b>Total for Insurance</b>						<b>\$663.08</b>	
Legal & Professional Services							
06/01/2023	Expense		De La Hoz, Perez, & Barbeito	ORIG CO NAME:DE LA HOZ, PEREZ ORIG ID:XXXXXXXXX DESC DATE:XXXXXX CO ENTRY DESCR:WEB PMTS SEC:WEB TRACE#:XXXXXXXXXXXXXXXXX EED:XXXXX01 IND ID:7K0BML IND NAME:FLOR MAYORAL XXX-XXX-XXXX TRN: XXXXXX5521TC	TOTAL BUS CHK (5299)	700.00	700.00
06/21/2023	Expense		SER & Associates	Zelle payment to Ser & Associates, PLLC XXXXXXX1651	TOTAL BUS CHK (5299)	1,921.07	2,621.07
<b>Total for Legal &amp; Professional Services</b>						<b>\$2,621.07</b>	
Meals & Entertainment							
06/12/2023	Expense		D'Cata	Board meeting	TOTAL BUS CHK (5299)	100.15	100.15
<b>Total for Meals &amp; Entertainment</b>						<b>\$100.15</b>	
Office Supplies & Software							
01/30/2023	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.C OM CA 01/30	TOTAL BUS CHK (5299)	55.00	55.00
01/31/2023	Expense		ZOOM	ZOOM.US 888-799-9666 WWW.ZOOM.US CA 01/30	TOTAL BUS CHK (5299)	54.99	109.99
02/27/2023	Expense		ZOOM	ZOOM.US 888-799-9666 WWW.ZOOM.US CA 02/24	TOTAL BUS CHK (5299)	54.99	164.98
03/01/2023	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.C OM CA 03/01	TOTAL BUS CHK (5299)	55.00	219.98
03/21/2023	Expense		ZOOM	ZOOM.US 888-799-9666 WWW.ZOOM.US CA 03/20	TOTAL BUS CHK (5299)	149.90	369.88
03/27/2023	Expense		ZOOM	ZOOM.US 888-799-9666 WWW.ZOOM.US CA 03/24	TOTAL BUS CHK (5299)	55.99	425.87
03/30/2023	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.C OM CA 03/30	TOTAL BUS CHK (5299)	55.00	480.87
04/25/2023	Expense		ZOOM	ZOOM.US 888-799-9666 WWW.ZOOM.US CA 04/24	TOTAL BUS CHK (5299)	55.99	536.86
05/01/2023	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.C OM CA 04/30	TOTAL BUS CHK (5299)	55.00	591.86
05/25/2023	Expense		ZOOM	ZOOM.US 888-799-9666 WWW.ZOOM.US CA 05/24	TOTAL BUS CHK (5299)	55.99	647.85
05/30/2023	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.C OM CA 05/30	TOTAL BUS CHK	55.00	702.85

# Doral Contemporary Art Museum

## Profit and Loss Detail January - December 2023

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
06/26/2023	Expense		ZOOM	ZOOM.US XXX-XXX-XXXX WWW.ZOOM.US CA 06/26	(5299) TOTAL BUS CHK	55.99	758.84
06/30/2023	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.COM CA 06/30	(5299) TOTAL BUS CHK	55.00	813.84
07/24/2023	Expense		ZOOM	ZOOM.US XXX-XXX-XXXX WWW.ZOOM.US CA 07/24	(5299) TOTAL BUS CHK	55.99	869.83
07/30/2023	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.COM CA 07/30	(5299) TOTAL BUS CHK	55.00	924.83
08/11/2023	Expense		SquareSpace	SQUARESPACE INC. HTTPSSQUARESP NY 08/12	(5299) TOTAL BUS CHK	252.00	1,176.83
08/24/2023	Expense		ZOOM	ZOOM.US XXX-XXX-XXXX WWW.ZOOM.US CA 08/24	(5299) TOTAL BUS CHK	55.99	1,232.82
08/30/2023	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.COM CA 08/30	(5299) TOTAL BUS CHK	60.00	1,292.82
09/25/2023	Expense		ZOOM	ZOOM.US XXX-XXX-XXXX WWW.ZOOM.US CA 09/25	(5299) TOTAL BUS CHK	55.99	1,348.81
09/30/2023	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.COM CA 09/30	(5299) TOTAL BUS CHK	60.00	1,408.81
10/24/2023	Expense		ZOOM	ZOOM.US XXX-XXX-9666 WWW.ZOOM.US CA 10/24	(5299) TOTAL BUS CHK	55.99	1,464.80
10/30/2023	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.COM CA 10/30	(5299) TOTAL BUS CHK	60.00	1,524.80
11/21/2023	Expense		Vimeo	VMO*Vimeo Business PR XXX-XXX-1679 NY 11/21	(5299) TOTAL BUS CHK	599.00	2,123.80
11/24/2023	Expense		ZOOM	ZOOM.US XXX-XXX-9666 WWW.ZOOM.US CA 11/24	(5299) TOTAL BUS CHK	55.99	2,179.79
11/30/2023	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.COM CA 11/30	(5299) TOTAL BUS CHK	60.00	2,239.79
12/25/2023	Expense		ZOOM	ZOOM.US XXX-XXX-9666 WWW.ZOOM.US CA 12/25	(5299) TOTAL BUS CHK	55.99	2,295.78
12/30/2023	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.COM CA 12/30	(5299) TOTAL BUS CHK	60.00	2,355.78
<b>Total for Office Supplies &amp; Software</b>						<b>\$2,355.78</b>	

# Doral Contemporary Art Museum

## Profit and Loss Detail

January - December 2023

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
Office/General Administrative Expenses							
01/09/2023	Expense		HP Instant Ink	HP *INSTANT INK 855-785-2777 CA 01/06	TOTAL	6.41	6.41
					BUS CHK (5299)		
01/26/2023	Expense		Hobby Lobby	HOBBYLOBB 1995 W. 49TH HIALEAH F L 01/26	TOTAL	14.41	20.82
					BUS CHK (5299)		
02/01/2023	Expense		Office Max	OFFICE MA 8515 NW 13TH MIAMI FL 02/01	TOTAL	92.33	113.15
					BUS CHK (5299)		
02/06/2023	Expense		HP Instant Ink	HP *INSTANT INK 855-785-2777 CA 02/04	TOTAL	6.41	119.56
					BUS CHK (5299)		
02/06/2023	Expense		Publix	PUBLIX SUPER MAR 8455 DORAL FL 233216 02/04	TOTAL	26.68	146.24
					BUS CHK (5299)		
02/28/2023	Expense		HP Instant Ink	WAREHOUSE INSTANT SUPPL DORAL FL 02/27	TOTAL	69.04	215.28
					BUS CHK (5299)		
03/06/2023	Expense		HP Instant Ink	HP *INSTANT INK 855-785-2777 CA 03/05	TOTAL	6.41	221.69
					BUS CHK (5299)		
03/06/2023	Expense		Wal-mart	WAL-MART #2091 DORAL FL 03/04	TOTAL	82.94	304.63
					BUS CHK (5299)		
04/05/2023	Expense		HP Instant Ink	HP *INSTANT INK 855-785-2777 CA 04/04	TOTAL	6.41	311.04
					BUS CHK (5299)		
05/05/2023	Expense		HP Instant Ink	HP *INSTANT INK 855-785-2777 CA 05/04	TOTAL	6.41	317.45
					BUS CHK (5299)		
05/23/2023	Expense		Office Max	OFFICE MA 8515 NW 13TH MIAMI FL 05/23	TOTAL	42.40	359.85
					BUS CHK (5299)		
05/25/2023	Expense		HP Instant Ink	WAREHOUSE INSTANT SUPPL MIAMI FL 05/23	TOTAL	115.36	475.21
					BUS CHK (5299)		
06/03/2023	Expense		A Plus Storage	A PLUS STORAGE - DORAL DORAL FL 06/03	TOTAL	274.35	749.56
					BUS CHK (5299)		
06/04/2023	Expense		HP Instant Ink	HP *INSTANT INK XXX-XXX-XXXX CA 06/04	TOTAL	6.41	755.97
					BUS CHK (5299)		
07/04/2023	Expense		HP Instant Ink	HP *INSTANT INK XXX-XXX-XXXX CA 07/04	TOTAL	22.46	778.43
					BUS CHK (5299)		
07/07/2023	Check	515	A Plus Storage	CHECK # 515	TOTAL	228.00	1,006.43
					BUS CHK (5299)		
07/07/2023	Expense		CMM PRINTING	CMM PRINTING XXX-XXX-XXXX FL 07/08	TOTAL	116.30	1,122.73
					BUS CHK (5299)		
07/13/2023	Expense		Office Max	OFFICE DE XXXX CORAL W MIAMI FL 07/13	TOTAL	63.77	1,186.50
					BUS CHK (5299)		
07/18/2023	Expense		Office Max	OFFICE MA XXXX NW XXTH MIAMI FL 07/18	TOTAL	57.53	1,244.03
					BUS CHK (5299)		
07/18/2023	Expense		American Alliance of Museums	AMERICAN ASSOC OF MUSEU ARLINGTON VA 07/18	TOTAL	270.00	1,514.03
					BUS CHK (5299)		
08/02/2023	Check	518	A Plus Storage	CHECK # 518	TOTAL	228.00	1,742.03
					BUS CHK (5299)		
08/04/2023	Expense		HP Instant Ink	HP *INSTANT INK XXX-XXX-XXXX CA 08/04	TOTAL	27.81	1,769.84
					BUS CHK (5299)		
08/11/2023	Expense		Go Daddy	ORIG CO NAME:PAYPAL ORIG ID:PAYPALSIXX DESC DATE:XXXXXX CO ENTRY DESCR:INST XFER SEC:WEB TRACE#:XXXXXXXXXXXXXXXXX EED:XX0811 IND ID:GODADDY.COM IND NAME:DORAL CON TEMPORARY ART XXXXXXPPZXCX TRN: XXXXXX2600TC	TOTAL	23.17	1,793.01
					BUS CHK (5299)		
08/11/2023	Expense		Go Daddy	ORIG CO NAME:PAYPAL ORIG ID:PAYPALSIXX DESC DATE:XXXXXX CO ENTRY DESCR:INST XFER SEC:WEB TRACE#:XXXXXXXXXXXXXXXXX EED:XX0811 IND ID:GODADDY.COM IND NAME:DORAL CON TEMPORARY ART XXXXXXPPZXCX TRN: XXXXXX3128TC	TOTAL	23.17	1,816.18
					BUS CHK (5299)		

# Doral Contemporary Art Museum

## Profit and Loss Detail

January - December 2023

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
08/11/2023	Expense		Go Daddy	ORIG CO NAME:PAYPAL ORIG ID:PAYPALSIXX DESC DATE:XXXXXX CO ENTRY DESCR:INST XFER SEC:WEB TRACE#:XXXXXXXXXXXXXXXXX EED:XX0811 IND ID:GODADDY.COM IND NAME:DORAL CON TEMPORARY ART XXXXXXPPZXCX TRN: XXXXXX3442TC	TOTAL BUS CHK (5299)	22.17	1,838.35
09/06/2023	Expense		HP Instant Ink	HP *INSTANT INK XXX-XXX-XXXX CA 09/06	TOTAL BUS CHK (5299)	6.41	1,844.76
09/06/2023	Check	522	A Plus Storage	CHECK # 522	TOTAL BUS CHK (5299)	265.28	2,110.04
10/04/2023	Expense		HP Instant Ink	HP *INSTANT INK XXX-XXX-XXXX CA 10/04	TOTAL BUS CHK (5299)	6.41	2,116.45
10/10/2023	Check	525	A Plus Storage	CHECK # 525	TOTAL BUS CHK (5299)	265.28	2,381.73
11/02/2023	Check	529	A Plus Storage	CHECK # 529	TOTAL BUS CHK (5299)	379.23	2,760.96
11/04/2023	Expense		HP Instant Ink	HP *INSTANT INK XXX-XXX-2777 CA 11/04	TOTAL BUS CHK (5299)	6.41	2,767.37
12/05/2023	Expense		HP Instant Ink	HP *INSTANT INK XXX-XXX-2777 CA 12/05	TOTAL BUS CHK (5299)	13.90	2,781.27
12/05/2023	Expense		A Plus Storage	A PLUS STORAGE - DORAL XXX-XXX9022 FL 12/05	TOTAL BUS CHK (5299)	151.33	2,932.60
12/30/2023	Expense		A Plus Storage	A PLUS STORAGE - DORAL DORAL FL 12/30	TOTAL BUS CHK (5299)	262.93	3,195.53
<b>Total for Office/General Administrative Expenses</b>						<b>\$3,195.53</b>	
Other Business Expenses							
06/03/2023	Expense		U-Haul	Rented van to move art	TOTAL BUS CHK (5299)	155.35	155.35
<b>Total for Other Business Expenses</b>						<b>\$155.35</b>	
Rent & Lease							
01/06/2023	Check	399	5705 NW 84 Avenue LLC	CHECK 399	TOTAL BUS CHK (5299)	446.23	446.23
01/06/2023	Check	400	5705 NW 84 Avenue LLC	CHECK 400	TOTAL BUS CHK (5299)	2,414.13	2,860.36
02/06/2023	Check	504	5705 NW 84 Avenue LLC	CHECK 504	TOTAL BUS CHK (5299)	2,414.13	5,274.49
03/08/2023	Check	506	5705 NW 84 Avenue LLC	CHECK 506	TOTAL BUS CHK (5299)	2,440.13	7,714.62
06/10/2023	Check	509	5705 NW 84 Avenue LLC	CHECK # 509	TOTAL BUS CHK (5299)	7,550.00	15,264.62
07/08/2023	Check	516	5705 NW 84 Avenue LLC	CHECK # 516	TOTAL BUS CHK (5299)	2,725.40	17,990.02
08/08/2023	Check	519	5705 NW 84 Avenue LLC	CHECK # 519	TOTAL BUS CHK (5299)	2,725.40	20,715.42
09/12/2023	Check	521	5705 NW 84 Avenue LLC	CHECK # 521	TOTAL BUS CHK (5299)	2,725.40	23,440.82
10/10/2023	Check	526	5705 NW 84 Avenue LLC	CHECK # 526	TOTAL BUS CHK (5299)	2,725.40	26,166.22
11/09/2023	Check	530	5705 NW 84 Avenue LLC	CHECK # 530	TOTAL BUS CHK (5299)	2,725.40	28,891.62
12/13/2023	Check	535	5705 NW 84 Avenue LLC	CHECK # 535	TOTAL BUS CHK (5299)	2,698.65	31,590.27
<b>Total for Rent &amp; Lease</b>						<b>\$31,590.27</b>	
Repairs & Maintenance							

# Doral Contemporary Art Museum

## Profit and Loss Detail

January - December 2023

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
01/09/2023	Expense		Klutter Kontrol	December Art & Office Organization	TOTAL BUS CHK (5299)	655.20	655.20
01/17/2023	Check	503	Martin Mendieta	CHECK 503	TOTAL BUS CHK (5299)	1,500.00	2,155.20
03/06/2023	Check	505	Martin Mendieta	CHECK 505	TOTAL BUS CHK (5299)	825.00	2,980.20
05/12/2023	Check	508	Martin Mendieta	CHECK 508	TOTAL BUS CHK (5299)	210.00	3,190.20
06/15/2023	Expense		Klutter Kontrol	January Art & Office Organization	TOTAL BUS CHK (5299)	1,415.33	4,605.53
12/14/2023	Check	538	Martin Mendieta	Repairs & Maintenance	TOTAL BUS CHK (5299)	1,800.00	6,405.53
<b>Total for Repairs &amp; Maintenance</b>						<b>\$6,405.53</b>	

# Doral Contemporary Art Museum

## Profit and Loss Detail

January - December 2023

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
<b>Taxes &amp; Licenses</b>							
01/11/2023	Check	398	Florida Department of Agriculture and Consumer Services	CHECK 398	TOTAL BUS CHK (5299)	200.00	200.00
01/20/2023	Expense		Florida Department of State	NIC*-FL SUNBIZ.ORG EGOV.COM FL 01/19	TOTAL BUS CHK (5299)	61.25	261.25
05/30/2023	Expense		PYE BARKER - ROSWELL	PYE BARKER - ROSWELL C XXX-XXXXXXX GA 05/30	TOTAL BUS CHK (5299)	115.28	376.53
05/30/2023	Expense		Miami-Dade Fire Rescue Department/Training Division	MDC FIRE RESCUE ONLINE XXX-XXXXXXX FL 05/30	TOTAL BUS CHK (5299)	173.94	550.47
11/10/2023	Expense		Florida Department of Agriculture and Consumer Services	NIC*- FL DEPT OF AGRI EGOV.COM FL 11/10	TOTAL BUS CHK (5299)	128.13	678.60
<b>Total for Taxes &amp; Licenses</b>						<b>\$678.60</b>	
<b>Uncategorized Expense</b>							
09/12/2023	Check	523	Marcelo Llobell	CHECK # 523	TOTAL BUS CHK (5299)	3,000.00	3,000.00
10/03/2023	Check	524	Marcelo Llobell	CHECK # XXX 10/03	TOTAL BUS CHK (5299)	3,000.00	6,000.00
12/12/2023	Check	537	Marcelo Llobell	CHECK # 537 12/12	TOTAL BUS CHK (5299)	3,000.00	9,000.00
<b>Total for Uncategorized Expense</b>						<b>\$9,000.00</b>	
<b>Utilities</b>							
01/09/2023	Expense		FPL	ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:3590247775 DESC DATE:01/23 CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:111000011337742 EED:230109 IND ID:7451645100 WEBI IND NAME:DORAL CONTEMPORARY ART	TOTAL BUS CHK (5299)	89.28	89.28
02/06/2023	Expense		FPL	ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:3590247775 DESC DATE:02/23 CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:111000010854102 EED:230206 IND ID:7451645100 WEBI IND NAME:DORAL CONTEMPORARY ART	TOTAL BUS CHK (5299)	75.92	165.20
02/06/2023	Expense		Comcast	COMCAST DADE 800-266-2278 FL 02/04	TOTAL BUS CHK (5299)	141.35	306.55
02/21/2023	Expense		Aressco Services, Inc.	ARESSCO SERVICES INC 305-251-190 0 FL 02/17	TOTAL BUS CHK (5299)	202.07	508.62
03/08/2023	Expense		FPL	ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:3590247775 DESC DATE:03/23 CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:111000011811544 EED:230308 IND ID:7451645100 WEBI IND NAME:DORAL CONTEMPORARY ART	TOTAL BUS CHK (5299)	89.52	598.14
03/08/2023	Expense		Comcast	COMCAST DADE 800-266-2278 FL 03/08	TOTAL BUS CHK (5299)	141.35	739.49
04/24/2023	Expense		Comcast	COMCAST DADE 800-266-2278 FL 04/22	TOTAL BUS CHK (5299)	141.35	880.84
04/25/2023	Expense		FPL	ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:3590247775 DESC DATE:04/23 CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:111000011700733 EED:230425 IND ID:7451645100 WEBI IND NAME:DORAL CONTEMPORARY ART	TOTAL BUS CHK (5299)	166.01	1,046.85
05/30/2023	Expense		Aressco Services, Inc.	ARESSCO SERVICES INC XXX-XXXXXXX FL 05/30	TOTAL BUS CHK (5299)	202.07	1,248.92

# Doral Contemporary Art Museum

## Profit and Loss Detail

January - December 2023

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
05/30/2023	Expense		Comcast	COMCAST DADE XXX-XXX-XXXX FL 05/31	TOTAL BUS CHK (5299)	292.70	1,541.62
06/01/2023	Expense		FPL	ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXXXXX DESC DATE:XX/XX CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:XXXXXXXXXXXXXXXXX EED:XXXXXX IND ID:XXXXXX5100 WEBI IND N AME:DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXXXXX TRN: XXXXXXXX6884TC	TOTAL BUS CHK (5299)	151.51	1,693.13
06/17/2023	Expense		FPL	ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXXXXX DESC DATE:XX/XX CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:XXXXXXXXXXXXXXXXX EED:XXXXXX IND ID:XXXXXX5100 WEBI IND N AME:DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXXXXX TRN: XXXXXX3789TC	TOTAL BUS CHK (5299)	200.71	1,893.84
07/07/2023	Expense		Comcast	COMCAST DADE XXX-XXX-XXXX FL 07/08	TOTAL BUS CHK (5299)	172.28	2,066.12
07/11/2023	Expense		FPL	ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXXXXX DESC DATE:XX/XX CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:XXXXXXXXXXXXXXXXX EED:XXXXXX IND ID:XXXXXX5100 WEBI IND N AME:DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXXXXX TRN: XXXXXX3789TC	TOTAL BUS CHK (5299)	194.77	2,260.89
08/10/2023	Expense		Comcast	COMCAST DADE XXX-XXX-XXXX FL 08/11	TOTAL BUS CHK (5299)	181.30	2,442.19
08/12/2023	Expense		FPL	ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXXXXX DESC DATE:XX/XX CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:XXXXXXXXXXXXXXXXX EED:XXXXXX IND ID:XXXXXX5100 WEBI IND N AME:DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXXXXX TRN: XXXXXX5500TC	TOTAL BUS CHK (5299)	234.85	2,677.04
09/08/2023	Expense		Aressco Services, Inc.	ARESSCO SERVICES INC XXX-XXXXXX FL 09/08	TOTAL BUS CHK (5299)	202.07	2,879.11
09/08/2023	Expense		Comcast	COMCAST DADE XXX-XXX-XXXX FL 09/09	TOTAL BUS CHK (5299)	181.30	3,060.41
09/12/2023	Expense		FPL	ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXXXXX DESC DATE:XX/XX CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:XXXXXXXXXXXXXXXXX EED:XXXXXX IND ID:XXXXXX5100 WEBI IND N AME:DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXXXXX TRN: XXXXXX5575TC	TOTAL BUS CHK (5299)	202.73	3,263.14
09/29/2023	Expense		Comcast	COMCAST DADE XXX-XXX-XXXX FL 09/30	TOTAL BUS CHK (5299)	181.30	3,444.44
10/06/2023	Expense		FPL	ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXXXXX DESC DATE:XX/XX CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:XXXXXXXXXXXXXXXXX EED:XXXXXX IND ID:XXXXXX5100 WEBI IND N AME:DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXXXXX TRN: XXXXXX9911TC	TOTAL BUS CHK (5299)	183.54	3,627.98
11/01/2023	Expense		Comcast	COMCAST DADE XXX-XXX-2278 FL 11/02	TOTAL BUS CHK (5299)	181.30	3,809.28
11/07/2023	Expense		FPL	ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:3590247775 DESC DATE:11 /23 CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:111000011266487 EED:231107 IND ID:7451645100 WEBI IND N AME:DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXXXXX0000 TRN: XXXXXX6487 TC	TOTAL BUS CHK (5299)	142.02	3,951.30
11/16/2023	Expense		Aressco Services, Inc.	ARESSCO SERVICES INC XXX-XXX1900 FL 11/16	TOTAL BUS CHK (5299)	202.07	4,153.37
12/04/2023	Expense		Comcast	COMCAST DADE XXX-XXX-2278 FL 12/05	TOTAL BUS CHK (5299)	181.30	4,334.67
12/06/2023	Expense		FPL	ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXX7775 DESC DATE:12 /23 CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:XXXXXXXX8854645 EED:231206 IND ID:XXXXXX5100 WEBI IND N AME:DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXXXXX0000 TRN: XXXXXX4645 TC	TOTAL BUS CHK (5299)	87.88	4,422.55
12/31/2023	Expense		Comcast	COMCAST DADE XXX-XXX-2278 FL 01/01	TOTAL BUS CHK (5299)	184.51	4,607.06
<b>Total for Utilities</b>						<b>\$4,607.06</b>	
<b>Total for Expenses</b>						<b>\$139,188.17</b>	



# Doral Contemporary Art Museum

## Profit and Loss Detail

January - December 2023

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
<b>Net Income</b>							<b>\$588.75</b>



**DORCAM**  
**'Women of Vision' Program**

**EXPENSES**

	<b>Cash</b>	<b>In-Kind</b>
Personnel: Administration	\$2,500	
Personnel: Artistic	\$2,500	
Contracted Artistic Fees	\$5,750	
Contracted Other Fees/Services	\$2,000	
Marketing: ADV/PR/Printing/Publications	\$3,500	\$1,500
Travel/Transportation	\$580	
Equipment Rental	\$500	
Space Rental - Events/Exhibits	\$2,000	\$2,000
Supplies/Materials	\$2,500	\$1,000
 SUBTOTAL EXPENSES	 \$21,830	 \$4,500

**TOTAL** **\$26,330**

**REVENUE**

	<b>Cash</b>	<b>In-Kind</b>
CONTRIBUTED INCOME		
Corporate Support	\$3,000	\$4,500
Foundation Support	\$1,500	
Private/Individual Support	\$5,330	
Government Support	\$12,000	
 SUBTOTAL REVENUE	 \$21,830	 \$4,500

**TOTAL** **\$26,330**