

Community-Based Organization (CBO) Grant Application



Submitted on	4 March 2025, 12:34PM
Receipt number	CBOG39
Related form version	5

Grant Overview

Grant Overview Acknowledgement	I acknowledge and accept the terms of the grant program
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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 84 Avenue, Doral, FL 33166 No coordinates found
Unit Number	

Document Upload

State of Florida Certificate of Incorporation	DORCAM_Certificate of Status 2024.pdf
Federal 501 (c)(3) Determination Letter	DORCAM_IRS Determination Letter.pdf
Federal 501 (c)(6) Determination Letter	
State of Florida Solicitation of Contribution Confirmation Letter	DORCAM_FL Dpt Agriculture 2025.pdf
Certificate of Use from City of Doral	DORCAM_City of Doral_Certificate of Use 2024.pdf
2024 Internal Revenue Service (IRS) Form 990	DORCAM_2023 990.pdf
2024 Financial Statement	DORCAM_PL 2024.pdf

Executive Project Summary

Program / Project Narrative	<p>The Doral Contemporary Art Museum will present the ninth annual "Women of Vision" Exhibition in March, 2026.</p> <p>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.</p>
Why is the program needed in Doral?	<p>The "Women of Vision" Exhibition is vital cultural programming 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.</p> <p>"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.</p>
How will the success of the program be measured?	<p>DORCAM will measure the success of the "Women of Vision" Exhibition through attendance numbers, audience engagement, and feedback.</p> <p>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 and allow the museum to make any needed changes for other upcoming programs, as well as for future iterations of the "Women of Vision" program.</p>
Total proposed project / program cost	28500
Total CBO Grant amount requested	5000
Proposed project date	03/07/2026
Project / Program Category	Art & Culture

Project Budget Form

Upload Form	
Item 1	<div>Description</div> <div>\$ Dollar Amount</div>
Upload Project Budget Form	DORCAM_Women of Vision Budget 2026.pdf

Authorized Signer Information

First Name	Marcelo
Last Name	Llobell

Job Title	Executive Director
Telephone	305-219-0811
Email	info@dorcam.org
Authorized Signer	

[Uploaded signature image: ML_Signature.bmp](#)

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>

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) 829-6500
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. 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 5, 2024

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, 2025

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,

Deleah Sims
Regulatory Consultant
850-410-3719
Fax: 850-410-3804
E-mail: deleah.sims@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 ERECTED 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

Form **990**Department of the Treasury
Internal Revenue Service**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 for instructions and the latest information.

OMB No. 1545-0047

2023Open to Public
Inspection**A For the 2023 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

DORAL CONTEMPORARY ART MUSEUM INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

455 AMALFI AVENUE

Room/suite

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

CORAL GABLES, FL 33146

F Name and address of principal officer: FLOR MAYORAL

455 AMALFI AVENUE, CORAL GABLES, FL 33146

D Employer identification number

-*7459

E Telephone number

305-665-6166

G Gross receipts \$

127,777.

H(a) Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: [HTTPS://DORCAM.ORG/](https://dorcaml.org/)**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 2018**M** State of legal domicile: FL**Part I Summary**

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

Part II Signature Block

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

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

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

☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)

Part III Statement of Program Service AccomplishmentsCheck 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 ☒ **No**

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	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>	5	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>	6	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>	7	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>	8	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>	9	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>	10	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>	11a	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>	11b	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>	11c	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>	11d	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>	11e 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>	11f	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>	12a	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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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. See instructions</i>	17	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>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	5
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

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

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

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

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

(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			
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	127,777.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			127,777.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross rents	6a					
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. 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 CONTRACTORS	33,656.	33,656.		
b OTHER BUSINESS EXPENSE	9,155.	9,155.		
c REPAIRS AND MAINTENANCE	6,406.	6,406.		
d LEGAL & PROFESSIONAL FE	2,621.	2,621.		
e All other expenses	815.	815.		
25 Total functional expenses. Add lines 1 through 24e	129,188.	129,188.	0.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

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

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

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

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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.	2c	
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? _____	3a	X
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 _____	3b	

Form 990 (2023)

Department of the Treasury
Internal Revenue Service

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

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

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

f Enter the number of supported organizations

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

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			243,162.	109,342.	127,777.	480,281.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3			243,162.	109,342.	127,777.	480,281.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						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
7 Amounts from line 4			243,162.	109,342.	127,777.	480,281.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						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		<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	100.00	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	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			<input checked="" type="checkbox"/>
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			<input type="checkbox"/>
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			<input type="checkbox"/>
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			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). 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 - <i>explain in Part VI</i>). 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 Total 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. 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.)

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

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

	Yes	No
3a(i)	<input type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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)		
Total. (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)		
Total. (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)	
Total. (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)	
Total. (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 ... ☐

**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 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**Department of the Treasury
Internal Revenue Service**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____

Do not send to the IRS. Keep for your records.Go to www.irs.gov/Form8879TE for the latest information.**2023**

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 <u>127,777.</u>
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**

ERO firm name

to enter my PIN

97459Enter 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 2024

	TOTAL
Income	
Contributions	48,640.54
Uncategorized Income	100,000.00
Total Income	\$148,640.54
GROSS PROFIT	\$148,640.54
Expenses	
Advertising & Marketing	32,067.86
Advertising/Promotional	7,054.97
Art Event	26,387.11
Ask My Accountant	-250,000.00
Bank Charges & Fees	34.00
Contractors	142,688.40
Insurance	2,373.50
Job Supplies	879.19
Legal & Professional Services	2,507.50
Meals & Entertainment	297.57
Office Supplies & Software	1,845.24
Office/General Administrative Expenses	8,006.46
Parking, Gas	54.25
Rent & Lease	49,263.92
Repairs & Maintenance	44,689.75
Taxes & Licenses	489.38
Utilities	11,830.25
Videography/Photography	12,704.00
Total Expenses	\$93,173.35
NET OPERATING INCOME	\$55,467.19
NET INCOME	\$55,467.19

Doral Contemporary Art Museum

Profit and Loss Detail
January - December 2024

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
Ordinary Income/Expenses							
Income							
Contributions							
01/12/2024	Deposit		JP Morgan	ORIG CO NAME:JPMC FOUNDATION ORIG ID:XXXXXX7001 DESC DATE:240112 CO ENTRY DESCR:CORP PAY SEC:CCD TRACE#:XXXXXXXXX1469093 EED:240112 IND ID:17532537 IND NAME:DORAL CONTEMPORARY A XXXX5569 TRN: XXXXXX9093 TC	TOTAL BUS CHK (5299)	934.00	934.00
01/31/2024	Deposit		Dr. Fior Mayoral	Donation	TOTAL BUS CHK (5299)	1,500.00	2,434.00
01/31/2024	Deposit		Rockefeller Philanthropy Advisors	INGRID R ROCKEFELLER Donation	TOTAL BUS CHK (5299)	2,500.00	4,934.00
02/06/2024	Deposit		Karel Foti	ATM CHECK DEPOSIT 0206 3700 W FLAGLER ST MIAMI FL	TOTAL BUS CHK (5299)	1,500.00	6,434.00
03/18/2024	Deposit		JP Morgan	ORIG CO NAME:JPMORGAN CHASE B ORIG ID:XXXXXX4329 DESC DATE: CO ENTRY DESCR:PAYMENT SEC:CCD TRACE#:XXXXXXXXX4326931 EED:240318 IND ID: IND NAME:DORAL CONTEMPORARY ART RMR*IV*1038**1000.00*1000.00*0.00\ TRN: XXXXXX6931 TC	TOTAL BUS CHK (5299)	1,000.00	7,434.00
04/03/2024	Deposit		Keller Williams Realty Int'l Lifestyles	DEPOSIT ID NUMBER X4357	TOTAL BUS CHK (5299)	500.00	7,934.00
06/05/2024	Deposit		PATRICIA BETANCOURT	PATRICIA BETANCOURT	TOTAL BUS CHK (5299)	1.00	7,935.00
06/05/2024	Deposit		PATRICIA BETANCOURT	PATRICIA BETANCOURT	TOTAL BUS CHK (5299)	349.00	8,284.00
06/05/2024	Deposit		Dwell Coverings	DWELL COVERINGS LLC	TOTAL BUS CHK (5299)	1.00	8,285.00
06/12/2024	Deposit			MOHAMMED SHA EDATHUMPARAMPL & AARTHY CHANDRASEKARAN DEPOSIT ID NUMBER XX8077	TOTAL BUS CHK (5299)	1,500.00	9,785.00
06/12/2024	Deposit			THE MICHAEL FUX FOUNDATION, INC. DEPOSIT ID NUMBER XX8077	TOTAL BUS CHK (5299)	10,000.00	19,785.00
06/24/2024	Deposit		Palma Team	Zelle payment from PALMA TEAM LLC BACd151e7r45	TOTAL BUS CHK (5299)	228.00	20,013.00
08/27/2024	Deposit		PATRICIA BETANCOURT	Donation	TOTAL BUS CHK (5299)	300.00	20,313.00
09/02/2024	Deposit		PATRICIA BETANCOURT	Donations	TOTAL BUS CHK (5299)	500.00	20,813.00

Doral Contemporary Art Museum

Profit and Loss Detail

January - December 2024

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
09/02/2024	Deposit		Greatness Investments	Donation	(5299) TOTAL BUS CHK	500.00	21,313.00
09/17/2024	Deposit		EMET INTERNATIONAL INSURANCE LLC	Zelle payment from EMET INTERNATIONAL INSURANCE LLC BACteq6oz11	(5299) TOTAL BUS CHK	300.00	21,613.00
09/23/2024	Deposit		FIND THE CLICK LLC	Zelle payment from FIND THE CLICK LLC WFCTOSHFLSWY	(5299) TOTAL BUS CHK	120.00	21,733.00
10/04/2024	Deposit		KNIGHT FOUNDATION	ORIG.CO NAME:KNIGHT FOUNDATIO ORIG.ID:XXXXXXXX4177 DESC.DATE:100324 CO ENTRY DESCR:PAYABLES SEC:CCD TRACE#:XXXXXXXX5575060 EED:241004 IND.ID:GX8087 IND.NAME:DORAL CONTEMPORARY ART DYNAMICS EFT DEPOSIT TRN: XXXXXX5060 TC	(5299) TOTAL BUS CHK	9,583.91	31,316.91
10/31/2024	Deposit		BBMUSIK Group LLC	DEPOSIT	(5299) TOTAL BUS CHK	750.00	32,066.91
11/07/2024	Deposit		LOPE ALEJANDRO TAPIA LIZARDI	Zelle payment from LOPE ALEJANDRO TAPIA LIZARDI 00U0TBQ1A461	(5299) TOTAL BUS CHK	1,000.00	33,066.91
12/15/2024	Deposit		LOPE ALEJANDRO TAPIA LIZARDI	Zelle payment from LOPE ALEJANDRO TAPIA LIZARDI 00U09B21AF4A	(5299) TOTAL BUS CHK	700.00	33,766.91
12/24/2024	Deposit		Mightycause Foundation	ORIG.CO NAME:MIGHTYCAUSE FDN ORIG.ID:XXXXXXXX9903 DESC.DATE:241223 CO ENTRY DESCR:GRANTDEP SEC:CCD TRACE#:XXXXXXXX8159653 EED:241224 IND.ID:832197459 IND.NAME:DORAL CONTEMPORARY ART TRN: XXXXXX9653 TC	(5299) TOTAL BUS CHK	12,073.63	45,840.54
12/30/2024	Deposit		Laundromat Art Space	Miami Art Week Donation	(5299) TOTAL BUS CHK	2,800.00	48,640.54
Total for Contributions						\$48,640.54	
Uncategorized Income							
04/23/2024	Deposit		Miami Dade County Cultural Affairs	Grant	TOTAL BUS CHK	100,000.00	100,000.00
Total for Uncategorized Income						\$100,000.00	
Total for Income						\$148,640.54	

Doral Contemporary Art Museum

Profit and Loss Detail
January - December 2024

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
Expenses							
Advertising & Marketing							
01/16/2024	Invoice	1065	Air Europa	Marketing	Accounts Receivable (A/R)	-3,720.00	-3,720.00
01/21/2024	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 01/21	TOTAL BUS CHK (5299)	535.50	-3,184.50
02/21/2024	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 02/21	TOTAL BUS CHK (5299)	535.50	-2,649.00
03/21/2024	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 03/21	TOTAL BUS CHK (5299)	535.50	-2,113.50
04/21/2024	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 04/21	TOTAL BUS CHK (5299)	348.50	-1,765.00
04/30/2024	Check	555	DDR Epro Graphics & Marketing	CHECK # 555	TOTAL BUS CHK (5299)	1,869.18	104.18
05/01/2024	Expense		GMCVB - Greater Miami Convention & Visitors Bureau	GREATER MIAMI CONVENTI XXX-XXX3032 FL 05/01	TOTAL BUS CHK (5299)	325.00	429.18
05/06/2024	Check	561	Art Seen 365	CHECK # 561	TOTAL BUS CHK (5299)	3,500.00	3,929.18
05/06/2024	Check	564	Bonnelly Productions	CHECK # 564	TOTAL BUS CHK (5299)	1,500.00	5,429.18
05/06/2024	Check	562	Chromatic Art Gallery	Development Consulting Oct 2023 - March 2024	TOTAL BUS CHK (5299)	12,000.00	17,429.18
05/21/2024	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 05/21	TOTAL BUS CHK (5299)	348.50	17,777.68
06/17/2024	Check	580	Chromatic Art Gallery	CHECK # 580	TOTAL BUS CHK (5299)	500.00	18,277.68
06/18/2024	Expense		Go Daddy	DNH*GODADDY.COM XXX-XXX8855 AZ 06/18	TOTAL BUS CHK (5299)	46.34	18,324.02
06/21/2024	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 06/21	TOTAL BUS CHK (5299)	348.50	18,672.52
07/01/2024	Expense		Banner Supply Co	BANNER SUPPLY CO -MIAMI MIAMI FL 07/01	TOTAL BUS CHK (5299)	2,246.84	20,919.36
07/12/2024	Check	596	Antares Portfolio	CHECK # 596	TOTAL BUS CHK (5299)	683.00	21,602.36
07/21/2024	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 07/21	TOTAL BUS CHK (5299)	348.50	21,950.86
07/26/2024	Expense		Quality Logo Products	QUALITY LOGO PRODUCTS XXX-XXX-5646 IL 07/27	TOTAL BUS CHK (5299)	653.74	22,604.60
07/29/2024	Check	602	DDR Epro Graphics & Marketing	CHECK # 602	TOTAL BUS CHK (5299)	150.00	22,754.60
08/02/2024	Expense		Go Daddy	DNH*GODADDY#XXXXXXXX2707 XXX-XXX8855 AZ 08/02	TOTAL BUS CHK (5299)	23.17	22,777.77
08/02/2024	Check	607	Carlos Benmaman	CHECK # 607 08/02	TOTAL BUS CHK (5299)	1,750.00	24,527.77
08/21/2024	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 08/21	TOTAL BUS CHK (5299)	348.50	24,876.27
08/24/2024	Expense		Go Daddy	DNH*GODADDY#XXXXXXXX8965 XXX-XXX8855 AZ 08/24	TOTAL BUS CHK (5299)	142.64	25,018.91
08/28/2024	Check	623	Claudia Intrigo	CHECK # 623	TOTAL BUS CHK (5299)	500.00	25,518.91
08/28/2024	Check	622	Claudia Intrigo	CHECK # 622	TOTAL BUS CHK (5299)	500.00	26,018.91
09/03/2024	Expense		Go Daddy	DNH*GODADDY#XXXXXXXX1378 XXX-XXX-8855 AZ 09/03	TOTAL BUS CHK (5299)	180.34	26,199.25
09/04/2024	Expense		Go Daddy	DNH*GODADDY#XXXXXXXX3997 XXX-XXX8855 AZ 09/04	TOTAL BUS CHK (5299)	22.17	26,221.42
09/10/2024	Check	634	Claudia Intrigo	CHECK # 634	TOTAL BUS CHK (5299)	500.00	26,721.42
09/10/2024	Expense		Quantum Stars Solutions LLC	Zelle payment to Quantum Stars Solutions LLC JPM99angryp1k	TOTAL BUS CHK (5299)	404.46	27,125.88
09/19/2024	Check	633	Rosario Sanchez	CHECK # 633	TOTAL BUS CHK (5299)	500.00	27,625.88
09/21/2024	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 09/21	TOTAL BUS CHK (5299)	348.50	27,974.38
10/01/2024	Check	640	Custom Culture Designs Miami	CHECK # 640	TOTAL BUS CHK (5299)	1,492.65	29,467.03
10/02/2024	Expense		Link.bio	LNK.BIO SINGAPORE 10/02	TOTAL BUS CHK (5299)	9.99	29,477.02
10/14/2024	Check	648	Screen Partners	CHECK # 648	TOTAL BUS CHK (5299)	500.00	29,977.02

Doral Contemporary Art Museum

Profit and Loss Detail
January - December 2024

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
10/21/2024	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 10/21	TOTAL BUS CHK (5299)	348.50	30,325.52
10/25/2024	Expense		Go Daddy	DNH*GODADDY#XXXXXXXX1820 XXX-XXX8855 AZ 10/25	TOTAL BUS CHK (5299)	22.17	30,347.69
10/25/2024	Expense		Go Daddy	DNH*GODADDY#XXXXXXXX0895 https://www.g AZ 10/25	TOTAL BUS CHK (5299)	23.17	30,370.86
10/30/2024	Check	659	Claudia Intrigo	CHECK # 659	TOTAL BUS CHK (5299)	1,000.00	31,370.86
11/21/2024	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 11/21	TOTAL BUS CHK (5299)	348.50	31,719.36
12/21/2024	Expense		Mailchimp	MAILCHIMP *MISC MAILCHIMP.COM GA 12/21	TOTAL BUS CHK (5299)	348.50	32,067.86
Total for Advertising & Marketing						\$32,067.86	
Advertising/Promotional							
07/03/2024	Expense		CMM PRINTING	CMM PRINTING XXX-XXX-6249 FL 07/04	TOTAL BUS CHK (5299)	88.42	88.42
07/29/2024	Check	600	Theme & Variations Production	CHECK # 600	TOTAL BUS CHK (5299)	1,965.59	2,054.01
09/20/2024	Expense		Juhbel Manner	Pick A DJ Events	TOTAL BUS CHK (5299)	850.00	2,904.01
10/09/2024	Check	647	DDR Epro Graphics & Marketing	CHECK # 647	TOTAL BUS CHK (5299)	352.47	3,256.48
11/25/2024	Check	671	SeArt	CHECK # 671	TOTAL BUS CHK (5299)	1,090.00	4,346.48
11/25/2024	Check	672	DDR Epro Graphics & Marketing	CHECK # 672	TOTAL BUS CHK (5299)	2,208.49	6,554.97
11/26/2024	Check	673	Ronald Sanchez	CHECK # 673	TOTAL BUS CHK (5299)	500.00	7,054.97

Total for Advertising/Promotional

\$7,054.97

Art Event							
02/29/2024	Check	545	DDR Epro Graphics & Marketing	CHECK # 545	TOTAL BUS CHK (5299)	850.64	850.64
03/02/2024	Expense		Eventbrite	EVENT LISTING FEE HTTPSWWW.EVEN CA 03/02	TOTAL BUS CHK (5299)	24.99	875.63
03/10/2024	Expense		Miami Shorts Festival	MIAMISHORTSFEST WWW.MIAMISHOR FL 03/10	TOTAL BUS CHK (5299)	21.49	897.12
03/13/2024	Expense		Southeastern Museums	SOUTHEASTERN MUSEUMS C XXX-XXX2048 GA 03/13	TOTAL BUS CHK (5299)	50.00	947.12
03/27/2024	Expense		Eventbrite	EVENT LISTING FEE HTTPSWWW.EVEN CA 03/27	TOTAL BUS CHK (5299)	9.99	957.11
03/30/2024	Expense		Navarro Discount Pharmacy	NAVARRO D XXXXX--3949 MIAMI FL 03/30	TOTAL BUS CHK (5299)	100.02	1,057.13
04/15/2024	Expense		Eventbrite	EVENT LISTING FEE HTTPSWWW.EVEN CA 04/15	TOTAL BUS CHK (5299)	9.99	1,067.12
05/18/2024	Expense		Publix	PUBLIX SUPER MAR 8455 DORAL FL XX1494 05/18	TOTAL BUS CHK (5299)	127.64	1,194.76
05/18/2024	Expense		Fresh Market	THE FRESH MARKET 221 DORAL FL XX9839 05/18	TOTAL BUS CHK (5299)	42.78	1,237.54
05/21/2024	Check	568	All Florida Party Rental	CHECK # 568	TOTAL BUS CHK (5299)	160.00	1,397.54
06/06/2024	Check	576	Intercontinental Doral	Women Breaking Barriers Event	TOTAL BUS CHK (5299)	892.80	2,290.34
06/12/2024	Expense		Eventbrite	ORG SUB FEE HTTPSWWW.EVEN CA 06/12	TOTAL BUS CHK (5299)	29.00	2,319.34
06/12/2024	Check	581	Angel Leal	Delivery Service to City Place	TOTAL BUS CHK (5299)	550.00	2,869.34
06/21/2024	Check	588	All Florida Party Rental	CHECK # 588	TOTAL BUS CHK (5299)	510.00	3,379.34
06/22/2024	Expense		Wal-mart	WM SUPERC WAL-MART S MIAMI (AIRPOR FL 06/22	TOTAL BUS CHK (5299)	105.55	3,484.89
07/12/2024	Expense		Eventbrite	ORG SUB FEE HTTPSWWW.EVEN CA 07/12	TOTAL BUS CHK (5299)	29.00	3,513.89
07/19/2024	Check	598	Ronald Sanchez	CHECK # 598	TOTAL BUS CHK (5299)	1,000.00	4,513.89
08/09/2024	Check	613	AG AUDIOVISUAL	CHECK # 613 08/09	TOTAL BUS CHK (5299)	1,550.00	6,063.89

Doral Contemporary Art Museum

Profit and Loss Detail
January - December 2024

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
08/09/2024	Check	612	AG AUDIOVISUAL	CHECK # 612 08/09	TOTAL BUS CHK (5299)	1,550.00	7,613.89
08/12/2024	Expense		Eventbrite	ORG SUB FEE HTTPSWWW.EVEN CA 08/12	TOTAL BUS	29.00	7,642.89
08/22/2024	Expense		Wal-mart	WM SUPERCENTER #2091 MIAMI (AIRPOR FLXX0745 08/22	TOTAL BUS CHK (5299)	85.84	7,728.73
08/26/2024	Check	618	DDR Epro Graphics & Marketing	CHECK # 618	TOTAL BUS CHK (5299)	6,000.00	13,728.73
08/26/2024	Check	619	DDR Epro Graphics & Marketing	CHECK # 619	TOTAL BUS CHK (5299)	2,394.38	16,123.11
08/28/2024	Deposit		Eventbrite	ORIG CO NAME:STRIPE ORIG ID:XXXXXXXX8598 DESC DATE: CO ENTRY DESCR:EventbriteSEC:CCD TRACE#;XXXXXXXX2/76512 EED:240828 IND ID:ST-BOL006E2E6M9 IND NAME:DORAL CONTE MPORARY ART TRN: XXXXXX6512 TC	TOTAL BUS CHK (5299)	-1.00	16,122.11
08/30/2024	Expense		Eventbrite	EVENT LISTING FEE HTTPSWWW.EVEN CA 08/30	TOTAL BUS CHK (5299)	24.00	16,146.11
09/11/2024	Deposit		Eventbrite	ORIG CO NAME:STRIPE ORIG ID:XXXXXXXX8598 DESC DATE: CO ENTRY DESCR:EventbriteSEC:CCD TRACE#;XXXXXXXX5851644 EED:240911 IND ID:ST-V7V4T2Z8P1C4 IND NAME:DORAL CONTE MPORARY ART TRN: XXXXXX1644 TC	TOTAL BUS CHK (5299)	-1.00	16,145.11
09/12/2024	Expense		Eventbrite	PRO SUB FEE HTTPSWWW.EVEN CA 09/12	TOTAL BUS CHK (5299)	15.00	16,160.11
09/16/2024	Check	635	Sound Lighting Events (Martin Romero)	CHECK # 635	TOTAL BUS CHK (5299)	1,200.00	17,360.11
09/23/2024	Check	636	ONE MUSIC USA	Concert Production Hispanic Month	TOTAL BUS CHK (5299)	800.00	18,160.11
09/27/2024	Deposit		Eventbrite	ORIG CO NAME:STRIPE ORIG ID:XXXXXXXX8598 DESC DATE: CO ENTRY DESCR:XXXXX1709 SEC:CCD TRACE#;XXXXXXXX4081127 EED:240927 IND ID:ST-U2G0P6B6C9E5 IND NAME:DORAL CONTE MPORARY ART TRN: XXXXXX1127 TC	TOTAL BUS CHK (5299)	-82.27	18,077.84
09/30/2024	Check	645	Screen Partners	Art of Business	TOTAL BUS CHK (5299)	5,150.00	23,227.84
10/03/2024	Deposit		Eventbrite	ORIG CO NAME:STRIPE ORIG ID:XXXXXXXX8598 DESC DATE: CO ENTRY DESCR:XXXXX4879 SEC:CCD TRACE#;XXXXXXXX0016490 EED:241003 IND ID:ST-E4E2L5O9I7C8 IND NAME:DORAL CONTE MPORARY ART TRN: XXXXXX6490 TC	TOTAL BUS CHK (5299)	-142.97	23,084.87
10/04/2024	Deposit		Eventbrite	ORIG CO NAME:STRIPE ORIG ID:XXXXXXXX8598 DESC DATE: CO ENTRY DESCR:XXXXX2349 SEC:CCD TRACE#;XXXXXXXX0059765 EED:241004 IND ID:ST-DOX4H2D7J3E1 IND NAME:DORAL CONTE MPORARY ART TRN: XXXXXX9765 TC	TOTAL BUS CHK (5299)	-278.41	22,806.46
10/10/2024	Expense		Wal-mart	WAL-MART #2091 DORAL FL XX6694 10/10	TOTAL BUS CHK (5299)	69.82	22,876.28
10/12/2024	Expense		Eventbrite	PRO SUB FEE EVENTBRITE.CO CA 10/12	TOTAL BUS CHK (5299)	15.00	22,891.28
10/15/2024	Check	650	Ronald Sanchez	CHECK # 650	TOTAL BUS CHK (5299)	2,000.00	24,891.28
10/15/2024	Check	649	All Florida Party Rental	CHECK # 649	TOTAL BUS CHK (5299)	450.00	25,341.28

Doral Contemporary Art Museum

Profit and Loss Detail
January - December 2024

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
10/17/2024	Expense		Walgreens	WALGREENS STORE 3595 C MIAMI FL XX5456 10/17	TOTAL BUS CHK (5299)	50.34	25,391.62
10/18/2024	Deposit		Eventbrite	ORIG CO NAME:STRIPE ORIG ID:XXXXXXXX8598 DESC DATE: CO ENTRY DESCR:21d2a215d99SEC:CCD TRACE#;XXXXXXXX1300810 EED:241018 IND ID:ST-12D0Y6N2U0H0 IND NAME:DORAL CONTE MFORARY ART TRN: XXXXXXXX0810 TC	TOTAL BUS CHK (5299)	-186.20	25,205.42
10/22/2024	Check	656	Intercontinental Doral	CHECK # 656	TOTAL BUS CHK (5299)	80.34	25,285.76
10/23/2024	Deposit		Eventbrite	ORIG CO NAME:STRIPE ORIG ID:XXXXXXXX8598 DESC DATE: CO ENTRY DESCR:f95f96c6efSEC:CCD TRACE#;XXXXXXXX45f11494 EED:241023 IND ID:ST-Z4P6J2UG1V6 IND NAME:DORAL CONTE MFORARY ART TRN: XXXXXXXX1494 TC	TOTAL BUS CHK (5299)	-5.00	25,280.76
10/29/2024	Check	658	DJMT Delivery 7 Inc	Sculpture Delivery	TOTAL BUS CHK (5299)	250.00	25,530.76
11/12/2024	Expense		Eventbrite	PRO SUB FEE EVENTBRITE.CO CA 11/12	TOTAL BUS CHK (5299)	15.00	25,545.76
11/13/2024	Deposit		Eventbrite	ORIG CO NAME:STRIPE ORIG ID:XXXXXXXX8598 DESC DATE: CO ENTRY DESCR:77f1XX5454SEC:CCD TRACE#;XXXXXXXX1421712 EED:241113 IND ID:ST-CSN1U3N9V6X1 IND NAME:DORAL CONTE MFORARY ART TRN: XXXXXXXX1712 TC	TOTAL BUS CHK (5299)	-3.00	25,542.76
11/20/2024	Deposit		Eventbrite	ORIG CO NAME:STRIPE ORIG ID:XXXXXXXX8598 DESC DATE: CO ENTRY DESCR:49eat65b5b5SEC:CCD TRACE#;XXXXXXXX5685189 EED:241120 IND ID:ST-Q1C8C5D6V0V4 IND NAME:DORAL CONTE MFORARY ART TRN: XXXXXXXX5189 TC	TOTAL BUS CHK (5299)	-166.33	25,376.43
11/22/2024	Deposit		Eventbrite	ORIG CO NAME:STRIPE ORIG ID:XXXXXXXX8598 DESC DATE: CO ENTRY DESCR:6ca08ee285SEC:CCD TRACE#;XXXXXXXX5284440 EED:241122 IND ID:ST-P94K4V5F2S1 IND NAME:DORAL CONTE MFORARY ART TRN: XXXXXXXX4440 TC	TOTAL BUS CHK (5299)	-164.54	25,211.89
12/09/2024	Check	678	Ronald Sanchez	CHECK # 678	TOTAL BUS CHK (5299)	500.00	25,711.89
12/12/2024	Deposit		Eventbrite	ORIG CO NAME:STRIPE ORIG ID:XXXXXXXX8598 DESC DATE: CO ENTRY DESCR:aXXXX9523aSEC:CCD TRACE#;XXXXXXXX0844382 EED:241212 IND ID:ST-G2L5Z3Z2A9L8 IND NAME:DORAL CONTE MFORARY ART TRN: XXXXXXXX4382 TC	TOTAL BUS CHK (5299)	-142.97	25,568.92
12/12/2024	Expense		Eventbrite	PRO SUB FEE EVENTBRITE.CO CA 12/12	TOTAL BUS CHK (5299)	15.00	25,583.92
12/13/2024	Deposit		Eventbrite	ORIG CO NAME:STRIPE ORIG ID:XXXXXXXX8598 DESC DATE: CO ENTRY DESCR:ad61c56f69SEC:CCD TRACE#;XXXXXXXX0053739 EED:241213 IND ID:ST-Z5E5W0E8P6Z7 IND NAME:DORAL CONTE MFORARY ART TRN: XXXXXXXX3739 TC	TOTAL BUS CHK (5299)	-82.27	25,501.65
12/13/2024	Deposit		Eventbrite	ORIG CO NAME:STRIPE ORIG ID:XXXXXXXX8598 DESC DATE: CO ENTRY DESCR:768ac004aSEC:CCD TRACE#;XXXXXXXX0053735 EED:241213 IND ID:ST-D3Y2H5A6P1Z7 IND NAME:DORAL CONTE MFORARY ART TRN: XXXXXXXX3735 TC	TOTAL BUS CHK (5299)	-164.54	25,337.11
12/13/2024	Expense		NIBIFU Corp	DJ	TOTAL BUS CHK (5299)	300.00	25,637.11
12/26/2024	Expense		Chef Segreto	Zelle payment to Chef Segreto XXXXXX6311	TOTAL BUS CHK (5299)	750.00	26,387.11
Total for Art Event						\$26,387.11	

Doral Contemporary Art Museum

Profit and Loss Detail

January - December 2024

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
Ask My Accountant							
01/17/2024	Deposit			Ask Marcelo - mistakenly transferred by him.	TOTAL BUS CHK (5299)	-3,000.00	-3,000.00
01/17/2024	Expense			Ask Marcelo - mistakenly transferred by him.	TOTAL BUS CHK (5299)	3,000.00	0.00
05/15/2024	Deposit			ATM CHECK DEPOSIT 05/15 1570 S DIXIE HWY CORAL GABLES FL	TOTAL BUS CHK (5299)	250,000.00	250,000.00
Total for Ask My Accountant						\$ -	
Bank Charges & Fees						250,000.00	
04/22/2024	Expense		Chase Bank	OVERDRAFT FEE FOR A \$348.50 CARD PURCHASE - DETAILS: 0421MAILCHIMP *MISC MAILCHIMP.COM GA 0#####4907 00	TOTAL BUS CHK (5299)	34.00	34.00
Total for Bank Charges & Fees						\$34.00	
Contractors							
01/03/2024	Check	541	Marcelo Llobell	CHECK # 541 01/03	TOTAL BUS CHK (5299)	3,000.00	3,000.00
01/08/2024	Expense		Isabel Almaraz	Zelle payment to Isabel de Almaraz JPM99a7p06zi	TOTAL BUS CHK (5299)	337.31	3,337.31
01/08/2024	Expense		Klutter Kontrol	Zelle payment to Klutter Kontrol JPM99a7p08fm	TOTAL BUS CHK (5299)	535.50	3,872.81
01/08/2024	Check	542	Dainymar Tapia	CHECK # 542	TOTAL BUS CHK (5299)	2,000.00	5,872.81
04/25/2024	Check	554	Marcelo Llobell	CHECK # 554 04/25	TOTAL BUS CHK (5299)	5,000.00	10,872.81
05/01/2024	Expense		Klutter Kontrol	Zelle payment to Klutter Kontrol JPM99agckp7g	TOTAL BUS CHK (5299)	724.50	11,597.31
05/01/2024	Expense		Klutter Kontrol	Zelle payment to Klutter Kontrol JPM99agckdae	TOTAL BUS CHK (5299)	992.25	12,589.56
05/01/2024	Expense		Klutter Kontrol	Zelle payment to Klutter Kontrol JPM99agck05z	TOTAL BUS CHK (5299)	1,086.75	13,676.31
05/01/2024	Expense		Carlos Corradine	Zelle payment to CARLOS E. CORRADINE JPM99agcgy19	TOTAL BUS CHK (5299)	682.00	14,358.31
05/01/2024	Expense		Klutter Kontrol	Zelle payment to Klutter Kontrol JPM99agckky	TOTAL BUS CHK (5299)	1,055.25	15,413.56
05/01/2024	Check	557	Isabel Almaraz	CHECK # 557	TOTAL BUS CHK (5299)	7,003.47	22,417.03
05/02/2024	Check	563	Marcelo Llobell	Oct 2023 - Apr 2024	TOTAL BUS CHK (5299)	21,000.00	43,417.03
05/14/2024	Check	556	Lisa Rockford	Women's Month Exhibition	TOTAL BUS CHK (5299)	1,000.00	44,417.03
05/27/2024	Check	569	Angela Chaine	Curator for "Earthbound"	TOTAL BUS CHK (5299)	1,000.00	45,417.03
06/03/2024	Check	573	Chromatic Art	Development Consulting	TOTAL BUS CHK (5299)	4,000.00	49,417.03

Doral Contemporary Art Museum

Profit and Loss Detail
January - December 2024

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
			Gallery		(5299)		
06/04/2024	Expense		Isabel Almaraz	Zelle payment to Isabel de Almaraz JPM99aigdg6h	TOTAL BUS CHK	1,706.36	51,123.39
					(5299)		
06/04/2024	Expense		Klutter Kontrol	Zelle payment to Klutter Kontrol JPM99aigdmn5	TOTAL BUS CHK	904.50	52,027.89
					(5299)		
06/12/2024	Check	579	Marcelo Liobell	May - June 2024	TOTAL BUS CHK	10,000.00	62,027.89
					(5299)		
07/02/2024	Expense		Klutter Kontrol	Zelle payment to Klutter Kontrol JPM99ajrnz24e	TOTAL BUS CHK	480.00	62,507.89
					(5299)		
07/02/2024	Check	591	Chromatic Art Gallery	CHECK # 591	TOTAL BUS CHK	2,000.00	64,507.89
					(5299)		
07/02/2024	Expense		Isabel Almaraz	Zelle payment to Isabel de Almaraz JPM99ajnymmx	TOTAL BUS CHK	428.28	64,936.17
					(5299)		
07/09/2024	Check	593	Marcelo Liobell	CHECK # 593 07/09	TOTAL BUS CHK	5,000.00	69,936.17
					(5299)		
07/12/2024	Check	595	Carlos Benமான	CHECK # 595	TOTAL BUS CHK	600.00	70,536.17
					(5299)		
08/02/2024	Expense		Isabel Almaraz	Zelle payment to Isabel de Almaraz JPM99aib8gio	TOTAL BUS CHK	2,000.00	72,536.17
					(5299)		
08/02/2024	Expense		Isabel Almaraz	Zelle payment to Isabel de Almaraz JPM99aib899b	TOTAL BUS CHK	699.14	73,235.31
					(5299)		

Doral Contemporary Art Museum

Profit and Loss Detail
January - December 2024

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
08/02/2024	Expense		Isabel Almaraz	Zelle payment to Isabel de Almaraz JPM99alb88rf	TOTAL BUS CHK (5299)	83.25	73,318.56
08/02/2024	Expense		Klutter Kontrol	Zelle payment to Klutter Kontrol JPM99alb7cql	TOTAL BUS CHK (5299)	465.00	73,783.56
08/02/2024	Check	608	Marcelo Llobell	CHECK # 608 08/02	TOTAL BUS CHK (5299)	5,000.00	78,783.56
08/13/2024	Check	606	Carlos Bennaman	CHECK # 606 08/13	TOTAL BUS CHK (5299)	2,000.00	80,783.56
08/26/2024	Check	620	Marcelo Llobell	CHECK # 620 08/26	TOTAL BUS CHK (5299)	5,000.00	85,783.56
09/03/2024	Expense		Isabel Almaraz	Zelle payment to Isabel de Almaraz JPM99an29fj5	TOTAL BUS CHK (5299)	162.34	85,945.90
09/03/2024	Expense		Klutter Kontrol	Zelle payment to Klutter Kontrol JPM99an2a9ii	TOTAL BUS CHK (5299)	780.00	86,725.90
09/03/2024	Expense		Isabel Almaraz	Zelle payment to Isabel de Almaraz JPM99an2a0w1	TOTAL BUS CHK (5299)	2,000.00	88,725.90
09/05/2024	Check	624	Carlos Bennaman	CHECK # 624 09/05	TOTAL BUS CHK (5299)	2,000.00	90,725.90
09/05/2024	Check	627	Carlos Bennaman	CHECK # 627 09/05	TOTAL BUS CHK (5299)	1,600.00	92,325.90
09/06/2024	Check	631	Marcelo Llobell	CHECK # 631 09/06	TOTAL BUS CHK (5299)	5,000.00	97,325.90
09/24/2024	Check	638	Carlos Bennaman	CHECK # 638 09/24	TOTAL BUS CHK (5299)	2,000.00	99,325.90
09/24/2024	Check	637	Carlos Bennaman	CHECK # 637 09/24	TOTAL BUS CHK (5299)	1,500.00	100,825.90
09/26/2024	Expense		Isabel Almaraz	Zelle payment to Isabel de Almaraz JPM99aocdq9s	TOTAL BUS CHK (5299)	2,000.00	102,825.90
09/26/2024	Expense		Isabel Almaraz	Zelle payment to Isabel de Almaraz JPM99aocdvf9	TOTAL BUS CHK (5299)	222.50	103,048.40
10/01/2024	Check	643	Ernesto Licona	CHECK # 643 10/01	TOTAL BUS CHK (5299)	1,000.00	104,048.40
10/01/2024	Expense		Klutter Kontrol	Zelle payment to Klutter Kontrol JPM99aocaty5	TOTAL BUS CHK (5299)	1,470.00	105,518.40
10/03/2024	Check	644	Marcelo Llobell	CHECK # 644 10/03	TOTAL BUS CHK (5299)	5,000.00	110,518.40
10/16/2024	Check	651	Carlos Bennaman	CHECK # 651 10/16	TOTAL BUS CHK (5299)	500.00	111,018.40
10/21/2024	Check	655	Carlos Bennaman	CHECK # 655 10/21	TOTAL BUS CHK (5299)	500.00	111,518.40
10/23/2024	Check	657	Marcelo Llobell	CHECK # 657 10/23	TOTAL BUS CHK (5299)	5,000.00	116,518.40
11/01/2024	Expense		Klutter Kontrol	Zelle payment to Klutter Kontrol JPM99agq7ju2	TOTAL BUS CHK (5299)	1,590.00	118,108.40
11/01/2024	Expense		Isabel Almaraz	Zelle payment to Isabel de Almaraz JPM99ag628y	TOTAL BUS CHK (5299)	2,000.00	120,108.40
11/02/2024	Check	668	Marcelo Llobell	December 2024	TOTAL BUS CHK (5299)	5,000.00	125,108.40
11/02/2024	Check	665	Carlos Bennaman	CHECK # 665 11/04	TOTAL BUS CHK (5299)	750.00	125,858.40
11/02/2024	Check	667	Carlos Bennaman	CHECK # 667 11/04	TOTAL BUS CHK (5299)	1,500.00	127,358.40
11/02/2024	Check	660	Carlos Bennaman	CHECK # 660 11/04	TOTAL BUS CHK (5299)	2,000.00	129,358.40
11/04/2024	Expense		SER & Associates	Zelle payment to Ser & Associates, PLLC XXXXXX3468	TOTAL BUS CHK (5299)	210.00	129,568.40
11/27/2024	Check	674	Carlos Bennaman	CHECK # 674 11/27	TOTAL BUS CHK (5299)	2,000.00	131,568.40
12/01/2024	Expense		Isabel Almaraz	Zelle payment to Isabel de Almaraz JPM99as6m0sv	TOTAL BUS CHK (5299)	2,000.00	133,568.40
12/01/2024	Expense		Klutter Kontrol	Zelle payment to Klutter Kontrol JPM99as6p7eh	TOTAL BUS CHK (5299)	1,620.00	135,188.40
12/03/2024	Check	677	Marcelo Llobell	January 2025	TOTAL BUS CHK (5299)	5,000.00	140,188.40
12/17/2024	Expense		Claudia Intriago	Zelle payment to Claudia Intriago JPM99at3fodi	TOTAL BUS CHK (5299)	500.00	140,688.40
12/23/2024	Check	681	Carlos Bennaman	CHECK # 681 12/23	TOTAL BUS CHK (5299)	2,000.00	142,688.40
Total for Contractors						\$142,688.40	

Doral Contemporary Art Museum
Profit and Loss Detail
January - December 2024

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
Insurance							
07/17/2024	Expense		US Liability Insurance	US LIABILITYINSURANCE XXX-XXX-2003 PA 07/17	TOTAL BUS CHK (5289)	1,714.98	1,714.98
10/04/2024	Expense			ORIG CO NAME:USLIABILITYINSUR ORIG ID:XXXXXXXX7041 DESC DATE:241004 CO ENTRY DESCR:INSURANCE SEC:WEB TFACE#:XXXXXXXX8644777 EED:241004 IND ID:4503050 IND NAME:DORAL CONTEMPORARY ART XXX-XXX-2003 TRN:XXXXXXXX4777 TC	TOTAL BUS CHK (5289)	658.52	2,373.50
Total for Insurance						\$2,373.50	
Job Supplies							
08/05/2024	Expense		Home Depot	THE HOME DEPOT #6343 MIAMI FL XX6538 08/05	TOTAL BUS CHK (5289)	327.35	327.35
10/29/2024	Expense		Chase Bank	ORIG CO NAME:CHECK OR SUPPLY ORIG ID:XXXXXXXX6800 DESC DATE:241025 CO ENTRY DESCR:ORDER SEC:PPD TFACE#:XXXXXXXX7994528 EED:241029 IND ID: IND NAME:DORAL CONTEMPORARY ART TRN:XXXXXXXX4528 TC	TOTAL BUS CHK (5289)	30.00	357.35
11/24/2024	Expense			THE HOME DEPOT #0277 MIAMI FL XX1424 11/24	TOTAL BUS CHK (5289)	166.35	523.70
11/24/2024	Expense			THE HOME DEPOT #0277 MIAMI FL XX2120 11/24	TOTAL BUS CHK (5289)	149.80	673.50
11/30/2024	Expense			THE HOME DEPOT #0277 MIAMI FL XX0180 11/30	TOTAL BUS CHK (5289)	63.94	737.44
12/26/2024	Expense			THE HOME DEPOT #6343 MIAMI FL XX2055 12/26	TOTAL BUS CHK (5289)	141.75	879.19
Total for Job Supplies						\$879.19	
Legal & Professional Services							
05/02/2024	Expense		De La Hoz, Perez, & Barbeito	ORIG CO NAME:DE LA HOZ, PEREZ ORIG ID:XXXXXXXX8266 DESC DATE:050224 CO ENTRY DESCR:WEB PMTS SEC:WEB TFACE#:XXXXXXXX7799569 EED:240502 IND ID:77 XOCN IND NAME:FLORE MAYORAL XXX-XXX-5585 TRN:XXXXXXXX9569 TC	TOTAL BUS CHK (5289)	1,300.00	1,300.00
07/25/2024	Check	599	SER & Associates	CHECK # 599	TOTAL BUS CHK (5289)	1,207.50	2,507.50
Total for Legal & Professional Services						\$2,507.50	
Meals & Entertainment							
03/03/2024	Expense		Fresh Market	THE FRESH MARKET 221 DORAL FL XX1422 03/03	TOTAL BUS CHK (5289)	10.69	10.69
03/06/2024	Expense		Fresh Market	THE FRESH MARKET 221 DORAL FL XX0632 03/06	TOTAL BUS CHK (5289)	27.78	38.47

Doral Contemporary Art Museum

Profit and Loss Detail
January - December 2024

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
04/18/2024	Expense		Publix	PUBLIX SUPER MAR 8455 DORAL FL XX6421 04/18	TOTAL BUS CHK (5299) TOTAL	43.74	82.21
05/22/2024	Expense		La Croquantine de mathieu	LA CROQUANTINE DE MATTH DORAL FL 05/22	TOTAL BUS CHK (5299) TOTAL	73.17	155.38
05/24/2024	Expense		Pinecrest Bakery	PAR*PINECREST BAKERY - DORAL FL 05/24	TOTAL BUS CHK (5299) TOTAL	28.40	183.78
08/06/2024	Expense		Fresh Market	THE FRESH MARKET 221 DORAL FL XX5817 08/06	TOTAL BUS CHK (5299) TOTAL	5.31	189.09
08/07/2024	Expense		Fresh Market	THE FRESH MARKET 221 DORAL FL XX9735 08/07	TOTAL BUS CHK (5299) TOTAL	15.61	204.70
08/07/2024	Expense		Fresh Market	THE FRESH MARKET 221 DORAL FL XX2073 08/07	TOTAL BUS CHK (5299) TOTAL	10.69	215.39
10/25/2024	Expense		Publix	PUBLIX SUPER MAR 8455 DORAL FL XX4001 10/25	TOTAL BUS CHK (5299) TOTAL	39.35	254.74
11/27/2024	Expense		Publix	PUBLIX SUPER MAR 8455 DORAL FL XX8673 11/27	TOTAL BUS CHK (5299) TOTAL	7.98	262.72
11/29/2024	Expense			KEY FOODS 4364 MIAMI FL XX6837 11/29	TOTAL BUS CHK (5299) TOTAL	13.14	275.86
12/01/2024	Expense			KEY FOODS 4364 MIAMI FL XX2415 12/01	TOTAL BUS CHK (5299) TOTAL	10.76	286.62
12/07/2024	Expense			KEY FOODS 4364 MIAMI FL XX4758 12/07	TOTAL BUS CHK (5299) TOTAL	10.95	297.57
Total for Meals & Entertainment						\$297.57	

Doral Contemporary Art Museum

Profit and Loss Detail
January - December 2024

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
Office Supplies & Software							
01/24/2024	Expense		ZOOM	ZOOM.US XXX-XXX-9666 WWW.ZOOM.US CA 01/24	TOTAL BUS CHK (5299)	55.99	55.99
01/30/2024	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.COM CA 01/30	TOTAL BUS CHK (5299)	60.00	115.99
02/26/2024	Expense		ZOOM	ZOOM.US XXX-XXX-9666 WWW.ZOOM.US CA 02/26	TOTAL BUS CHK (5299)	55.99	171.98
03/01/2024	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.COM CA 03/01	TOTAL BUS CHK (5299)	60.00	231.98
03/19/2024	Expense		ZOOM	ZOOM.US XXX-XXX-9666 WWW.ZOOM.US CA 03/19	TOTAL BUS CHK (5299)	159.90	391.88
03/25/2024	Expense		ZOOM	ZOOM.US XXX-XXX-9666 WWW.ZOOM.US CA 03/25	TOTAL BUS CHK (5299)	55.99	447.87
03/30/2024	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.COM CA 03/30	TOTAL BUS CHK (5299)	60.00	507.87
04/30/2024	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.COM CA 04/30	TOTAL BUS CHK (5299)	60.00	567.87
05/13/2024	Expense		Techsoup	TECHSOUP XXXXXX9300 CA 05/14	TOTAL BUS CHK (5299)	5.00	572.87
05/20/2024	Expense		Adobe	ADOBE *XXX-XXX-6687 XXX-XXX-6687 CA 05/20	TOTAL BUS CHK (5299)	30.00	602.87
05/30/2024	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.COM CA 05/30	TOTAL BUS CHK (5299)	60.00	662.87
06/03/2024	Expense		Elementor	ELEMENTOR HTTPSELEMENTO DE 06/03	TOTAL BUS CHK (5299)	89.00	751.87
06/20/2024	Expense		Adobe	ADOBE *XXX-XXX-6687 ADOBE.LY/ENUS CA 06/21	TOTAL BUS CHK (5299)	30.00	781.87
06/30/2024	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.COM CA 06/30	TOTAL BUS CHK (5299)	60.00	841.87
07/11/2024	Expense		ENVA TO	ENVATO XXXX1606 ENVATO.COM UT 07/12	TOTAL BUS CHK (5299)	43.00	884.87
07/11/2024	Expense		ENVA TO	ENVATO XXX-XXX-6628 UT 07/12	TOTAL BUS CHK (5299)	198.00	1,082.87
07/20/2024	Expense		Adobe	ADOBE *XXX-XXX-6687 ADOBE.LY/ENUS CA 07/21	TOTAL BUS CHK (5299)	30.00	1,172.87
07/30/2024	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.COM CA 07/30	TOTAL BUS CHK (5299)	60.00	1,172.87
08/20/2024	Expense		Adobe	ADOBE *XXX-XXX-6687 ADOBE.LY/ENUS CA 08/21	TOTAL BUS CHK (5299)	30.00	1,202.87
08/30/2024	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.COM CA 08/30	TOTAL BUS CHK (5299)	65.00	1,267.87
09/02/2024	Expense		Amazon	Amazon web services aws.amazon.co WA 09/03	TOTAL BUS CHK (5299)	48.79	1,316.66
09/20/2024	Expense		Adobe	ADOBE *XXX-XXX-6687 ADOBE.LY/ENUS CA 09/21	TOTAL BUS CHK (5299)	30.00	1,346.66
09/30/2024	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.COM CA 09/30	TOTAL BUS CHK (5299)	65.00	1,411.66
10/02/2024	Expense		Amazon	Amazon web services aws.amazon.co WA 10/02	TOTAL BUS CHK (5299)	49.00	1,460.66
10/20/2024	Expense		Adobe	ADOBE *XXX-XXX-6687 ADOBE.LY/ENUS CA 10/21	TOTAL BUS CHK (5299)	30.00	1,490.66
10/30/2024	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.COM CA 10/30	TOTAL BUS CHK (5299)	65.00	1,555.66
11/02/2024	Expense		Amazon	Amazon web services aws.amazon.co WA 11/02	TOTAL BUS CHK (5299)	50.58	1,606.24
11/20/2024	Expense		Adobe	ADOBE *XXX-XXX-6687 ADOBE.LY/ENUS CA 11/21	TOTAL BUS CHK (5299)	30.00	1,636.24
11/30/2024	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.COM CA 11/30	TOTAL BUS CHK (5299)	65.00	1,701.24
12/02/2024	Expense		Amazon	Amazon web services aws.amazon.co WA 12/03	TOTAL BUS CHK (5299)	49.00	1,750.24
12/20/2024	Expense		Adobe	ADOBE *XXX-XXX-6687 ADOBE.LY/ENUS CA 12/21	TOTAL BUS CHK (5299)	30.00	1,780.24
12/30/2024	Expense		QuickBooks	INTUIT *QBooks Onlin CL.INTUIT.COM CA 12/30	TOTAL BUS CHK (5299)	65.00	1,845.24
Total for Office Supplies & Software						\$1,845.24	

Doral Contemporary Art Museum

Profit and Loss Detail

January - December 2024

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
Office/General Administrative Expenses							
01/04/2024	Expense		HP Instant Ink	HP *INSTANT INK XXX-XXX-2777 CA 01/04	TOTAL BUS CHK (5299)	6.41	6.41
01/31/2024	Expense		A Plus Storage	A PLUS STORAGE - DORAL XXX-XXX9022 FL 01/31	TOTAL BUS CHK (5299)	262.93	269.34
02/04/2024	Expense		HP Instant Ink	HP *INSTANT INK XXX-XXX-2777 CA 02/04	TOTAL BUS CHK (5299)	25.67	295.01
02/14/2024	Expense		CMM PRINTING	CMM PRINTING XXX-XXX-6249 FL 02/15	TOTAL BUS CHK (5299)	32.62	327.63
02/27/2024	Expense		A Plus Storage	A PLUS STORAGE - DORAL XXX-XXX9022 FL 02/27	TOTAL BUS CHK (5299)	262.93	590.56
03/01/2024	Expense		USPS	USPS PO XXXX8700 5600 MIAMI FL XX6845 03/01	TOTAL BUS CHK (5299)	13.60	604.16
03/04/2024	Expense		HP Instant Ink	HP *INSTANT INK XXX-XXX-2777 CA 03/04	TOTAL BUS CHK (5299)	9.62	613.78
03/08/2024	Expense		Chase Bank	Square Pay Machine	TOTAL BUS CHK (5299)	109.00	722.78
03/29/2024	Expense		UPS Store	THE UPS STORE 6698 XXX-XXX0966 FL 03/29	TOTAL BUS CHK (5299)	24.11	746.89
04/01/2024	Expense		A Plus Storage	A PLUS STORAGE - DORAL XXX-XXX9022 FL 04/01	TOTAL BUS CHK (5299)	262.93	1,009.82
04/04/2024	Expense		HP Instant Ink	HP *INSTANT INK XXX-XXX-2777 CA 04/04	TOTAL BUS CHK (5299)	16.04	1,025.86
04/13/2024	Expense		UPS Store	THE UPS STORE 6698 XXX-XXX0966 FL 04/13	TOTAL BUS CHK (5299)	10.00	1,035.86
04/20/2024	Expense		Navarro Discount Pharmacy	NAVARRO D XXXXX--X1402 DORAL FL 04/20	TOTAL BUS CHK (5299)	82.04	1,117.90
04/25/2024	Expense		CMM PRINTING	CMM PRINTING XXX-XXX-6249 FL 04/26	TOTAL BUS CHK (5299)	35.02	1,152.92
04/29/2024	Expense		A Plus Storage	A PLUS STORAGE - DORAL XXX-XXX9022 FL 04/29	TOTAL BUS CHK (5299)	262.93	1,415.85

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DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
05/04/2024	Expense		HP Instant Ink	HP *INSTANT INK XXX-XXX-2777 CA 05/04	(5299) TOTAL BUS CHK	22.46	1,438.31
05/31/2024	Expense		Office Max	OFFICE MAX/OFFI 18515 N MIAMI FL XX4033 05/31	(5299) TOTAL BUS CHK	243.52	1,681.83
06/01/2024	Expense		Amazon	AMZN MKtp US*871T497 Amzn.com/bill WA 06/02	(5299) TOTAL BUS CHK	160.48	1,842.31
06/01/2024	Expense		Amazon	AMZN MKtp US*M85M66F Amzn.com/bill WA 06/02	(5299) TOTAL BUS CHK	127.33	1,969.64
06/01/2024	Expense		Amazon	AMZN MKtp US*3V26L3Z Amzn.com/bill WA 06/03	(5299) TOTAL BUS CHK	1,948.38	3,918.02
06/01/2024	Expense		Walgreens	WALGREENS STORE 3595 C MIAMI FL XX1199 06/01	(5299) TOTAL BUS CHK	32.07	3,950.09
06/02/2024	Expense		Amazon	AMZN MKtp US*Q228T3L Amzn.com/bill WA 06/03	(5299) TOTAL BUS CHK	423.71	4,373.80
06/04/2024	Expense		HP Instant Ink	HP *INSTANT INK XXX-XXX-2777 CA 06/04	(5299) TOTAL BUS CHK	29.95	4,403.75
06/05/2024	Expense		A Plus Storage	A PLUS STORAGE - DORAL XXX-XXX9022 FL 06/05	(5299) TOTAL BUS CHK	257.05	4,660.80
06/18/2024	Expense		Chase Bank	ORIG CO NAME:MDCMDFRINSPECTIO ORIG ID:911925808 M DESC DATE:240614 CO ENTRY DESCR:ORDER SEC:PPD TRACE#:XXXXXXXX8255083 EED:240618 IND ID: IND NAME:DORAL CONTEMPOR ARY ART TRN: XXXXXX5083 TC	(5299) TOTAL BUS CHK	30.00	4,690.80
06/21/2024	Deposit		Amazon	AMAZON MKTPLACE PMTS Amzn.com/bill WA 06/21	(5299) TOTAL BUS CHK	-121.98	4,568.82
06/30/2024	Deposit		Amazon	AMAZON MKTPLACE PMTS Amzn.com/bill WA 06/30	(5299) TOTAL BUS CHK	-22.83	4,545.99
06/30/2024	Expense		Office Max	OFFICEMAX/DEPOT 6268 MIAMI FL 06/30	(5299) TOTAL BUS CHK	29.00	4,574.99
07/01/2024	Expense		Miami Dade Fire and Rescue Department	ORIG CO NAME:MDCMDFRINSPECTIO ORIG ID:911925808 M DESC DATE:240628 CO ENTRY DESCR:PURCHASE SEC:CCD TRACE#:XXXXXXXX7790252 EED:240701 IND ID:DORAL CONTEMPOR IND N AME:DORAL CONTEMPORARY ART XXX-XXX-2835 TRN: XXXXXX0252 TC	(5299) TOTAL BUS CHK	125.82	4,700.81
07/02/2024	Expense		Amazon	Amazon web services aws.amazon.co WA 07/02	(5299) TOTAL BUS CHK	8.69	4,709.50

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07/02/2024	Expense		Amazon	AMAZON MKTPL*R79F26Z Amzn.com/bill WA 07/03	(5299) TOTAL BUS CHK	235.36	4,944.86
07/03/2024	Expense		Amazon	AMAZON MKTPL*R72BXST Amzn.com/bill WA 07/04	(5299) TOTAL BUS CHK	27.24	4,972.10
07/04/2024	Expense		HP Instant Ink	HP *INSTANT INK XXX-XXX-2777 CA 07/04	(5299) TOTAL BUS CHK	19.25	4,991.35
07/12/2024	Expense		Florida Cultural Alliance	FL CULTURAL ALLIAN WWW.FLCA.NET FL 07/12	(5299) TOTAL BUS CHK	272.50	5,263.85
07/21/2024	Expense		Amazon	B2B Prime*RJ0EM6TZ2 Amzn.com/bill WA 07/21	(5299) TOTAL BUS CHK	179.00	5,442.85
07/27/2024	Expense		Amazon	AMAZON MKTPL*RV0NI6G Amzn.com/bill WA 07/28	(5299) TOTAL BUS CHK	81.85	5,524.70
07/29/2024	Expense		Amazon	AMAZON MKTPL*RV9PV5G Amzn.com/bill WA 07/30	(5299) TOTAL BUS CHK	92.01	5,616.71
07/29/2024	Expense		Amazon	AMAZON MKTPL*RV6W796 Amzn.com/bill WA 07/30	(5299) TOTAL BUS CHK	92.01	5,708.72
07/29/2024	Expense		Amazon	AMAZON MKTPL*RV2O62G Amzn.com/bill WA 07/30	(5299) TOTAL BUS CHK	97.36	5,806.08

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07/29/2024	Expense		Amazon	AMAZON MKT'PL *RV06XX2X Amzn.com/bill WA 07/30	TOTAL BUS CHK (5299)	92.01	5,898.09
07/29/2024	Expense		Amazon	AMAZON MKT'PL *RV6AX06 Amzn.com/bill WA 07/30	TOTAL BUS CHK (5299)	125.54	6,023.63
08/02/2024	Expense		Amazon	Amazon web services aws.amazon.co WA 08/03	TOTAL BUS CHK (5299)	19.78	6,043.41
08/04/2024	Expense		HP Instant Ink	HP *INSTANT INK XXX-XXX-2777 CA 08/04	TOTAL BUS CHK (5299)	50.28	6,093.69
08/05/2024	Expense		Amazon	AMAZON MKT'PL *RM72G9F Amzn.com/bill WA 08/07	TOTAL BUS CHK (5299)	27.36	6,121.05
08/08/2024	Expense		Costco	COSTCO WHSE #1229 MIAMI FL XX8843 08/08	TOTAL BUS CHK (5299)	367.72	6,488.77
08/08/2024	Check	610	Ronald Sanchez	Educational Programming August/September	TOTAL BUS CHK (5299)	950.00	7,438.77
08/20/2024	Expense		Office Max	OFFICE MAX/OFFI 8515 N MIAMI FL XX2440 08/20	TOTAL BUS CHK (5299)	166.91	7,605.68
09/04/2024	Expense		HP Instant Ink	HP *INSTANT INK XXX-XXX-2777 CA 09/04	TOTAL BUS CHK (5299)	13.90	7,619.58
10/04/2024	Expense		HP Instant Ink	HP *INSTANT INK XXX-XXX-2777 CA 10/04	TOTAL BUS CHK (5299)	10.69	7,630.27
10/05/2024	Expense		HP Instant Ink	UTRECHT ART XXXXX1892 MIAMI FL XX5410 10/05	TOTAL BUS CHK (5299)	33.25	7,663.52
11/04/2024	Expense		Costco	HP *INSTANT INK XXX-XXX-2777 CA 11/04	TOTAL BUS CHK (5299)	12.83	7,676.35
11/21/2024	Expense		Amazon	COSTCO WHSE #1229 MIAMI FL XX3991 11/21	TOTAL BUS CHK (5299)	204.68	7,881.03
11/25/2024	Expense		Amazon	AMAZON MKT'PL *Z317401 Amzn.com/bill WA 11/27	TOTAL BUS CHK (5299)	73.36	7,954.39
12/01/2024	Expense		Office Depot	OFFICE DEPOT 00 2690 C MIAMI FL XX2638 12/01	TOTAL BUS CHK (5299)	44.59	7,998.98
12/04/2024	Expense		HP Instant Ink	HP *INSTANT INK XXX-XXX-2777 CA 12/04	TOTAL BUS CHK (5299)	7.48	8,006.46
Total for Office/General Administrative Expenses							\$8,006.46
Parking, Gas							
03/30/2024	Expense		Florida Parking	SITE X1265 MIAMI FL 03/30	TOTAL BUS CHK (5299)	14.93	14.93
04/13/2024	Expense		Florida Parking	SITE X1265 MIAMI FL 04/13	TOTAL BUS CHK (5299)	11.94	26.87
04/18/2024	Expense		Rocket Fuel	ROCKET FUEL MIAM CORAL GABLES FL XX9871 04/18	TOTAL BUS CHK (5299)	6.00	32.87
08/06/2024	Expense		Shell Lumber	SHELL LUMBER AND HRDWRE MIAMI FL 08/06	TOTAL BUS CHK (5299)	21.38	54.25
Total for Parking, Gas							\$54.25
Rent & Lease							
01/03/2024	Check	540	5705 NW 84 Avenue LLC	CHECK # 540	TOTAL BUS CHK (5299)	2,698.65	2,698.65
02/06/2024	Check	544	5705 NW 84 Avenue LLC	CHECK # 544	TOTAL BUS CHK (5299)	2,698.65	5,397.30
04/25/2024	Check	549	5705 NW 84 Avenue LLC	CHECK # 549	TOTAL BUS CHK (5299)	2,698.65	8,095.95
04/25/2024	Check	546	5705 NW 84 Avenue LLC	CHECK # 546	TOTAL BUS CHK (5299)	2,698.65	10,794.60
05/01/2024	Check	550	5705 NW 84 Avenue LLC	CHECK # 550	TOTAL BUS CHK (5299)	2,698.65	13,493.25
06/18/2024	Check	582	5705 NW 84 Avenue LLC	CHECK # 582	TOTAL BUS CHK (5299)	649.58	14,142.83
06/18/2024	Check	583	5705 NW 84 Avenue LLC	CHECK # 583	TOTAL BUS CHK (5299)	11,707.04	25,849.87
10/10/2024	Check	646	5705 NW 84 Avenue LLC	CHECK # 646	TOTAL BUS CHK (5299)	8,780.27	34,630.14
12/18/2024	Check	679	5705 NW 84 Avenue LLC	CHECK # 679	TOTAL BUS CHK (5299)	14,633.78	49,263.92
Total for Rent & Lease							\$49,263.92
Repairs & Maintenance							
03/08/2024	Check	547	Nelly Medina	cleaning	TOTAL BUS CHK (5299)	600.00	600.00
04/06/2024	Check	548	Martin Mendieta	Gallery Prep	TOTAL BUS CHK (5299)	500.00	1,100.00
05/03/2024	Check	559	Martin Mendieta	CHECK # 559	TOTAL BUS CHK (5299)	5,200.00	6,300.00
05/03/2024	Check	558	Nelly Medina	CHECK # 558	TOTAL BUS CHK (5299)	540.00	6,840.00

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05/13/2024	Check	567	Nelly Medina	CHECK # 567	TOTAL BUS CHK (5299)	100.00	6,940.00
05/22/2024	Check	566	Martin Mendieta	CHECK # 566	TOTAL BUS CHK (5299)	300.00	7,240.00
05/24/2024	Check	572	Nelly Medina	CHECK # 572	TOTAL BUS CHK (5299)	800.00	8,040.00
06/04/2024	Check	574	Nelly Medina	CHECK # 574	TOTAL BUS CHK (5299)	600.00	8,640.00
06/21/2024	Check	585	Nelly Medina	CHECK # 585	TOTAL BUS CHK (5299)	1,720.00	10,360.00
06/21/2024	Check	587	Ernesto Licona	CHECK # 587 06/21	TOTAL BUS CHK (5299)	700.00	11,060.00
07/03/2024	Check	586	Martin Mendieta	CHECK # 586	TOTAL BUS CHK (5299)	874.00	11,934.00
07/03/2024	Check	571	Martin Mendieta	CHECK # 571	TOTAL BUS CHK (5299)	800.00	12,734.00
07/03/2024	Check	575	Martin Mendieta	CHECK # 575	TOTAL BUS CHK (5299)	600.00	13,334.00
07/08/2024	Check	592	Ernesto Licona	Deposit for gallery walls building	TOTAL BUS CHK (5299)	4,000.00	17,334.00
07/18/2024	Check	597	Nelly Medina	CHECK # 597	TOTAL BUS CHK (5299)	580.00	17,914.00
07/19/2024	Check	594	PYE BARKER - ROSWELL	CHECK # 594	TOTAL BUS CHK (5299)	204.91	18,118.91
07/25/2024	Check	601	Ernesto Licona	Partial payment gallery walls	TOTAL BUS CHK (5299)	2,000.00	20,118.91
07/29/2024	Check	603	High Class Cleaning Solutions	Cleaning Service	TOTAL BUS CHK (5299)	1,000.00	21,118.91
07/30/2024	Expense		Doral Locksmith	DORAL LOCKSMITH, CORP. DORAL FL XX4878 07/30	TOTAL BUS CHK (5299)	21.40	21,140.31
08/01/2024	Check	605	Ernesto Licona	Final payment gallery walls	TOTAL BUS CHK (5299)	2,000.00	23,140.31
08/06/2024	Check	609	Riddick Group Solutions	New walls	TOTAL BUS CHK (5299)	300.00	23,440.31
08/07/2024	Check	611	Ernesto Licona	Electrical work	TOTAL BUS CHK (5299)	1,000.00	24,440.31
08/12/2024	Check	616	Nelly Medina	CHECK # 616	TOTAL BUS CHK (5299)	1,600.00	26,040.31
08/12/2024	Check	615	Martin Mendieta	CHECK # 615	TOTAL BUS CHK (5299)	2,960.69	29,001.00
08/23/2024	Check	589	Martin Mendieta	CHECK # 589	TOTAL BUS CHK (5299)	1,880.00	30,881.00
08/27/2024	Check	621	Ernesto Licona	CHECK # 621 08/27	TOTAL BUS CHK (5299)	1,500.00	32,381.00
09/03/2024	Check	625	Martin Mendieta	CHECK # 625	TOTAL BUS CHK (5299)	600.00	32,981.00
09/03/2024	Check	626	Nelly Medina	CHECK # 626	TOTAL BUS CHK (5299)	750.00	33,731.00
09/25/2024	Check	639	Nelly Medina	CHECK # 639	TOTAL BUS CHK (5299)	460.00	34,191.00
09/27/2024	Expense		XTERRA LOCKSMITH	SO *XTERRA LOCKSMITH Doral FL 09/27	TOTAL BUS CHK (5299)	55.25	34,246.25
09/30/2024	Check	642	Martin Mendieta	CHECK # 642	TOTAL BUS CHK (5299)	2,200.00	36,446.25
10/01/2024	Check	641	Martin Mendieta	CHECK # 641	TOTAL BUS CHK (5299)	410.00	36,856.25
10/16/2024	Expense		EVO Air	EVO AIR XXX-XXX9386 FL 10/16	TOTAL BUS CHK (5299)	2,024.50	38,880.75
10/21/2024	Check	653	Nelly Medina	CHECK # 653	TOTAL BUS CHK (5299)	375.00	39,255.75
11/01/2024	Check	662	Ernesto Licona	CHECK # 662 11/01	TOTAL BUS CHK (5299)	1,300.00	40,555.75
11/04/2024	Check	664	Nelly Medina	CHECK # 664	TOTAL BUS CHK (5299)	200.00	40,755.75
11/05/2024	Check	663	Martin Mendieta	CHECK # 663	TOTAL BUS CHK (5299)	1,350.00	42,105.75
11/22/2024	Check	669	Nelly Medina	CHECK # 669	TOTAL BUS CHK (5299)	500.00	42,605.75
11/27/2024	Check	670	Ernesto Licona	CHECK # 670	TOTAL BUS CHK (5299)	150.00	42,755.75
11/29/2024	Check	675	Nelly Medina	CHECK # 675	TOTAL BUS CHK (5299)	400.00	43,155.75
12/02/2024	Check	661	Martin Mendieta	CHECK # 661	TOTAL BUS CHK (5299)	400.00	43,555.75
12/12/2024	Expense		Portal Cool Corporation	Zelle payment to Carlos Portal XXXXXX8755	TOTAL BUS CHK (5299)	280.00	43,835.75
12/20/2024	Check	680	Martin Mendieta	CHECK # 680	TOTAL BUS CHK (5299)	854.00	44,689.75
Total for Repairs & Maintenance						\$44,689.75	

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Taxes & Licenses							
01/08/2024	Expense		Florida Department of State	NIC*-FL SUNBIZ.ORG.EGOV.COM FL 01/08	TOTAL BUS CHK (5299)	61.25	61.25
08/01/2024	Check	604	Alex Tax Services	CHECK # 604	TOTAL BUS CHK (5299)	300.00	361.25
10/30/2024	Expense		Florida Department of Agriculture and Consumer Services	NIC*- FL DEPT OF AGR. EGOV.COM FL 10/30	TOTAL BUS CHK (5299)	128.13	489.38
Total for Taxes & Licenses						\$489.38	
Utilities							
01/10/2024	Expense		FPL	ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXX7775 DESC DATE:01/24 CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:XXXXXXXX387084 EED:240110 IND ID:XXXXXXXX5100 WEBI IND N AWE:DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXX0000 TRN: XXXXX7084 TC	TOTAL BUS CHK (5299)	62.48	62.48
01/16/2024	Expense		AT&T	ORIG CO NAME:ATT ORIG ID:XXXXXX1005 DESC DATE:011224 CO ENTRY DESCR:PAYMENT SEC:WEB TRACE#:XXXXXXXX9690606 EED:240116 IND ID:883543004 MYW9G IND NAME:marcelo llo bel TRN: XXXXX0606 TC	TOTAL BUS CHK (5299)	207.71	270.19
02/07/2024	Expense		FPL	ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXX7775 DESC DATE:02/24 CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:XXXXXXXX6949486 EED:240207 IND ID:XXXXXXXX5100 WEBI IND N AWE:DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXX0000 TRN: XXXXX9486 TC	TOTAL BUS CHK (5299)	52.24	322.43
02/15/2024	Deposit		Comcast	COMCAST DADE XXX-XXX-2278 FL 02/15	TOTAL BUS CHK (5299)	-178.53	143.90
02/24/2024	Expense		Aresco Services, Inc.	ARESSCO SERVICES INC XXX-XXX1900 FL 02/25	TOTAL BUS CHK (5299)	202.07	345.97
02/26/2024	Expense		AT&T	ORIG CO NAME:ATT ORIG ID:XXXXXX1005 DESC DATE:022324 CO ENTRY DESCR:PAYMENT SEC:WEB TRACE#:XXXXXXXX5190527 EED:240226 IND ID:421080003 SMT2M IND NAME:marcelo llo bel TRN: XXXXX0527 TC	TOTAL BUS CHK (5299)	116.78	462.75
03/20/2024	Expense		AT&T	ORIG CO NAME:ATT ORIG ID:XXXXXX1005 DESC DATE:031924 CO ENTRY DESCR:PAYMENT SEC:WEB TRACE#:XXXXXXXX2395691 EED:240320 IND ID:028073003 MYW9V IND NAME:marcelo llo bel TRN: XXXXX5691 TC	TOTAL BUS CHK (5299)	126.77	589.52
03/21/2024	Expense		FPL	ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXX7775 DESC DATE:03/24 CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:XXXXXXXX0506970 EED:240321 IND ID:XXXXXXXX5100 WEBI IND N AWE:DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXX0000 TRN: XXXXX6970 TC	TOTAL BUS CHK (5299)	51.28	640.80
04/06/2024	Expense		FPL	ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXX7775 DESC DATE:04/24 CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:XXXXXXXX7693300 EED:240408 IND ID:XXXXXXXX5100 WEBI IND N AWE:DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXX0000 TRN: XXXXX3300 TC	TOTAL BUS CHK (5299)	101.04	741.84
04/30/2024	Expense		AT&T	ORIG CO NAME:ATT ORIG ID:XXXXXX1005 DESC DATE:042924 CO ENTRY DESCR:PAYMENT SEC:WEB TRACE#:XXXXXXXX7809596 EED:240430 IND ID:232540002 MYW9K IND NAME:marcelo llo bel TRN: XXXXX9596 TC	TOTAL BUS CHK (5299)	116.78	858.62
05/03/2024	Expense		FPL	ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXX7775 DESC DATE:05/24 CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:XXXXXXXX1788897 EED:240503 IND ID:XXXXXXXX4182 WEBI IND N AWE:DORAL CONTEMPORARY ART	TOTAL BUS CHK (5299)	614.00	1,472.62

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DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
05/03/2024	Expense	AT&T		XXXXXXXXXXXXXXXXX0000 TRFN: XXXXXX8897 TC ORIG CO NAME:ATT ORIG ID:XXXXXXXX1005 DESC DATE:0501/24 CO ENTRY DESCR:Payment SEC:WEB TRACE#:XXXXXXXXXX7543102 EED:240503 IND ID:748406004 MYW9M IND NAME:marcelo llo bel TRFN: XXXXXX3102 TC	(5299) TOTAL BUS CHK (5299)	126.59 1,599.21	
05/17/2024	Check	565	Aressco Services, Inc.	CHECK # 565	BUS CHK (5299)	201.16	1,800.37
05/21/2024	Expense	FPL		ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXXXX7775 DESC DATE:05/24 CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:XXXXXXXXXX3052381 EED:240521 IND ID:XXXXXXXX5100 WEBI IND N AME:DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXX0000 TRFN: XXXXXX2381 TC	TOTAL BUS CHK (5299)	120.52	1,920.89
06/07/2024	Expense	FPL		ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXXXX7775 DESC DATE:06/24 CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:XXXXXXXXXX5330387 EED:240607 IND ID:XXXXXX4182 WEBI IND N AME:DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXX0000 TRFN: XXXXXX0387 TC	TOTAL BUS CHK (5299)	260.50	2,181.39
06/07/2024	Expense	FPL		ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXXXX7775 DESC DATE:06/24 CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:XXXXXXXXXX5478068 EED:240607 IND ID:XXXXXXXX5100 WEBI IND N AME:DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXX0000 TRFN: XXXXXX8068 TC	TOTAL BUS CHK (5299)	199.72	2,381.11
06/11/2024	Expense	AT&T		ORIG CO NAME:ATT ORIG ID:XXXXXXXX1005 DESC DATE:0610/24 CO ENTRY DESCR:Payment SEC:WEB TRACE#:XXXXXXXXX1777416 EED:240611 IND ID:163567002 MYW9A IND NAME:marcelo llo bel TRFN: XXXXXX7416 TC	TOTAL BUS CHK (5299)	116.60	2,497.71
06/14/2024	Expense		Aressco Services, Inc.	ARESSCO SERVICES INC XXX-XXX1900 FL 06/15	TOTAL BUS CHK (5299)	202.07	2,699.78
07/02/2024	Expense	AT&T		ORIG CO NAME:ATT ORIG ID:XXXXXXXX1005 DESC DATE:0629/24 CO ENTRY DESCR:Payment SEC:WEB TRACE#:XXXXXXXXX6102443 EED:240702 IND ID:684711004 MYW9T IND NAME:marcelo llo bel TRFN: XXXXXX2443 TC	TOTAL BUS CHK (5299)	116.60	2,816.38
07/09/2024	Expense	FPL		ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXXXX7775 DESC DATE:07/24 CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:XXXXXXXXXX1288679 EED:240709 IND ID:XXXXXX4182 WEBI IND N AME:DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXX0000 TRFN: XXXXXX8679 TC	TOTAL BUS CHK (5299)	19.06	2,835.44
07/09/2024	Expense	FPL		ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXXXX7775 DESC DATE:07/24 CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:XXXXXXXXXX1300764 EED:240709 IND ID:XXXXXX5100 WEBI IND N AME:DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXX0000 TRFN: XXXXXX0764 TC	TOTAL BUS CHK (5299)	176.64	3,012.08
07/09/2024	Expense	FPL		ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXXXX7775 DESC DATE:07/24 CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:XXXXXXXXXX1297538 EED:240709 IND ID:XXXXXX2169 WEBI IND N AME:DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXX0000 TRFN: XXXXXX7538 TC	TOTAL BUS CHK (5299)	141.24	3,153.32
08/02/2024	Expense	AT&T		ORIG CO NAME:ATT ORIG ID:XXXXXXXX1005 DESC DATE:0801/24 CO ENTRY DESCR:Payment SEC:WEB TRACE#:XXXXXXXXX2860915 EED:240802 IND ID:180744003 MYW9A IND NAME:marcelo llo bel TRFN: XXXXXX0915 TC	TOTAL BUS CHK (5299)	116.77	3,270.09
08/06/2024	Expense	FPL		ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXXXX7775 DESC DATE:08/24 CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:XXXXXXXXXX5311932 EED:240806 IND ID:XXXXXX5100 WEBI IND N AME:DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXX0000 TRFN: XXXXXX1932 TC	TOTAL BUS CHK (5299)	218.08	3,488.17
08/17/2024	Expense		Aressco Services, Inc.	ARESSCO SERVICES INC XXX-XXX1900 FL 08/18	TOTAL BUS CHK (5299)	202.07	3,690.24
08/23/2024	Expense	FPL		ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXXXX7775 DESC DATE:08/24 CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#:XXXXXXXXX0919172 EED:240823 IND ID:XXXXXX2169 WEBI IND N AME:DORAL CONTEMPORARY ART	TOTAL BUS CHK	1,361.92	5,052.16

Doral Contemporary Art Museum

Profit and Loss Detail
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DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
09/03/2024	Expense	AT&T		XXXXXXXXXXXXXXXXX0000 TRFN: XXXXXX9172 TC ORIG CO NAME: ATT ORIG ID: XXXXXX1005 DESC DATE: 083024 CO ENTRY DESCR: Payment SEC: WEB TRACE#: XXXXXXXXXXXX2859436 EED: 240903 IND ID: 441851004 MYW9D IND NAME: marcelo llo bel TRN: XXXXXX9436 TC	(5299) TOTAL BUS CHK	116.77	5,168.93
09/07/2024	Expense	FPL		ORIG CO NAME: FPL DIRECT DEBIT ORIG ID: XXXXXX7775 DESC DATE: 09 /24 CO ENTRY DESCR: ELEC PYMT SEC: WEB TRACE#: XXXXXXXXXXXX1886943 EED: 240909 IND ID: XXXXXX2169 WEBI IND N AWE: DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXX0000 TRFN: XXXXXX6943 TC	(5299) TOTAL BUS CHK	932.81	6,101.74
09/07/2024	Expense	FPL		ORIG CO NAME: FPL DIRECT DEBIT ORIG ID: XXXXXX7775 DESC DATE: 09 /24 CO ENTRY DESCR: ELEC PYMT SEC: WEB TRACE#: XXXXXXXXXXXX1882419 EED: 240909 IND ID: XXXXXX5100 WEBI IND N AWE: DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXX0000 TRFN: XXXXXX2419 TC	(5299) TOTAL BUS CHK	172.85	6,274.59
10/01/2024	Expense	AT&T		ORIG CO NAME: ATT ORIG ID: XXXXXX1005 DESC DATE: 093024 CO ENTRY DESCR: Payment SEC: WEB TRACE#: XXXXXXXXXXXX0663320 EED: 241001 IND ID: 383562001 MYW9I IND NAME: marcelo llo bel TRN: XXXXXX3320 TC	(5299) TOTAL BUS CHK	116.77	6,391.36
10/04/2024	Expense	FPL		ORIG CO NAME: FPL DIRECT DEBIT ORIG ID: XXXXXX7775 DESC DATE: 10 /24 CO ENTRY DESCR: ELEC PYMT SEC: WEB TRACE#: XXXXXXXXXXXX5737239 EED: 241004 IND ID: XXXXXX5100 WEBI IND N AWE: DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXX0000 TRFN: XXXXXX7239 TC	(5299) TOTAL BUS CHK	157.00	6,548.36
10/22/2024	Expense	FPL		ORIG CO NAME: FPL DIRECT DEBIT ORIG ID: XXXXXX7775 DESC DATE: 10 /24 CO ENTRY DESCR: ELEC PYMT SEC: WEB TRACE#: XXXXXXXXXXXX5677714 EED: 241022 IND ID: XXXXXX2169 WEBI IND N AWE: DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXX0000 TRFN: XXXXXX7714 TC	(5299) TOTAL BUS CHK	955.87	7,504.23
11/04/2024	Expense	AT&T		ORIG CO NAME: ATT ORIG ID: XXXXXX1005 DESC DATE: 110124 CO ENTRY DESCR: Payment SEC: WEB TRACE#: XXXXXX7387438 EED: 241104 IND ID: 055221004 MYW9O IND NAME: marcelo llo bel TRN: XXXXXX7438 TC	(5299) TOTAL BUS CHK	116.92	7,621.15
11/05/2024	Expense	FPL		ORIG CO NAME: FPL DIRECT DEBIT ORIG ID: XXXXXX7775 DESC DATE: 11 /24 CO ENTRY DESCR: ELEC PYMT SEC: WEB TRACE#: XXXXXXXXXXXX6791079 EED: 241105 IND ID: XXXXXX5100 WEBI IND N AWE: DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXXX0000 TRFN: XXXXXX1079 TC	(5299) TOTAL BUS CHK	107.65	7,728.80

Doral Contemporary Art Museum

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January - December 2024

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
11/07/2024	Expense	FPL		ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXXXX7775 DESC DATE:11/24 CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#XXXXXXXX3291256 EED:241107 IND ID:XXXXXXXX2169 WEBI IND N AME:DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXX0000 TRN: XXXXX1256 TC	TOTAL BUS CHK (5299)	1,320.48	9,049.28
11/21/2024	Expense	Aressco Services, Inc.		ARESSCO SERVICES INC XXX-XXX1900 FL 11/22	TOTAL BUS CHK (5299)	202.07	9,251.35
11/27/2024	Expense	AT&T		ORIG CO NAME:ATT ORIG ID:XXXXXXXX1005 DESC DATE:112524 CO ENTRY DESCR:Payment SEC:WEB TRACE#XXXXXXXX9625231 EED:241127 IND ID:395201003 SMT2C IND NAME:DORAL CONTE MPORARY ART TRN: XXXXXXXX5231 TC	TOTAL BUS CHK (5299)	282.13	9,533.48
12/03/2024	Expense	AT&T		ORIG CO NAME:ATT ORIG ID:XXXXXXXX1005 DESC DATE:120124 CO ENTRY DESCR:Payment SEC:WEB TRACE#XXXXXXXX8957556 EED:241203 IND ID:203699004 MYW9S IND NAME:marcelo ilo bel TRN: XXXXX7556 TC	TOTAL BUS CHK (5299)	116.92	9,650.40
12/11/2024	Expense	AT&T		ORIG CO NAME:ATT ORIG ID:XXXXXXXX1005 DESC DATE:120924 CO ENTRY DESCR:Payment SEC:WEB TRACE#XXXXXXXX2458587 EED:241211 IND ID:273629004 MYW9M IND NAME:DORAL CONTE MPORARY ART TRN: XXXXXXXX8587 TC	TOTAL BUS CHK (5299)	127.69	9,778.09
12/14/2024	Expense	FPL		ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXXXX7775 DESC DATE:12/24 CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#XXXXXXXX3741306 EED:241216 IND ID:XXXXXXXX5100 WEBI IND N AME:DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXX0000 TRN: XXXXX1306 TC	TOTAL BUS CHK (5299)	102.69	9,880.78
12/14/2024	Expense	FPL		ORIG CO NAME:FPL DIRECT DEBIT ORIG ID:XXXXXXXX7775 DESC DATE:12/24 CO ENTRY DESCR:ELEC PYMT SEC:WEB TRACE#XXXXXXXX3747344 EED:241216 IND ID:XXXXXXXX2169 WEBI IND N AME:DORAL CONTEMPORARY ART XXXXXXXXXXXXXXXX0000 TRN: XXXXX7344 TC	TOTAL BUS CHK (5299)	1,949.47	11,830.25
Total for Utilities							\$11,830.25
Videography/Photography							
05/01/2024	Expense	JAC Visual (Jorge Andres Castillo)		ORIG CO NAME:PAYPAL ORIG ID:PAYPALSI77 DESC DATE:240501 CO ENTRY DESCR:INST XFER SEC:WEB TRACE#XXXXXXXX7278601 EED:240501 IND ID:JAC IND NAME:DORAL CONTEMPORAR Y ART XX0501 PPZ4UG TRN: XXXXXXXX8601 TC	TOTAL BUS CHK (5299)	600.00	600.00
05/21/2024	Check	570 Rodolfo Benitez		Beautifying Doral May 2024	TOTAL BUS CHK (5299)	300.00	900.00
06/12/2024	Check	578 Screen Partners		CHECK # 578	TOTAL BUS CHK (5299)	200.00	1,100.00
06/18/2024	Check	584 Isaac Benoid		CHECK # 584	TOTAL BUS CHK (5299)	924.00	2,024.00
07/18/2024	Check	577 R2ICON LLC		CHECK # 577	TOTAL BUS CHK (5299)	400.00	2,424.00
08/12/2024	Check	617 Bonnelly Productions		CHECK # 617	TOTAL BUS CHK (5299)	800.00	3,224.00
09/05/2024	Check	629 AG AUDIOVISUAL		Photography Workshop	TOTAL BUS CHK (5299)	4,000.00	7,224.00

Doral Contemporary Art Museum

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DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
09/09/2024	Check	628	Ronald Sanchez	CHECK # 628	TOTAL BUS CHK (5299)	400.00	7,624.00
09/20/2024	Check	630	AG AUDIOVISUAL	Photography workshops	TOTAL BUS CHK (5299)	4,280.00	11,904.00
10/23/2024	Check	652	R2ICON LLC	CHECK # 652	TOTAL BUS CHK (5299)	400.00	12,304.00
10/23/2024	Check	654	R2ICON LLC	CHECK # 654	TOTAL BUS CHK (5299)	400.00	12,704.00
Total for Videography/Photography						\$12,704.00	
Total for Expenses						\$93,173.35	
Net Income						\$55,467.19	



DORCAM
Women of Vision 2026

EXPENSES

	Cash	In-Kind
Artistic Fees	\$7,000	
Staff/Personnel/Other Contractors	\$4,000	\$2,000
Marketing: ADV/PR/Printing/Publications	\$6,000	\$500
Travel/Accommodations/Transportation	\$1,000	\$500
Space Rental - CityPlace Doral		\$5,000
Insurance (pro-rated)	\$500	
Food and Beverage	\$1,000	
Supplies/Materials	\$1,000	
SUBTOTAL EXPENSES	\$20,500	\$8,000
	<hr/>	
TOTAL	\$28,500	

REVENUE

	Cash	In-Kind
CONTRIBUTED INCOME		
Corporate Support	\$2,500	\$6,000
Foundation Support	\$2,500	
Private/Individual Support	\$3,750	\$2,000
Government Grants	\$11,750	
SUBTOTAL REVENUE	\$20,500	\$8,000
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TOTAL	\$28,500	