

# Application Form

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## *Organization Information*

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An informational webinar about this application is available to watch.

The rubric that will be used to score this proposal can be downloaded [here](#).

If you would like to complete this application first in Microsoft Word, you may download a Word version [here](#). Please pay attention to character limits.

### **Brief Project Descriptor**

Please briefly describe this organization's request.

### **Organization Name\***

Clearwater Historical Society, Inc

### **Project Name\***

Please choose a short name to identify this project within the grant portal:

Stabilization and Security of the Museum

### **EIN\***

59-1938824

### **Incorporation Year\***

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

1985

### **Mission Statement\***

What is your organization's mission statement?

The Mission of the Clearwater Historical Society is to Educate, Collect, Preserve, Exhibit and Promote the People, Culture and Events of Clearwater's rich past.

## Unique Entity ID (SAM)

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no longer uses.**

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): <https://sam.gov/content/home>

This field is optional as to not stop a qualifying organization from applying. HOWEVER, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12

P6PYHG4K9NRI

## Annual Operating Budget\*

Please provide the amount of your annual operating budget (expenditures only) for your entire organization.

\$60,000.00

## Amount Requested\*

The maximum grant amount is \$500,000.

\$92,756.94

## Does the total project cost exceed the amount your organization is requesting?\*

Please note: Answering "Yes" will cause additional questions to load later in this application.

### Examples

ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$150,000 for certain equipment, and will seek other funding and donations for the remaining \$20,000 of the playground. ABC Childcare would select "Yes" for this question.

Better Tomorrow, a mental health provider, is looking to expand their counseling center by two rooms to meet increased service demand arising from the pandemic. Better Tomorrow has secured \$25,000 in private contributions, and wants to request the remaining \$125,000 in this grant. Better Tomorrow would select "Yes" for this question.

DBE Food Pantry is seeking funding a new HVAC unit for their pantry, and is requesting \$40,000 from PCF to cover the entire cost. DBE Food Pantry would select "No" for this question.

No

## Rent vs. Own\*

Does your organization rent or own the property for which you are proposing modifications?

Rent

### Parent Non-Profit/Subsidiaries:\*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

#### Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.

No

## Request Specifics

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### Pinellas County Priority Areas\*

For Round 2 of this funding process, the ARPA Nonprofit Capital Project Fund is prioritizing organizations that offer programming, and whose capital purchase is related to, the following areas:

- Individuals with Disabilities
- Food Security
- Specialized Healthcare
  - Mental Health
  - Dental Care
  - Substance Use Disorders
- Housing

Not offering programming in these areas does not disqualify you from applying. However, this prioritization will result in 10 bonus points being awarded to eligible requests when scored.

Does your organization and its proposed capital purchase fit into one of these areas?

No

### Programming Background\*

Please describe the programming your organization offers to the community and the length of time it has been doing so. What does your organization **do** and **how long** has it been doing it?

**If you have indicated above that your programming and proposed purchase fit into the priority areas for this funding round, please be sure to describe the relevant programming.**

The Clearwater Historical Society, Inc. established in 1978 as a 501 (c)(3), saved the 56-year-old Capitol Theatre from demolition and the 150 inaugural members laid the foundation for CHS we know today. In 1983 Dr. Nash donated the 1896 Plumb House and moved it to the Ed Wright Park and opened the first house

Museum in Clearwater. CHS had their headquarters and opened to the public until 2018. Forty years later, in June 2019, the Museum and Cultural Center was opened at the Former South Ward school, with intentions to restore the remaining buildings and property for the citizens of Clearwater, Pinellas County, and beyond, to explore local history and participate in expanded cultural opportunities. Despite the COVID-19 closing in 2020, three Annual Women's History Month exhibitions, a Mullet Boat Exhibit, Christmas in Clearwater, an exhibit on Clearwater Restaurants from 1940, and a tribute to the Founding Families of Clearwater have opened to emotional and positive reviews. Tim Boatright's Mural of Clearwater, on the east wall of the former Clearwater High School, captures the story of Clearwater and has inspired artists and performers to utilize the campus. With 5 acres, a spacious lawn and generous parking, the site is prime for outdoor activities. The annual Spring Fish Fry, Fall Family Fun Days and Vintage Car Shows have begun to flourish. The Hispanic Farmers Market and Small Business Market and 12 Days of Christmas events is being held at the Museum for Foster children and local children and families. A Speaker Series, community leaders, outdoor receptions etc. COVID greatly reduced indoor activity. We have now included artist Wednesday highlighting and teaching arts to the public at very little charge to the artist.

### Community Need\*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

Clearwater has an abundant source of entertainment via the beach, hotels, restaurants, and festivals, unfortunately, the lack of a dedicated community museum and gathering place for learning and discovering local history and culture had never transpired. Our neighboring museums in Dunedin, Safety Harbor, Palm Harbor and Tarpon Springs inspired the CHS Board to take on South Ward campus. They had gathered artifacts that told the stories of early settlers, first businesses, land development, the first hospital, and the men and women from all walks of life who made Clearwater their home. South Ward offered a place to celebrate this history. We believe if we don't save these stories they will be lost. COVID-19 demonstrated our important role locally and perpetually. While Community Recreation Centers were shut down longer than most facilities, the South Ward site offered large space gatherings never utilized before. High School Students seeking Bright Futures hours and college interns were able to continue their volunteer requirements, study programs. Celebration of Life receptions, Class reunions and local government meetings were held in the courtyard and Event Center. Our Speakers Series, videotaped and streamed on YouTube provided bi-monthly presentations. We have seen major growth in visits from Assisted living facilities, family interest, Jolley Trolley tourist stop overs, and downtown Clearwater walking tours. The City of Clearwater has named the museum the official Oral historians and we continue to collect the stories about the people of Pinellas County. We have discovered our value is demonstrated in our mission... and the positive outcome is knowing a visitor learns our beginnings and a grandchild, and future descendants, will know the stories of their ancestors.

### Negative Economic Impact\*

**The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.**

**The more quantifiable your negative economic impact is, whether it be fiscal losses/pressures or increased service demand, the stronger your answer will be. Use numbers whenever possible. The more specific your evidence, the better.**

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

Like most non-profits, CHS was blindsided by the pandemic. COVID-19 negatively impacted all revenue streams and the ability to fundraise for annual and capital needs. CHS was preparing to launch a \$6 million capital campaign to restore the whole of South Ward School campus and had to put plans aside. Unforeseen inflation and more than doubling of cost for supplies, display materials, service cost increases and unplanned for pandemic supplies for on-site programs cut into resources, without replenishment. Additionally, demand for services such as providing venues for Celebration of Life receptions for long time members who died from COVID, put additional burden on CHS, provided as a courtesy, but eating into precious maintenance and equipment funds. The moveable exhibit panels required for the 2020 exhibits rose more than 100% and have continued to rise.

The CHS first location, the Plumb House, served as a museum until 2015, until the Pinellas County School Board offered the South Ward School site for \$1 a year and a 50-year lease. Five acres, six buildings, a parking lot, a covered bus parking structure and city block size lawn were part of the package. It was a challenge to figure out where to start, but the 1906 first publicly funded elementary school in Pinellas County was the least deteriorated. Funding from the State of Florida, through a \$500,000 grant partially completed renovation and the museum opened in July 2019. Within 9 months COVID-19 shut the world down. When isolation hit in March 2020, resources, people power and programs suffered or dried up. Launching the \$6 million capital campaign was put on hold. But the need to renovate, restore and completely update the 5-acre South ward campus never diminished.

While COVID-19 put everything on hold, delayed maintenance and restoration, due to lack of funds, and 20 years of deferred Maintenance on the roof from the previous owner this has resulted in recent damage to the south wall of the first High School in Clearwater. Whole patches of bricks have fallen and/or continuing to dislodge, allowing water intrusion, corrosion of metal windowsills. The safety of the building, and the potential liability to visitors and volunteers is now a major concern. The goal is to save the High School building and the capital campaign will open the building to local artist and nonprofits for use throughout the county.

## Negative Economic Impact - Uploads

**You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages. Word, Excel, JPG and PDF files are accepted.**

## Pandemic Relief Funding\*

Please describe all government pandemic relief funding your organization has received since the onset of the pandemic (March 2020). This includes but is not limited to the Pinellas CARES Nonprofit Partnership Fund, other ARPA funding, PPP (Paycheck Protection Program), and Community Block Development Grants specifically targeting COVID-19 relief.

**Explain why or how this pandemic-relief funding has not alleviated the negative economic impact you have described above.** Potential reasons include expiration dates on certain funding, inflationary pressures, restrictions

prohibiting capital expenditures, or the funding simply not being enough to remedy the harm you've indicated above. **The more concrete your numbers, the better.**

**If you have not received government relief funding for your organization since the onset of the pandemic, write "No pandemic relief funding received" below.**

We did not receive any relief funding until the City of Clearwater opened their applications for relief for Non - Profits and Cultural Arts Program. We were awarded \$125,000 over 3 years that will be \$60,00 per year. This money is to be used for programming and not for building maintenance.

## Proposal Description\*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of negative economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your project proposal and address the following:

- What project will be undertaken with these funds?
- What is the estimated lifespan of the project/property improvement?
- How does it address the negative economic harm you described in the previous question?

CHS is seeking funds for two needs; to stabilize and halt further deterioration of the High School, Cafeteria, Kindergarten, Event Center and Research Library until these buildings can be permanently restored and repaired; And, to secure the property perimeter to ensure public safety during and after hours.

A professional Structural Engineer's report identified the repairs for the High School to be close to \$1 million, and some areas to be considered in Dangerous Condition according to Florida Existing Building Code. Verbally the Kindergarten, Cafeteria, Event Center & Research Library, are in similar state and the initial campaign estimate of \$6 million underestimates the cost to fix the buildings.

CHS has two options: Stabilize the High School and buildings by removing the moisture affecting the bricks, mortar, building façade and building interior. This will help buy time to raise resources for a complete restoration or restore these buildings at a cost of \$6 million or more.

With stabilization as the preferred direction, CHS would purchase multiple commercial grade dehumidifiers and commercial box fans for the 3 floors of the high school, the single level cafeteria, kindergarten, event center and research library. The portable units would be moved as necessary to provide ultimate circulation.

## Number Served\*

How many people will directly benefit from this capital purchase annually?

7000

## Unduplicated vs. Duplicated\*

Is the number indicated above duplicated or unduplicated?

**Duplicated:** A client is counted each time they access services

**Unduplicated:** A client is counted once, regardless of the number of times they access services

**Example:** ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a

Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

Other (Explanation Required Below)

### Other (Explanation Required)\*

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital project.

We were having a large number of visitors and sponsors before COVID and continued reaching out to our Senior Citizen's by hosting private tours and lunch from nursing homes. We also moved our Speaker Series to our You Tube channel and helped nursing homes set up for groups to view. We also started and continued our Podcast by interviewing residents about their life in Pinellas County, with use from the equipment for the City of Clearwater. We also reached out and attended as many community meetings as possible online and in person. We hosted groups to have meeting because the of lack of affordable meeting space in the downtown Clearwater area. These groups included Clearwater Rotary Club's, The Kawanis Club' s, The Greater Federation of Womans Clubs, The Clearwater African American Memorial Committee, The Airmid Theatre Group, Clearwater High School History Club Meetings and many other smaller nonprofits and community organizations in the Northern Pinellas County groups.

### Organizational Sustainability\*

How does this project contribute to the long-term sustainability of your organization and the work it does? That is, what impact will this project have on your organization and/or its clients over the long-term?

Examples include increased service capacity, reduced cost of delivering services over time, higher-quality or more equitable service delivery, and increased lifespan/quality of property.

Quantifiable numbers will strengthen your answer.

When we are able to open the former High School building, we will be able to provide space to promote and cultivate a community of artist and nonprofits to work together in the building. Our focus is going to be on African American, Hispanic and Woman nonprofits and artist. The building has 3 floors with large classrooms that were built in 1912 and have the original flooring and plaster walls. On the third floor there is a stage and auditorium that will be able to host smaller performances for local originations that do not have the funds for the larger venues will be able to rent for a small dee. The classrooms have 14-foot ceilings and are approx. 450 squ feet and we will be able to rent the entire room and/or put in temporary walls to have artist to be able to have a studio space. We have hopes that this will have a huge impact on the local creative community, and we will be able to host shows to highlight the local arts and culture in Pinellas County. Our name is the Clearwater Historical Society Museum and Cultural Center and being able to stabilize any further deterioration until we can kick off our capital campaign to open the other buildings for the community. With our Master Site Committee and the research that was done this is something that is much needed in the community.

## Project Specifics

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### Permits\*

Please describe any permits necessary for the successful completion of this proposed project. Be sure to include any permits already obtained or in progress, and/or what the timeline is to acquire permits.

We will not need any permits because we are replacing existing fencing that was installed in 2008 and is aging.

### Plan Set\*

Do you have a plan set for this project?

A plan set refers to the "batch" of plans, drawings, prints, files, etc., that you receive from an architect that explains what needs to be built, how, and where. **Not all qualifying projects in this process require a plan set.**

**If you answer Yes, you should upload the Plan Set in the question below.**

No

### Plan Set Upload

If you answered "Yes" above, please upload the Plan Set here. If you have trouble with file size limitations, please reach out to Rose Cervantes at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org). If you have any narrative to accompany the plan set, you may write it below.

**PDF files are permitted.**

### Construction Schedule/Timeline\*

Given a spending deadline of December 31, 2026, give a detailed and **realistic construction schedule**/timeline as to how this large capital project will be executed and completed. If there are phases to this project, indicate so in the narrative below. If you specified that permits were needed for this project above, ensure you include the acquisition time in the schedule.

Please include the following:

- 1. How the timeline/schedule was developed, and by whom.**
- 2. Timeline of planning and execution. Please include start and end dates by month and year. For example, April 2023 - June 2023.**

Example:

Better Tomorrow is proposing the expansion of their counseling center. This requires a 2-month planning phase, one month to obtain all necessary permits, and four months to build. Better Tomorrow would list each phase, a brief description of what takes place in each phase, and an estimated start and completion date for each phase, and an explanation of how the schedule was developed.

With help from the 2 engineers and the construction company the planning phase has been completed. Once we receive the financing, we will be able to purchase the dehumidifiers and fans and install within 48 hours.

The fencing will have to be ordered and it is projected to be completed within 60 days when it is ordered.



## Team Leadership\*

Please describe the following:

1. The team and leaders that will be overseeing this proposed project.
2. Their relationship to your organization
3. Their role in this project
4. Whether or not they have overseen similar projects

Allison Dolan - President of Clearwater Historical Society - Oversee the entire project. In her role as Vice President of the organization Allison was the construction committee chair. Also, with a Degree in Historic Preservation and the Building Arts, and a background in Federal, State and City program director and City Planner.

Smith Fence - Because we lease our property from the Pinellas County School Board, we have to use their approved contractor for fencing.

ATC & Associates - we are using the recommendations from this report and to guide us.

Pennoni - we are using the report to guide us for future of the buildings.

Specialized Property Specialist - this company has been our general contractors since we hired them in 2018 and advise us on anything and everything that helps us with the buildings.

## *Geographic Impact and Priority Populations*

The ARPA Nonprofit Capital Project Fund seeks to offset the negative economic impact Pinellas nonprofits faced due to the COVID-19 pandemic. Organizations who serve disproportionately impacted communities will be considered as serving a priority population. There are several ways to determine if your clients were disproportionately impacted.

Examples of disproportionately impacted communities include those who meet at least one of the following descriptions:

- Low- and moderate-income household and communities
- Households that qualify for federal assistance programs, such as SNAP and TANF
- Historically marginalized communities (BIPOC communities, persons with disabilities, LGBTQ+, religious minorities, and other communities that fit in the Equity definition provided on the ARPA website and application)
- Organization located or serve households within a Qualified Census Tract (QCTs)
  - Defined by U.S. Department of Housing and Urban Development (HUD)
  - To assess if your organization serves or is headquartered in a QCT, use this link. In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to “Color QCT Qualified Tracts.” The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.

## Benefits and Geography of Project\*

Please describe how the communities/clients that will benefit from this capital purchase, and how they were disproportionately impacted by the pandemic according to the examples above.

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with A change in leadership in 2018 saw CHS take on a new and visible role in Clearwater. Previously there was very little contact with schools, service clubs, neighborhoods, downtown businesses, the Chamber of Commerce, Pinellas County or the City of Clearwater. It was a dormant organization, with an aging membership unable to attract new members, community leadership and funding. The current society president has networked and opened doors to programs, exhibits and resources previously unavailable to anyone. Neighboring museums throughout Pinellas County are now partnering with CHS. Relationships have been positively nurtured with seniors, some willing to do videotaped histories. The African American community has begun to trust CHS is respectful of their history and has contributed to the Annual Women's History Month exhibits, by nominating, advising, and providing resources. The opening nights of each annual exhibit have been joyous occasion with generations of family members, and colleagues of many loved citizens to date such as Willa Carson, Jai Hinson, Arabella Williams Faust, Christine Wigfall Morris, Isay Gulley, Blanche Littlejohn, Cherry Harris, Mayme Hodges and Betty Perry. When COVID-19 hit, CHS was on a positive high. Passersby had watched the derelict South Ward property come to life again. They arrived in droves for the opening June 2019 and were shown what CHS could become. Volunteer numbers were soaring as the site looked better each day. But as 2020 evolved it was clear that connecting was difficult, if not impossible. Community leaders were burdened with the pandemic and reallocating resources, providing care, testing sites and vaccinations. As 2022 nears an end CHS has lost two years of goodwill, networking, fundraising and friend raising, Stabilizing and securing South Ward, ensuring the site is safe for gathering is the first step to getting CHS connected again.

### Headquarters Location\*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your registration with Sunbiz, you may search their database.

610 S Fort Harrison Clearwater Florida 33756

### Project Location\*

Please provide the address or intersection where the property being modified is.

610 S Fort Harrison Clearwater Florida 33756

## *Rented Property*

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**You have indicated that the property involved in this proposal is rented. Please answer the questions below.**

### Tenant Responsibility\*

Please explain how your organization is responsible for modifying the building despite being rented. Be sure to describe the length of your organization's lease and to indicate whether or not you have obtained permission from the landlord for the proposed project.

The Clearwater Historical Society is responsible for all upgrades and repairs to the property unless it is caused by an act of God. Our Lease is for 50 years at \$1 a year. When the deterioration of the former High School building became apparent the PCSB was informed but the Clearwater Historical Society hired both engineers and the

## Landlord\*

Please enter the name and address of the property owner/landlord.

Pinellas County School Board

## Lease Upload\*

Please upload the executed lease you currently have with your landlord. If there are any important circumstances to note, use the text box below.

20140612 S W Lease Signed.pdf

The Clearwater Historical Society is responsible for any and all maintenance and upgrades to the property for the length of the lease, unless the damage is from an act of God.

## *Community Connection*

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PCF understands the value of authentic and diverse representation in philanthropy and in Pinellas County. To this end, we ask demographic and representation questions to gauge the human impact your organization has on the communities you serve.

PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

## Community Representation and Connection\*

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

If your staff, board, executive leadership, or long-term volunteers have personal identities or experiences that allow for a meaningful connection with your clients, please feel free to describe this connection below. When possible, please use internal data or specific details to describe how your organization is representative and connected to the communities you serve.

A change in leadership in 2018 saw CHS take on a new and visible role in Clearwater. Previously there was very little contact with schools, service clubs, neighborhoods, downtown businesses, the Chamber of Commerce, Pinellas County or the City of Clearwater. It was a dormant organization, with an aging membership unable to attract new members, community leadership and funding. The current society president has networked and opened doors to programs, exhibits and resources previously unavailable to anyone. Neighboring museums throughout Pinellas County are now partnering with CHS. Relationships have been positively nurtured with seniors, some willing to do videotaped histories. The African American community has begun to trust CHS is respectful of their history and has contributed to the Annual Women's History Month exhibits, by nominating, advising, and providing resources. The opening nights of each annual exhibit have been joyous occasion with generations of family members, and colleagues of many loved citizens

to date such as Willa Carson, Jai Hinson, Arabella Williams Faust, Christine Wigfall Morris, Isay Gulley, Blanche Littlejohn, Cherry Harris, Mayme Hodges and Betty Perry.

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## Board Membership\*

Do your board members consider themselves a member of one or more of the following populations?

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

Neurodiverse/physically disabled

## Executive Level Leadership Team\*

Does your executive leadership team consider themselves a member of one or more of the following populations?

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

Neurodiverse/physically disabled

## CEO/Executive Director\*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations?

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disable

None of the above

## Financial Overview

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### BIDS MUST BE DATED JULY 5, 2023 OR LATER.

- The file attached below should contain current, verifiable bids, estimates, or price lists [from your potential vendor(s)]. *Please ensure there is a date noted on the bid or some annotation as to when when you obtained these estimates/bids.*
- If your project costs LESS than \$75,000, you must upload TWO verifiable bids or estimates for the proposed project.
- If your project is EQUAL TO or MORE THAN \$75,000, you must upload THREE verifiable bids or estimates for your proposed project.
- If you have already selected a contractor for this process and do not have multiple bids to upload, please ensure you answer the narrative questions below thoroughly.

### Bid/Estimate #1\*

PDF files are accepted.

610 Ft Harrison Fence Proposal.pdf

### Bid/Estimate #2

PDF files are accepted.

AIR KING, Floor Fan, 20 in Blade Dia, Floor Fan - 4CH68\_9500 - Grainger.pdf

### Bid/Estimate #3

PDF files are accepted.

85 pt Per Day, Std Refrigerant, Industrial Portable Dehumidifier - 55HE57\_55HE57 - Grainger.pdf

### Selected Contractor\*

**If you have not yet selected a contractor and have uploaded multiple bids above, please write N/A below or you will not be able to submit your application.**

If your organization has already selected a contractor for this proposed capital project, please describe the process through which this contractor was chosen, and be sure to answer:

1. Was there a competitive bid process? That is, were multiple bids collected in order to evaluate multiple contractors? Describe this process (names of contractors, number of bids collected, prices, and why the contractor was chosen).
2. What personnel members at your organization selected the contractor?
3. Has a contract been executed with this contractor? **If yes, upload the contract here. If no, please describe the status of contract.**

***If a contractor has already been selected AND a competitive bidding process was not used, the project will lose points.***

Because or Lease is with PCSB we have to use their contracted providers and Smith Fence and Grainger are their preferred providers. We have no choice but to use Smith Fence but there is a bit of wiggle room for the dehumidifiers and fans. The dehumidifiers and the fans we got quotes from Home Depot and Lowes and can request to use them but with Grainger they come with a maintenance contract as the ones from Home Depot and Lowes that would be separate. Also, it did not have an option to add them and after many attempts to combine the files I could not get it done.

## Minority/Woman-Owned Business

Is your selected contractor, or the bid you are going to choose if funded, one of the following:

- Small-business enterprise (SBE)
- Disadvantaged business enterprise (DBE)
- Minority and/or woman-owned business (MWBE)

Unknown

## Related Parties\*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

### Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

If **yes**, identify the vendor and describe the relationship.

If **no**, write "No related parties below."

No related parties

## Budget Detail\*

Please upload a clear, easily readable budget that breaks out costs for this proposed project. Ensure that it is clear what portion would be paid for through this grant funding and what would be paid for from other sources. **Be sure that the budget includes 10-20% for contingencies and any costs related to performance and payment bonds for construction projects.**

If you are going to request the permitted indirect cost of up to 5%, please be sure this is represented in your budget.

An example budget is available here.

If you have additional notes to add to your budget summary, you may do so in the text box below.

**PDF and Excel files are allowed.**

budget sheet for gran t.xlsx

Because or Lease is with PCSB we have to use their contracted providers and Smith Fence and Grainger are their preferred providers. We have no choice but to use Smith Fence but there is a bit of wiggle room for the dehumidifiers and fans. The dehumidifiers and the fans we got quotes from Home Depot, Lowes Grainger and because of the price difference we will be using the Home Depot ones and we will pay the extra for the contracts.

## Other Funding Sources\*

Please describe any other funding that your organization has applied for or obtained for this project. This includes but is not limited to Community Development Block Grants (CDBG), local government grants (including Tourist Development Council funding), foundation grants, and donors (you do not need to disclose donor identities, simply amount raised that is allocated to this project). This includes any matching grants or in-kind contributions you may have obtained.

**If none, please explain why no additional funding sources have been pursued.**

**Please be sure all funding sources below are represented in the "Applicant Match" column in the Budget Summary you have uploaded above.**

any additional cost will be covered by a private donor

## Changes in Operating Costs\*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this project **decreases** ongoing operating costs, how will it do so?
- If this project **does not affect** operating costs, please note so below.

This will be paid by the Society and a private donor.

## Fund Management Capacity\*

Please describe your organization's capacity to manage these potential ARPA funds in terms of fiscal management and financial infrastructure.

**This includes, but is not limited to, the use of accounting software that can track a general ledger and multiple accounts and the ability to work on a reimbursement-basis.**

The inability to handle a reimbursement-based grant does not disqualify your organization from applying.

We have QuickBooks accounting software that is maintained by or bookkeeper, overseen by our board treasurer and audited by our CPA.

## Corrective and Investigative Action/Grant Recall\*

In the past three (3) years, has your organization had any of the following occur:

1. Been under legal investigation by a local, state, or federal institution?
2. Been placed on a corrective action plan by a funder?
3. Had grant funding recalled by a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. If no, write "N/A"

N/A

## *Organization Documentation*

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Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.

### **Organization Budget\***

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

budget for CHS 972022 pdf.xlsx

### **Board of Directors List\***

Please upload a current list of members of your organization's Board of Directors. Excel, Word, and PDF formats are acceptable.

board members.xlsx

### **IRS Form 990\***

Please upload a PDF copy of your most recently submitted IRS Form 990.

**If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type.** You should still upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.

990 2022 CLHS\_US\_2021\_PublicInspectionTaxDocuments.pdf



## Most Recent Financial Statements

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

08.31.23\_balsheet.pdf

## Insurance

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### Evidence of Insurance Coverage\*

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this project. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

**If your organization does not have evidence of insurance coverage, please provide an explanation as to why.**

insurence 97 .pdf

### Insurance Requirement\*

**If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:**

Pinellas Community Foundation  
17755 US Highway 19 N  
Suite 150  
Clearwater, FL 33764  
727-531-0058

**Please check the box below to indicate that you understand and will be able to comply with this requirement if you are awarded a contract.**

**PCF will not ask for a certificate naming us as additional insured until the contracting stage.**

Yes, I understand and will comply with this requirement if awarded a contract.

## Post-Grant Requirements

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### Reporting Requirements Acknowledgment\*

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit monthly expenditure reports until their project is completed and their contract is closed out.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).  
Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

## *Additional Information*

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### **Additional Upload**

If you have something to share, you can upload it here in PDF format.

ClearwaterHistoricalSociety-Report of Findings - 08102022 engineering.pdf

### **Anything else to share?**

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

Run by volunteers and donations our passion for history the good the bad and the ugly to educate the community.

With the N Greenwood library cohosting Night at the museum for the past 5 yrs, instrumental in the work on the Erased Colored Cemeteries in CLW providing the research & continue with the development of a memorial and a future exhibit about the cemeteries. Helping the Hispanic and small women business in the community.

We are building a board to show this commitment to the community.

## File Attachment Summary

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### *Applicant File Uploads*

- 20140612 S W Lease Signed.pdf
- 610 Ft Harrison Fence Proposal.pdf
- AIR KING, Floor Fan, 20 in Blade Dia, Floor Fan - 4CH68\_9500 - Grainger.pdf
- 85 pt Per Day, Std Refrigerant, Industrial Portable Dehumidifier - 55HE57\_55HE57 - Grainger.pdf
- budget sheet for gran t.xlsx
- budget for CHS 972022 pdf.xlsx
- board members.xlsx
- 990 2022 CLHS\_US\_2021\_PublicInspectionTaxDocuments.pdf
- 08.31.23\_balsheet.pdf
- insurence 97 .pdf
- ClearwaterHistoricalSociety-Report of Findings - 08102022 engineering.pdf

## LEASE AGREEMENT

THIS AGREEMENT IS MADE AND ENTERED INTO THIS 12<sup>th</sup> DAY OF June, 2014, BY AND BETWEEN THE SCHOOL BOARD OF PINELLAS COUNTY, FLORIDA, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, (HEREINAFTER REFERRED TO AS PCSB), AND THE CLEARWATER HISTORICAL SOCIETY, INC. A FLORIDA NON-PROFIT CORPORATION OPERATING AS AN EXEMPT ENTITY UNDER S. 501(c)(3) OF THE INTERNAL REVENUE CODE (HEREINAFTER REFERRED TO AS CHS);

INASMUCH AS THE PCSB owns the site of the former South Ward Elementary School located at 610 S. Fort Harrison Avenue, Clearwater, Florida and is willing to lease to an established and recognized historical society to enable such society to create a museum devoted to the history of public schools in the Clearwater area of Pinellas County, Florida, and inasmuch as the PCSB is willing to make the South Ward Elementary School site available to the CHS to, among other things, establish and maintain a Pinellas County Schools Museum, and a Museum of the History of Clearwater, Florida and its general environs; and

INASMUCH AS THE CHS wishes to occupy the above-referenced former school for the specific purpose of, among other things, establishing and managing a Pinellas County Schools Museum and a Museum of the History of Clearwater, Florida and its general environs in a portion of the South Ward School site; and

NOW THEREFORE, in consideration of the covenants herein contained and other good and valuable consideration, and in order to accomplish the above-stated Agreement goals and objectives:

A. The PCSB hereby pledges:

1. To permit the CHS to occupy and use the former South Ward Elementary School site for the sum of one dollar (\$1.00) per year which shall be paid yearly on the 1st day of each succeeding anniversary month of this Agreement, for a minimum duration of fifty (50) years beginning June 1, 2014, and ending May 31, 2064, subject to the termination provisions below.
2. To be responsible for and pay all premiums for insuring its own property on the site.

B. The CHS hereby pledges:

1. To pay to the PCSB the above-stipulated \$1.00/year sum in the manner described.
2. Agrees to maintain its status as a non-profit corporation, and shall maintain its status as an exempt entity under S. 501(c)(3) of the Internal Revenue Code.
3. To, among other things, establish and maintain the above-described Pinellas County Schools Museum, and a Museum of the History of Clearwater, Florida and its general environs. A portion of the Museum will be devoted to the display of the history of the PCSB including artifacts.

4. Except for repairs resulting from fire, casualty or structural defects, the CHS shall be responsible for all costs of maintaining the former South Ward Elementary school site and keeping it in good repair. However, if such fire, casualty or structural defect is the result of any act of negligence by CHS or by any of CHS's agents, employees or invitees, such repair shall remain the responsibility of CHS. CHS shall maintain the interior and exterior of the Premises, along with the lawn and grounds. All improvements and repairs to include plumbing, air conditioning, heating, electrical and natural gas equipment, infrastructure and fixtures shall be constructed and maintained in full compliance with all applicable codes now in effect or hereafter enacted or amended, including but not limited to State Requirements for Educational Facilities. CHS shall maintain the interior of the Premises in its current status or its status and condition taking into consideration any future improvements. The exterior of the Premises shall be maintained in a clean and safe condition. CHS shall bear the expense of repairing any damage or destruction caused by the CHS, its agents, servants, employees, patrons, licensees, invitees, clients, or others on the Premises at the behest of, or under the auspices of, the CHS.

5. To be responsible for and pay all premiums for insuring its own personal property on the site as well as providing for adequate liability insurance on the site. CHS agrees to indemnify and hold harmless the PCSB, its officers, agents, and employees, from and against any and all claims and causes of action whatsoever, including personal injury and property damages, as well as attorneys' fees and costs, arising out of or relating to CHS's performance under this Agreement, except to the extent that such claim or cause of action arises out of the negligence of the PCSB, its officers, agents, and employees, while acting within the scope of their agency or employment. CHS will provide the PCSB a certificate of comprehensive general liability insurance coverage in the amount of at least \$1,000,000, listing the School Board of Pinellas County, Florida, as additional insured. The PCSB agrees to be responsible for its own acts of negligence, or its respective agents' or employees' acts of negligence when acting within the scope of their agency or employment, and agrees to be liable for any damages proximately caused thereby; provided, however, that the PCSB's liability is subject to the monetary limitations and defenses imposed by Section 768.28, Florida Statutes. Nothing herein is intended to serve as a waiver of sovereign immunity by the PCSB, nor shall anything herein be construed as consent by the PCSB to be sued by any third party for any cause or matter arising out of or related to this Agreement. The PCSB will provide, if requested, to CHS proof of insurance coverage or self-insurance in the amounts set forth in Florida statutes. CHS's duty to indemnify and hold harmless shall survive termination of this Agreement.

6. CHS is acting solely on its own behalf and not on behalf of any party to this Agreement, any third party, or undisclosed principal whomsoever.

7. Will provide, on the Premises, such fire protection equipment as is required to comply with applicable rules and regulations.

C. The stated parties to this Agreement agree to the following:

1. The CHS agrees to use the former South Ward School site only for the above-stated museum purposes, and to provide space for other non-profit groups, community meetings and other activities as agreed to in advance in writing by the CHS and the PCSB Superintendent or designee. CHS will permit PCSB to use the site for meetings and other functions at no cost to

PCSB on a space available basis. PCSB will schedule the use of the site in advance. CHS agrees to not permit any unlawful or offensive uses of the site or permit any activity that would constitute a nuisance to the surrounding property; to not allow the production, use, handling or storage of dangerous or toxic chemicals or substances, machines or equipment causing excessive noise or dust particles or anything else of any nature whatsoever which would be injurious to the building or property in the responsible opinion of the PCSB; and to be responsible for the CHSs and behavior of their officers and employees, licensees, invitees, agents, clients, customers and anyone else on the site. CHS and all its invitees will abide by all PCSB policies on use of PCSB facilities, including policies which state that the consumption of tobacco products or alcoholic beverages on PCSB property, including any outside areas, is prohibited.

2. The CHS agrees to pay all utilities cost, including but not limited to electricity, water, refuse and garbage service, sewage disposal and pollution abatement charges, fire protection equipment, telephone and other telecommunications, cable television, and janitorial service in accordance with B, 4 above.

3. The CHS agrees to permit, at any reasonable time, an inspection of all premises and space it occupies at the former South Ward School site. If such inspection reveals the premises are in need of repair, the CHS either agrees to make such repairs (beginning within 30 days of notification from PCSB that repairs are needed) or reimburse the PCSB for the cost to make such repairs. If not paid to the PCSB in a timely manner, such costs may be considered as additional rent and may be handled in accordance with applicable Florida law.

4. The CHS agrees to pay all taxes, costs, charges and expenses, which are legally the obligation of the CHS, in a timely manner and understands that any such items left unpaid may be treated as unpaid rent and handled in accordance with applicable Florida law.

5. The CHS agrees to not make any structural alterations or improvements to the premises without the prior written consent of the PCSB Superintendent or designee.

6. The CHS agrees to not place any liens of any kind against the PCSB while it is occupying any part of the former South Ward School site.

7. All parties to this Agreement warrant that they are duly formed and validly existing under state law and local ordinances and that the person signing this document is authorized to legally represent his/her respective entity.

8. If the premises are damaged by the intentional or negligent acts of the CHS or any of its agents, servants, subtenants, employees or guests, the CHS agrees to restore the premises within a reasonable time at its own expense, and if it fails to do so, the PCSB may repair such damage and restore the premises to their original condition and recover the cost of such repairs from the CHS.

9. In the event of a default by the CHS under this Agreement that continues longer than thirty (30) business days after the giving of a sixty (60) day written notice to the CHS by the

PCSB demanding that the default be cured, the PCSB may terminate the Agreement and resume possession of the premises immediately.

10. Early Termination and Buy-Out Option.

10.1 Pinellas County School Board. In the event PCSB requires the Premises for educational purposes only i.e., student instruction, not less than fifteen (15) years following the effective date (Minimum Term), PCSB may terminate this Agreement upon the following two (2) events:

10.1.1 PCSB shall deliver to CHS a written notice to terminate and provide CHS not less than one (1) year to vacate (Notice to Terminate) after the Notice to Terminate.

10.1.2 Coincident with CHS's vacation of the premises upon termination of this agreement, PCSB shall pay to CHS an amount equal to the reasonable costs of the building repairs made to bring the buildings up to code for occupancy, however, said payment shall not exceed \$750,000. The cost of the repairs to be reimbursed is determined as: a straight line amortization over the Term and the balance due CHS shall be the remaining amount rounded up to the total number of complete and partial years remaining in the Term. The costs of the repairs shall be memorialized in a separate written notice delivered to PCSB not more than five (5) years following the Effective Date of this Agreement, and at such time, shall be attached and incorporated into this Agreement as Exhibit "A".

10.1.3 In the event that said property is offered for sale following the conclusion of the fifty (50) year agreement or early termination, the CHS will be given first opportunity to acquire said property at the greater value of either an MAI appraisal or a match, both in price and terms, of an executed bona fide offer by a third party. The CHS must exercise the right within forty-five (45) days of being presented with any such bona fide offer.

10.2 Clearwater Historical Society. CHS may unilaterally terminate the Agreement upon providing written notice to PCSB.

11. Expiration of Term. Upon the expiration date of this Agreement, whether by early termination of the Agreement under paragraph 10, the expiration of the initial term, or termination by PCSB due to CHS default hereunder, CHS shall promptly quit and surrender the Premises and deliver to PCSB actual possession of the Premises in good order, condition, and repair.

12. CHS Removal of Movable Objects. CHS shall have the right to remove from the Premises all movable trade fixtures, moveable equipment, and articles of personal property used or procured for use in connection with the operation of the Premises on or before the Expiration Date, provided that CHS shall promptly repair, or cause to be repaired, any damage resulting to the Premises by reason of this removal.

13. The premises occupied by the CHS under this Agreement may not be assigned by the CHS nor may the premises be sublet by the CHS without the prior written consent of the PCSB

Superintendent or designee. If CHS determines CHS no longer wishes to be a party to this Agreement, CHS may request that PCSB consent to an assignment of this Agreement to the Clearwater Bombers Legacy Education Project, Inc., such consent not to be unreasonably withheld.

14. In the event it is necessary for the PCSB to employ counsel to enforce the obligations of the CHS, the CHS shall reimburse the PCSB for reasonable attorney's fees so incurred.

15. This Agreement shall be applied in accordance with the Laws of Florida. Venue for any action hereunder shall be in the Sixth Judicial Circuit Court in Pinellas County, Florida, if states court action and the U.S. District Court for the Middle District of Florida, Tampa Division, if a federal court action. Such courts shall have jurisdiction to hear and decide any and all disputes which arise under this Agreement.

16. Any notice required by this Agreement shall be in writing and shall be either delivered in person, or mailed by United States Mail, certified with return receipt requested and all postage charges prepaid. Except where receipt is specifically required in this Agreement, any notice delivered in accordance with these standards to the proper address as set forth below shall be deemed to be effective upon the date of delivery, and any time running as of that date, whether or not the notice is actually received. Notices shall be given in the following manner, or in such other manner as may be directed by the parties, in writing, from time to time:

- A. School Board of Pinellas County  
Attn: Real Estate Department  
Walter Pownall Service Center  
11111 S. Belcher Road  
Largo, Florida 33773
  
- B. President  
Clearwater Historical Society  
P O Box 175  
Clearwater, Florida 33757-0175

17. Any word in this Agreement shall be read as either singular or plural, and as either masculine, feminine or neuter gender as the context may require.

18. This Agreement sets forth the entire Agreement of the parties; it takes precedence over all prior representations, negotiations and agreements, whether oral or written. The execution of this Agreement has not been induced by any party, by any representations, promises or understandings not expressed herein, and there are no collateral agreements, promises or undertakings whatsoever in any way touching on the subject matter of this Agreement which are not expressly contained herein. This Agreement may not be amended in any manner whatsoever, other than by written instrument signed by all parties hereto.

19. This Agreement shall be binding on, and inure to the benefit of not only the PCSB and the CHS, but also their respective successors and assigns, if any.



20. In the event all or any portion of the premises is taken by eminent domain, or is conveyed under threat of such proceedings, all compensation resulting therefrom, except for any portion thereof that may result from personal property of the CHS that is stored on the premises, shall be the property of the PCSB. In the event of a total taking, this Agreement shall terminate automatically. In the event of a partial taking, the PCSB may either elect to terminate this Agreement or to repair and restore the remaining portion of the premises at its own expense, and keep the Agreement in force. If the premises or any part thereof or any appurtenance thereto, is so damaged by fire, casualty or structural defects, such damage or defects not being the result of any act of negligence by CHS or by any of CHS's agents, employees or invites, that the same cannot be used for CHS's purposes, the CHS shall have the right, within ninety (90) days following damage, to elect by notice to PCSB to terminate this Agreement as of the date of such damage.

21. If any provision hereof is declared invalid or unenforceable, it shall be severed and the remainder of the Agreement shall continue in full force as if executed originally without the invalid portion.

22. All parties to this Agreement do hereby covenant and agree that no person shall be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination in the use of the premises on the basis of race, color, religion, sex, national origin, age, disability, marital status or sexual orientation.

23. All parties to this Agreement shall observe and comply with all requirements of the ADA at the premises and shall hold the PCSB harmless from any loss or damage arising out of any violation of the ADA by the CHS in the operation and any other activities on the premises. If any alterations or improvements to the premises are necessary to achieve compliance with applicable provisions, the CHS shall make all such alterations and improvements, subject to the prior written approval of the PCSB as to design, construction and materials, and the costs for such alterations and improvements shall be paid in accordance with this Agreement.

IN WITNESS WHEREOF, the parties have caused their duly authorized officers to execute this Agreement on the day and year first above written.

**SCHOOL BOARD OF PINELLAS COUNTY, FLORIDA**

BY: *Carol Cook* JUN 10 2014  
Chairperson

ATTEST: *Michael Buzo* JUN 10 2014  
Superintendent

Approved As To Form

*Heather Wallace*  
School Board Attorney

**CLEARWATER HISTORICAL SOCIETY**

BY: *William D. Wallace*  
President

WILLIAM D. WALLACE  
Print Name

*Robert E. Delack*  
Witness

Robert E. Delack  
Print Name



To: Clearwater Historical Society  
Project: 610 S. Ft. Harrison  
Attention: Allison Dolan  
Submitted By: Josh Hunt  
9/26/2023

## Fence Proposal

**SCOPE OF WORK:** Smith Fence Company will supply labor, material, and equipment to install the following fence per plans and specifications; **total: See Below**

- **Quote (1):** Remove 70' of chain link fence and replace with 5'h black aluminum ornamental fence with (1) 54" wide single swing gate.

**Total: \$9,436.00**

- **Quote (2):** Remove 25'w double swing gate along Hamilton Crest Rd. and install 25'w cantilever gate. Move and reinstall a portion of the 4'h chain link to allow room for the new cantilever gate. Install cantilever gate operator (electrical to the operator by others).

**Total: \$18,082.00**

***\*\*Proposal void after 7 days\*\****

**RESPONSIBILITIES OF SMITH FENCE**

- Fabricate, furnish, and install fencing per design, location and specifications per above specification.

**RESPONSIBILITIES OF GC OR OWNER:**

- Fence lines to be cleared, graded, and staked
- Provide a laydown area if needed for material stockpiled on project
- Provide dumpsters for removed non-salvageable or reusable material
- Haul away and dispose of used material
- Fence line should be made accessible for SFC crews, equipment and material suppliers.
- All permits and licenses by Owner.
- Survey

**THIS PROPOSAL IS BASED ON THE FOLLOWING CONDITIONS:**

- All fence work to be performed under one mobilization with access to all sites without delay. Additional mobilizations will be billed at \$1,500.00 US/occurrence if caused by Contractor/Owner or weather.
- All labor provided to be open shop.
- SFC is not a design/-engineering firm. All installations are designed and approved by Owner.
- The Contractor is responsible for providing uninhibited access for our equipment, labor, and materials.
- Overhead and underground utilities shall be the responsibility of the contractor including protection, relocation, or damage to any utilities.
- All material and quality control testing by others.
- All permits by others.
- We shall be paid for all equipment and labor employed on this project for any delays for which we are not responsible.
- Price is based on drilling/excavations in normal soils.

**SCHEDULE:** Work will progress in a mutually agreed sequence beginning no sooner than two weeks from receipt of a fully executed subcontract agreement signed by both parties and approval in writing and an acceptable, by the owner or his representative of all submittals required from us.

**EXCEPTIONS:** Smith Fence takes the following exceptions to the Owners plans, specifications, and addenda, and hereby predicates its proposed contract amount upon the elimination or modification of these items from or in the final prime contract. **SFC understands that time is of the essence in this installation and will mobilize crews for upon written approval of this proposal. Proposal is based upon normal soil conditions.**

*\*\*Proposal void after 7 days\*\**

**EXCLUSIONS:**

- Location of existing utilities
- Repair or relocation of utilities
- Any erosion control measures.
- Dewatering
- Grounding
- Painting
- Maintenance of Traffic
- If removal of fence is included in scope, post are to be cut flush at grade only and all removed material become the property of SFC

**CONDITIONS OF CONTRACT:**

- Changed Conditions - Our proposal is based on information provided by Contractor and/or Owner. Should actual conditions vary from those represented we reserve the right to claim for additional compensation and/or extension of time.
- Unless agreed to in writing we object to any terms and conditions relating to LIQUIDATED DAMAGES, WARRANTIES, and LIMITATIONS OF LIABILITY, INDEMNIFICATION and SEIZURE OF EQUIPMENT.
- No retainage to be withheld from SFC's payments.
- All additional work will be done after a CHANGE ORDER agreement has been reached and executed between the Owner/Contractor and SFC.
- The balance is due upon completion
- Any claims against the Owner or Owners Agent, shall be pursued by the Contractor on our behalf.
- Any claim, dispute or other matter in question between the Contractor/Owner and SFC relating to or arising out of this Agreement shall be governed by the laws of the State of Florida. Venue shall be Pinellas County, Florida, only.
- This proposal will expire in 60 days unless prior to that date a valid acceptance has been received by us.
- Any Change orders will be at cost plus 15% & 15%
- This proposal must be made part of any contract we agree to.

We would like to thank you for the opportunity to quote on this project. If you have any questions please feel free to call our office.

GAGE B. SMITH  
SMITH FENCE COMPANY

\_\_\_\_\_

accepted by

\_\_\_\_\_

date

\_\_\_\_\_

printed name

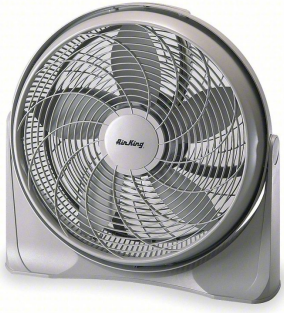
\_\_\_\_\_

purchase order #

**TO ACCEPT THIS PROPOSAL,  
PLEASE INITIAL AND DATE EACH PAGE,  
SIGN AND DATE THIS PAGE THEN  
RETURN ALL PAGES TO SFC –**

**RETURN FAX NUMBER: 727-573-2075**

***\*\*Proposal void after 7 days\*\****



**AIR KING Floor Fan: Floor Fan, 20 in Blade Dia, 3 Speeds, 1570/2055/2470 cfm, Non-Oscillating, 5-15P**

Item 4CH68 Mfr. Model 9500

Compare

**Product Details** Catalog Page [2923](#)

Brand	AIR KING
Fan Mounting Location	Floor; Table
Number of Speeds	3
Blade Diameter	20 in
Air Flow	1570/2055/2470 cfm
Oscillation	Non-Oscillating
Includes Remote Control	No
Watts	109/88/64 W
RPM	1137/1018/777 RPM
Number of Blades	5
Blade Material	Polypropylene
Voltage	120V AC
Amps	1.05/0.82/0.62 A
Hz	60
Height	24-3/4 in
Width	6-3/4 in
Fan Cord Length	6 ft
NEMA Plug Configuration	5-15P
Fan Power Source	Plug-In
Number of Conductors	3
Bearing Type	Sleeve
Guard Material	Impact Resistant Plastic
Includes	Carrying Handle; Rotating Fan Head
Standards	Tested to AMCA standard 230.99; ETL and OSHA Compliant Guards
Environmental Applications	Office; Desk
Product Type	Floor Fan
UNSPSC	40101604
Country of Origin	USA (subject to change)

**Product Description**  
Office floor fans have a wide support base to resist tipping over, even when bumped. These cooling fans are also light enough to pick up and carry where needed.

Web Price <sup>i</sup>  
**\$93.72** / each

Qty  
12

**Add to Cart**

Ship  Pickup

Expected to arrive  
Mon. Oct 02.

Ship to 33770 | [Change](#)


Shipping Weight **12.4 lbs**  
[Ship Availability Terms](#)

[Add to List](#)

**Documents**

[Air King 20" Pivot Fan OIPM](#)

**Alternate Products** <sup>i</sup>



**AIR KING Box Fan: Box Fan, 20 in Blade Dia, 3 Speeds, 1463/1900/2163 cfm, Non-Oscillating**

Item 4CH71

Compare

Web Price <sup>i</sup>  
**\$60.64** / each

Qty  
1

**Add to Cart**

Chat with an Agent



## Industrial Portable Dehumidifier: 85 pt Per Day, Std Refrigerant, Hour Meter

Item 55HE57 Mfr. Model 55HE57

Compare

**Product Details** Catalog Page [3062](#)

Brand **DAYTON**

Daily Water Removal Capacity (90°F/90% RH) **165 pt**

Daily Water Removal Capacity (80°F/60% RH) **85 pt**

Drain/Pump Options **Continuous Drain; Built-In Drain Pump**

Housing Material **Steel**

Operating Temperature Range **41° to 95°F**

Dehumidification Method **Standard Refrigerant**

Maximum Air Flow **210 cfm**

Wi-Fi Compatible **No**

Bluetooth Enabled **No**

Hour Meter **Yes**

Auto-Restart **Yes**

Voltage **115 V AC**

Frequency **60 Hz**

Amperage **5.6 A**

Recommended Environments **Commercial; Industrial**

Energy Star Certified **No**

Housing Color **Black; Gray**

Weight **95 lb**

Overall Height **43-3/8 in**

Overall Width **22-7/8 in**

Overall Depth **24 in**

Clean Filter Reminder **No**

Control Modes **Defrost; Long Defrost; Normal Run; Shut Down; Start-Up**

Control Panel Languages **English**

Control Type **Keypad**

Cord Storage **Cord Wrap**

Coverage Area **753 sq ft**

Defrost Type **Automatic**

Drain Hose Length **20 ft**

Drain Hose Pump Direction **Horizontal and Vertical**

Drain Hose Storage **Back Panel Pocket**

Filter Type **Washable**

Filters Out **Dust**

Housing Construction **Sheet Metal**

Web Price <sup>?</sup>

**\$1,702.18** / each

This item requires special shipping, additional charges may apply.

Qty  
6

**Add to Cart**

Ship

Pickup

Expected to arrive  
**Mon. Oct 02.**


Ship to 33770 | [Change](#)

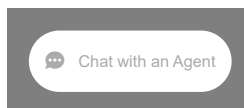
Shipping Weight **136 lbs**

[Ship Availability Terms](#)

[Add to List](#)

### Compliance & Restrictions

 **This item is restricted in certain states. [View all states.](#)**





Housing Finish **Powder Coated**

Includes Air Filter **Yes**

Includes Drain Hose **Yes**

Manufacturer Warranty Length **1 yr Limited**

NEMA Plug Rating **5**

Number of Wheels **2**

Operating Humidity Range **30% to 90%**

Power Cord Length **10 ft**

Pump Access Location **Front Panel**

Refrigerant Charge **24.3 oz**

Refrigerant Type **R-410A**

Stackable **No**

Standards **cETLus Listed**

Water Lift **13 ft**

Wattage **820 W**

Wheel Diameter **10 in**

Displayed Brand **DAYTON**

Manufacturer Part Number **55HE57**

Series **Dayton**

Includes Ionization **No**

Maximum Noise Level **59.7 dB**

UNSPSC **40101902**

Country of Origin **China (subject to change)**

#### Product Description

Industrial dehumidifiers are more durable and provide higher water-removal capacity than office dehumidifiers. They are used for water-damage remediation jobs and for drying the air in warehouses, storage facilities, museums, and similar large indoor spaces. These condensate dehumidifiers have refrigerated coils that chill the air as it moves through them. This causes moisture in the air to condense and collect inside the dehumidifiers, allowing it to be drained or disposed of. These dehumidifiers are suitable for drying the air in warm, humid areas.

## Compatible Products



Filter: Panel, 14 in x 15 in x 1/4 in, 14 in

Item 55ZK61

Compare

Web Price 

**\$8.89** / each

Qty  
1

**Add to Cart**

 Chat with an Agent

Budget for the PCF Grant

Item	Item No	Amount	Total Cost
Replacement Fence			9,436.00
Motorized Gate			18,082.00
Commerical Dehumitfer	55HE57	6	10,213.08
	XD-85L2-Blue	6	7,863.18
	XD-85L2-BLUE	6	11,718.00
Commerical Fans	4CH71	12	727.68
	SFD1-500B-3	12	839.76
	SFD1-500B	12	839.88

Provider

Smith

Smith

Grainger

Home Depot

Lowe's

Grainger

Home Depot

Lowe's

	Nov 22	Dec22	Jan 23	Feb23	Mar 23	Apr23	May 23	Jun 23
<b>Ordinary Income/Expense</b>								
<b>Income</b>								
41000 · Program Income								
41100 · Museum Tour Donations								
41200 · Sponsorship - Exhibition								
<b>Total 41000 · Program Income</b>								
42000 · Contributions								
42001 · Contributions · Cash			150.00	150.00		85.00	85.00	
			0.00	0.00		7,000.00	0.00	7
			150.00	150.00		7,085.00	85.00	7
42100 · Pioneers			0.00	0.00		0.00	0.00	
42210 · Contributions			0.00	0.00		0.00	0.00	
42215 · Designated Donations						0.00	0.00	
42300 · Memorials			100.00	100.00		100.00	100.00	
42400 · Settler	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
42500 · Amazon Smile Donations			8.00	8.00		8.00	8.00	
42001 · Contributions - Cash · Other			100.00	100.00	100.00	100.00	100.00	100.00
<b>Total 42001 · Contributions · Cash</b>			2,208.00	2,208.00	2,208.00	2,208.00	2,208.00	2,208.00
42799 · In Kind								
42800 · In Kind Donations			210.00	210.00		210.00	210.00	
42801 · In Kind Advertising			420.00	420.00		420.00	420.00	
42901 · In Kind Ads Fish Fry Exp						0.00	0.00	
<b>Total 42799 · In Kind</b>			630.00	630.00	630.00	630.00	630.00	630.00
<b>Total 42000 · Contributions</b>			2,838.00	2,838.00	2,838.00	2,838.00	2,838.00	2,838.00
43000 · Special Events								
43399 · Special Events Revenue								
43100 · Fish Fry/Family Fun Tickets			3,000.00	0.00		0.00	0.00	
43200 · Fish Fry/Family Fun Donations			250.00	0.00		0.00	0.00	
<b>Total 43399 · Special Events Revenue</b>			3,250.00	0.00		0.00	0.00	
43401 · Fish Fry/Family Fun Expenses			2,500.00	0.00		0.00	0.00	
43410 · Jolley Trolley Hunted Tours			250.00	250.00		250.00	250.00	
<b>Total 43000 · Special Events</b>			6,000.00	250.00		250.00	250.00	
44000 · Government Grants								
44100 · City of Clearwater			60,000.00	0.00		0.00	0.00	
<b>Total 44000 · Government Grants</b>			60,000.00	0.00		0.00	0.00	
	Nov 22	Dec 22	Jan 23	Feb23	Mar23	Apr23	May23	Jun 23
45000 · Membership Dues								
45100 · Dues								
45000 · Membership Dues - Other							0.00	0.00
<b>Total 45000 · Membership Dues</b>							450.00	450.00
46000 · Investment Income								
46100 · Interest Income							1.00	1.00
<b>Total 46000 · Investment Income</b>							1.00	1.00
47000 · Other Income								
47001 · Gift Shop Revenue								
47100 · Vintage Clothing Sale							25.00	25.00
47200 · Book Sales							125.00	125.00
47300 · Gift Shop Sales							20.00	20.00
47301 · Book Purchases							-40.00	-40.00
47001 · Gift Shop Revenue - Other							0.00	0.00



62600 · Fundraising  
 62601 · Professional Fees 750.00 750.00 750.00 750.00 750.00 750.00 ;

Total 62600 · Fundraising 750.00 750.00 750.00 750.00 750.00 750.00 750.00 750.00 750.00 750.00 750.00 750.00  
 62602 · Bank Fees 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00

63000 · Occupancy

	Nov 22	Dec22	Jan 23	Feb23	Mar23	Apr23	May 23	Jun 23	Jul23	Aug 23	Sep23	Oct23
63100 · Electric					1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00

63103 · security service								30.00	30.00	30.00	30.00	
63108 · Security Light								35.00	35.00	35.00	35.00	
63109 · Termite Treatment										0.00	0.00	
63111 · painting.										1,500.00	0.00	
63118 · Air Conditioning										0.00	0.00	
63200 · Water & Sewer								250.00	250.00	250.00	250.00	
63300 · Lawn Care								350.00	350.00	350.00	350.00	
63400 · Custodial & Janitorial								175.00	175.00	175.00	175.00	
63600 · Repairs & Maint								0.00	0.00	0.00	0.00	
63650 · Repairs								350.00	350.00	350.00	350.00	

63700 · Telephone

330.00 330.00 330.00 330.00 330.00 330.00 330.00 330.00 330.00 330.00 330.00 330.00

Total 63000 · Occupancy

2,520.00 2,520.00 4,020.00 2,520.00 2,520.00 2,520.00 2,520.00 2,520.00 2,520.00 4,310.00 2,520.00 2,520.00

65000 · Plumb House Exp

65100 · Electric								0.00	0.00	0.00	0.00	
65200 · Insurance-Liability								0.00	0.00			
65300 · Pest control								0.00	0.00	0.00	0.00	
65400 · Repairs & Maint										0.00	0.00	
65600 · Telephone										0.00	0.00	
65700 · Water/Sewer								0.00	0.00	0.00	0.00	
Total 65000 · Plumb House Exp								0.00	0.00	0.00	0.00	

Total Expense

6,625.00 6,150.00 14,883.00 5,900.00

Net Ordinary Income

63,664.00 -1,611.00 -3,409.00 -1,426.00

Other Income/Expense

Other Expense

93000 · Depreciation

90003 · Depreciation Equipment

0.00 0.00

93001 · Depreciation Building

0.00 0.00

Total 93000 · Depreciation

0.00 0.00

Total Other Expense

0.00 0.00

Net Other Income

0.00 0.00

Net Income

63,664.00 -1,611.00 3,409.00 -1,426.00 5,574.00 -1,426.00 4,074.00 3,577.00 -1,426.00 -5,810.00

TOTAL

Nov '22 - Oct 23

Ordinary Income/Expense Income

41000 · Program Income

41100 · Museum Tour Donations

1,150.00

41200 · Sponsorship Exhibition

19,000.00

<b>Total 41000 · Program Income</b>	<u>20,150.00</u>
<b>42000 · Contributions</b>	
<b>42001 · Contributions · Cash</b>	
42100 · Pioneers	0.00
42210 · Contributions	0.00
42215 · Designated Donations	0.00
42300 · Memorials	1,200.00
42400 · Settler	24,000.00
42500 · Amazon Smile Donations	96.00
42001 · Contributions - Cash - Other	<u>1,200.00</u>
<b>Total 42001 · Contributions · Cash</b>	26,496.00
<b>42799 · In Kind</b>	
42800 · In Kind Donations	2,520.00
42801 · In Kind Advertising	5,040.00
42901 · In Kind Ads Fish Fry Exp	<u>0.00</u>
<b>Total 42799 · In Kind</b>	<u>7,560.00</u>
<b>Total 42000 · Contributions</b>	34,056.00
<b>43000 · Special Events</b>	
<b>43399 · Special Events Revenue</b>	
43100 · Fish Fry/Family Fun Tickets	6,000.00
43200 · Fish Fry/Family Fun Donations	<u>250.00</u>
<b>Total 43399 · Special Events Revenue</b>	6,250.00
<b>43401 · Fish Fry/Family Fun Expenses</b>	5,000.00
<b>43410 · Jolley Trolley Hunted Tours</b>	<u>3,000.00</u>
<b>Total 43000 · Special Events</b>	14,250.00
<b>44000 · Government Grants</b>	
44100 · City of Clearwater	60,000.00
<b>Total 44000 · Government Grants</b>	<u>60,000.00</u>

45000 · Membership Dues 45100 · Dues  
45000 · Membership Dues - Other Total 45000 · Membership Dues  
46000 · Investment Income  
46100 · Interest Income Total 46000 · Investment Income 47000 ·  
Other Income  
47001 · Gift Shop Revenue  
47100 · Vintage Clothing Sale 47200 · Book Sales  
47300 · Gift Shop Sales 47301 · Book Purchases  
47001 · Gift Shop Revenue - Other Total 47001 · Gift Shop Revenue  
Total 47000 · Other Income 48000 · Rent - Storage  
48001 · Storgage-Campus 48002 · Rent-Plumb House 48000 · Rent -  
Storage - Other  
Total 48000 · Rent - Storage 49000 · Facility Rentals  
49100 · Event Center  
49200 · Rental of tables and chairs Total 49000 · Facility Rentals  
Total Income Gross Profit  
Expense  
61000 · Program Expenses  
61100 · Womens History Exhibit 61102 · Shoppe Resale Purchases  
61200 · Seasonal Decorations  
61300 · Special Events Expense



	TOTAL
61400 · Exhibits	
61500 · Archival Supplies	
61600 · Subscriptions, Reference 61700 · Membership	Nov '22 - Oct 23
Dues - Program	0.00
Total 61000 · Program Expenses 61701 · In Kind Expense	120.00
61702 · Donors Appreciation 62000 · <b>General</b> & Admin	150.00
62110 · Accounting Fees	<u>0.00</u>
62200 · Prof Fees-Board Development 62300 · Advertising	9,642.00
& Promotion	4,800.00
62310 · Advertising	750.00
62320 · Social Media Advertising 62330 · IT and Website	5,400.00
Total 62300 · Advertising & Promotion 62400 · Office	9,000.00
Expense	480.00
62410 · Office Supplies 62420 · Merchant Fees	300.00
62421 · Merchant Fees - Donations 62440 · Govt	<u>1,500.00</u>
Registration Fees 62445 · Computer	2,280.00
62450 · Insurance	1,320.00
Total 62400 · Office Expense 62500 · Printing & Postage	780.00
62510 · Postage	62520 · Printing
62520 · Printing	-180.00
Total 62500 · Printing & Postage Total 62000 · General &	150.00
Admin 62600 · Fundraising	0.00
62601 · Professional Fees Total 62600 · Fundraising 62602	<u>3,333.00</u>
· Bank Fees	5,403.00
63000 · Occupancy	720.00
	<u>4,500.00</u>
	<u>5,220.00</u>
	27,303.00
	<u>9,000.00</u>
	9,000.00
	120.00

63100 · Electric  
63103 · security service 63108 · Security Light 63109 · Termite  
Treatment 63111 · painting.  
63118 · Air Conditioning 63200 · Water & Sewer 63300 · Lawn Care  
63400 · Custodial & Janitorial 63600 · Repairs & Maint 63650 · Repairs  
63700 · Telephone Total 63000 · Occupancy 65000 · Plumb House  
Exp  
65100 · Electric  
65200 · Insurance-Liability 65300 · Pest control 65400 · Repairs &  
Maint 65600 · Telephone  
65700 · Water/Sewer  
Total 65000 · Plumb House Exp Total Expense  
Net Ordinary Income Other Income/Expense  
Other Expense  
93000 · Depreciation  
90003 · Depreciation Equipment 93001 · Depreciation Building  
Total 93000 · Depreciation Total Other Expense  
Net Other Income  
Net Income

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130.00	130.00	130.00	130.00	130.00	130.00	130.00	130.00
130.00	130.00	130.00	130.00	130.00	130.00	130.00	130.00
330.00	330.00	330.00	330.00	330.00	330.00	330.00	330.00
200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
530.00	530.00	530.00	530.00	530.00	530.00	530.00	530.00
150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00
40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00
190.00	190.00	190.00	190.00	190.00	190.00	190.00	190.00
0	4,474.00	9,974.00	9,474.00	4,474.00	4,474.00	4,474.00	4,474.00
1	4,474.00	9,974.00	9,474.00	4,474.00	4,474.00	4,474.00	4,474.00

0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25.00	25.00	25.00	22.00	25.00	25.00	25.00	25.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00

**3**            **Apr23**    **Mai23**    Jun 23    Jul23            Aug23            Sep23    Oct23

0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
235.00	235.00	235.00	232.00	235.00	235.00	235.00	235.00
400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
450.00	450.00	450.00	450.00	450.00	450.00	450.00	450.00
750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00
40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00
25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00
190.00	190.00	190.00	190.00	190.00	190.00	190.00	190.00
110.00	110.00	110.00	110.00	110.00	110.00	110.00	110.00
65.00	65.00	65.00	65.00	65.00	65.00	65.00	65.00
-15.00	-15.00	-15.00	-15.00	-15.00	-15.00	-15.00	-15.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	2,600.00	0.00	0.00
160.00	160.00	160.00	160.00	160.00	2,760.00	160.00	160.00
60.00	60.00	60.00	60.00	60.00	60.00	60.00	60.00
375.00	375.00	375.00	375.00	375.00	375.00	375.00	375.00

0 435.00 435.00 435.00 435.00 435.00

1,985.00 1,985.00 1,985.00 4,585.00 1,985.00 1,985.00

750.00 750.00 750.00 750.00 750.00 750.00

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0

30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00
35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00
0.00	0.00	0.00	0.00	0.00	500.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	1,290.00	0.00	0.00
250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00
350.00	350.00	350.00	350.00	350.00	350.00	350.00	350.00
175.00	175.00	175.00	175.00	175.00	175.00	175.00	175.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
350.00	350.00	350.00	350.00	350.00	350.00	350.00	350.00

0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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5,900.00	5,900.00	5,900.00	5,897.00	5,900.00	10,290.00	5,900.00	5,900.00
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5,574.00	-1,426.00	4,074.00	3,577.00	-1,426.00	-5,816.00	-1,426.00	-1,426.00
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0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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**16.00 -1,426.00 -1,426.00**

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TOTAL

Nov '22 - Oct 23

5,400.00

0.00

5,400.00

12.00

12.00

300.00

1,500.00

240.00

-480.00

0.00

1,560.00

1,560.00

3,960.00

2,400.00

0.00

6,360.00

1,800.00

480.00

2,280.00

144,068.00

144,068.00

6,000.00

472.00

500.00

2,400.00





TOTAL
<b>Nov '22 - Oct 23</b>
12,000.00
360.00
420.00
500.00
1,500.00
1,290.00
3,000.00
4,200.00
2,100.00
0.00
4,200.00
<u>3,960.00</u>
33,530.00
0.00
0.00
0.00
0.00
0.00
<u>0.00</u>
0.00
<u>85,145.00</u>
58,923.00
0.00
<u>0.00</u>
<u>0.00</u>
<u>0.00</u>
<u>0.00</u>
<b>58,923.00</b>

Board of Directors

President	Allison Dolan
Vice President	Vacant
Treasurer	Suz Carter Priest
Secretary	Jeanne Holmquest
Past President	Bill Wallace
	Liz Childress
	Jerry Collman
	Lila Grant
	Susan Raineri
Bd Member Emeritus	Dean Robinson
	Vacant
	Vacant

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

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

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

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2021 calendar year, or tax year beginning 11/01/21, and ending 10/31/22**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Clearwater Historical Society, Inc		<b>D</b> Employer identification number 59-1938824
	Doing business as Clearwater Historical Society, Inc		<b>E</b> Telephone number 727-754-8019
	Number and street (or P.O. box if mail is not delivered to street address) P O Box 175		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code Clearwater FL 33757		<b>G</b> Gross receipts\$ 119,864

**F** Name and address of principal officer:  
**Allison Dolan**  
**P O Box 175**  
**Clearwater FL 33757**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

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

**J** Website: ▶ [clearwaterhistoricalsociety.org](http://clearwaterhistoricalsociety.org) **H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1979** **M** State of legal domicile: **FL**

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>To preserve the collection of artifacts, relics and documents relating to the history of the City of Clearwater and to operate the museum for access to those archives.</b>			
	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	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		65,871	94,466
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		25,473	25,386
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13	12
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		91,357	119,864
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		4,500	5,000
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,000			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		156,610	109,087
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		161,110	114,087	
19 Revenue less expenses. Subtract line 18 from line 12		-69,753	5,777	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		485,695	411,995
	22 Net assets or fund balances. Subtract line 21 from line 20		1,193	1,242
		484,502	410,753	

**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: **Allison Dolan** Date: \_\_\_\_\_  
 Type or print name and title: **President**

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name: ▶ **This tax return prepared by a non-paid preparer.** Firm's EIN: ▶ \_\_\_\_\_  
 Firm's address: ▶ \_\_\_\_\_ Phone no.: \_\_\_\_\_

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**The Mission of the Clearwater Historical Society is to Educate, Collect, Preserve, Exhibit and Promote the People, Culture and Events of Clearwater's rich past.**

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 \$ **59,496** including grants of \$ ) (Revenue \$ )

**Catalog & maintain security of historic artifacts & collections and to display the collection at the Clearwater Museum at the former site of the South Ward School complex.**

4b (Code: ) (Expenses \$ **6,007** including grants of \$ ) (Revenue \$ )

**Maintenance and operations of the historice 19th century Plumb House.**

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

**N/A**

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **65,503**

**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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		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? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	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	<b>2a</b>	0		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			X
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	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 instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 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 **▶**

**Allison Dolan**  
**Clearwater**  
**P O Box 175**

**FL 33757 727-754-8019**



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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>Allison Dolan</b> ..... <b>President</b>	0.00 0.00	X		X				0	0	0
(2) <b>Suz Priest</b> ..... <b>Treasurer</b>	0.00 0.00	X		X				0	0	0
(3) <b>Jeanne Holmquist</b> ..... <b>Secretary</b>	0.00 0.00	X		X				0	0	0
(4) <b>William Wallace</b> ..... <b>Past President</b>	0.00 0.00	X						0	0	0
(5) <b>Elizabeth Childress</b> ..... <b>Director</b>	0.00 0.00	X						0	0	0
(6) <b>Jerry Collman</b> ..... <b>Director</b>	0.00 0.00	X						0	0	0
(7) <b>Lila Grant</b> ..... <b>Director</b>	0.00 0.00	X						0	0	0
(8) <b>Susan Raineri</b> ..... <b>Director</b>	0.00 0.00	X						0	0	0
(9) <b>Dean Robinson</b> ..... <b>Director</b>	0.00 0.00	X						0	0	0
(10)										
(11)										

**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 dotted 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			
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> 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> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>

**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

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b	4,620			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	24,900			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	64,946			
	g Noncash contributions included in lines 1a-1f	1g \$	4,355			
	<b>h Total.</b> Add lines 1a-1f		<b>94,466</b>			
	<b>Program Service Revenue</b>	2a <b>Exhibition-Sponsors</b>	Business Code	23,204		23,204
b <b>Museum Admissions</b>			2,182		2,182	
c						
d						
e						
f All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			<b>25,386</b>			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		12		12	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities			
			(ii) Other			
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
d Net gain or (loss)						
8a 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						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a 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						
<b>Miscellaneous Revenue</b>	11a	Business Code				
	b					
	c					
	d All other revenue					
	<b>e Total.</b> Add lines 11a-11d					
<b>12 Total revenue.</b> See instructions		<b>119,864</b>	<b>0</b>	<b>0</b>	<b>25,398</b>	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	13,000		13,000	
<b>b</b> Legal				
<b>c</b> Accounting	5,171		5,171	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	5,000			5,000
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	1,229	1,229		
<b>13</b> Office expenses	10,563	5,581	4,982	
<b>14</b> Information technology	1,714	1,714		
<b>15</b> Royalties				
<b>16</b> Occupancy	52,595	33,451	19,144	
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	2,573	1,286	1,287	
<b>24</b> 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.)				
<b>a</b> <b>Museum Exhibits</b>	12,916	12,916		
<b>b</b> <b>Women's History Exhibit</b>	7,490	7,490		
<b>c</b> <b>Museum Special Events</b>	869	869		
<b>d</b> <b>Volunteer Appreciation</b>	633	633		
<b>e</b> All other expenses	334	334		
<b>25</b> Total functional expenses. Add lines 1 through 24e	114,087	65,503	43,584	5,000
<b>26</b> 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 Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	18,883	1	15,822
	2	Savings and temporary cash investments	79,330	2	78,367
	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	1,000	9	850
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	614,888		
	10b	Less: accumulated depreciation	297,932		
	10c		386,482	10c	316,956
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	485,695	16	411,995	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	9	17	1,242
	18	Grants payable		18	
	19	Deferred revenue	1,184	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		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,193	26	1,242
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	484,502	27	410,753
	28	Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	484,502	32	410,753
33	<b>Total liabilities and net assets/fund balances</b>	485,695	33	411,995	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>119,864</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>114,087</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>5,777</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>484,502</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	<b>-10,000</b>
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>-69,526</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>410,753</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" 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.		
<b>2a</b>	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		<b>X</b>
<b>2b</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		<b>X</b>
<b>2c</b>	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.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
<b>3b</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		

**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Clearwater Historical Society, Inc**

Employer identification number

**59-1938824**

**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).

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						

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

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

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

**14** Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 %

**15** Public support percentage from 2020 Schedule A, Part II, line 14 15 %

**16a 33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**17a 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶

**b 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	138,155	87,497	93,576	65,871	94,466	479,565
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,964	3,407				7,371
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513		3,407	5,873	25,473	25,386	60,139
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	142,119	94,311	99,449	91,344	119,852	547,075
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						547,075

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6	142,119	94,311	99,449	91,344	119,852	547,075
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			112	13	12	137
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b			112	13	12	137
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	142,119	94,311	99,561	91,357	119,864	547,212
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	99.97 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	16	99.98 %

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

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

- 19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Public Inspection Copy

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

2021

Open to Public Inspection

Name of the organization

Employer identification number

Clearwater Historical Society, Inc

59-1938824

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: Description, Amount. Rows include: 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. 1b 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
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes    | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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		595,258	280,261	314,997
c Leasehold improvements				
d Equipment		19,630	17,671	1,959
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>316,956</b>



**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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



**Part XIII** Supplemental Information *(continued)*

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**Clearwater Historical Society, Inc**

Employer identification number

**59-1938824**

**Form 990, Part III, Line 4d - All Other Accomplishments**

**Gen & Admin Computer**

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

**Treasurer reviews the Form 990 and a draft copy of the return is made  
available to all Board Members.**

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

**Provided on request**

**Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation**

**Book / Tax Depreciation Difference \$ -69,526**

	<u>Aug 31, 23</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
10000 · Regions Bank Checking	34,473.73
10100 · Regions Bank Money Market	185,557.67
10200 · PayPal-Bank	90.15
10300 · Publix Gift Cards	137.10
	<hr/>
<b>Total Checking/Savings</b>	220,258.65
<b>Accounts Receivable</b>	
11000 · Accounts Receivable	-990.00
	<hr/>
<b>Total Accounts Receivable</b>	-990.00
<b>Other Current Assets</b>	
12001 · Undeposited Funds	269.00
12600 · Prepaid Expense	
12599 · Innisbrook giftcards	1,000.00
	<hr/>
<b>Total 12600 · Prepaid Expense</b>	1,000.00
	<hr/>
<b>Total Other Current Assets</b>	1,269.00
	<hr/>
<b>Total Current Assets</b>	220,537.65
<b>Fixed Assets</b>	
<b>14000 · Buildings &amp; Equip</b>	
14001 · Buildings	
14002 · Plumb House Site Work	20,254.00
14003 · Roof Replacement Education ...	47,015.00
14010 · Leasehold Improvements-5yr	71,945.00
14011 · Leasehold Improvements-7yr	311,449.00
14012 · Leasehold Improvements-39yr	116,595.00
14013 · Leasehold Improv 39yr Event ...	28,000.00
14090 · Accum Depreciation Bldgs	-216,464.00
	<hr/>
<b>Total 14001 · Buildings</b>	378,794.00
<b>15000 · Furniture</b>	
15010 · Used Furniture	1,425.00
15090 · Accum Depreciation Furniture	-1,425.00
	<hr/>
<b>Total 15000 · Furniture</b>	0.00

Clearwater Historical Society, Inc  
**Balance Sheet**  
As of August 31, 2023

	<u>Aug 31, 23</u>
16000 · Equipment	
16001 · Computers	1,018.28
16002 · Computer Software	5,877.33
16010 · Museum Displays	11,310.00
16090 · Accum Depreciation Equip	-10,517.00
	<hr/>
<b>Total 16000 · Equipment</b>	<b>7,688.61</b>
	<hr/>
<b>Total 14000 · Buildings &amp; Equip</b>	<b>386,482.61</b>
	<hr/>
<b>Total Fixed Assets</b>	<b>386,482.61</b>
	<hr/>
<b>TOTAL ASSETS</b>	<b><u>607,020.26</u></b>
	<hr/>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Other Current Liabilities</b>	
25500 · Sales Tax Payable	9.83
	<hr/>
<b>Total Other Current Liabilities</b>	<b>9.83</b>
	<hr/>
<b>Total Current Liabilities</b>	<b>9.83</b>
	<hr/>
<b>Total Liabilities</b>	<b>9.83</b>
	<hr/>
<b>Equity</b>	
32000 · Unrestricted Net Assets	480,676.51
Net Income	126,333.92
	<hr/>
<b>Total Equity</b>	<b>607,010.43</b>
	<hr/>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b><u>607,020.26</u></b>
	<hr/>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/18/2022

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

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

<b>PRODUCER</b> <b>Lancaster Insurance</b> 510 Druid Rd E., Ste. #C P O Box 2856 Clearwater FL 33757	<b>CONTACT NAME:</b> Sherry Wilt	
	<b>PHONE (A/C, No. Ext):</b> (727) 461-3704	<b>FAX (A/C, No):</b> (727) 441-3298
<b>E-MAIL ADDRESS:</b> Sherry@lancins.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Southern-Owners Insurance		<b>10190</b>
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES** **CERTIFICATE NUMBER:** CL148707469 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>		20954975	8/7/2022	8/7/2023	MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

The certificate holder is listed as additional insured with respect to the general liability insurance.

610 S Fort Harrison Ave  
Clearwater, FL 33757-0175

1380 South Martin Luther King Ave  
Clearwater, FL 33756

**CERTIFICATE HOLDER**

clearwaterhistory@gmail.com

City of Clearwater  
100 S. Myrtle Ave.  
Clearwater, FL 33756

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Sherry Wilt/SLW

*Sherry Wilt*



# Clearwater Historical Society

610 S. Ft Harrison Ave  
Clearwater, Fl.

**Performed on:**  
**August 10, 2022**  
***Prepared by:***

*ATC & Associates*  
*3352 Indian Hills Drive*  
*Pace, FL 32571*

## **Onsite Inspection Report**





## Overview

ATC & Associates LLC was engaged by the Clearwater Historical Society to review current brick spalling at the rear elevation of the Clearwater Historical Society building. The Clearwater Historical Society is located at 610 S Ft Harrison Avenue, Clearwater, Fl.

## Observations, Findings and Recommendations

ATC & Associates LLC performed a limited site inspection of the property on August 10, 2022. The following are the observations, findings and recommendations from the site inspections on 10th of August;

1. The building is a 3 story multi wythe brick structure that was built in 1906.
2. The building is an estimated 4 wythe thick structural wall. “A wythe is a vertical section of a masonry wall that is one unit thick”. See example of brick wythe on page 7 of this report.
3. The roof has been clad with a TPO roof system that caps the parapet wall. At the time of this inspection there are no reported roof leaks.
4. The window units are not the original window units. The windows are vinyl clad single hung units.
5. The brick has been painted a few times during the building’s history.
6. The rear (south) elevation of the building is broken into 3 sections (left (southwest), center and right (southeast)) for illustration purposes.
7. The tie backs used to stabilize the rear (south) elevation parapet wall are corroding (rusting). This condition will effect the water tightness of the tie back’s transition into the roof system. **Recommend to clean the tie backs with a wire wheel, treat the tie backs with a rust inhibitor and then paint with a high quality exterior rated**



metal paint.

8. The rear (south) elevation of the building has decorative brick at the window perimeters attached to the structural brick wall. A section of this decorative brick spalled (fell) off the wall from the 3rd floor southeast wall of the building. The causation of the brick spalling is related to water infiltration degrading the brick mortar joint and the mortar holding the decorative to the wythe behind. **Based on the size of the decorative brick that is spalling off and the cost to install Helical ties and the collateral repairs at these areas, recommend removing the remaining brick that is spalling off the brick wall. This would around the 2nd and 3rd windows on the southeast elevation of the 3rd floor, repair applicable mortar joints at the base of the wall and reinstall the brick per industry guidelines. Once the brick has been reinstalled, install a backer rod and sealant (Dow 795) to the window perimeters of ALL window units at ALL elevations.**
9. There is separation of the brick reveal at the perimeter of the middle window at the southeast (right) section 3rd floor. **See recommendations of line item #8.**
10. There is a large brick reveal that borders at the top of the walls of ALL elevations of the building. The top of the brick reveal is capped with mortar, this mortar is cracking and allowing water infiltration into the brick wall below. The top of these brick reveals have vegetative growth. **Recommend pressure washing the brick walls with TSP (Tri Sodium Phosphate) or Simple Green (allow to sit for 20 minutes), remove any vegetation, repair any damaged/missing brick mortar joints, then apply silicone roof coating at the top of the brick reveals (use caution as to where the silicone coating will be terminated due to other coating adhesion issues).**
11. There are random sections of the building where the paint on the brick is flaking/



failing. This condition can and has allowed water to infiltrate the brick wall below and aid in the growth of vegetation in the brick. **Recommend pressure washing the brick walls with TSP (Tri Sodium Phosphate) or Simple Green (allow to sit for 20 minutes), repair (tuck point) any damaged/missing brick mortar joints. The tuck pointing process may require full depth replacement in many locations due to the deterioration of the mortar, replace mortar with Type S mortar, allow to cure 7 days, then apply 2 coats of BASF EL750 sealant to the surface of the brick and mortar joints. Ideally an Acrylic coating would be used, however the BASF EL750 elastomeric will still provide permeability and still provide the millage and long term performance of 10 yrs plus.**

12. There are diagonal cracks in the outer wythe of the brick. The cracking is related to previous movement in the parapet wall (water infiltration and degradation of the brick mortar). **Recommend following recommendation in line 11.**
13. The stairwell wall has typical stair step cracking. These types of cracks are typically related to the shrinkage of the CMU/mortar. **Recommend pressure washing the CMU walls with TSP (Tri Sodium Phosphate) or Simple Green (allow to sit for 20 minutes), repair (tuck point) any damaged/missing CMU mortar joints. Replace mortar with Type S mortar, allow to cure 7 days, then apply 2 coats of BASF EL750 sealant to the surface of the CMU and mortar joints.**
14. There are random cracks in the brick and brick mortar joints. The cracks in the brick and brick mortar joints are related to water infiltration into the brick and degradation of the brick mortar joints. **Recommend pressure washing the brick walls with TSP (Tri Sodium Phosphate) or Simple Green (allow to sit for 20 minutes), repair (tuck point) any damaged/missing brick mortar joints. The tuck pointing process**



may require full depth replacement in many locations due to the deterioration of the mortar, replace mortar with Type S mortar, allow to cure 7 days, then apply 2 coats of BASF EL750 sealant to the surface of the brick and mortar joints.

15. Ceiling tiles near the exterior walls have water stains. Some of the stains are related to previous roof leaks.

16. The exterior walls of the buildings interior have evidence of previous water intrusion. Efflorescence, water staining and peeling paint are signs of water intrusion relating to the exterior wall.

17. The interior of the building has an elevated moisture. The moisture is related to poor humidity control of the building's interior which is exasperated by the condition of the exterior brick, failed wall coating and failed/missing window perimeter sealants. **Recommend following exterior remediation recommendation in the line items above. Utilizing commercial dehumidifiers with box fans (to increase air flow throughout the building) to reduce the humidity levels down to a range that is less than 55% RH. This will aid in the control of any moisture in the drywall, plaster, wood and masonry components on the interior of the building. The process of drying out the building will takes over a month based on the size building vs the dehumidification units being used. The removal of the interiors high humidity will reduce the chances of mold growth and improve the air quality of the building's interior.**

*\*The information contained in this report is based upon review of provided documentation, information obtained by visual inspection of the property, information stated to us by others, relevant industry standards and guidelines, research, and our education, training and professional experience. The accuracy of our opinions is contingent upon our having been provided copies of relevant building plans and prior exploratory reports, if any, and our ability to directly examine the subject areas and as*



*much of the structure as possible.*

*During its inspections, ATC & Associates, LLC, utilizes various methods and test equipment to obtain relevant data to assist in the location of potential problem areas. While the test equipment serves as a useful tool, the data obtained via the utilization of such equipment is not an exact science. Multiple factors, such as hidden construction within the wall cavity, including but not limited to metals, wiring, unique wall finishes and the like, can affect the validity of the test equipment readings and, on occasion, may result in false positive and/or no readings at all. The equipment is not utilized to obtain exact moisture content, but rather to obtain relative readings between suspect and non-suspect areas. This form of data collection is merely one of many methods used to assist the consultant in determining potential problem areas that may warrant further investigation.*

*This assessment is "limited". Although the Consultant has made every reasonable attempt to uncover deficiencies, our observations are limited to the areas of immediate access and, therefore, may not identify all existing deficiencies. This report is not intended to provide a comprehensive outline of each and every deficiency and/or damage observed throughout the property. It does, however, represent our professional opinion regarding the conditions we have examined. Photos included are samples of photos taken during our evaluation of the building and do not include each and every defect observed. At the time of demolition, repair, or replacement, your contractor or engineer may find additional damages or conditions not discoverable during this limited inspection.*

*The conclusions and information stated in this report are subject to change, amendment, or modification at our discretion. We reserve the right to amend this report at any time if additional information, physical data, or evidence is made available.*

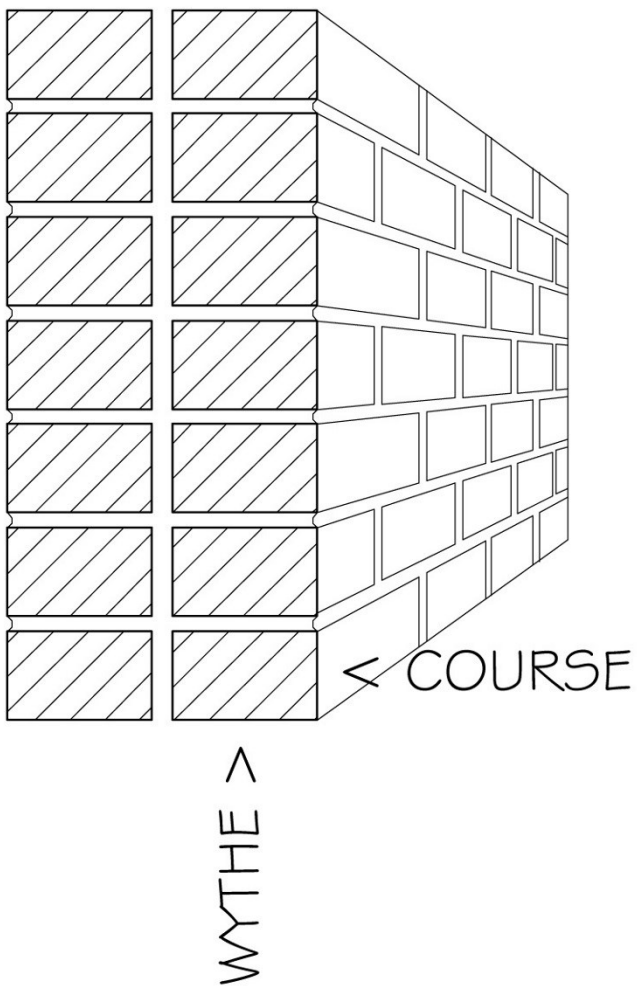
Please review the information contained within this report. Should questions or concerns arise, we will make ourselves available to discuss our findings in more detail upon request.

*Sincerely,*

*Curtis Bolton*

Curtis Bolton  
ATC & Associates, LLC.

## Example of Brick Wythe





**Observations**

**Roof**





## Observations - Roof

The tie back used to stabilize the rear (south) elevation parapet wall is corroding (rusting). This condition will effect the water tightness of the tie back's transition into the roof system.







### Observations - Rear (south) Elevation

The rear (south) elevation of the building has decorative brick at the window perimeters attached to the structural brick wall. A section of this decorative brick spalled (fell) off the wall from the 3rd floor southeast wall of the building.





### Observations - Rear (south) Elevation

The rear (south) elevation of the building has decorative brick at the window perimeters attached to the structural brick wall. A section of this decorative brick spalled (fell) off the wall from the 3rd floor southeast wall of the building.





### Observations - Rear (southeast) Elevation

There is separation of the brick reveal at the perimeter of the middle window at the southeast (right) section 3rd floor.



## Observations - Rear (southeast) Elevation

There is separation of the brick reveal at the perimeter of the middle window at the southeast (right) section 3rd floor.





### Observations - Rear (south) Elevation

There is a large brick reveal that borders the left and right sections of the building's rear elevation. The top of the brick reveal is capped with mortar, this mortar is cracking and allowing water infiltration into the brick wall below. The top of these brick reveals have vegetative growth.

There are random sections of the building where the paint on the brick is flaking/ failing. This condition can allow water to infiltrate the brick wall below and aid in the growth of vegetation in the brick.





### Observations - Rear (south) Elevation

There is a large brick reveal that borders the left and right sections of the building's rear elevation. The top of the brick reveal is capped with mortar, this mortar is cracking and allowing water infiltration into the brick wall below. The top of these brick reveals have vegetative growth.

There are random sections of the building where the paint on the brick is flaking/ failing. This condition can allow water to infiltrate the brick wall below and aid in the growth of vegetation in the brick.





## Observations - Rear (southwest) Elevation

There is a large brick reveal that borders the left and right sections of the building's rear elevation. The top of the brick reveal is capped with mortar, this mortar is cracking and allowing water infiltration into the brick wall below. The top of these brick reveals have vegetative growth.

There are random sections of the building where the paint on the brick is flaking/ failing. This condition can allow water to infiltrate the brick wall below and aid in the growth of vegetation in the brick.

There are diagonal cracks in the outer wythe of the brick. The cracking is related to previous movement in the parapet wall (water infiltration and degradation of the brick mortar).





## Observations - Rear (south) Elevation

There is a large brick reveal that borders the left and right sections of the building's rear elevation. The top of the brick reveal is capped with mortar, this mortar is cracking and allowing water infiltration into the brick wall below. The top of these brick reveals have vegetative growth.

There are random sections of the building where the paint on the brick is flaking/ failing. This condition can allow water to infiltrate the brick wall below and aid in the growth of vegetation in the brick.

Sections of the upper brick courses are missing paint, this condition can allow water infiltration into the wall envelope below.





## Observations - Rear (south) Elevation

The stairwell wall has typical stair step cracking. These types of cracks are typically related to the shrinkage of the CMU/mortar.





**Observations**

**Left (east) Elevation**





### Observations - Left (northeast) Elevation

There is a large brick reveal that borders the left and right sections of the building's front elevation. The top of the brick reveal is capped with mortar, this mortar is cracking and allowing water infiltration into the brick wall below. The top of these brick reveals have vegetative growth.

There are random sections of the building where the paint on the brick is flaking/failing. This condition can allow water to infiltrate the brick wall below and aid in the growth of vegetation in the brick.



## Observations - Left (northeast) Elevation

There is a large brick reveal that borders building's elevations. The top of the brick reveal is capped with mortar, this mortar is cracking and allowing water infiltration into the brick wall below. The top of these brick reveals have vegetative growth. There are random sections of the building where the paint on the brick is flaking/ failing. This condition can allow water to infiltrate the brick wall below and aid in the growth of vegetation in the brick.



## Observations - Left (east) Elevation

At locations of the exposed (area of flaking/failed) brick the mortar joints are visible. A large number of the brick mortar joints have failed from age and weathering. This condition can allow water to infiltrate deeper into the brick wall system.





### Observations - Left (east) Elevation

There are random cracks in the brick and brick mortar joints. The cracks in the brick and brick mortar joints are related to water infiltration into the brick and degradation of the brick mortar joints.





**Observations**

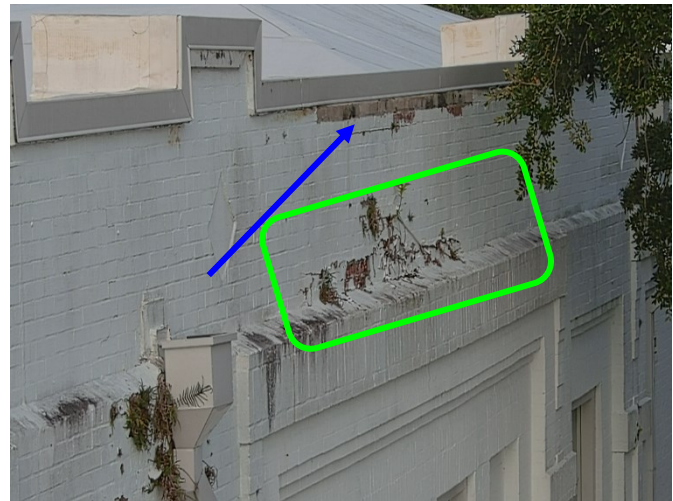
**Front (north) Elevation**



## Observations - Front (north) Elevation

There is a large brick reveal that borders the left and right sections of the building's front elevation. The top of the brick reveal is capped with mortar, this mortar is cracking and allowing water infiltration into the brick wall below. The top of these brick reveals have vegetative growth.

There are random sections of the building where the paint on the brick is flaking/failing. This condition can allow water to infiltrate the brick wall below and aid in the growth of vegetation in the brick.





## Observations

Ceiling tiles near the exterior walls have water stains. Some of the stains are related to previous roof leaks. The exterior walls of the buildings interior have evidence of previous water intrusion. Efflorescence, water staining and peeling paint are signs of water intrusion relating to the exterior wall.





## Observations

The exterior walls of the buildings interior have evidence of previous water intrusion. Efflorescence, water staining and peeling paint are signs of water intrusion relating to the exterior wall.





### Observations - Interior

The exterior walls of the buildings interior have evidence of previous water intrusion. Efflorescence, water staining and peeling paint are signs of water intrusion relating to the exterior wall.





### **Tuck Pointing Scope of Work:**

1. Remove the Loose Mortar
2. Remove all loose and deteriorated mortar in the area to be repaired, using a hammer, cold chisel and a grinder (with vacuum) to cut the mortar out. Clean out the old mortar to a depth of about 3/4 inch to 1 inch, exposing the solid, sound mortar underneath. Use a grinder, cut along the edge of the mortar, close to where it meets the brick. Be careful not to cut into the brick. Cut to a depth of 3/4 inch to 1 inch, then use a cold chisel and hammer to remove the mortar between the cuts.
3. Prepare the Joints
4. Sweep the loose mortar and dust from the joints with a stiff-bristle brush. Wet the joints by dipping the brush into a bucket of water and scrubbing it into the joints. It's fine to get the bricks wet, but don't spray the wall with a hose; use the brush instead.
5. Mix the Mortar.
6. Mix a small amount of mortar with clean water, as directed by the mortar manufacturer, using a bucket and masonry trowel. If desired, add a liquid latex binder to improve adhesion and reduce cracking and shrinking. Also add a cement dye, if you're using one to match an existing mortar color. Mix the mortar to a pudding-like consistency, so you can slice off pieces with the trowel.
7. Pack the Horizontal Joints.
8. Drop a pat of mortar onto a mortar hawk (or you can use a 12-inch square of plywood). Begin tuckpointing on the horizontal joints first. Hold the hawk against the brick and just under the joint to be filled, then slide some mortar into the open joint with a tuck pointer (large cake icing bags can be used to provide more consistent application. Pack the open joint with mortar then scrape off any extra mortar so the mortar in the joint is flush with the brick.
9. Pack the Vertical Joints.
10. Fill the vertical joints by scooping a small amount of mortar onto the tuck pointer and packing the mortar into the open joint (can use large cake icing bags). Scrape off any extra mortar so the joint is flush with the brick.
11. Tool the Joints.
12. Check the mortar periodically as you work. It may begin to stiffen within about 30 minutes after mixing. Press your thumb into the mortar; when the mortar is stiff enough so that your thumb leaves only a slight impression, strike the joints with a jointing tool that matches the shape and width of the existing joints. Tool the hori-

zontal joints first, then the vertical joints.

13. Monitor the Curing.

14. Let the tooled joints sit undisturbed for about 30 minutes or until the mortar is quite firm, then brush the joints with a stiff-bristle brush to remove loose mortar from the joints and any spilled mortar on the bricks. Spray the new repair lightly with water to slow the curing process, as directed by the mortar manufacturer. Often it's best to keep the area misted with water for 3 days. You can also cover the area with plastic sheeting to help retain moisture.



# MasterProtect® EL 750

Water-based, 100% acrylic, elastomeric, waterproof coating

FORMERLY THOROLASTIC®

## PACKAGING

5 gallon (18.9 L) pails

## YIELD

See chart on page 2

## STORAGE

Store in unopened containers in a clean, dry area. Keep from freezing.

## SHELF LIFE

18 months when properly stored

## VOC CONTENT

Less than 100 g/L  
less water and exempt solvents.

## DESCRIPTION

MasterProtect EL 750 is a water-based, high-build, elastomeric, 100% acrylic waterproof coating for above-grade concrete, masonry, stucco and EIFS.

## PRODUCT HIGHLIGHTS

- Available in a broad range of colors and textures for design versatility
- Resists wind-driven rain, helps prevent water penetration into the substrate
- Breathable to allow water vapor to escape
- High elongation and recovery for durable performance over dynamic cracks.
- Excellent adhesion, bonds securely to substrate for long-term durability
- UV resistance provides excellent color retention for a long lasting attractive finish
- Excellent hiding power
- Textured formulations help improve aesthetics of irregular substrates
- Effective carbon dioxide diffusion barrier, protects embedded steel from corrosion
- Low VOC content for broad compliance across all regions
- Flexibility at very low temperatures makes it suitable for all climates
- Resistant to dirt pickup
- Also available in algae resistant (AA) formula for versatility

## APPLICATIONS

- Exterior
- Vertical surfaces
- Above grade
- Protecting and waterproofing

## SUBSTRATES

- Concrete
- Masonry
- Cement Plaster
- Stucco
- EIFS
- Over Existing Coatings

## HOW TO APPLY

### SURFACE PREPARATION

1. Surfaces should be clean and sound and free of all bond-inhibiting contaminants.
2. Concrete substrates should be fully cured.
3. Repair any holes, spalled and damaged concrete with appropriate Master Builders Solutions repair materials. Allow appropriate cure time prior to coating.
4. Remove any protruding concrete accessories and smooth out any surface irregularities.
5. High-pressure power wash surface (or abrasive blast on hard, dense surfaces) to create a profile of SP 3, per ICRI Guide 310.2.
6. Some stains may require chemical removal. Neutralize any cleaning compounds used and rinse with clean water.
7. Check adhesion of old coatings according to ASTM D 3359, Measuring Adhesion by Tape Test Method A.
8. Remove any blisters or delaminated areas and sand edges to smooth rough areas and provide transition to old paint areas.

**Technical Data**

**Composition**

MasterProtect EL 750 contains water, acrylic emulsion, fillers and other proprietary ingredients.

**Test Data**

MASTERPROTECT EL 750 SMOOTH

PROPERTY	RESULTS	TEST METHOD
<b>Density, lbs/gal (kg/L)</b>	11.2–12.2 (1.34–1.46)	ASTM D 1475
<b>Solids*, %</b>		ASTM D 5201
By weight	64.2	
By volume	50	
<b>Viscosity, KU</b>	127–135	ASTM D 562 (Stormer)

\*Value for white

MASTERPROTECT EL 750 FINE

PROPERTY	RESULTS	TEST METHOD
<b>Density, lbs/gal (kg/L)</b>	10.2–11.2 (1.22–1.34)	ASTM D 1475
<b>Solids, %</b>		ASTM D 5201
By weight	65.5	
By volume	56	
<b>Viscosity, KU</b>	127–135	ASTM D 562 (Stormer)

MASTERPROTECT EL 750 COARSE

PROPERTY	RESULTS	TEST METHOD
<b>Density, lbs/gal (kg/L)</b>	9.9–10.9 (1.19–1.31)	ASTM D 1475
<b>Solids, %</b>		ASTM D 5201
By weight	64.5	
By volume	58	
<b>Viscosity, KU</b>	127–135	ASTM D 562 (Stormer)

MASTERPROTECT EL 750 SMOOTH

PROPERTY	RESULTS	TEST METHOD
<b>Ultimate elongation, %</b>	344	ASTM D 412
<b>Elongation recovery, %</b>		ASTM D 412
After 10 minutes	96.9	
After 24 hours	98.4	
<b>Ultimate tensile strength, psi (MPa)</b>	220 (1.5)	ASTM D 412
<b>Crack bridging, mils (mm)</b>		PR EN 1062-7
-77° F (-60° C)	12 (0.3)	
32° F (0° C)	19.5 (0.5)	
73° F (23° C)	27.5 (0.7)	
<b>Flexibility, in (mm) mandrel, at -30° F (-34° C)</b>	½ (3)	ASTM D 522
<b>Pull-off strength adhesion, psi (MPa)</b>	210 (1.4)	ASTM D 4541
<b>Wind-driven rain</b>	Passes	TT-C-555B
<b>Water-vapor permeance, perms</b>	12	ASTM D 1653

**Test Data**

MASTERPROTECT EL 750 SMOOTH APPLIED AT 16 MILS DFT

PROPERTY	RESULTS	TEST METHOD
<b>Carbon-dioxide diffusion</b>		PR EN 1062-6
R (equivalent air layer thickness), ft (m)	263 (80)	
Sc (equivalent concrete thickness), in (cm)	8 (20)	
<b>Accelerated weathering,</b> 5,000 hrs	Passes	ASTM G 23, Type D
<b>Visual color change,</b> 5,000 hrs	Passes	ASTM D 1729
<b>Chalking,</b> 5,000 hrs	Passes	ASTM D 4214
<b>Freeze/thaw resistance,</b> 60 cycles	Passes	ASTM C 67
<b>Salt spray resistance,</b> 300 hrs	Passes	ASTM B 117
<b>Dirt pick-up, %</b> after 6 months exposure	94 .33	ASTM D 3719
<b>Mildew resistance</b>	No growth	ASTM D 3273 / 3274

Test results are averages obtained under laboratory conditions. Reasonable variations can be expected.

**Theoretical Film Thicknesses\***

COVERAGE RATE FT <sup>2</sup> /GAL (M <sup>2</sup> /L)	SMOOTH		FINE		COARSE	
	WET MILS (MM)	DRY MILS (MM)	WET MILS (MM)	DRY MILS (MM)	WET MILS (MM)	DRY MILS (MM)
50 (1.2)	32 (0.813)	16 (0.406)	32 (0.813)	18 (0.457)	32 (0.813)	19 (0.483)
80 (2)	20 (0.508)	10 (0.254)	20 (0.508)	11 (0.279)	20 (0.508)	12 (0.305)
100 (2.4)	16 (0.406)	8 (0.203)	16 (0.406)	9 (0.229)	16 (0.406)	9 (0.229)

Actual DFT to achieve the stated performance properties is 16 mils (0.406 mm).

\*Coverages are estimates for smooth, dense concrete. Coverages will vary on porous or textured surfaces.

- Treat cracks greater than 1/32" with MasterProtect FL 746 or MasterProtect FL 748. Treat cracks larger than 1/4" as expansion joints and fill with appropriate Master Builders Solutions sealant.
- New CMU must have a base coat of MasterProtect FL 749.

**MIXING**

- Prior to use, mix MasterProtect EL 750 at slow speed with drill and mixing paddle to ensure uniform color and texture, and to minimize air entrapment.
- In multi-pail applications, mix the contents of each new pail into the partially used previous pail to ensure color consistency and smooth transitions from pail to pail.

**APPLICATION**

- MasterProtect EL 750 is meant to be applied as a two-coat system, achieving a total dry-film thickness (DFT) of 16–20 mils (0.4–0.5 mm).
- Apply MasterProtect EL 750 by brush, spray, roller, or spray-and-backroll.
- Maintain proper uniform wet-film thickness (WFT) during application to ensure the performance characteristics desired (see yield rates section).
- Always work to a natural break and maintain a wet edge during application.
- For uniformity of color and texture, application techniques must be consistent throughout the project.

**ROLLER**

- Use a quality 3/4–11/4" nap roller cover.
- Completely saturate the roller and keep it loaded with the coating to build the required mils. Never dry roll.
- Cross roll, maintaining a wet edge, to achieve uniform thickness. Backroll in one direction for consistent appearance.

**SPRAY**

- Equipment is available for spraying all grades of MasterProtect EL 750. For fine and coarse textures, it is necessary to use a heavy-duty sprayer designed for the application of coatings that contain sand particles. Contact equipment manufacturer for further recommendations.



2. For smooth and fine grades, backrolling in one direction after spray application is recommended to achieve uniform texture and film thickness.

#### BRUSH

1. Application by brush is recommended only for small inaccessible areas, e.g., on touch-ups.
2. Use only a nylon brush.

#### DRYING TIME

Times assume 70° F (21° C) and 50% relative humidity.

To touch: 6 hours

To recoat: minimum of 12 hours

Lower surface or air temperatures and higher relative humidity will extend the drying time.

MasterProtect EL 750 requires ultraviolet (UV) light to cure.

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#### CLEAN UP

Clean all tools and equipment immediately with water. Cured material may be removed by mechanical means.

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#### FOR BEST PERFORMANCE

- Do not apply when substrate or ambient temperature is 40° F (4° C) or below or is expected to fall below 40° F (4° C) within 24 hours after application.
- Do not apply if rain is expected within 24 hours of application.
- Do not use on interior applications, undersides of balconies, soffits, below-grade applications or for immersion service.

- Do not use where there may be hydrostatic water transfer from the backside of the substrate.
- Do not apply to improperly sealed substrates that are subject to rising dampness or migrating moisture.
- Not intended for use as a horizontal traffic-bearing coating.
- Elongation and crack-bridging abilities are reduced with textured grades.
- Application of nonelastomeric topcoats could reduce the performance properties of MasterProtect EL 750.
- Apply a 4 by 4 ft (1.2 by 1.2 m) test area to verify acceptable color, texture and adhesion before proceeding with any project. The test method for measuring adhesion is ASTM D 3359, Measuring Adhesion by Tape Method A. On the 0–5 scale, a minimum adhesion rating of 4A is required.
- Color formulas containing organic colorants are susceptible to fading in exterior applications. Refer to Technical Support for guidance.
- Do not thin the material.
- For professional use only; not for sale to or use by the general public.
- Make certain the most current versions of product data sheet and SDS are being used; visit [www.master-builders-solutions.com/en-us](http://www.master-builders-solutions.com/en-us) to verify the most current versions.
- Proper application is the responsibility of the user. Field visits by Master Builders Solutions personnel are for the purpose of making technical recommendations only and not for supervising or providing quality control on the jobsite.

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#### HEALTH, SAFETY AND ENVIRONMENTAL

Read, understand and follow all Safety Data Sheets and product label information for this product prior to use. The SDS can be obtained by visiting [www.master-builders-solutions.com/en-us](http://www.master-builders-solutions.com/en-us), e-mailing your request to [mbsbscst@mbcc-group.com](mailto:mbsbscst@mbcc-group.com) or calling 1(800)433-9517.

Use only as directed.

**IN CASE OF EMERGENCY: Call CHEMTEL +1 (800) 255-3924 or if outside the US or Canada, +1 (813) 248-0585.**

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#### LIMITED WARRANTY NOTICE

Master Builders Solutions Construction Systems US, LLC (“Master Builders”) warrants this product to be free from manufacturing defects and to meet the technical properties on the current Technical Data Guide, if used as directed within shelf life. Satisfactory results depend not only on quality products but also upon many factors beyond our control. MASTER BUILDERS MAKES NO OTHER WARRANTY OR GUARANTEE, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO ITS PRODUCTS. The sole and exclusive remedy of Purchaser for any claim concerning this product, including but not limited to, claims alleging breach of warranty, negligence, strict liability or otherwise, is shipment to purchaser of product equal to the amount of product that fails to meet this warranty or refund of the original purchase price of product that fails to meet this warranty, at the sole option of Master Builders. Any claims concerning this product must be received in writing within one (1) year from the date of shipment and any claims not presented within that period are waived by Purchaser. MASTER BUILDERS WILL NOT BE RESPONSIBLE FOR ANY SPECIAL, INCIDENTAL, CONSEQUENTIAL (INCLUDING LOST PROFITS) OR PUNITIVE DAMAGES OF ANY KIND.

Purchaser must determine the suitability of the products for the intended use and assumes all risks and liabilities in connection therewith. This information and all further technical advice are based on Master Builders’ present knowledge and experience. However, Master Builders assumes no liability for providing such information and advice including the extent to which such information and advice may relate to existing third party intellectual property rights, especially patent rights, nor shall any legal relationship be created by or arise from the provision of such information and advice. Master Builders reserves the right to make any changes according to technological progress or further developments. The Purchaser of the Product(s) must test the product(s) for suitability for the intended application and purpose before proceeding with a full application of the product(s). Performance of the product described herein should be verified by testing and carried out by qualified experts.

**FOR PROFESSIONAL USE ONLY. NOT FOR SALE TO OR USE BY THE GENERAL PUBLIC.**



## DOWSIL™ 795 Silicone Building Sealant

Neutral, one part silicone sealant

### Features & Benefits

- Suitable for most new construction and remedial sealing applications
- Versatile – high performance structural glazing and weather sealing from a single product
- Available in 15 standard colors; custom colors also available
- Excellent weatherability virtually unaffected by sunlight, rain, snow, ozone and temperature extremes of -40°F (-40°C) to 300°F (149°C)
- Excellent unprimed adhesion to a wide variety of construction materials and building components, including anodized, alodined, most coated and many Kynar painted aluminums
- Ease of application – ready to use as supplied
- Ease of use – all temperature gunnability, easy tooling and low-odor cure byproduct
- Meets global standards (Americas, Asia and Europe)

### Composition

- One-part, neutral cure, RTV silicone sealant

### Applications

- Structural and nonstructural glazing
- Structural attachment of many panel systems
- Panel stiffener applications
- Weather sealing of most common construction materials including glass, aluminum, steel, painted metal, EIFS, granite and other stone, concrete, brick and plastics

### Typical Properties

Specification Writers: These values are not intended for use in preparing specifications.

Test <sup>1</sup>	Property	Unit	Result
	<b>As Supplied</b>		
ASTM C 679	Tack Free Time, 50% RH	hours	3
	Curing Time at 25°C (77°F) and 50% RH	days	7–14
	Full Adhesion	days	14–21
ASTM C 639	Flow, Sag or Slump	inches (mm)	0.1 (2.54)
	Working Time	minutes	20–30
	VOC Content <sup>2</sup>	g/L	30

1. ASTM: American Society for Testing and Materials.
2. Based on South Coast Air Quality Management District of California. Maximum VOC is listed both inclusive and exclusive of water and exempt compounds.

## Typical Properties (Cont.)

Test	Property	Unit	Result
<b>As Cured After 21 Days at 25°C (77°F) and 50% RH</b>			
ASTM D 2240	Durometer Hardness, Shore A	points	35
ASTM C 794	Peel Strength	lb/in (kg/cm)	32 (5.7)
ASTM C 1135	Tension Adhesion Strength		
	At 25% Extension	psi (MPa)	45 (0.310)
	At 50% Extension	psi (MPa)	60 (0.414)
ASTM C 719	Joint Movement Capability	percent	±50
ASTM C 1248	Staining (Granite, Marble, Limestone, Brick and Concrete)		None
<b>As Cured After 21 Days at 25°C (77°F) and 50% RH Followed by 10,000 Hours in a QUV Weatherometer, ASTM G 53</b>			
ASTM C 1135	Tension Adhesion Strength		
	At 25% Extension	psi (MPa)	35 (0.241)
	At 50% Extension	psi (MPa)	50 (0.345)

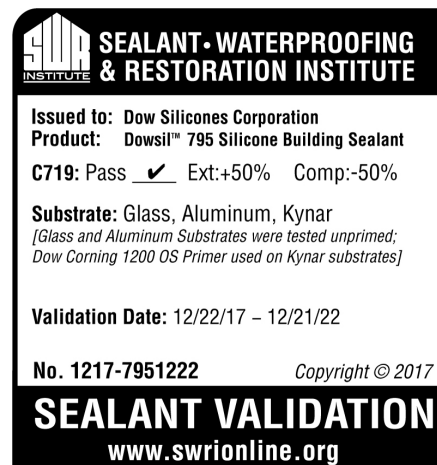
## Description

DOWSIL™ 795 Silicone Building Sealant is a one-part, neutral-cure, architectural-grade sealant that easily extrudes in any weather and cures quickly at room temperature. This cold-applied, non-sagging silicone material cures to a medium modulus silicone rubber upon exposure to atmospheric moisture. The cured sealant is durable and flexible enough to accommodate ± 50 percent movement of original joint dimension when installed in a properly designed weather seal joint. In a properly designed structurally glazed joint, the sealant is strong enough to support glass and other panel materials under high wind load.

## Approvals/ Specifications

DOWSIL™ 795 Silicone Building Sealant meets the requirements of:

- Federal Specification TT-S 001 543A (COM-NBS) Class A for silicone building sealants
- Federal Specification TT-S-00230C (COM-NBS) Class A for one-part building sealants
- ASTM Specification C 920 Type S, Grade NS, Class 50, Use NT, G, A and O
- ASTM Specification C 1184 for structural silicone sealants
- Canadian Specification CAN2-19.13- M82



## Colors

DOWSIL™ 795 Silicone Building Sealant is available in 15 colors: white, limestone, champagne, natural stone, gray, black, bronze, sandstone, adobe tan, dusty rose, rustic brick, blue spruce, anodized aluminum, charcoal, and ivy green. Custom colors may be ordered to match virtually any substrate.

## How to Use

Please consult the *Dow Americas Technical Manual*, Form No. 62-1112, for detailed information on state-of-the-art application methods and joint design.

### Preparation

Clean all joints, removing all foreign matter and contaminants such as grease, oil, dust, water, frost, surface dirt, old sealants or glazing compounds and protective coatings.

### Application Method

Install backing material or joint filler, setting blocks, spacer shims and tapes. Mask areas adjacent to joints to ensure neat sealant lines. Primer is generally not required on non-porous surfaces, but may be necessary for optimal sealing of certain porous surfaces. A test placement is always recommended. Apply DOWSIL™ 795 Silicone Building Sealant in a continuous operation using positive pressure. (The sealant can be applied using many types of air-operated guns and most types of bulk dispensing equipment.) Before a skin forms (typically within 15 minutes), tool the sealant with light pressure to spread the sealant against the backing material and joint surfaces. Remove masking tape as soon as the bead is tooled.

## Handling Precautions

PRODUCT SAFETY INFORMATION REQUIRED FOR SAFE USE IS NOT INCLUDED IN THIS DOCUMENT. BEFORE HANDLING, READ PRODUCT AND SAFETY DATA SHEETS AND CONTAINER LABELS FOR SAFE USE, PHYSICAL AND HEALTH HAZARD INFORMATION. THE SAFETY DATA SHEET IS AVAILABLE ON THE DOW WEBSITE AT DOW.COM, OR FROM YOUR DOW SALES APPLICATION ENGINEER, OR DISTRIBUTOR, OR BY CALLING DOW CUSTOMER SERVICE.

## Usable Life and Storage

When stored at or below 27°C (80°F), DOWSIL™ 795 Silicone Building Sealant has a shelf life of 12 months from the date of manufacture. Refer to product packaging for "Use By Date."

## Packaging Information

DOWSIL™ 795 Silicone Building Sealant is supplied in 10.3 fl oz. (305 mL) disposable plastic cartridges that fit ordinary caulking guns, 20 fl oz. (590 mL) sausages and 2 and 4.5 gal (7.5 and 17 L) bulk containers.

## Limitations

DOWSIL™ 795 Silicone Building Sealant should not be used:

- In structural applications without prior review and approval by your local sales application engineer
- In below grade applications
- When surface temperatures exceed 50°C (122°F) during installation
- On surfaces that are continuously immersed in water
- On building materials that bleed oils, plasticizers or solvents that may affect adhesion
- On frost laden or wet surfaces
- In totally confined joints (the sealant requires atmospheric moisture for cure)
- If the sealant is intended to be painted (paints do not typically adhere to most silicone sealants)
- To surfaces in direct contact with food or other food-grade applications

**Limitations (Cont.)**

This product is neither tested nor represented as suitable for medical or pharmaceutical uses.

**Health and Environmental Information**

To support customers in their product safety needs, Dow has an extensive Product Stewardship organization and a team of product safety and regulatory compliance specialists available in each area.

For further information, please see our website, [dow.com](http://dow.com) or consult your local Dow representative.

**Disposal Considerations**

Dispose in accordance with all local, state (provincial) and federal regulations. Empty containers may contain hazardous residues. This material and its container must be disposed in a safe and legal manner.

It is the user's responsibility to verify that treatment and disposal procedures comply with local, state (provincial) and federal regulations. Contact your Dow Technical Representative for more information.

**Product Stewardship**

Dow has a fundamental concern for all who make, distribute, and use its products, and for the environment in which we live. This concern is the basis for our product stewardship philosophy by which we assess the safety, health, and environmental information on our products and then take appropriate steps to protect employee and public health and our environment. The success of our product stewardship program rests with each and every individual involved with Dow products - from the initial concept and research, to manufacture, use, sale, disposal, and recycle of each product.

**Customer Notice**

Dow strongly encourages its customers to review both their manufacturing processes and their applications of Dow products from the standpoint of human health and environmental quality to ensure that Dow products are not used in ways for which they are not intended or tested. Dow personnel are available to answer your questions and to provide reasonable technical support. Dow product literature, including safety data sheets, should be consulted prior to use of Dow products. Current safety data sheets are available from Dow.

[dow.com](http://dow.com)

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# MORTAR MIX TYPE S

◆ The Pro's Choice Since 1936



Sakrete® Type S Mortar/Stucco Mix is a preblended mixture of sand and masonry cement or sand, lime and portland cement. For laying brick, block and stone in load bearing walls and below grade applications. Build walls, planters, and chimneys. For tuck pointing or repairing existing mortar joints. Can also be used for scratch, brown and finish of walls. Meets property requirements of ASTM C270 and C1714.

## Features:

- High Strength >1,800 psi
- Meets property requirements of ASTM C1714 and ASTM C270
- Ideal for projects requiring structural strength for brick and block foundations.
- Applications from 1/4" (6 mm) to 1/2" (12 mm)
- Can be color pigmented with the Sakrete Cement Colors

## Use For:

- Laying brick or block
- Scratch and brown coat in stucco applications
- Above and below grade applications
- Masonry parge or finish coating
- Interior or exterior
- Brick and block tuck pointing

## Yield/Water/Coverage:

Bag Size	Yield: For laying brick, block, or cultured stone	Yield: For stucco	Water
40 lb (18.1 kg)	Will lay 6 = 8" (200 mm) concrete block, 18 standard bricks or 5 ft <sup>2</sup> (0.5 m <sup>2</sup> ) of cultured stone	Will cover 35 ft <sup>2</sup> (3.3 m <sup>2</sup> ) at 1/8" (3.2 mm) thick	2.6 qt (2.5 L)
60 lb (27.2 kg)	Will lay 9 = 8" (200 mm) concrete block, 26 standard bricks or 7.5 ft <sup>2</sup> (0.7 m <sup>2</sup> ) of cultured stone	Will cover 50 ft <sup>2</sup> (4.3 m <sup>2</sup> ) at 1/8" (3.2 mm) thick	4.0 qt (3.8 L)
80 lb (36.3 kg)	Will lay 12 = 8" (200 mm) concrete block, 35 standard bricks or 10 ft <sup>2</sup> (1.0 m <sup>2</sup> ) of cultured stone	Will cover 70 ft <sup>2</sup> (6.4 m <sup>2</sup> ) at 1/8" (3.2 mm) thick	5.3 qt (5 L)

Note: Yield and water are approximate. The yield above does not allow for waste and spillage.

## Technical Data:

Compressive Strength ASTM C270 28 day= >1800 psi

Water Retention >75%

Testing: Mortar should be tested in the field by ASTM C780, standard test method for preconstruction & construction evaluation for mortar for plain & reinforced unit masonry. Due to the procedure differences between ASTM C270

& ASTM C780, the compressive strength values resulting from field sampled mortar are not required nor expected to meet the minimum compressive strengths of the property specifications of ASTM C270 as tested in controlled laboratory conditions.

DIVISION 4  
Masonry Mortaring – 04 05 13

## Color:

- Gray

## Preparation/Application:

For best results all materials should be stored between 40°F (4°C) and 80°F (27°C) 24 hours prior to installation.

Refer to:

- ACI 530.1 Specification for Masonry Structures
- International Masonry Industry All-Weather Council (IMIAC)
  - Recommended Practices and Guild Specifications for Cold Weather Masonry Construction
  - Recommended Practices and Guide Specifications for Hot Weather Masonry Construction

## New Construction:

When laying brick or block, construct a sound footing above grade. Consult with your local building codes before proceeding. For more information visit [Sakrete.com](http://Sakrete.com)

1. Apply a full bed of mortar onto the base where the brick or block will be placed.
2. When laying brick or block butter the end with mortar before placing into the full bed of mortar.
3. Tap into place while leveling.
4. Tool joints once the mortar has set up enough and is thumb print hard.

## Tuck Pointing:

1. Place mortar into the joint with a tuck pointing trowel or grout bag.
2. Use the tuck pointing trowel to tool the joint and compact for a tight neat appearance.

## Scratch/Brown/Stucco:

1. Application over masonry must follow ASTM C926 Standard Specification for Application of Portland Cement Based Plaster.
2. Applications over lath must follow ASTM C1063 Standard Specification for Installation of Lathing and Furring to receive interior and exterior Portland cement based plaster.
3. Apply material using a trowel and masonry hawk using enough pressure to compact the material.
4. Texture stucco to match the surrounding area using a plasterer's trowel or finish to desired texture.

NOTE: Check with local building code requirements for proper installation guidelines

## Mixing:

1. Empty contents of Sakrete Type S Mortar/Stucco Mix into a wheelbarrow or mortar pan forming a crater in the center of the dry mix for the addition of



# MORTAR MIX TYPE S

◆ The Pro's Choice Since 1936

clean potable water. Projects requiring multiple bags are mixed much easier with a mechanical mixer.

2. Add clean potable water (see table for water amounts) or enough to achieve a workable mix. Add additional water if needed. A SOUPY MIX MUST BE AVOIDED.
3. Excess water reduces strength and durability and can cause cracking, dusting or scaling.
4. Re-tempering impairs performance.

## Curing:

1. Proper curing is critical for sound results. Curing means maintaining proper moisture and temperature. The material must be kept continuously moist for several days.
2. In hot or windy conditions keep the mortar/stucco damp to promote proper curing.
3. Drape plastic over the wall to help retain moisture.
4. If surface begins to appear dry remove the plastic moisten the surface and replace the plastic.

**Can be painted:** Using an alkali resistant lime proof paint usually after 7 days of the stucco application provided the masonry is dry. Contact paint manufacturer for application recommendations.

## Precautions:

Air, mix and substrate temperatures should be between 40°F (4°C) and 90°F (32°C) and no rain in the forecast within 24 hours of application. For applications outside this range of temperatures and conditions, contact Sakrete Technical Service.

- Colder temperatures or higher humidity conditions will retard set times.
- Use only clean mixing container and tools.
- Do not over trowel.
- Do not overwater.
- Do not add any materials other than clean potable water or Sakrete Bonder and Fortifier. See Technical Data Sheet for mixing instructions.
- Protect from freezing for 24 hours.

NOTE: Proper application and installation of all Sakrete products are the responsibility of the end user.

## Safety:

### DANGER

**HAZARD STATEMENTS:** Harmful if swallowed. Causes skin irritation. Causes serious eye damage. May cause an allergic skin reaction. May cause cancer. May cause respiratory irritation. Causes damage to organs through prolonged or repeated exposure.

**Precautionary statements:** Do not eat, drink or smoke when using this product. Wash hands thoroughly after handling. Contaminated work clothing must not be allowed out of the workplace. Obtain special instructions before use. Do not handle until all safety precautions have been read and understood. Wear protective gloves/protective clothing/eye protection/face protection. Use only outdoors or in a well-ventilated area. Do not breathe dust. If swallowed: Immediately call a poison center/doctor. Rinse mouth. If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a poison center/doctor. If on skin: Wash with plenty of water. Take off contaminated clothing and wash it before reuse. If skin irritation or rash occurs: Get medical advice/attention. If inhaled: Remove person to fresh air and keep comfortable for breathing. Call a poison

center/doctor if you feel unwell. Store locked up. Store in a well-ventilated place. Keep container tightly closed. Dispose of contents and container in accordance with all local, regional, national and international regulations.

⚠ **WARNING: Cancer and Reproductive Harm – [www.P65Warnings.ca.gov](http://www.P65Warnings.ca.gov).**

**KEEP OUT OF THE REACH OF CHILDREN AND ANIMALS.**

For additional information, call the manufacturer at 866-725-7383 or Chemtrec at 800-424-9300 or 703-527-3887 outside of USA. Refer to Safety Data Sheet (SDS) for further information.



## Limited Product Warranty:

The manufacturer warrants that this product is free from defects in material and workmanship and will perform per the manufacturer product literature in effect at the time of purchase. This warranty is for one (1) year from the date of purchase. Any implied warranty of merchantability or fitness for a particular purpose is limited to the duration of this express warranty. This warranty applied only if the product is used, in strict accord with manufacturer published instructions. The sole and exclusive remedy under this warranty is replacement of the defective product or refund of the purchase price, at manufacturer's option. CONSEQUENTIAL, SPECIAL, AND INCIDENTAL DAMAGES ARE NOT RECOVERABLE UNDER THIS WARRANTY. All claims under this warranty must be submitted to manufacturer by calling 866-725-7383. This warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

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