

Application Form

Organization Information

Compiled Committee Comments

Below is a compilation of committee member comments from your Letter of Intent. This feedback may be positive, neutral, or negative. It is provided in aim to be transparent and offer guidance on where you may be able to strengthen your full proposal.

- Excellent job explaining impact of COVID and proposed project is proportional to the impact.
- Needs more data on impact on the QCT
- Organization has experienced increased cost due to inflation coupled with a decrease in revenue due to lack of fundraising events. While it is suggested, applicant does not clearly outline whether clients fall within a disproportionately impacted group but clients are located in a QCT area. Project is reasonably proportional to the loss of income due to Covid.

An informational webinar about this proposal is available here.

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.

Brief Project Descriptor

Please briefly describe this organization's request.

replacement of fire stairs & commercial fridge/freezer

Organization Name

Brookwood Florida, Inc.

Project Name*

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

Brookwood Large Capital - Fire Escape Stairs

EIN*

59-0624387

Incorporation Year*

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

1927

Organizational Mission Statement

What is your organization's mission statement?

This has been copied from your Letter of Intent and cannot be changed.

Brookwood Florida, Inc.'s mission is to provide at-risk adolescent girls with an alternative living environment and therapeutic program encompassing education, employability skills, independent living training, and counseling that will prepare them for self-sufficiency or a successful family reunification.

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

MAMCPJVHBBG9

Annual Operating Budget Size

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

This has been copied from your Letter of Intent.

\$1,480,000.00

Amount Requested*

The maximum grant amount is \$5 million.

This has been copied from your Letter of Intent and should not be changed. If your project cost has changed since submitting your Letter of Intent, please contact Rose Cervantes at rcervantes@pinellascf.org.

\$55,000.00

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

Request Specifics

Organization Programming Background*

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

This has been copied from your LOI.

Founded in 1927, Brookwood Florida's community-based program provides 24-hour care, seven days a week to three populations: 1) abused, neglected, homeless and human trafficked girls ages 13 to 18 placed via the Florida Department of Children and Families; 2) at-risk adolescent girls ages 13 to 18 placed by families in crisis; and 3) homeless teen girls whose care can be extended to age 21. The overall goal of our program is to assist the girls in developing the skills, self-realization and maturity levels necessary to become self-sufficient and help facilitate family reunification when possible. In 2021, we provided therapeutic residential care to 80 abused and struggling teen girls (our normal average is 110-120 but our census was down because of COVID restrictions).

Due to behavioral challenges and past emotional trauma, our girls represent adolescent foster youth who can't be placed in non-therapeutic foster care settings. We also provide a skills-focused curriculum utilizing our unparalleled and unique "24 Life Skills" program and an individualized, intensive therapeutic treatment plan that also incorporates educational and vocational training avenues best suited to each girl's interests and goals.

We offer our girls the chance to overcome social and emotional obstacles that impede their chances of finishing their education and enable them to acquire job-related skills that will help them earn a livable wage. Our residents are expected and encouraged to continue their education via various public schools, vocational

centers, local colleges, and other specialized settings that meet individual needs. We have 3 girls in college now. We also offer employment readiness.

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.

This has been copied from your LOI.

The Tampa-St. Petersburg metropolitan area has the highest rate of homelessness in the nation, according to the National Alliance to End Homelessness.

The 2019 Florida Council on Homelessness Annual Report indicates that Pinellas County alone (2415 individuals in 2019) has the second largest Point-in-Time count in Florida following Miami-Dade (3472 individuals in 2019). An article in the January 17, 2020 Tampa Bay Times, entitled 'Pinellas Now Ranks No. 2 in Florida for Children in Foster Care', states that "Pinellas County now has more children in foster care than Florida's most populous counties. Roughly 1,570 Pinellas children were either placed with relatives or in foster homes." As a foster care provider, Brookwood always has a waiting list of girls who vitally need our program and is the only local program accepting privately placed girls from low-income families in crisis.

The 2020 Pinellas County Human Services Needs Assessment conducted by USF addressed homelessness as their top area of inquiry and incorporated the issue of homeless unaccompanied children as a subcategory greatly needing crisis emergency resources and basic needs.

Johns Hopkins All Children's Hospital's 2019 Needs Assessment found mental health (including trauma, anxiety and depression that very often goes undiagnosed or untreated because of homelessness) is the second most child health need in Pinellas County identified as a top health issue in 92% of the data groups.

Brookwood provides a safe environment with 24/7 care appropriate for unaccompanied youth. We participate in Pinellas Homeless Leadership Board's Coordinated Entry System admitting unaccompanied youth.

Girls with the most severe needs (i.e., total lack of viable housing due to safety/domestic violence, human trafficking concerns, mental health status) determine prioritization. The HLAP has included Brookwood's Transitional Housing for abused/neglected/at-risk teen girls as part of its annual HUD application since 1997.

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. 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

Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests. This has been copied from your LOI.

Brookwood Florida has been greatly affected by the pandemic in so many ways. Including:

- Brookwood's Annual Gala is a very anticipated, upscale event in our community averaging (budgeted) between a net income of \$55,000 - \$65,000 each year and because of the pandemic we couldn't have this event in 2020 or 2021 which placed a large financial burden on Brookwood's general operating budget
- Brookwood partners with the Florida Department of Children and Families which provides a daily rate for services provided to girls that they place at Brookwood. In addition, Brookwood receives Medicaid reimbursement for Behavioral Overlay Services for those same girls, and for other girls at Brookwood who are not placed by the DCF. Over 2020 and 2021 our DCF/Medicaid payments were down 3.2% relative to budget. The budget was \$1,635,000 and our actual was \$1,582,946 over that time period.
- Adhering to CDC guidelines, Brookwood brought in a company to do "deep cleanings/sanitizing" bi-monthly in all three buildings costing \$25,000; and had to purchase extra cases of sanitizing products regularly, masks for girls and staff and other pandemic related products/services; in addition, between 2020 and now, household cleaning products experienced an average inflation rate of 9.24% per year.
- Inflation has risen in Florida to 11.2% (highest in the nation) from July 2021 to July 2022 and has hit Brookwood hard
- As an older property, and following DCF and state and federal guidelines and regulations, we do daily maintenance and buying the supplies and materials at higher inflationary prices proves to be demanding at times. Lumber Prices in 2020 and 2021 set record highs even when adjusted for inflation. The prices began soaring shortly after the pandemic hit the United States in early 2020 and even after adjusting for inflation, the price of lumber in 2021 was 17% above its 25-year average breaking the prior record set in 1996. And according to the National Association of Home Builders, building repair material/supplies prices have risen 38.7% since January 2020
- Brookwood received a 2021 \$182,400 restricted PPP loan/forgiveness for payroll and payroll-related costs only
- Contributions, grants and major gifts fell 8.3% in 2020 and 6.3% in 2021
- All of these circumstances brought on by the pandemic has unfortunately hindered Brookwood from obtaining very important capital assets

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. 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.

Due to these negative impacts listed above, Brookwood received a restricted 2021 \$182,400 PPP loan/forgiveness for payroll and payroll-related costs only. This did not impact our negative income levels due to the pandemic for needed programs, projects, improvements, general maintenance and any capital outlays. In addition, inflation and supply chain issues have harmed our maintenance and ongoing projects greatly.

Proposal Description*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of 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?

This has been copied from your LOI. While you are able to update this field, YOU SHOULD NOT CHANGE THE NATURE OF YOUR REQUEST. That is, this field should only be updated for clarity, not changing what you are requested funding for.

Brookwood is requesting a Large Capital grant for a needed capital project:

- Reconstruction and repair of two (2) Fire Escape Stairs. One on the north side of the Main House and a corresponding one on the east side of the Main House to keep our girls and staff safe, and to bring them up to code. This project has a 25-30 year life span and warranty.
- Because of the loss of unexpected general operating funds during the pandemic, we aren't able to afford this capital project and are still feeling the impact of this, including inflation that has risen so far and fast over these last 2 years, especially in capital projects, building materials/supplies/labor, etc.

Number Served

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

This has been copied from your LOI. It cannot be changed.

150

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**.

This has been copied from your LOI and cannot be changed.

Unduplicated

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.

This has been copied from your LOI and cannot be changed.

Rent vs. Own

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

Own

Guiding Principles - Client Impact*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. The term "equity" is defined as:

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

Will this project benefit the community members defined above that have experienced disproportionate negative

impacts from the COVID-19 pandemic? If so, how?**This has been copied from your LOI.**

As societal barriers created even more disparities in our community during the pandemic, Brookwood continues to acknowledge/affirm our belief that individual characteristics, inclusive of race, national origin, religion, age, gender, sexual orientation, gender identity, disability and economic status, add value and richness to our Brookwood family and our community. We continually commit to being mindful of unintentional bias and identifying/addressing barriers to fair and equitable participation in our community.

We at Brookwood understand the challenges faced by these underrepresented individuals, and the need for all our staff and board of directors to work to identify diversity and eliminate barriers for full, equitable participation and advancement and to insure our girls are healthy and safe and have up to code, safe and secure fire escape stairs.

We are in an active process of interviewing new volunteer board of directors' members with an emphasis on BIPOC and LGBTQ+, utilizing current policies and practices that will result in racial, ethnic and gender diversity on the board to especially reflect the diversity of our girls, staff and community.

To date, Brookwood's Staff/Board/Volunteers diversity representations stand at:

49% BIPOC
3% Pacific
50% Caucasian
5% Latino
15% LGBTQ+

We are especially mindful of the Fair Compensation Act ensuring the pay for employees is set at a level that is both fair and livable and provides equal pay for equal work and paying employees an appropriate amount according to their performance, experience, and job requirements.

Organizational Sustainability*

How does this purchase 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.

While fire prevention is always upmost on our minds and we work very closely with the Piper Fire Company on a monthly basis to make sure everyone is safe, being in an older building where the inside staircases are narrow, we must have the two outdoor fire escape stairs in excellent condition in order to get safely to our four designated safe areas of refuge on campus if we need to use them.

The fire escape stairs quotes that we have received have a lifespan warranty of 25 years, but with the proper care and maintenance they will last at least 30-35 years.

In addition, Brookwood will then be in full compliance with the City of St. Petersburg Fire Codes, as the newly repaired fire stairs will keep us up to date with the stringent Fire Codes in the City of St. Petersburg, safeguarding us from large Fire Code Violation fines which would decrease our operating costs and imperil our girls even more.

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.

No permits are required for the project. The fire stairs are a repair to an existing structure, not the addition or removal of the structure. An Engineer Certification Letter stating that fire escape will pass all current load tests and meets all state requirements will be provided

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 will be required to upload the Plan Set later in the application.

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. If you have any narrative to accompany the plan set, you may write it below.

PDF files are permitted.

The plans are located on the quotes attached

Timeline*

Given a spending deadline of December 31, 2026, give a detailed **and realistic** 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 timeline.

Please include the following:

1. **How the timeline was developed**
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.

The timeline for the Fire Escape Stairs was created in consultation with three contractors, Piper Fire Company, and the City of St. Petersburg Fire Inspector.

Timeline:

October 2022 – Consultations began with the Brookwood Property Manager, Maximum Fire Escapes, Dynamic Welding, Lizzotte Welding, Piper Fire Company, and the City of St. Petersburg Fire Inspector.

March 2023 - Contractor chosen will meet with the City of St. Petersburg Fire Inspector to review plans that were earlier discussed and formulated in October 2022.

March - April 2023 – work begins

April 2023 – August 2023 – Work continues, keeping in mind that there are still supply chain issues across the country and the world.

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

Dee Monje, Brookwood Florida Executive Director

Michael Lynch, Brookwood Florida, Property Manager

Yes, both of them have overseen similar projects

Community Connection

The American Rescue Plan Act (ARPA) prioritizes organizations that either have headquarters or carry out the majority of their operations inside Qualified Census Tracts (QCTs). QCTs are a standard method of identifying communities with a large proportion of low-income residents. The U.S. Department of Housing and Urban Development determines what areas qualify as QCT.

To assess if your organization serves or is headquartered in a QCT, use the following link:

https://www.huduser.gov/portal/sadda/sadda_qct.html

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.

Below, please provide the location of your operations and the location of your headquarters, if different.

Headquarters Location

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>

This has been copied from your LOI and cannot be changed.

901 Seventh Avenue South, St. Petersburg, FL 33705-1998

QCT Determination - Headquarters

Is this organization headquartered in a QCT?

Yes

Project Location

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

This has been copied from your LOI and cannot be changed.

Brookwood Florida, Inc., 901 Seventh Avenue South, St. Petersburg, FL 33705-1998

QCT Determination - Project

Is this organization's project in a QCT?

Yes

QCT Impact*

PCF understands that just because a project may not be located in a Qualified Census Tract, those who reside in one may access your services and may come to the location where your organization's project will take place.

- If applicable, please describe if you have clients that reside in a QCT as indicated on the map linked above, and the proportion of your clients that come from these areas.
- If your organization does not serve clients from a QCT, you can write "Not Applicable" below.

This has been copied from your LOI.

Brookwood is located in a QCT Impact Area, and most all of our girls come from QCT areas especially exacerbated by the pandemic.

93% of our girls are classified as living in extreme poverty according to the State of Florida poverty statistics using the agency definition:

- Absolute poverty (also called extreme poverty) is the lack of sufficient resources to secure basic life necessities, including amongst others safe drinking water, food, or sanitation

They can come to us from the streets or jails. And, while we get referrals with stipends from the FL DCF Child Welfare Agency, and collaborations with other child welfare agencies in Florida, it doesn't move them out of extreme poverty levels (defined as \$2.15 a day).

Florida's ranking for economic well-being of children in 2020 was 42nd out of 50 states. In addition, in 2021 Florida spent less than the national average of 22%. This is a 43% decline in Florida over 23 years and an 8% decline over 12 years.

Brookwood is dedicated to providing our girls with an alternative living environment and therapeutic program encompassing education, employability skills, independent living training, and counseling that will prepare them for self-sufficiency and lift them out of poverty.

QCT Determination - Clients

Does this organization's project benefit residents of QCTs?

Yes

This section aims to capture general demographic data about your organization and to see how you engage with and represent the community 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.

This has been copied from your LOI.

97% of Brookwood's staff identifies as female; 3% identifies as male. Our staff alone is very racially diverse: 46% White, 48% Black/African American, 3% Hispanic, and 3% Native American.

97% of staff members and 80% of Brookwood Board members are residents of Pinellas County. Eleven out of 14 Board members are female, representative of our all-female client population. 5% of our board members are formerly homeless and/or abused as girls.

Brookwood maintains formal service contracts with Family Support Services, Medicaid, and the Florida Dept. of Education for Free/Reduced Lunch. We also collaborate with various local service providers to maximize client services and with other area agencies that provide specific ancillary services for our residents. These collaborations are accomplished by utilizing referral relationships, exchanging relevant information, and via placement agreements with these providers. Specifically, Brookwood regularly coordinates services with Community Action Stops Abuse (C.A.S.A.), Family Resources, Pinellas County Schools--including via the Homeless Education Assistance Team ("HEAT"), Pinellas County Health Department, the University of South Florida Internship Program, and local emergency shelters and special treatment facilities such as Personal Enrichment Mental Health Services (PEMHS). Brookwood also receives referrals through the local juvenile justice system (Sixth Judicial Circuit of Florida), and Children's Protective Investigation (CPI) via the local Sheriff's Department. Our agency also actively participates in the Homeless Leadership Alliance of Pinellas to network and advocate for homeless services.

Leadership Demographics - Executive Level Leadership Team

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- 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

BIPOC
LGBTQ+

Leadership Demographics - CEO/Executive Director

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- 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

None of the above

Leadership Demographics - Board Membership

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

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

BIPOC
LGBTQ+

Financial Overview

IF A CONTRACTOR HAS NOT BEEN SELECTED, BIDS MUST BE DATED AFTER 8/8/22. If you need assistance compressing files, please email Rose Cervantes at rcervantes@pinellascf.org.

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 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 question below thoroughly.

Bid/Estimate #1*

PDF files are accepted.

Maximum Fire Stairs Total Quote.pdf

Bid/Estimate #2

PDF files are accepted.

Dynamic Fire States Quote.pdf

Bid/Estimate #3

PDF files are accepted.

[Unanswered]

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.

N/A

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.

Brookwood Florida Fire Stairs 2023 Budget.pdf

10% has been added to this budget for Contingencies and Inflation since the original quotes were obtained in September and October 2022 due to the first submission date of 12/9/2022. We have regularly been in touch with the companies who have offered the quotes and are more than ready to begin this project

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.

If this answer has changed since submitting your LOI, you may update it below. Please be sure all funding sources below are represented in the budget you have uploaded above.

If needed, any indirect and/or inflationary costs and any unknown contingencies of this project will be absorbed by Brookwood via the following:

Foundation Grants: DBF Missions Foundation - \$5,000

Major gift donor - \$20,000

Major gift donor - \$5,000

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.

If this answer has changed since submitting your LOI, you may update it below.

First and foremost, the Fire Escape Stairs will keep our Brookwood girls and staff safe in case of a fire. And newly repaired fire stairs will keep Brookwood in compliance with the stringent Fire Codes in the City of St. Petersburg; therefore safeguarding us from large Fire Code Violation fines which would decrease our operating costs.

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.

This has been copied from your LOI.

Brookwood's accounting system is very robust (Sage 50) and our staff is well trained in tracking grant expenditures, along with having many years of experience and knowledge in the accompanying reporting/oversight and reimbursement processes

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"

Yes

Investigation:

Brookwood Florida is fully committed to taking in and caring for abused, neglected, human trafficked and homeless girls. These are usually the girls that can't be placed in a regular foster setting (or have tried and it doesn't work out). Brookwood most often is their last opportunity to learn to live better lives and live successfully in our communities. Most come to us very traumatized and angry. In July 2022, one of these girls who had come through DCF to Brookwood, wanted to go "home"; but like with so many of our girls, her family didn't want her back with them. But she called her mother and told her she was being "abused" at Brookwood. The mother (who didn't want her with the family) called DCF about it. On July 15, 2022, the St. Petersburg Police Department, with whom Brookwood works closely, were summoned and DCF worked with the police and Brookwood's staff and board of directors to investigate further. The original matter has been resolved, but in order to prevent incidents like this going forward, we joined with DCF and others to create an enhanced, restorative plan going forward.

Corrective action plan:

In conjunction with DCF and others, a cooperative/corrective plan has been developed to update/upgrade and renovate some areas of Brookwood (rooms, recreation, and other campus areas) and additional safety and training methods have been developed and implemented. In addition, DCF is providing bi-monthly therapeutic training sessions.

We have also now partnered with the Mel Greene Institute at St. Leo College, addressing the possible (hopeful) reunification of human trafficked girls with their families, and the Trafficking in Persons (TiP) Lab at the University of South Florida for additional training and counseling methods and advice. Due to this collaboration and their advice, we obtained two grants (one matching) and are now building a special area where families can go to have private therapy sessions together with their girls.

Through these important plans, corrective actions and collaborations, our campus is improved and our Leadership, Therapists, and Youth Care Staff are being better trained as to how to manage these extremely traumatized and angry young girls ages 13-19 (although we had one that was only 12 years old); and, when possible, their families. Because of these improvements and our new collaborations, DCF has now asked Brookwood to take in more of their human trafficked girls.

It's a challenge that we at Brookwood welcome and are looking forward to help in saving more of these so terribly abused girls.

Brookwood has never had a grant recalled by a funder.

Organization Documentation

Organization Budget*

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

Brookwood Florida Budget 2022 Approved.pdf

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.

Brookwood 2022 Board of Directors-Nov 2022 - Roster.pdf

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.

2021 990 Brookwood.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.

Brookwood 2021 audit report with SEFA1.pdf

Insurance

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.

Proof of Insurance for Brookwood Grant.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

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.

Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

Additional Information

Additional Upload

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

Brookwood Girls' stories.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?

Brookwood has been upgraded to GuideStar's 2022-23 Platinum Transparency Level

File Attachment Summary

Applicant File Uploads

- Maximum Fire Stairs Total Quote.pdf
- Dynamic Fire States Quote.pdf
- Brookwood Florida Fire Stairs 2023 Budget.pdf
- Brookwood Florida Budget 2022 Approved.pdf
- Brookwood 2022 Board of Directors-Nov 2022 - Roster.pdf
- 2021 990 Brookwood.pdf
- Brookwood 2021 audit report with SEFA1.pdf
- Proof of Insurance for Brookwood Grant.pdf
- Brookwood Girls' stories.pdf

[EXT] FW: 901 7th ave South

csmall@brookwoodflorida.org <csmall@brookwoodflorida.org>

Wed 2/1/2023 3:50 PM

To: Rose Cervantes <rcervantes@pinellascf.org>

Cc: Jocelyn Howard <jhoward@pinellascf.org>

 2 attachments (995 KB)

estimate_20206053.pdf; estimate_20206217.pdf;

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

These Quotes were sent via email to our Property Manager on September 2, 2022. See below. I have also spoken with Max a few times when the grant submission was moved back and he is still on board with us. Thanks so much

Cheryl Small
Development Director/Grants Manager
Brookwood Florida
Phone: 727-822-4789
Cell: 727-418-0535
www.brookwoodflorida.org

CONFIDENTIALITY NOTICE: This message and any attachments are for the use of the intended recipient(s) and may contain confidential and privileged information that is exempt from public disclosure. Any unauthorized review, use, disclosure, or distribution is prohibited. If you receive this message in error, please contact the sender immediately and then destroy all copies of original message.

From: Sean Blair <sblair@brookwoodflorida.org>
Sent: Friday, September 2, 2022 2:14 PM
To: Cheryl Small <csmall@brookwoodflorida.org>
Cc: Dee Monje <dmonje@brookwoodflorida.org>
Subject: Fwd: 901 7th ave South

Here you go

----- Forwarded message -----

From: **Max Zeldich** <max@maximumfireescapes.com>
Date: Fri, Sep 2, 2022, 1:53 PM
Subject: 901 7th ave South
To: sblair@brookwoodflorida.org <sblair@brookwoodflorida.org>

Hi Sean,
Please see both proposals below.
Thank you.

--

MAX ZELDICH

PROPRIETOR

141 Frelinghuysen Ave

Newark, NJ 07114

Phone: 844-MAX-FIRE





141 Frelinghuysen Ave
 Newark NJ 07114
 (844) 629-3473
 Max@maximumfireescapes.com

Agreement

ESTIMATE #	20206053
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CUSTOMER
Mr. Sean Blair
(727) 580-5212
sblair@brookwoodflorida.org

SERVICE LOCATION
Sean Blair
901 7th Avenue South St. Petersburg, FL, 33705 (727) 580-5212 sblair@brookwoodflorida.org

PHOTOS



DESCRIPTION

- FULL TREAD REPLACEMENT - All stair treads will be cut out and replaced with bar grating. In addition, MFE will remove the bottom set of stringers and replace them in kind. Intermediate platform will be replaced with 3/16" diamond plate.
- Re-weld all major structural connections.
- Re-weld all handrail connections as well as all brackets.
- Electra brush removal of all loose paint.
- Verify all wall attachments and silicone or hydraulic cement where necessary.
- Spot prime exposed metal area where needed.
- Paint entire fire escape with Industrial Enamel BLACK paint.
- Engineer certification letter stating that fire escape will pass all current

load tests and meets all state requirements.

- All structural connections to the building to be siliconized with 25-year black silicon sealer. (Silicon is to ensure that no water penetrates into the building and structural connections.)
- 25-year structural warranty included.

PLEASE NOTE A DEPOSIT FOR 25% OF THE TOTAL IS REQUIRED TO SECURE YOUR JOB. ANOTHER 25% PAYMENT IS REQUIRED ON THE FIRST DAY IN WHICH WE BEGIN YOUR JOB. THE FINAL 50% IS DUE UPON FINAL COMPLETION OF YOUR JOB. PLEASE BE AWARE THAT THE ENGINEER CERTIFICATION IS NOT RELEASED UNTIL FINAL PAYMENT IS MADE.

Estimate

Description	Total
TOTAL JOB COST	\$33,500.00

PAYMENT TERMS

A 25% deposit is due upon Your signing of this Agreement. Your job will not be scheduled by MFE until this deposit is received.

The next 25% is due at the start of the project, meaning on or before DAY 1 of the scheduled job.

The remaining 50% is due upon MFE's completion of the job.

By signing this Agreement, You acknowledge and agree to these Payment Terms.

Estimate Total: \$33,500.00

This Agreement is for completion of the job as described above and includes the General Terms and Conditions which are incorporated in the Agreement by this reference. This Agreement does not include any work not specifically described in the job above or any unforeseen costs requiring additional labor and/or materials. This Agreement is valid for no more than 60 days from the date of quotation due to fluctuating cost of materials and labor.

GENERAL TERMS AND CONDITIONS

Definitions: "You" and "Your" means the customer identified above. "MFE" means Maximum Fire Escapes and MFE's employees, agents and subcontractors, if any. "Estimate" means the estimated cost shown as "Total" of MFE's services outlined in the "description" section contained in the Estimate. "Agreement" means the Estimate, Estimate Total and Estimate # upon execution by You. "Services" means the services specified in the Estimate and upon Your execution incorporated into this Agreement. The Agreement between You and MFE includes the General Terms and Conditions following herein, the Estimate, Invoices or Specifications and any other documents expressly made a part of this Agreement.

Scope: This Agreement is between You and MFE. Under this Agreement, MFE performs its Services in accordance with its customary practices. You shall promptly pay MFE in accordance with the schedule of payments outlined to You. The State Supplement, if any, contains important additional terms, conditions, and information specific to Your state.

MFE's Responsibilities: MFE will perform its Services in a workmanlike manner. MFE will not start, conduct, alter, or finish its Services except in accordance with MFE's standard procedures pursuant to this Agreement. MFE will either not start, or will immediately discontinue, its Services upon discovery of unforeseen physical or hazardous conditions at Your service address. MFE will not attempt to repair such conditions without Your prior written approval.

MFE is not responsible for identifying property lines, easements, covenants or other legal encumbrances Your service address may be subject to. MFE may apply for any permits it deems necessary and You shall be responsible for the cost of obtaining such permits and any expediting fees.

Your Responsibilities: You agree to pay MFE for its Services according to the terms and conditions of this Agreement. If Your service address is subject to any easements, covenants or other legal encumbrances that could affect MFE's ability to perform its Services, You agree to let MFE know about them before MFE commences its work. You agree to facilitate the location of overhead utility lines. You are responsible for identifying property lines. You agree to ensure that work areas are free of preexisting hazards, i.e., unsafe physical conditions or environmental hazards, building or zoning code violations, and the fire escape and surrounding area shall be free of all debris, materials, furniture, decorative lighting, appliances or encumbrances whether controlled by You or Your tenants. You agree to allow MFE access to work areas at all times. You agree to ensure that if You have a security system or locked access that, it does not interfere with MFE's ability to perform its Services. You agree to ensure that no persons, especially minors, is permitted near or around the work site at Your service address while MFE is present. You agree to control pets and keep them away from work areas. You agree to keep posted permits on display at all times, if required. You agree that if You or anyone You control, including Your tenants, employees, agents and other contractors, interferes with or delays MFE from performing its Services, You may be subject to additional or resulting charges. The additional or resulting charges are calculated at the rate of \$125 per hour per workman assigned to Your service address. You agree not to assign or transfer this Agreement without MFE's express written consent. You agree any claims against MFE under this Agreement should be made in writing to MFE within thirty (30) calendar days of the date You first become aware of a problem. MFE will attempt resolution of any claim(s) within sixty (60) calendar days of receiving Your written notice. YOU ASSUME ALL RISKS AND THE FULL LIABILITY OF ASSISTING MFE IN ITS ABILITY TO PERFORM ITS SERVICES.

Security Interests; Liens; Stop Order: If You make all payments as required under this Agreement, no security interest will be placed against Your property by MFE. If a security interest is placed on Your property, it creates a lien, mortgage, or other claim against Your property to secure payment and may cause a loss of Your property if You fail to pay as requested at the specified times agreed to. If You do not provide the phase two payment on or before the start of Services, MFE reserves the right in its sole and absolute discretion to place a stop order on further Services until such payment is received. After paying on any completed phase of Services and before making any further payments, You may request from MFE a signed, unconditional release from, or waiver of, any right to place any claim against Your property applicable to the work then completed. You should ask an attorney about Your rights to discharge security interests.

LIMITED WARRANTY: MFE WARRANTS THE WORKMANSHIP OF ITS SERVICES FOR 25 YEARS FROM THE COMPLETION DATE. THE COMPLETION DATE IS DEFINED AS THE DATE OF THE PHASE THREE INVOICE. DURING THIS LIMITED WARRANTY PERIOD, EVERY FIVE YEARS STARTING FROM THE COMPLETION DATE YOU ARE REQUIRED TO HAVE MFE INSPECT AND RE-CERTIFY THE WORK IT ORIGINALLY PERFORMED. ANY REQUIRED PAINTING, SEALING OR OTHER WORK WILL BE CONDUCTED BY MFE AT YOUR EXPENSE. MFE WILL REPAIR AT NO CHARGE TO YOU, ANY DEFECTS DUE TO FAULTY WORKMANSHIP. MFE'S WARRANTY DOES NOT COVER DAMAGE CAUSED BY ABUSE, MISUSE, NEGLIGENCE, OR IMPROPER CARE OR CLEANING.

CANCELLATION: YOU MAY CANCEL THIS AGREEMENT WITHOUT PENALTY OR OBLIGATION BY DELIVERING WRITTEN NOTICE TO MFE BY MIDNIGHT ON THE THIRD BUSINESS DAY AFTER SIGNING. Your payment(s) will be returned within ten (10) business days after MFE's receipt of Your notice. If You cancel You may be charged by MFE for all costs and expenses incurred by MFE until such cancellation.

Termination: If You breach this Agreement, or following discovery of previously undisclosed legal encumbrances on Your premises, building or zoning code violations, or hidden or unforeseen physical or hazardous conditions such as the presence of mold, asbestos, lead paint, or any other conditions differing from what You represented, MFE may immediately terminate the Agreement without further obligation to You. In any event, You agree to pay MFE the costs of materials, labor and Services provided by MFE through the date and time of termination, plus any other amounts allowed under applicable law.

Force Majeure: In no event shall MFE be responsible or liable for any failure or delay in the performance of its Services hereunder arising out of or caused by, directly or indirectly, forces beyond its control, including, without limitation, weather, strikes, work stoppages, accidents, acts of war or terrorism, civil or military disturbances, nuclear or natural catastrophes or acts of God, and interruptions, loss or malfunctions of utilities, communications or computer (software and hardware) services; it being understood that MFE shall use reasonable efforts to resume performance as soon as practicable and safe under the circumstances.

Severability Clause: In case any provision in this Agreement shall be deemed invalid, illegal or unenforceable in any jurisdiction such provision shall, as to such jurisdiction be ineffective to the extent of such invalidity, illegality or unenforceability without affecting the validity, legality and enforceability of the remaining provisions; and the invalidity of a particular provision in a particular jurisdiction shall not invalidate such provision in any other jurisdiction.

Waiver: MFE's failure to insist upon strict performance of a breach or condition of this Agreement by You shall not be deemed a waiver of any other or subsequent breach or condition by You whether of like or different nature.

Applicable Law: The validity, construction, interpretation and effect of this instrument shall be governed by and construed in accordance with the laws of the State of New Jersey, without giving effect to the conflicts of laws provisions thereof.

Changes and Change Orders: MFE, at Your request, may agree to perform additional work, subject to a Change Order, subject to additional charges payable by You to MFE. Any changes to MFE's Services, i.e., an expansion of the scope of the work or description of Services, will require You and MFE to first sign a written Change Order that will become part of this Agreement. Any Change Order must be clear in scope and specify any additional payment(s) due from You. Following discovery of previously undisclosed or unidentified legal encumbrances on Your premises, building or zoning code violations, or hidden or unforeseen physical or hazardous conditions such as the presence of overhead utility lines, moisture intrusion inside the walls, mold, asbestos, lead paint, or any conditions differing from what You represented, MFE may immediately ask for a Change Order or discontinue its Services without further obligation to You. If You decline a Change Order request, MFE may terminate this Agreement as set forth below.

Credit Card Transactions: Your separate cardholder agreement (to which MFE is NOT a party) will determine the total cost of Your purchase if by credit card, including any initial payment or deposit You may make and all interest charges and fees. You will be further subject to Your cardholder agreement's terms and conditions. As credit card transactions are a convenience to You and a non-customary payment method for MFE, a 3.5% "convenience fee" will be added to Your credit card payment for Services.

Payment for Services: With regard to payment for MFE's Services, time is of the essence. There are three phases of payment for Services required pursuant to this Agreement. Phase one requires 25% of the total cost for Services to be paid upon execution by You of this Agreement. If drawings are required to render MFE's Services, the cost of such drawings shall be an additional charge included in Phase one costs. Phase two requires an additional 25% of the total cost for Services and shall be paid by You on or before the start date of Services. Phase three requires the final 50% of the total cost for Services and shall be paid by You at the time MFE's Services are completed.

Acceptance and Authorization: By signing this Agreement, You authorize MFE to (a) perform its Services as specified in this Agreement. You understand this Agreement constitutes the entire understanding between You and MFE and may only be amended by a written Change Order signed by MFE and You. This Agreement expressly supersedes all prior written or verbal agreements or representations made by MFE, You, or anyone else. Except as set forth in this Agreement, You agree there are no oral or written representations or inducements, express or implied, in any way conditioning this Agreement, and You expressly disclaim their existence. Do not sign if blank or incomplete. By signing, You acknowledge that You have read, understand, and accept this Agreement in its entirety. You further acknowledge receiving a complete copy.

Sean Blair

Date

Maximum Fire Escapes

Date



141 Frelinghuysen Ave
 Newark NJ 07114
 (844) 629-3473
 Max@maximumfireescapes.com

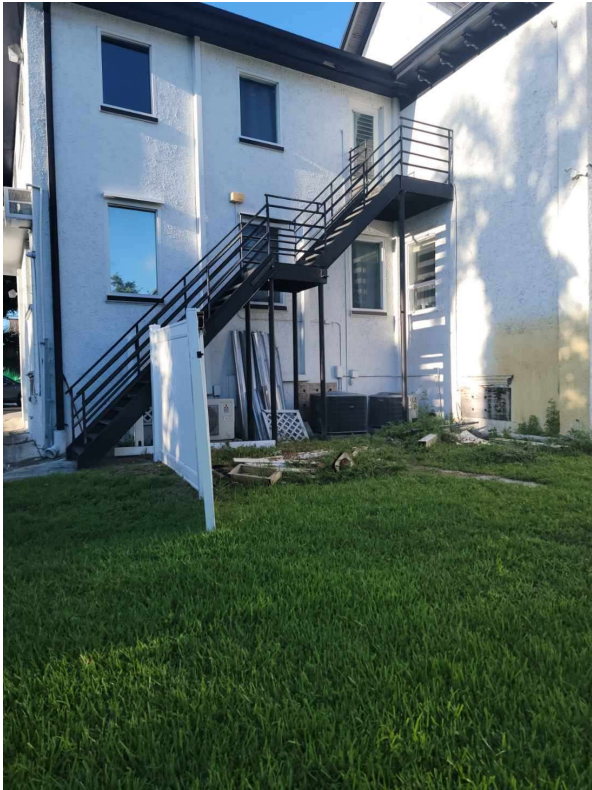
Agreement

ESTIMATE #	20206217
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CUSTOMER
<p>Sean Blair Mr. Sean Blair</p> <p>(727) 580-5212 sblair@brookwoodflorida.org</p>

SERVICE LOCATION
<p>Sean Blair</p> <p>901 7th Avenue South St. Petersburg, FL, 33705 (727) 580-5212 sblair@brookwoodflorida.org</p>

PHOTOS



DESCRIPTION

NOTE: MFE will be able to provide this service in conjunction with the work on the other fire escape on the property, submitted in separate proposal.

- All stair treads will be re-welded with 70xx electrodes on both sides of the tread around 2 inches long. Treads will have around 2 inches of weld per side on every stair tread. Welds to be done after the area is cleared of all paint and rust to obtain a clean weld.
- Re-weld all major structural connections.
- Re-weld all handrail connections as well as all brackets.
- Electra brush removal of all loose paint.
- Verify all wall attachments and apply silicone or hydraulic cement where necessary.
- Spot prime exposed bare metal area where needed.

GENERAL TERMS AND CONDITIONS

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Termination: If You breach this Agreement, or following discovery of previously undisclosed legal encumbrances on Your premises, building or zoning code violations, or hidden or unforeseen physical or hazardous conditions such as the presence of mold, asbestos, lead paint, or any other conditions differing from what You represented, MFE may immediately terminate the Agreement without further obligation to You. In any event, You agree to pay MFE the costs of materials, labor and Services provided by MFE through the date and time of termination, plus any other amounts allowed under applicable law.

Force Majeure: In no event shall MFE be responsible or liable for any failure or delay in the performance of its Services hereunder arising out of or caused by, directly or indirectly, forces beyond its control, including, without limitation, weather, strikes, work stoppages, accidents, acts of war or terrorism, civil or military disturbances, nuclear or natural catastrophes or acts of God, and interruptions, loss or malfunctions of utilities, communications or computer (software and hardware) services; it being understood that MFE shall use reasonable efforts to resume performance as soon as practicable and safe under the circumstances.

Severability Clause: In case any provision in this Agreement shall be deemed invalid, illegal or unenforceable in any jurisdiction such provision shall, as to such jurisdiction be ineffective to the extent of such invalidity, illegality or unenforceability without affecting the validity, legality and enforceability of the remaining provisions; and the invalidity of a particular provision in a particular jurisdiction shall not invalidate such provision in any other jurisdiction.

Waiver: MFE's failure to insist upon strict performance of a breach or condition of this Agreement by You shall not be deemed a waiver of any other or subsequent breach or condition by You whether of like or different nature.

Applicable Law: The validity, construction, interpretation and effect of this instrument shall be governed by and construed in accordance with the laws of the State of New Jersey, without giving effect to the conflicts of laws provisions thereof.

Changes and Change Orders: MFE, at Your request, may agree to perform additional work, subject to a Change Order, subject to additional charges payable by You to MFE. Any changes to MFE's Services, i.e., an expansion of the scope of the work or description of Services, will require You and MFE to first sign a written Change Order that will become part of this Agreement. Any Change Order must be clear in scope and specify any additional payment(s) due from You. Following discovery of previously undisclosed or unidentified legal encumbrances on Your premises, building or zoning code violations, or hidden or unforeseen physical or hazardous conditions such as the presence of overhead utility lines, moisture intrusion inside the walls, mold, asbestos, lead paint, or any conditions differing from what You represented, MFE may immediately ask for a Change Order or discontinue its Services without further obligation to You. If You decline a Change Order request, MFE may terminate this Agreement as set forth below.

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Acceptance and Authorization: By signing this Agreement, You authorize MFE to (a) perform its Services as specified in this Agreement. You understand this Agreement constitutes the entire understanding between You and MFE and may only be amended by a written Change Order signed by MFE and You. This Agreement expressly supersedes all prior written or verbal agreements or representations made by MFE, You, or anyone else. Except as set forth in this Agreement, You agree there are no oral or written representations or inducements, express or implied, in any way conditioning this Agreement, and You expressly disclaim their existence. Do not sign if blank or incomplete. By signing, You acknowledge that You have read, understand, and accept this Agreement in its entirety. You further acknowledge receiving a complete copy.

Sean Blair

Date

Maximum Fire Escapes

Date

Quote



Invoice#: 509
Invoice date: Sep 9, 2022
Due date: Sep 9, 2022

dynamic mobile welding

jaime rodriguez

dynamicmobileweld97@yahoo.com

Amount due:
\$52,000.00

Bill To: Brookwood Florida
901 7th Ave. S.
St. Petersburg, FL 33705

Description	Quantity	Price	Amount
Repair and reconstruction on staircase	2	\$26,000.00	\$52,000.00
		Subtotal	\$52,000.00
		Total	\$52,000.00

Scope of Work:

- Re-weld all major structural connections.
- Re-weld all handrail connections as well as all brackets
- Application of hydraulic cement
- Stairs connections to the building sealed
- All stairs/foot pads sanded and primed with silicone primer

25% due at signing of contract
25% at start of work
50% due at completion

Brookwood Florida Fire Stairs 2023 Budget

All stair treads re-welded with 70xx electrodes on both sides of the tread around 2 inches long	\$10,000.00
Re-weld all major structural connections including rail connections as well as all brackets	\$10,000.00
Electra brush removal of all loose paint	\$8,650.00
Application of silicone or hydraulic cement where necessary and Spot prime exposed bare metal area where needed	\$12,000.00
Paint entire fire escape with Industrial Enamel BLACK paint	\$9,600.00
Engineer certification letter stating that fire escape will pass all current load tests and meets all state requirements	\$119.00
10% Contingencies/inflation costs	<u>\$5,036.00</u>
TOTAL:	\$55,405.00

Brookwood Florida, Inc.

2022 Budget

	2022
<u>Revenues</u>	<u>Budget</u>
CONTRIBUTIONS	289,415
DCF/CBC PLACEMENTS	635,000
DEPARTMENT OF EDUCATION - FOOD	38,000
HUD SNAP/EMPLOYMENT	79,085
MEDICAID INCOME	223,500
PRIVATE FEES	20,000
ADULT INDEPENDENT LIVING	3,000
SOCIAL ACTION PINELLAS	44,000
SPECIAL EVENTS (NET OF DIRECT EXPENSES)	50,000
INVESTMENT INCOME	80,000
EXTENDED FOSTER CARE/OTHER	18,000
TOTAL REVENUE	1,480,000
<u>Expenses</u>	
SALARIES	785,000
PAYROLL TAXES/UNEMPLOYMENT	72,000
EMPLOYEE BENEFITS	60,000
RETIREMENT	18,000
WORKER'S COMP	16,400
PAYROLL ADMINISTRATION	18,600
EMPLOYMENT ADS	3,000
MISC PAYROLL EXP.	3,500
AUDIT	16,500
TRAVEL	2,000
CONFERENCES/TRAINING	1,000
TELEPHONE	10,000
UTILITIES ELECTRIC	36,000
UTILITIES GAS	1,000
UTILITIES WATER & GARBAGE	23,000
INSURANCE	115,000
EQUIPMENT - OFFICE REPAIRS & MAINTENANCE	2,500
EQUIPMENT - OTHER REPAIRS & MAINTENANCE	7,200
RENTAL EQUIPMENT - OFFICE	1,800
BUILDING & GROUNDS REPAIRS AND MAINTENANCE	60,000
OUTSIDE CONTRACTORS	13,000
VEHICLE REPAIRS AND GAS	13,000
PRINTING	5,000
OFFICE SUPPLIES	4,000
POSTAGE & FREIGHT	4,000
HOUSEHOLD SUPPLIES	26,500
DUES/LICENSES/SUBSCRIPTIONS	2,500
TECHNOLOGY EXPENSE	30,000
FOOD AND NUTRITION	65,000
FUNDRAISING	5,000
ASSISTANCE TO RESIDENTS	22,000
CLIENT RECREATION	12,000
MEDICAL ASSISTANCE FOR RESIDENTS	3,000
CREDIT CARD FEES	3,000
ACCREDITATION EXPENSES - COA	2,000
CONTINGENCY/CAPITAL EXPENDITURES	17,500
TOTAL EXPENSES	1,480,000
NET INCOME BEFORE DEPRECIATION	0
DEPRECIATION EXPENSE	125,000



2022 Board of Directors

Board Member	Address	Phone/Email	Term
<p>Chair CATHY SCHOEPPLER Occupation: Realtor, Fashion Consultant Expertise: Event Planning & Fundraising</p>	3532 Greenglen Circle Palm Harbor, Fl 34684	727-507-1760 Cathy.schoeppler@gmail.com	1/21 12/23
<p>Vice Chair JESSICA TONKIN Occupation: ARNP Expertise: Fundraising, Organizational skills</p>	4905 Caspar Whitney Place Unit 401 Tampa, FL 33616	813-681-8624 Jtonkin84@yahoo.com	1/21- 12/23
<p>ANNETTE HOSTETTER Occupation: Travel Consultant Expertise: Event Planning, Marketing, Training, Organizational Skills</p>	235 South Tessier Drive St. Pete Beach, FL 33706	727-492-4479 (C) 727-360-6425 (H) Ahostetter@earthlink.net	1/20 - 12/22
<p>MARTHA KOESTER Occupation: Retired Expertise: Management</p>	25 B Franklin Ct. S. St. Petersburg, Fl. 33711	727-430-4500 (C) Mwk1026@aol.com	1/21 – 12/23
<p>MARCY SHUCK Community Volunteer Expertise: Special Events</p>	5301 Gulf Blvd., B-711 St. Pete Beach, FL 33706	727-432-8200 Marcy.shuck@gmail.com	1/20- 12/22
<p>JANIS WEBER Occupation: Retired Teacher Expertise: Event Planning, Fundraising, Organization Skills, Board Recruitment</p>	11709 Ridgeview Lane Seminole, FL 33712	727-480-5609 Webjanis1@yahoo.com	9/21- 12/23
<p>W. JAMES WILSON Occupation: Vice President Expertise: Strategic Planning, Fundraising, Organizational Skills, Board Leadership</p>	5706 Interbay Blvd. Tampa, FL 33611	813-745-1521 (W) 850-509-6025 (C) wjameswilson1987@gmail.com	1/20- 12/22
<p>Treasurer SEAN GOODRICH Occupation: Financial Advisor Expertise: Strategic Planning, Board Leadership, Marketing</p>	100 2 nd Ave. S. 704S St. Petersburg, FL 33701	727-385-9439 Sean.Goodrich@raymondjames.com	1/21- 12/23

<p><i>Secretary</i> JIM FAMA Occupation: Retired Attorney Expertise: Law, Strategic Planning, Board Leadership, Organizational Skills</p>	<p>408 Regent Lane N. St. Petersburg, FL 33701</p>	<p>202-368-6902 Fama_james@yahoo.com</p>	<p>1/21-12/23</p>
<p>JULIE GARDEI Occupation: Retired IT Expertise: IT, Organizational Skills</p>	<p>6635 Bayou Grande Blvd. NE St. Petersburg, FL 33702</p>	<p>813-334-7336 cjgardei@gmail.com</p>	<p>5/22-12/23</p>
<p>RENEE DAVIS Occupation: Finance Office Administrator Expertise: Event Organization/Planning</p>	<p>4876 28th Street S. St. Petersburg, FL 33712</p>	<p>davis.l.renee@gmail.com</p>	<p>8/22-12/23</p>
<p>RANDY KANE Occupation: Business Owner Expertise: Vision, Creativity, Web Site UI/UX (user experience and interface), Sales, Public Speaking</p>	<p>2858 Sandpiper Place Clearwater, FL 33762</p>	<p>727-452-6767 randyk@labelitus.com</p>	<p>9/22-12/23</p>

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)

2021

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning , and ending

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	C Name of organization Brookwood Florida, Inc.		D Employer identification number 59-0624387
	Doing business as		E Telephone number 727-822-4789
	Number and street (or P.O. box if mail is not delivered to street address) 901 Seventh Avenue South		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code St. Petersburg FL 33705		G Gross receipts\$ 1,891,599
	F Name and address of principal officer: Dee Monje 901 Seventh Avenue South St. Petersburg FL 33705		

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: www.brookwoodflorida.org	H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1927	M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O				
	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	14		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14		
	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	0		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0		
Revenue			Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)		423,022	634,456	
	9 Program service revenue (Part VIII, line 2g)		831,020	830,385	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-210	75,757	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-111	-18,291	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,253,721	1,522,307		
Expenses	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)		886,899	853,501	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0	
	b Total fundraising expenses (Part IX, column (D), line 25) 124,918				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		576,274	615,971	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,463,173	1,469,472		
19 Revenue less expenses. Subtract line 18 from line 12		-209,452	52,835		
Net Assets or Fund Balances			Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)		2,866,062	2,930,726	
	21 Total liabilities (Part X, line 26)		375,849	237,844	
22 Net assets or fund balances. Subtract line 21 from line 20			2,490,213	2,692,882	

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 Dee Monje	Date Executive Director
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Peter C. Schatzel	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00430290
	Firm's name Wells, Houser & Schatzel, P.A.		Firm's EIN 59-2921780	
	Firm's address 500 94th Ave N Saint Petersburg, FL 33702-2406		Phone no. 727-578-1040	

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

For Paperwork Reduction Act Notice, see the separate instructions.

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:

See Schedule O

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 \$ 1,183,533 including grants of \$) (Revenue \$)

See Schedule O

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

N/A

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 1,183,533

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, 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.	17			

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

Dee Monje **901 Seventh Avenue South** **FL 33705** **727-822-4789**
St. Petersburg

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 (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) Dee Monje Executive Director	40.00 0.00			X				92,596	0	9,252
(2) Sue Cramer Secretary	0.50 0.00	X		X				0	0	0
(3) Jim Fama Board Member	0.50 0.00	X						0	0	0
(4) Sean Goodrich Board Member	0.50 0.00	X						0	0	0
(5) Annette Hostetter Vice Chair	0.50 0.00	X		X				0	0	0
(6) Martha Koester Treasurer	0.50 0.00	X		X				0	0	0
(7) Debi Lanning Board Member	0.50 0.00	X						0	0	0
(8) Lisa Lariccia Board Member	0.50 0.00	X						0	0	0
(9) Cathy Schoeppler Chair	0.50 0.00	X		X				0	0	0
(10) Marcy Shuck Board Member	0.50 0.00	X						0	0	0
(11) Karen Thomas Board Member	0.50 0.00	X						0	0	0

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			
(12) Jessica Tonkin	0.50									
Board Member	0.00	X						0	0	0
(13) Janis Weber	0.50									
Board Member	0.00	X						0	0	0
(14) W. James Wilson	0.50									
Board Member	0.00	X						0	0	0
(15) Yolanda Wilson-Strudwick	0.50									
Board Member	0.00	X						0	0	0
1b Subtotal								92,596		9,252
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								92,596		9,252

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	43,218					
	d Related organizations	1d						
	e Government grants (contributions)	1e	342,207					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	249,031					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			634,456				
	Program Service Revenue				Business Code			
2a Fees From Govt. Agencies			623990	626,838	626,838			
b Medicaid Payments			623990	193,588	193,588			
c Fees From Individuals			531110	9,959	9,959			
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				830,385				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			37,243			37,243	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents		(i) Real	(ii) Personal				
		6a						
		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		(i) Securities	(ii) Other				
		7a	389,115					
		b Less: cost or other basis and sales exps.	7b	350,601				
	c Gain or (loss)	7c	38,514					
	d Net gain or (loss)			38,514	38,514			
	8a Gross income from fundraising events (not including \$ 43,218 of contributions reported on line 1c). See Part IV, line 18							
		8a						
b Less: direct expenses		8b	18,691					
c Net income or (loss) from fundraising events			-18,691			-18,691		
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								
Miscellaneous Revenue				Business Code				
	11a Gain on Sale of Asset			400	400			
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			400				
12 Total revenue. See instructions				1,522,307	869,299	0	18,552	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	92,596	46,298	37,038	9,260
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	644,226	524,950	45,954	73,322
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,860	10,129	1,692	2,039
9 Other employee benefits	39,619	28,954	4,837	5,828
10 Payroll taxes	63,200	49,730	6,697	6,773
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	16,500		16,500	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	54,981	52,233	1,978	770
17 Travel	11,054	10,435	516	103
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,330	6,013	228	89
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	118,486	112,562	4,265	1,659
23 Insurance	105,042	99,790	3,781	1,471
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Supplies	93,586	87,924	3,844	1,818
b Repairs and Maintenance	64,061	60,213	2,734	1,114
c Special Asst to Residents	30,778	30,778		
d Computer Expense	25,758	7,727	10,304	7,727
e All other expenses	89,395	55,797	20,653	12,945
25 Total functional expenses. Add lines 1 through 24e	1,469,472	1,183,533	161,021	124,918
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance 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
Assets	1 Cash—non-interest-bearing	141,908	1	115,785
	2 Savings and temporary cash investments	55,140	2	40,172
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	107,219	4	81,132
	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	48,939	9	51,866
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,708,849		
	b Less: accumulated depreciation	10b 2,143,867	10c	564,982
	11 Investments—publicly traded securities	1,809,943	11	1,929,722
	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	135,018	15	147,067
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,866,062	16	2,930,726	
Liabilities	17 Accounts payable and accrued expenses	66,872	17	86,077
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	126,577	23	132,906
	24 Unsecured notes and loans payable to unrelated third parties		24	18,861
	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	182,400	25	
	26 Total liabilities. Add lines 17 through 25	375,849	26	237,844
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,243,714	27	2,411,294
	28 Net assets with donor restrictions	246,499	28	281,588
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	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 Total net assets or fund balances	2,490,213	32	2,692,882	
33 Total liabilities and net assets/fund balances	2,866,062	33	2,930,726	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,522,307
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,469,472
3	Revenue less expenses. Subtract line 2 from line 1	3	52,835
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,490,213
5	Net unrealized gains (losses) on investments	5	149,834
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,692,882

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input 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.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	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?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Federal Statements

Form 990 - Federal General Footnote

Description

Part VIII - Statement of Revenue - Line 1e - Government grants (contributions) totaling \$342,207 consists of the following:

1. United States Treasury - Small Business Administration - Paycheck Protection Program loan forgiveness in the amount of \$182,400.
2. U. S. Department of Agriculture - \$36,449.
3. City of St. Petersburg - \$30,859.
4. Pinellas County Human Services - \$13,414.
5. U. S. Department of Housing & Urban Development - \$79,085.

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Brookwood Florida, Inc.

Employer identification number

59-0624387

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)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,543,046	1,438,697	1,365,208	1,254,042	1,464,841	7,065,834
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,543,046	1,438,697	1,365,208	1,254,042	1,464,841	7,065,834
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						7,065,834

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	1,543,046	1,438,697	1,365,208	1,254,042	1,464,841	7,065,834
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	36,395	15,297	37,899	36,150	37,243	162,984
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,250			9,401	400	11,051
11 Total support. Add lines 7 through 10						7,239,869

12 Gross receipts from related activities, etc. (see instructions) 12 4,247,028

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	97.60 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	97.79 %

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). 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— <i>explain in Part VI</i>). 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 Total 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. 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.)

Part II, Line 10 - Other Income Detail

Miscellaneous Income \$ 11,051

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

Brookwood Florida, Inc.**59-0624387**

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

-
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

-
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Brookwood Florida, Inc.

Employer identification number

59-0624387**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U. S. Department of Agriculture FL DOE - Division Food & Nutrition 407 South Calhoun Street Tallahassee FL 32399	\$ 36,449	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	City of St. Petersburg P.O. Box 2842 St. Petersburg FL 33731-2842	\$ 30,859	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Pinellas County Human Services 647 1st Avenue North St. Petersburg FL 33701	\$ 13,414	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	U.S. Dept. of Housing & Urban Devel. 400 W. Bay Street Suite 1015 Jacksonville FL 32202	\$ 79,085	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Sherri Burke 748 Cattail Ct. NE. St Petersburg FL 33703	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Pinellas Community Foundation 17755 U.S. Highway 19 North Suite 150 Clearwater FL 33764	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Brookwood Florida, Inc.

Employer identification number

59-0624387

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Infinity P.O. Box 76354 St. Petersburg FL 33734-6354	\$ 25,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Charles Lauffer Trust U. S. Trust - Bank of America Corp. 100 Westminster Street Providence RI 02903	\$ 12,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	White Family Foundation P.O. Box 2491 Tarpon Springs FL 34688	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Brookwood Florida, Inc.

Employer identification number

59-0624387

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

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

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

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, acreage, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts required to be reported.

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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
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	135,018	127,139	113,011	117,637	115,848
b Contributions					
c Net investment earnings, gains, and losses	24,799	21,004	27,878	7,874	15,877
d Grants or scholarships					
e Other expenditures for facilities and programs	12,750	13,125	13,750	12,500	14,088
f Administrative expenses					
g End of year balance	147,067	135,018	127,139	113,011	117,637

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 **100.00** %
- c** Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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		10,925		10,925
b Buildings		2,240,870	1,823,273	417,597
c Leasehold improvements				
d Equipment		457,054	320,594	136,460
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **564,982**

Part VII Investments – Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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) Beneficial Interest-Perpetual Trust	147,067
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	147,067

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)	
Total. (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

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Brookwood Florida, Inc.

Employer identification number

59-0624387

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Other events</u> (event type)	_____ (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	43,218			43,218
	2 Less: Contributions	43,218			43,218
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	18,691			18,691
	10 Direct expense summary. Add lines 4 through 9 in column (d)				18,691
11 Net income summary. Subtract line 10 from line 3, column (d)				-18,691	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

Brookwood Florida, Inc.

Employer identification number

59-0624387

Form 990 - Organization's Mission

Brookwood Florida is dedicated to providing troubled adolescent girls with an alternative living environment and therapeutic program encompassing education, employability skills, independent living training and counseling that will prepare them for self-sufficiency or successful family reunification. Brookwood Florida also provides a second tier of programming for young women aged 18 to 21 that choose to participate in an extended foster care arrangement that is designed to provide a supportive transitional environment.

Form 990 - Additional Information**Form 990, Part I - Line 5**

Brookwood Florida, Inc. utilizes an employee leasing company and therefore does not transmit a Form W-3 or any other payroll related return. The employee leasing expense is reported as salaries and wages on Part IX - Statement of Functional Expenses. There were 26 leased employees as of December 31, 2021.

Form 990, Part I, Line 6

Volunteers are utilized by Brookwood Florida, Inc. to enrich, extend, or otherwise supplement the services of agency staff for the benefit of the residents. Volunteers working directly with the residents are under the supervision of the appropriate staff members according to the type of services being provided. Volunteers will not be asked to perform duties assigned to paid staff nor will volunteers be permitted to supplant

Name of the organization

Employer identification number

Brookwood Florida, Inc.

59-0624387

regular paid staff.

Form 990, Part III, Line 4a - First Accomplishment

Brookwood serves a diverse population of troubled adolescent girls under the age of 18. They are high-risk youth (prone to dropping out of school, unstable relationships with families, struggling with mental health issues), whose needs could only be met by the type of specialized program our agency provides. Brookwood's program offers them security plus support, and provides effective service delivery of key services, as assessment, treatment and supervised residential living are all rendered on-site. Brookwood also serves young women aged 18 to 21 that choose to participate in an extended foster care arrangement that is designed to provide a supportive transitional environment. Because our program is community-based (located near downtown St.Petersburg, with county-wide public transportation accessibility), our clients benefit from a host of local available resources, allowing them the opportunity to engage in real life experiences that better prepare them for self-sufficiency and independent living. In regard to education, our clients attend traditional high schools, vocational centers, community colleges and other specialized school settings, while they work at an array of local companies and gather valuable life and work experience through volunteering.

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

The Form 990 is prepared by the Organization's independent auditors and is reviewed by the Executive Director. The Form 990 is provided to all Board of Directors prior to filing and is made available to the public.

Name of the organization

Employer identification number

Brookwood Florida, Inc.

59-0624387

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

All new employees receive a employee handbook which covers conflicts of interest and how they will be handled. All employees must sign an acknowledgment that they have received employee handbook, read it thoroughly, and understand the contents. If any conflict should arise, it should be brought to the attention of the Executive Director immediately, so appropriate action can be taken. Additionally, all members of the Board of Directors complete a conflict of interest form on an annual basis.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Board of Directors does an annual review for Dee Monje (Executive Director) and authorizes annual salary increase.

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

The Organization's governing documents, policies and financial statements are made available to the public upon request.

Form 990	Event Income and Deduction Worksheet	2021
	Description Other events	

Name Brookwood Florida, Inc.	Taxpayer Identification Number 59-0624387
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	_____
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	43,218
7. Total revenue. Add lines 1 through 6	7.	43,218
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	18,691
15. Total expenses. Add lines 8 through 14	15.	18,691
16. Net Income/Loss. Line 7 minus Line 15	16.	24,527

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	18,691
Total Fundraising Expense	18,691

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____	Seq # _____
<input type="checkbox"/> Part V, Debt Financing	
<input type="checkbox"/> Part VI, Controlled Org Income	
<input type="checkbox"/> Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/> Part VIII, Exploited Activities	
<input type="checkbox"/> Part IX, Advertising Income	

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

40925A Brookwood Florida, Inc.

59-0624387

FYE: 12/31/2021

Federal Statements

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Dividend and interest income	\$ <u>37,243</u>		14			
Total	\$ <u><u>37,243</u></u>					

40925A Brookwood Florida, Inc.

59-0624387

FYE: 12/31/2021

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Employee leasing expense	\$ 21,510	\$ 17,602	\$ 1,959	\$ 1,949
Workers' Compens. Insur.	14,504	11,209	1,652	1,643
Accreditation - COA	14,295	14,295		
Professional Fees	11,970		11,970	
Telephone	8,674	5,204	1,735	1,735
Printing and Publications	5,054	2,527	505	2,022
Employee Advertising	3,674	3,674		
Dues & subscriptions	3,044	913	1,218	913
Fundraising Expense	2,938			2,938
Bank Fees	2,526		1,263	1,263
Postage & Shipping	964	241	241	482
Employee Training	242	132	110	
Total	<u>\$ 89,395</u>	<u>\$ 55,797</u>	<u>\$ 20,653</u>	<u>\$ 12,945</u>

40925A Brookwood Florida, Inc.

59-0624387

FYE: 12/31/2021

Federal Statements

Other events

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Fundraising event costs	\$ <u>18,691</u>
Total	\$ <u><u>18,691</u></u>

BROOKWOOD FLORIDA, INC.

Independent Auditor's Reports
and
Audited Financial Statements

December 31, 2021

BROOKWOOD FLORIDA, INC.

December 31, 2021

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
Brookwood Florida, Inc.
St. Petersburg, Florida

Opinion

We have audited the accompanying financial statements of Brookwood Florida, Inc. (a nonprofit organization), which comprise the statement of financial position as of December 31, 2021, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Brookwood Florida, Inc. as of December 31, 2021, and the changes in net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Brookwood Florida, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Brookwood Florida, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Brookwood Florida, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Brookwood Florida, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedule of Expenditures of Federal Awards is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated June 24, 2022, on our consideration of Brookwood Florida, Inc.'s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Brookwood Florida, Inc.'s internal control over financial reporting and compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Brookwood Florida, Inc.'s internal control over financial reporting and compliance.

Report on Summarized Comparative Information

We have previously audited Brookwood Florida, Inc.'s 2020 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated June 25, 2021. In our opinion, the summarized comparative information presented herein as of and for the year ended December 30, 2020, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Wells, Houser & Schatzel P.A.

Wells, Houser & Schatzel, P.A.
St. Petersburg, Florida

June 24, 2022

BROOKWOOD FLORIDA, INC.

STATEMENT OF FINANCIAL POSITION

DECEMBER 31, 2021

With Comparative Amounts for December 31, 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 155,957	\$ 197,048
Accounts receivable		
Fees for services	57,997	74,096
Grants	23,135	33,123
Investments	1,846,065	1,726,286
Prepaid expenses	<u>51,866</u>	<u>48,939</u>
	<u>2,135,020</u>	<u>2,079,492</u>
PROPERTY AND EQUIPMENT	2,708,849	2,613,734
Less accumulated depreciation	<u>2,143,867</u>	<u>2,045,839</u>
	<u>564,982</u>	<u>567,895</u>
RESTRICTED ASSETS		
Investments - cottage reserve	83,657	83,657
Beneficial interest in perpetual trust	<u>147,067</u>	<u>135,018</u>
	<u>230,724</u>	<u>218,675</u>
TOTAL ASSETS	<u>\$ 2,930,726</u>	<u>\$ 2,866,062</u>

	<u>2021</u>	<u>2020</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	\$ 20,935	\$ 22,428
Accrued expenses	65,142	44,444
Note payable - insurance premiums	18,861	-
	<u>104,938</u>	<u>66,872</u>
LONG-TERM DEBT		
Mortgage loans payable	132,906	126,577
Small Business Administration - Paycheck Protection Program Loan	-	182,400
	<u>132,906</u>	<u>308,977</u>
TOTAL LIABILITIES	<u>237,844</u>	<u>375,849</u>
NET ASSETS		
NET ASSETS WITH DONOR RESTRICTIONS		
Purpose Restricted:		
Cottage Reserve	83,657	83,657
Client Dental Care	1,723	1,903
Hobbs Foundation - Client Activities	-	631
Saunders Foundation - Furniture and Client Medication	4,600	-
Chapman Foundation - Education-related Activities and Equipment	8,501	3,911
Pinellas Community Foundation - Furniture	20,000	-
Education-related Activities	91	100
Seacoast Bank - Art Event	1,000	-
	<u>119,572</u>	<u>90,202</u>
Time Restricted - for periods after year-end		
Discount on below market rate mortgages	14,949	21,279
	<u>14,949</u>	<u>21,279</u>
Perpetual in Nature:		
Perpetual trust	147,067	135,018
	<u>147,067</u>	<u>135,018</u>
TOTAL NET ASSETS WITH DONOR RESTRICTIONS	<u>281,588</u>	<u>246,499</u>
NET ASSETS WITHOUT DONOR RESTRICTIONS		
Designated by Board of Directors for operating reserve	1,846,065	1,726,286
Undesignated, available for general activities	133,153	76,110
Expended for property and equipment	432,076	441,318
	<u>2,411,294</u>	<u>2,243,714</u>
TOTAL NET ASSETS WITHOUT DONOR RESTRICTIONS	<u>2,411,294</u>	<u>2,243,714</u>
TOTAL NET ASSETS	<u>2,692,882</u>	<u>2,490,213</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 2,930,726</u>	<u>\$ 2,866,062</u>

The accompanying notes are an integral part of these financial statements.

BROOKWOOD FLORIDA, INC.

STATEMENT OF ACTIVITIES

FOR THE YEAR ENDED DECEMBER 31, 2021

With Comparative Amounts for the Year Ended December 31, 2020

	<u>2021</u>	<u>2020</u>
CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS		
REVENUE		
Contributions and bequests	\$ 150,067	\$ 140,517
Contracts with individuals - fees for services	9,959	30,519
Special events - net of direct expenses (\$18,691 and \$9,512)	24,527	18,403
Investment return	213,542	40,027
Other revenue - Gain on sale of asset	400	9,401
	<u>398,495</u>	<u>238,867</u>
Grants from governmental agencies:		
Food Program	40,575	43,519
Social Action Funding	44,273	63,843
Coronavirus Relief Funding	-	21,721
Special Needs Assessment Funding	79,085	79,085
	<u>163,933</u>	<u>208,168</u>
Contracts and agreements with governmental and pass-through agencies:		
Fees for services	820,426	800,501
Net assets released from restrictions	<u>71,798</u>	<u>81,472</u>
TOTAL REVENUE WITHOUT DONOR RESTRICTIONS	<u>1,454,652</u>	<u>1,329,008</u>
EXPENSES		
Program services - residential care for young women	<u>1,183,533</u>	<u>1,176,856</u>
Supporting activities:		
Management and general	161,021	168,469
Fundraising	124,918	117,848
	<u>285,939</u>	<u>286,317</u>
TOTAL EXPENSES	<u>1,469,472</u>	<u>1,463,173</u>
Decrease in Net Assets Without Donor Restrictions Before Other Changes	<u>(14,820)</u>	<u>(134,165)</u>
OTHER CHANGES		
Gain on Extinguishment of Debt		
Small Business Administration Paycheck Protection Program Loan	<u>182,400</u>	<u>-</u>
INCREASE (DECREASE) IN NET ASSETS WITHOUT DONOR RESTRICTIONS	<u>167,580</u>	<u>(134,165)</u>

	<u>2021</u>	<u>2020</u>
CHANGES IN NET ASSETS WITH DONOR RESTRICTIONS		
NET ASSETS WITH PURPOSE RESTRICTIONS		
Contributions	\$ 94,838	\$ 46,422
Net assets released from purpose restrictions	<u>(65,468)</u>	<u>(61,744)</u>
INCREASE (DECREASE) IN NET ASSETS WITH PURPOSE RESTRICTIONS	<u>29,370</u>	<u>(15,322)</u>
NET ASSETS WITH TIME RESTRICTIONS		
Discount on below market rate mortgages	-	3,225
Net assets released from time restrictions	<u>(6,330)</u>	<u>(19,728)</u>
DECREASE IN NET ASSETS WITH TIME RESTRICTIONS	(6,330)	(16,503)
NET ASSETS WITH PERPETUAL RESTRICTIONS		
Investment return	24,799	21,004
Income distribution (reported as contribution without donor restrictions)	<u>(12,750)</u>	<u>(13,125)</u>
INCREASE IN NET ASSETS WITH PERPETUAL RESTRICTIONS	<u>12,049</u>	<u>7,879</u>
INCREASE (DECREASE) IN NET ASSETS WITH DONOR RESTRICTIONS	<u>35,089</u>	<u>(23,946)</u>
INCREASE (DECREASE) IN TOTAL NET ASSETS	202,669	(158,111)
NET ASSETS AT BEGINNING OF YEAR	<u>2,490,213</u>	<u>2,648,324</u>
NET ASSETS AT END OF YEAR	<u>\$ 2,692,882</u>	<u>\$ 2,490,213</u>

The accompanying notes are an integral part of these financial statements.

BROOKWOOD FLORIDA, INC.

STATEMENT OF FUNCTIONAL EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 2021

With Comparative Total Amounts for the Year Ended December 31, 2020

	Program Services	Supporting Activities			2021 Total	2020 Total
	Residential Care for Young Women	Management & General	Fundraising	Total		
Salaries	\$ 571,248	\$ 82,992	\$ 82,582	\$ 165,574	\$ 736,822	\$ 754,477
Employee benefits	39,083	6,529	7,867	14,396	53,479	67,857
Payroll taxes and workers' compensation insurance	60,938	8,348	8,417	16,765	77,703	79,544
Total Salaries and Related Expenses	671,269	97,869	98,866	196,735	868,004	901,878
Professional fees	31,897	30,429	1,949	32,378	64,275	52,117
Supplies and food	88,165	4,085	2,300	6,385	94,550	88,492
Telephone	5,205	1,735	1,735	3,470	8,675	8,951
Occupancy	218,249	8,722	3,443	12,165	230,414	222,327
Special assistance to residents	30,777	-	-	-	30,777	33,343
Travel and vehicle	10,435	516	103	619	11,054	12,496
Conferences, printing and miscellaneous	14,974	13,400	14,863	28,263	43,237	29,498
Total Expenses Before Depreciation	1,070,971	156,756	123,259	280,015	1,350,986	1,349,102
Depreciation	112,562	4,265	1,659	5,924	118,486	114,071
TOTAL EXPENSES	\$ 1,183,533	\$ 161,021	\$ 124,918	\$ 285,939	\$ 1,469,472	\$ 1,463,173

The accompanying notes are an integral part of these financial statements.

BROOKWOOD FLORIDA, INC.

STATEMENT OF CASH FLOWS

FOR YEAR ENDED DECEMBER 31, 2021

With Comparative Amounts for the Year Ended December 31, 2020

	<u>2021</u>	<u>2020</u>
OPERATING ACTIVITIES		
Increase (decrease) in net assets	\$ 202,669	\$ (158,111)
Adjustments to reconcile increase (decrease) in net assets to net cash provided (used) by operating activities:		
Depreciation	118,486	114,071
Accretion of mortgage loan discount	6,329	5,473
Loan discount on new debt	-	(3,225)
(Gain) loss on sale of investments	(38,514)	36,360
Unrealized (gain) loss on investment securities	(137,786)	(40,237)
Unrealized (gain) loss on perpetual trust	(24,799)	(21,004)
Gain on sale of property and equipment	(400)	-
Gain on extinguishment of debt - Small Business Administration PPP Loan	(182,400)	-
Changes in operating assets and liabilities:		
(Increase) decrease in accounts receivable	26,087	(24,657)
(Increase) decrease in unconditional promises to give	-	14,255
(Increase) decrease in prepaid expenses	(2,927)	(5,522)
Increase (decrease) in accounts payable	(1,493)	13,006
Increase (decrease) in accrued expenses	20,698	4,748
NET CASH USED IN OPERATING ACTIVITIES	<u>(14,050)</u>	<u>(64,843)</u>
INVESTING ACTIVITIES		
Proceeds from sale of investments	372,990	484,095
Proceeds from sale of investments - perpetual trust	12,750	13,125
Proceeds from sale of property and equipment	400	-
Purchase of investments	(316,469)	(519,988)
Purchase of property and equipment	(115,573)	(100,718)
NET CASH USED IN INVESTING ACTIVITIES	<u>(45,902)</u>	<u>(123,486)</u>
FINANCING ACTIVITIES		
Net proceeds from insurance note	51,193	-
Proceeds from SBA Paycheck Protection Program Loan	-	182,400
Proceeds from mortgage note	-	14,897
Payment on insurance note	(32,332)	-
NET CASH PROVIDED BY FINANCING ACTIVITIES	<u>18,861</u>	<u>197,297</u>
INCREASE (DECREASE) IN CASH	(41,091)	8,968
CASH - BEGINNING OF YEAR	<u>197,048</u>	<u>188,080</u>
CASH - END OF YEAR	<u>\$ 155,957</u>	<u>\$ 197,048</u>

There was no interest paid in fiscal years ending December 31, 2021 and 2020

Supplemental disclosure of non-cash investing and financing activities:

1. There were no non-cash investing activities for the years ended December 31, 2021 and 2020.
2. Non-cash financing activities for the year ended December 31, 2021 consist of a gain on the extinguishment of debt in the amount of \$182,400 as a result of the forgiveness of the Small Business Administration Paycheck Protection Program loan, which is recorded on the Statement of Activities under Other Changes.
3. There was no forgiveness of indebtedness in fiscal year 2020.

The accompanying notes are an integral part of these financial statements.

BROOKWOOD FLORIDA, INC.

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Purpose of Organization: Brookwood Florida, Inc. (Brookwood Florida) provides two tiers of programming. The first tier of programming provides troubled adolescent girls under the age of 18 with an alternative living environment and a therapeutic program encompassing education, employability skills, independent living training, and counseling that will prepare them for self-sufficiency or successful family reunification. The second tier provides an "Adult Program" for young women aged 18 to 21 that choose to participate in an extended foster care arrangement that is designed to provide a supportive transitional environment.

Basis of Accounting: The financial statements have been prepared on the accrual basis of accounting, which recognizes revenue when earned and expenses as incurred. State and local government and other public grant amounts are recorded as support when performance occurs pursuant to the contract agreement. The financial statements are presented in accordance with Financial Accounting Standards Board (FASB) Codification Sections 958-205 – *Not-for Profit Entities – Presentation of Financial Statement*, 958-605 – *Revenue Recognition*, and 606 – *Revenue From Contracts With Customers*.

Under FASB Codification Section 958-605, which has been modified as a result of Accounting Standards Update (ASU) Number 2018-08, *Not-for-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*, Brookwood Florida is now required to further distinguish contributions received from exchange transactions. Contributions are defined by the FASB as an unconditional transfer of cash or other assets to an entity, or an unconditional promise to give to an entity, in a voluntary non-reciprocal transfer made by another entity. An exchange transaction is defined by the FASB as a reciprocal transfer in which each party receives and sacrifices approximately commensurate values. Brookwood implemented ASU Number 2018-08 in 2019.

Brookwood Florida also implemented FASB ASU Number 2014-09, *Revenue From Contracts With Customers (Topic 606)* in 2019 and in doing so also implemented FASB Section 606 of the same title. In accordance with ASU Number 2014-09, Brookwood Florida is now required to identify revenues received from contracts with governmental agencies and governmental pass-through agencies and to identify the contract performance obligations that must be fulfilled, the significant payment terms and the nature of the services that are to be performed in exchange for payment and the recognition of revenue. Brookwood Florida's implementation of this accounting standard did not result in a change in accounting method. The implementation of the new accounting standard has not caused a change in the timing of revenue recognition for fees received from services performed pursuant to contracts. Additionally, the accounting standard change has not resulted in having to record additional contract related assets or liabilities.

Brookwood Florida implemented ASU Number 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities* in 2018 which was a modification to FASB Codification Section 958-205. In accordance with ASU Number 2016-14, Brookwood Florida is now required to report information regarding its financial position and activities according to two classes of net assets: net assets with donor restrictions and net assets without donor restrictions. Prior to implementing ASU 2016-14, Brookwood Florida was required to report three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

The costs of providing residential services have been detailed in the Statement of Functional Expenses and summarized on a functional basis in the Statement of Activities. Expenses that can be identified with a specific program or support service are allocated directly according to their natural expenditure classification. Administrative expenses are allocated to the various functions based on the organization's salary expense.

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Cash Equivalents and Liquidity: For purposes of financial statement presentation, Brookwood Florida has a liquidity management policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. Brookwood Florida considers highly liquid debt instruments with original maturities of three months or less to be cash equivalents with the exception of highly liquid instruments designated by the Board of Directors as investments. Brookwood Florida does not have any restricted cash or limitations on the use of cash.

Contributions and Bequests: Brookwood Florida accounts for contributions in accordance with Financial Accounting Standards Board Codification Section 958-605 – *Not-for Profit Entities – Revenue Recognition*. All donor-restricted contributions are reported as increases in net assets with donor restrictions and contributions that do not have donor restrictions are reported as increases in net assets without donor restrictions. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions. Unconditional promises to give (pledges) and the discount on below market rate mortgages pursuant to FASB Codification Section 958-605, are required to be reported as donor-restricted support with time restrictions and are then reclassified to net assets without donor restrictions upon expiration of the time restriction. In accordance with FASB Codification Section 958-605, unconditional promises to give are recognized as revenues in the period received and as assets, decreases in liabilities, or expenses depending on the form of the benefit received. Conditional promises to give are recognized when the conditions on which they depend are substantially met.

The Board of Directors is able to designate that certain contributions and bequests be set aside for operating reserves or capital expenditures. These designated funds are accounted for as a component of net assets without donor restrictions. This Board designation for operating reserves is described in more detail in Note 10.

Contracts and Agreements With Governmental and Pass-Through Governmental Entities: Brookwood Florida has entered into contracts and agreements with governmental agencies and pass-through government funded agencies to provide services to troubled adolescent girls under the age of 18 and young women between the ages of 18 and 21 years old. These services consist of providing a therapeutic residential group home in a safe environment that includes, but is not limited to, providing food and shelter, education, mental health counseling, life skills and employment counseling.

Through an intermediary agency, Brookwood Florida has entered into an agreement to receive Medicaid payments for therapeutic services provided to the Medicaid eligible adolescent girls residing in the group home. The invoices submitted to the intermediary agency by Brookwood Florida are based on fixed unit daily rates that are billed on a weekly basis after the services have been provided. Payment from the intermediary agency is received within one to two weeks of when the invoice is submitted.

Brookwood Florida has entered into contracts and agreements with Community Based Care (CBC) organizations that are funded through the Florida Department of Children and Families. The CBC organizations are located throughout Florida and are the primary referral source of the troubled adolescent girls that are provided shelter and care by Brookwood Florida. Brookwood Florida submits monthly invoices to the CBC organizations after the services have been provided that are based on fixed daily rates. Payment is typically received from the CBC organizations within thirty days.

Accounts Receivable and Uncollectible Accounts: Accounts receivable for services and grants that are due from governmental agencies and government funded pass-through agencies as of December 31, 2021 and 2020, are considered to be fully collectible by management. Due to the charitable nature of Brookwood Florida's activities, services are also provided to girls that have been privately placed in Brookwood Florida's care and may be unable to

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

pay the normal program fee. As a result, the fee charged these girls may be at a reduced rate. Any accounts receivable that have been recorded and later have been determined uncollectible are charged to income in the period that the determination is made. No allowance for doubtful accounts has been recorded as of December 31, 2021 and 2020 for privately placed girls as management considers all accounts to be collectible.

Investment securities: Investments in marketable securities with readily determinable fair values and all investments in debt securities are measured at fair value in the statement of financial position in accordance with Financial Accounting Standards Board Codification Section 958-320 – *Not-for Profit Entities – Investments – Debt and Equity Securities*. Interest and dividends, gains and losses on sales of securities and unrealized gains and losses are classified as investment return in the statement of activities.

Property and Equipment: Land, building and equipment that is purchased is recorded at cost and such assets that are donated are recorded at acquisition value. Depreciation is computed using the straight-line method over estimated useful lives ranging from 3 to 39 years. Expenditures greater than \$1,000 with an estimated useful life in excess of one year are capitalized.

Accumulated Personal Time Off (PTO): Effective July 1, 1999, Brookwood Florida changed their leave policy for personal time off (PTO) by no longer allowing employees to accumulate and carry over PTO hours from year to year. As of December 31 of each year, all unused PTO hours accumulated were forfeited. Effective for fiscal year ending December 31, 2004, employees are allowed to carry over earned PTO hours until March 31 of the following year. Any unused PTO hours carried forward that are not used by March 31 are forfeited. Due to COVID related staffing issues, Brookwood extended the March 31 forfeiture date to May 31 for unused PTO hours carried forward from both the 2020 and 2021 fiscal years. Therefore, an accrued expense has been recorded as of December 31, 2021 and 2020 for accrued PTO hours.

Estimates: The preparation of financial statements in conformity with generally accepted accounting principles require management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Fair Value Measurements: Brookwood Florida, Inc. has adopted Financial Accounting Standards Board Codification Section 820 – *Fair Value Measurements and Disclosures*. FASB Codification Section 820 requires the use of a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three levels: quoted market prices that are observable for the assets or liabilities (Level 1); inputs other than quoted market prices that are observable for the asset or liability, either directly or indirectly (Level 2); and unobservable inputs from the asset or liability (Level 3).

The carrying amount reported in the statement of financial position for cash, accounts receivable, and accounts payable approximate fair value because of the immediate or short-term maturities of these financial instruments.

Comparative Financial Information and Reclassifications: The financial statements include certain prior-year summarized comparative information and such information does not include, in all instances, sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the financial statements for the year ended December 31, 2020, from which the summarized information was derived.

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BROOKWOOD FLORIDA, INC.

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE 2 – TAX STATUS

Brookwood Florida, Inc. is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code and state income tax under Chapter 220.13 of the Florida Statutes. The Internal Revenue Service has determined that the Organization is not a private foundation and contributions to it qualify for the charitable contribution deduction.

NOTE 3 – ACCOUNTS RECEIVABLE – CONTRACTS WITH GOVERNMENTAL AND PASS-THROUGH AGENCIES / GRANTS FROM GOVERNMENTAL AGENCIES / SIGNIFICANT CONCENTRATIONS OF CREDIT RISK

The accounts receivable for service fees are as follows:

	2021	2020
State of Florida Agency for Health Care Administration – Medicaid	\$ 3,777	\$ 7,666
Eckerd Community Alternatives	38,290	29,265
Family Integrity Program	4,560	-
Embrace Families (CBC of Central Florida)	-	27,455
Big Bend CBC	-	2,945
Eckerd Community Alternatives – Hillsborough	4,340	-
Childnet	2,945	5,795
Devereux Community Based Care	4,085	-
Contracts with individuals (privately paid service fees)	-	970
	<u>\$ 57,997</u>	<u>\$ 74,096</u>

Effective January 1, 2022, Family Support Services of North Florida replaced Eckerd Community Alternatives (Eckerd Connects) as the community based care agency for Pinellas, Hillsborough and Pasco counties.

The accounts receivable for grants are as follows:

	2021	2020
Division of Food, Nutrition and Wellness – National School Lunch Program	\$ 3,130	\$ 2,517
U.S. Department of Housing and Urban Development	6,591	6,591
Pinellas County Human Services – Social Action Funding	13,414	-
Pinellas Community Foundation - Coronavirus Relief Funding	-	12,874
City of St. Petersburg – Social Action Funding	-	11,141
	<u>\$ 23,135</u>	<u>\$ 33,123</u>

These receivables are unsecured and represent concentrations of credit risk in the event that any one of these entities was unable to remit the amounts due to Brookwood Florida.

NOTE 4 - INVESTMENTS

The Board of Directors of Brookwood Florida, Inc. have designated that certain funds be invested for future needs. Investments consist primarily of equity securities, fixed income bonds and funds, and money funds. The investments in the beneficial interest in perpetual trust are not in the possession or control of Brookwood Florida. Investments are stated at fair value and are as follows:

BROOKWOOD FLORIDA, INC.

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE 4 – INVESTMENTS (continued)

	Fair Value	
	2021	2020
<u>Investments without donor restrictions:</u>		
Equity Securities	\$1,038,279	\$ 911,564
Corporate Bonds	735,103	756,785
Money Funds	72,683	57,937
	<u>\$1,846,065</u>	<u>\$1,726,286</u>
	2021	2020
<u>Investments with donor restrictions:</u>		
Purpose restricted investment securities – Cottage Reserve		
Equity Securities and Mutual Funds	\$ 42,546	\$ 27,715
Fixed Income Funds	41,111	55,942
	<u>\$ 83,657</u>	<u>\$ 83,657</u>
Restricted investment securities – perpetual in nature		
Beneficial interest in perpetual trust	<u>\$ 147,067</u>	<u>\$ 135,018</u>

The following schedule summarizes the investment return and its classification in the statement of activities:

	2021	2020
<u>Changes in net assets without donor restrictions:</u>		
Interest and dividends	\$ 37,243	\$ 36,150
Unrealized and realized gain (loss) on securities	176,299	3,877
Investment return (loss) without donor restrictions	<u>\$ 213,542</u>	<u>\$ 40,027</u>
	2021	2020
<u>Changes in net assets with donor restrictions:</u>		
Permanently Restricted:		
Interest, dividends, realized and unrealized gain (loss)		
on perpetual trust assets	<u>\$ 24,799</u>	<u>\$ 21,004</u>

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BROOKWOOD FLORIDA, INC.

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE 5 – PROPERTY AND EQUIPMENT

Property and equipment consist of the following:

	<u>2021</u>	<u>2020</u>
Land and improvements	\$ 104,665	\$ 101,840
Building and improvements	2,142,928	2,107,991
Furniture and equipment	330,080	305,540
Vehicles	126,975	98,363
Construction in Process	<u>4,201</u>	<u>-</u>
	<u>\$2,708,849</u>	<u>\$2,613,734</u>

NOTE 6 – LONG-TERM DEBT

At December 31, 2021, Brookwood Florida, Inc. was obligated to the City of St. Petersburg under certain mortgage loans payable. The loans are interest free with no current principal payments required. In the year the mortgages and notes are recorded, contribution revenue with donor restrictions is recorded for the difference between the fair value of the loan based on market interest rates and the face value of the loans. Net assets with donor restrictions – time restricted includes \$14,949 of interest contributed, based on the difference between the fair value of the mortgages and the face value of the mortgages. Each year, interest expense is recognized and the mortgage / note liability is increased (accreted). The principal will be forgiven based on the condition that the site continues to be used to provide a residential facility to help troubled adolescent girls. The loans are secured by land, buildings and improvements in St. Petersburg that have a remaining book value of \$424,320.

Long term debt as of December 31, 2021 is summarized as follows:

	<u>Maturity Date</u>	Debt, Before Discount	Debt Discount	Debt, Net of Discount
City of St. Petersburg – Mortgage Payable	January 1, 2022	\$ 55,000	\$ -	\$ 55,000
City of St. Petersburg – Mortgage Payable	January 1, 2024	17,960	(1,670)	16,289
City of St. Petersburg – Mortgage Payable	January 1, 2026	60,000	(10,638)	49,362
City of St. Petersburg – Mortgage Payable	January 1, 2026	14,896	(2,641)	12,255
		<u>\$ 147,856</u>	<u>\$ (14,949)</u>	<u>\$ 132,906</u>

Long term debt as of December 31, 2020 is summarized as follows:

	<u>Maturity Date</u>	Debt, Before Discount	Debt Discount	Debt, Net of Discount
City of St. Petersburg – Mortgage Payable	January 1, 2022	\$ 55,000	\$ (2,618)	\$ 52,382
City of St. Petersburg – Mortgage Payable	January 1, 2024	17,960	(2,446)	15,514
City of St. Petersburg – Mortgage Payable	January 1, 2026	60,000	(12,990)	47,010
City of St. Petersburg – Mortgage Payable	January 1, 2026	14,896	(3,225)	11,671
		<u>\$ 147,856</u>	<u>\$ (21,279)</u>	<u>\$ 126,577</u>

BROOKWOOD FLORIDA, INC.

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE 7 – PAYCHECK PROTECTION PROGRAM LOAN

As a result of the COVID-19 pandemic and the uncertainty of its effect, management believed it prudent to apply to the U.S. Small Business Administration for a Paycheck Protection Program loan. In May 2020, Brookwood Florida received a loan in the amount of \$182,400. Under the terms of the Paycheck Protection Program, these loans may be forgiven to the extent that the proceeds are expended on payroll and utility costs within the approved time limits. Subsequent to December 31, 2020, the bank prepared a funds disbursement review to verify proper use of these funds. In May 2021, Brookwood Florida was notified that the loan was forgiven in full. In accordance with accounting principles generally accepted in the United States of America, the forgiveness of the loan was formally recognized in 2021, and is reported on the Statement of Activities under Other Changes as a gain on the extinguishment of debt.

NOTE 8 - NET ASSETS RELEASED FROM RESTRICTIONS

Net assets were released from donor restrictions by incurring expenses satisfying the purpose or time restrictions specified by donors as follows:

	2021	2020
Purpose restrictions accomplished:		
Education and personal expenses for residents	\$ 23,391	\$ 24,844
Operational activities	77	-
Property improvements and equipment additions	42,000	36,900
	<u>65,468</u>	<u>61,744</u>
Time restrictions met:		
United Way of Pinellas County	-	14,255
Reduction of interest contributed on discounted mortgages	6,330	5,473
	<u>6,330</u>	<u>19,728</u>
Total restrictions released	<u>\$ 71,798</u>	<u>\$ 81,472</u>

NOTE 9 – BENEFICIAL INTEREST IN PERPETUAL TRUST

Brookwood Florida is a beneficiary of the Charles A. Lauffer Trust (the Trust). The Trust's assets are administered by a third party trustee and are not in the possession or control of Brookwood Florida. Brookwood Florida has a one-sixteenth (1/16th) beneficial interest in the Trust and receives donor-restricted support that is perpetual in nature as an annual income distribution from the trustee.

The use of the funds received from the Trust is not restricted other than that they are to be used in the operation of Brookwood Florida. The income distributions for 2021 and 2020 were \$12,750 and \$13,125, respectively.

The beneficial interest in the perpetual trust is reported as a restricted asset in the accompanying Statement of Financial Position. The fair value of Brookwood Florida's 1/16th beneficial interest in the Trust assets as of December 31, 2021 and 2020 was \$147,067 and \$135,018, respectively, which is reported as net assets with donor restrictions – perpetual in nature. Changes in the fair market value of the investments within the Trust are reported as an increase or decrease in net assets with perpetual donor restrictions in the accompanying Statement of Activities.

BROOK WOOD FLORIDA, INC.

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE 10 - OPERATING RESERVES

Brookwood Florida, Inc. maintains an investment account which has been designated by the Board of Directors for self-imposed operating reserves. This account is intended to enable Brookwood to continue services to clients in the event of large unanticipated expenditures or failure to receive anticipated revenues. Board policy requires that withdrawals from this account must be approved in advance by the Board of Directors, and can only be made for the above purpose unless this designation is amended by the Board.

As of December 31, 2021 and 2020 the balance in the operating reserve account was \$1,846,065 and \$1,726,286, respectively.

As of December 31, 2021, the balance of net assets without donor restrictions exclusive of this Board designated amount, and the amount previously expended on property and equipment was \$133,153 and \$432,076, respectively, and as of December 31, 2020, the balance of net assets without donor restrictions exclusive of this Board designated amount, and the amount previously expended on property and equipment was \$76,110 and \$441,318, respectively.

NOTE 11 - DONATED ITEMS

Donated materials and equipment are recorded at their estimated acquisition value at date of receipt. Donated services are recorded at their acquisition value as determined by comparison with what they would cost if purchased by Brookwood. If services performed by volunteers would not otherwise be performed by salaried employees, no amount is recorded for the donated service. Based on these criteria, there is no in-kind contribution for the years ended December 31, 2021 and December 31, 2020.

NOTE 12 - COTTAGE RESERVE

In 1985, Brookwood Florida received a grant of \$35,000 from the Edyth Bush Foundation to assist in completing and furnishing a donated house that was moved to the Brookwood Florida grounds. This grant was subject to Brookwood Florida, Inc. establishing a reserve to provide for future improvements. When fully funded the reserve value should be \$83,657. The balance in this reserve at December 31, 2021 and 2020 was \$99,578 and \$121,775, respectively. The fully funded reserve amount of \$83,657 is reported as a restricted investment with the excess reserve amounts of \$15,921 and \$38,118 as of December 31, 2021 and 2020, respectively, being reported as a part of current investments without restrictions.

NOTE 13 - EMPLOYEE LEASING AGREEMENT

Brookwood Florida, Inc. entered into an employee leasing agreement in November 1990, whereby all of Brookwood Florida, Inc.'s employees became employees of a staff-leasing service. The agreement was entered into in order to contain employee benefit costs.

The current employee leasing agreement requires payments for each payroll period that includes the employees' gross salaries, the employer share of social security and Medicare expense, state and federal unemployment, the employer paid portion of benefits, workers' compensation insurance and an administrative fee based on a percentage of gross payroll.

The payments are allocated to salary expense, employee benefits, workers' compensation insurance and payroll taxes based upon the actual amounts for each payroll period. The gross payroll and related expenses and administrative fee remitted for the years ended December 31, 2021 and 2020 (excluding accrued wages, paid time off and related payroll taxes), were as follows:

BROOKWOOD FLORIDA, INC.

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE 13 - EMPLOYEE LEASING AGREEMENT (continued)

	<u>2021</u>	<u>2020</u>
Gross payroll and related expenses	<u>\$ 853,103</u>	<u>\$ 897,172</u>
Administrative fee	<u>\$ 17,200</u>	<u>\$ 17,763</u>

NOTE 14 – FEES FOR SERVICES AND GRANTS FROM GOVERNMENTAL AGENCIES

Fees for services received by Brookwood Florida, Inc. from governmental agencies are as follows:

	<u>2021</u>	<u>2020</u>
State of Florida Agency for Health Care Administration – Medicaid - contracted and administered through Florida Department of Children and Families	\$ 193,588	\$ 196,564
Childnet, Inc.	24,430	13,220
Eckerd Community Alternative	424,300	355,260
Eckerd Community Alternative - Hillsborough	54,870	39,095
Sarasota Family YMCA, Inc.	5,565	28,770
Big Bend Community Based Care	4,845	67,525
Devereux Community Based Care	4,560	950
Family Integrity Program	25,855	-
Extended Foster Care (various agencies)	13,713	24,267
Embrace Families (CBC of Central Florida)	68,700	71,430
Partnership For Strong Families	-	2,850
Center for Family and Children	-	570
	<u>\$ 820,426</u>	<u>\$ 800,501</u>

Grants received by Brookwood Florida, Inc. from governmental agencies are as follows:

	<u>2021</u>	<u>2020</u>
Division of Food, Nutrition and Wellness – National School Lunch Program	\$ 36,449	\$ 41,350
U.S. Department of Agriculture – Commodities Distribution	4,126	2,169
U.S. Department of Housing and Urban Development	79,085	79,085
Pinellas County Human Services – Social Action Funding	13,414	24,701
City of St. Petersburg – Social Action Funding	30,859	39,142
U.S. Department of Treasury – passed through Pinellas Community Foundation - Coronavirus Relief Funding	-	21,721
	<u>\$ 163,933</u>	<u>\$ 208,168</u>

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NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE 15 – FAIR VALUES OF FINANCIAL INSTRUMENTS

Brookwood Florida, Inc. has adopted Financial Accounting Standards Board Codification Section 820 – *Fair Value Measurements and Disclosures*, which provides a common definition of fair value, establishes a framework for measuring fair value under U. S. generally accepted accounting principles and requires additional disclosures about fair value.

Financial instruments measured at fair value are classified and disclosed in the following categories:

- Level 1: Quoted prices are available in active markets for identical investments as of the reporting date. The types of investments included in Level 1 are cash, money market funds, fixed income mutual funds, equity mutual funds, equity securities, corporate bonds, and time deposits.
- Level 2: Pricing inputs are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value is determined through the use of models or other valuation methodologies. The types of financial instruments included in Level 2 include accounts receivable, account payable, and short and long term debt.
- Level 3: Valuation is based on unobservable inputs. The types of financial instruments included in Level 3 include unconditional promises to give – pledges.

The inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, a financial instrument's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement.

The fair value of assets and liabilities measured on a recurring basis at December 31, 2021 are as follows:

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets				
<u>Investments without donor restrictions:</u>				
Investment securities	\$ 1,830,144	\$ 1,830,144	\$ -	\$ -
Cottage Reserve	15,921	15,921	-	-
<u>Investments with donor restrictions:</u>				
Cottage Reserve	83,657	83,657	-	-
Perpetual Trust	147,067	147,067	-	-
Liabilities				
Mortgage loans payable	132,906	-	132,906	-

For mortgage loans payable, debt that is non-interest bearing has been discounted to fair value using interest rates that are representative of prevailing market rates.

BROOKWOOD FLORIDA, INC.

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE 16 – SIGNIFICANT CONCENTRATIONS OF CREDIT RISK

Brookwood Florida, Inc. maintains a checking account and savings account at a local financial institution. Federal Deposit Insurance Corporation (FDIC) coverage is limited to \$250,000 per depositor. At December 31, 2021 and 2020, the combined balances of the accounts did not exceed FDIC coverage.

NOTE 17 – AVAILABLE RESOURCES AND LIQUIDITY

The financial assets available to Brookwood Florida for general use without donor imposed or contractual restrictions limiting their use, within one year of the date of the statement of financial position at December 31, 2021, are as follows:

Financial assets at year end:	
Cash and cash equivalents	\$ 155,957
Accounts receivable – fees for services	57,997
Accounts receivable – grants	23,135
Investments (unrestricted)	<u>1,846,065</u>
Total financial assets at the end of the year	2,083,154
Less: Assets not available for general use within one year:	
Restrictions by donors – purpose restrictions (excluding cottage reserve for which restricted investments have been set aside)	<u>(35,915)</u>
Net financial assets available for general use within one year	<u>\$ 2,047,239</u>

There are restrictions on financial assets that are subject to donor restrictions. Accordingly, these funds are not available to meet general cash needs in the next 12 months.

Brookwood Florida's liquidity management strategy is to structure its financial assets to be available as general expenditures, liabilities, and other obligations become due.

NOTE 18 – SUBSEQUENT EVENTS

Brookwood Florida, Inc. has considered subsequent events through the date of the audit report, which is the date the financial statements were available to be issued. There were no subsequent events that required an adjustment to the financial statements and there were no other subsequent events that required disclosure in the notes to the financial statements.

SUPPLEMENTARY FINANCIAL INFORMATION

BROOKWOOD FLORIDA, INC.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended December 31, 2021

Federal Grantor / Pass - Through	CFDA / Number	Contract/Grant Number	Grant Award	Grant Expenditures
Federal Programs				
U.S. Department of Housing and Urban Development				
Pass through the City of St. Petersburg, Florida:				
Community Development Block Grant				
Various mortgage loans awarded and expended in prior years for property rehabilitation, eligible for forgiveness in 2022 - 2026				
	14.218	N/A	\$ 132,907	\$ 132,907 A
Supportive Housing Program				
Special Needs Assessment Program (SNAP)				
	14.267	FL 0046 L4H 021912 / FL 0046 L4H 022114	79,085	79,085
Total U.S. Department of Housing and Urban Development			<u>79,085</u>	<u>79,085</u>
U.S. Department of Agriculture				
Florida Department of Education				
School Breakfast Program				
	10.553	01-0132	14,835	14,835
National School Lunch Program				
	10.555	01-0132	21,614	21,614
Total U.S. Department of Agriculture			<u>36,449</u>	<u>36,449</u>
U.S. Department of Health and Human Services				
Florida Department of Children and Families				
Foster Care - Title IV-E				
Sarasota Family YMCA, Inc.				
	93.658	BRK OHCR18	4,702	4,702
ChildNet, Inc.				
	93.658	Rate Agreement	20,643	20,643
Big Bend CBC				
	93.658	Rate Agreement	4,094	4,094
Big Bend CBC				
	93.658	Extended Foster Care	845	845
Eckerd Youth Alternatives - Hillsborough				
	93.658	ECA-C6-RGC-BFI-FY22	46,365	46,365
Eckerd Youth Alternatives - Pinellas / Pasco				
	93.658	ECA-C6-RGC-BFI-FY22	358,534	358,534
Eckerd Youth Alternatives - Hillsborough				
	93.658	Extended Foster Care	10,140	10,140
Eckerd Youth Alternatives - Pinellas / Pasco				
	93.658	Extended Foster Care	603	603
Embrace Families (CBC of Central Florida)				
	93.658	Rate Agreement	58,052	58,052
Devereux Community Based Care, Inc.				
	93.658	Rate Agreement	3,853	3,853
Family Integrity Program				
	93.658	Rate Agreement	21,847	21,847
Sub-total			<u>529,678</u>	<u>529,678</u>
Social Services Block Grant				
Sarasota Family YMCA, Inc.				
	93.667	BRK OHCR18	863	863
ChildNet, Inc.				
	93.667	Rate Agreement	3,787	3,787
Big Bend CBC				
	93.667	Rate Agreement	751	751
Big Bend CBC				
	93.667	Extended Foster Care	155	155
Eckerd Youth Alternatives - Hillsborough				
	93.667	ECA-C6-RGC-BFI-FY22	8,505	8,505
Eckerd Youth Alternatives - Pinellas / Pasco				
	93.667	ECA-C6-RGC-BFI-FY22	65,766	65,766
Eckerd Youth Alternatives - Hillsborough				
	93.667	Extended Foster Care	1,860	1,860
Eckerd Youth Alternatives - Pinellas / Pasco				
	93.667	Extended Foster Care	111	111
Embrace Families (CBC of Central Florida)				
	93.667	Rate Agreement	10,648	10,648
Devereux Community Based Care, Inc.				
	93.667	Rate Agreement	707	707
Family Integrity Program				
	93.667	Rate Agreement	4,007	4,007
Sub-total			<u>97,160</u>	<u>97,160</u>
Total U.S. Department of Health and Human Services			<u>626,838</u>	<u>626,838</u>
Total Expenditures of Federal Programs			<u>\$ 742,372</u>	<u>\$ 742,372</u>

Note 1 - Basis of Presentation

The Schedule of Expenditures of Federal Awards (the "Schedule") includes the federal awards for the year ended December 31, 2021. Because the Schedule presents only a selected portion of the operations of Brookwood Florida, Inc., it is not intended to, nor does it present, the financial position, changes in net assets, or cash flows of Brookwood Florida, Inc. There was no expenditure of State projects during the year ended December 31, 2021.

Note 2 - Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting.

A - The Community Development Block Grant mortgage loan proceeds were expended in prior years.

WELLS, HOUSER & SCHATZEL, P.A.

CPA AND CONSULTING FIRM

John B. Houser, CPA
Peter C. Schatzel, CPA
Peter B. Wells, CPA

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Directors
Brookwood Florida, Inc.
St. Petersburg, Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Brookwood Florida, Inc. (a nonprofit organization), which comprise the statement of financial position as of December 31, 2021, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated June 24, 2022.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Brookwood Florida, Inc.'s internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Brookwood Florida, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Brookwood Florida, Inc.'s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements, on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether Brookwood Florida, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Wells, Houser & Schatzel, P.A.

Wells, Houser & Schatzel, P.A.
St. Petersburg, Florida

June 24, 2022





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/28/2022

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Wallace, Welch & Willingham P.O. Box 33020 St. Petersburg FL 33733	CONTACT NAME: Certificates/Commercial Lines PHONE (A/C, No. Ext): 727-522-7777 E-MAIL ADDRESS: certificates@w3ins.com		FAX (A/C, No): 727-521-2902	
	INSURER(S) AFFORDING COVERAGE			NAIC #
INSURED Brookwood Florida Inc. 901 Seventh Avenue South St Petersburg FL 33705-1998	BROOK-4	INSURER A : AmeriTrust Ins. Co.		42376
		INSURER B : Technology Insurance Company, Inc.		
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 1991376219

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> *Abuse & Moles GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			FITGL337062022	6/1/2022	6/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			FITAU337062022	6/1/2022	6/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Personal Injury \$ 10,000
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			FITXS337062022	6/1/2022	6/1/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B A	Cyber Liability Professional Liability			TCL1726302 FITGL337062022	6/1/2022 6/1/2022	6/1/2023 6/1/2023	Limit 1,000,000 1,000,000 3,000,000

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

Policy # FITGL337062022 Additional Coverage:

*Professional Liability: Claims made/Retroactive Date: 8/12/2003/ Defense: Outside - \$1,000,000/ \$3,000,000 Aggregate

*Abuse & Molestation Liability: Claims made/Retroactive Date: 8/12/2003/ Defense: Inside - \$1,000,000/ \$1,000,000 Aggregate

Employees are included as Member (Insured) per Section II for policy form with respects to general liability.

CERTIFICATE HOLDER**CANCELLATION**

FOR INFORMATION PURPOSES ONLY

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

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The Stories of Brookwood

In 2022, Brookwood marked 95 years of providing residential care for girls diverted by abuse, neglect, homelessness, or family dysfunction. Our 40-bed campus in St. Petersburg accommodates girls between the ages of 13 through 20 who urgently need our program in order to prepare for self-sufficiency and/or successfully reunite with their families. Our agency is nationally accredited by the Council on Accreditation (COA). COA accreditation attests that Brookwood meets the highest standards in delivering its residential treatment program to the community it serves. Here are but a very few stories. There are actually several thousands of these stories throughout the years:

TERRI: Terri was born to a drug addict who worked as a prostitute to support her drug habit. She offered Terri and her other children to her "tricks." After Terri's mother disappeared one night, never to return, the children were scattered in foster care and Terri was placed for adoption. The pattern of abuse continued with her adoptive parents who tried to beat "the badness" out of her and authorities were notified. She entered the Brookwood program as a shattered young lady and required intensive counseling. Terri completed her GED and is now an aerobics instructor.

MELANIE: Her only memory of her mother was when her father shot and killed her. She was 4 at the time; by 5 1/2 her alcoholic father was sent to prison and she and her four brothers were placed in foster homes. At 14 Melanie was adopted but she found it impossible to adjust to a family setting. She was abandoned at 16 by her adoptive family and she came to Brookwood. Melanie completed her GED and an assistant nursing program and works as a CNA.

ROSE: While stopping at a Dairy Queen for ice cream, her mother sold Rose into sexual slavery. Rose was 12 years old. The man who bought her used her for maid service, physically and sexually abused her. She was taken into State custody and placed at Brookwood at the age of 16. Rose completed her GED and attended a VocTech. She is a police officer in Georgia and is married with one daughter.

LATANYA: Did not attend school, lived with the farm animals; neglected and suffered from cultural deprivation (did not know how to wash her hair or brush her teeth). She was "re-parented" by Brookwood's staff. Latanya graduated from High School and St. Petersburg College. She works for the County School System with emotionally handicapped children.

PAT: Emotionally and sexually abused; repeatedly told she was ugly, fat; frequently locked in a room because she was considered an embarrassment. She was left at a homeless shelter. Eventually brought to Brookwood. Pat graduated from USF with a B.A. in Communications. She works at a Tampa Bay area radio station.

TONI: Emotionally abused by her adoptive mother and blamed for younger sister's death. She arrived at Brookwood with indescribable anger and distrust, creating an intense road to recovery. Toni graduated from Flagler College and is a Trauma Nurse at a Tampa Bay area hospital. She is married with two boys.

KIM: Sexually abused by an older brother; prostituted by her mother to support a drug habit. She found a "home" in Brookwood. Kim graduated from High School and USF and is now a journalist.

TORI: Came to Brookwood at the age of 13 after being removed from an abusive home. Prior to Brookwood, she lived in several group homes but continued to run away rather than risk being returned home. She became a victim of human trafficking. She stopped running when she came to Brookwood, which she describes as the place that "taught me to feel good about myself." Tori attended nursing school. She is Office Manager at a medical center and is married with two sons.

CRYSTAL: As a young adolescent, after her father was imprisoned, Crystal moved to Florida from Delaware with her step-mother. Before long her step-mother returned to Delaware, leaving Crystal alone in St. Petersburg to fend for herself. She entered Brookwood's program at 15, dealing with severe abandonment issues. Crystal received a B.S. degree and a Master's in Mathematics. She finished a Ph.D. in Mathematical Physics. Crystal became Mathematics Chairperson at a private academy and has two young adopted daughters.

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