

# Application Form

---

## *Organization Information*

---

### **Brief Project Descriptor**

Please briefly describe this organization's request.

**If you have previously applied for a Small Purchase and would like your previous request copied over to update and submit for consideration in Round Two, please contact Rose Cervantes. Due to the current inflationary environment, you will need to obtain new bids/estimates for your proposed purchases regardless of a prior submission. The new request amount must also fit within the maximum request amounts for Round Two.**

If you would like to complete this application in Word first and copy your answers over later, use the following link: [Download Application](#)

The evaluation rubric that will be used to score your request can be downloaded [here](#).

Please pay attention to character limits while working on your draft. These limits include spaces.

### **Organization Name\***

Florida Dream Center

### **Proposal Name\***

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

Pantry to Life, Pinellas County

### **EIN\***

46-0663472

### **Incorporation Year\***

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

2012

## Organizational Mission Statement\*

What is your organization's mission statement? This should be no longer than one or two sentences.

Florida Dream Center is committed to inspiring self-sufficiency, by sharing faith through resources, and restoring hope in communities by providing human services that bridge the gap between vulnerable residents and social-economic equality.

## 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

CJ4MS9DKYFB5

## Annual Operating Budget Size\*

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

\$913,509.00

## Parent Non-Profit/Subsidiaries\*

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

### Example

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

No

## *Amount Requested (Annual Operating Budget > \$500,000)*

### **Amount Requested (Annual Operating Budget > \$500,000)\***

Because your annual operating budget is over \$500,000, the maximum grant request for your organization is \$150,000.

\$123,042.00

## *Request Specifics*

---

### Priority Areas\*

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

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

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

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

Yes

### Organization Programmatic Background\*

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

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

Since the first Adopt-a-Block Saturday, on 11/01/2014, the Florida Dream Center (FLDC) has developed programs that serve at-risk and low-income communities.

The Adopt-a-Block program promotes community revitalization in Lealman and East Tarpon Springs. Every Saturday morning we help residents age in place and remain in their homes through code violation relief. The Mobile Food Bank mobilizes vehicles with fresh and nutritional food to 4 sites in unincorporated Lealman and Tarpon Springs every Saturday morning and to over 32 Pinellas County Housing Authority low-income apartments, over 55 mobile home parks/apartments, smaller pantries, and churches during the week. There are currently 3 apartment complexes with over 498 residents, 2 smaller pantries and a senior center on our list that we do not have the capacity to support but are requesting food from our Mobile Food Bank.

A strategic review of the resources and needs in the community in late 2016 provided evidence that the residents needed additional support. The Work Readiness Training program was introduced to the community in 2017 and the Resident Advocacy program was introduced in 2018. Complementing our emergent services, the Resident Advocacy and Work Readiness programs were developed to provide self-sufficiency resources, strategies, and planning. These programs collaborate to enhance an individual's

stability regardless of their current circumstances. In May 2022, the Work Readiness Training Program became accredited through the National Center for Construction Education and Research. Through this accreditation, FLDC can certify individuals in the construction and warehouse trades; post-secondary education options are not readily available to our clientele elsewhere. Resident Advocates and Work Readiness Advocates work with clients on real-life problem-solving skills. They help manage social service benefits/applications or help clients secure training or employment.

## 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.

Our programs serve all of Pinellas County, having expanded our typical borders in response to the global pandemic and housing crisis over the last few years.

According to Data USA 2020 report, Pinellas's poverty rate is 11.6%. The demographic we serve is congruent with the most at-risk population who are characterized by having two or more barriers to employment obtainment/retention: homelessness, unreliable or no transportation, fragilely housed, enrolled in government programs (SSI, Medicaid, SNAP benefits), and/or an extensive criminal history.

FLDC programs have successfully and consistently aided at-risk communities, within Pinellas County, where individuals are classified as chronically homeless to low-income/elderly/disabled, multigenerational-housed families. These communities share common characteristics: 22.7% of families with children under 5 live below the poverty level. 27% of households spend more than 30% of their income on housing. 16.7% of adults reported that their household had been authorized to receive WIC or Food Stamp benefits according to our case management software OASIS Insight. Specific to Lealman, where our office is located, the United States Census shows the local poverty rate at 19.95%.

During the first two months of 2023, the Florida Dream Center served 270 new clients through our Mobile Food Bank, with an average of 135 new people being fed every month. Additionally, Pinellas County plans to build low-income apartments within the vicinity of FLDC. Most of the residents going into these homes will need nutritional food access and case management services. FLDC and the Lealman and Asian Neighborhood Family Center are the only organizations that offer full case management wrap-around services.

## Negative Economic Impact on Organization\*

**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.**

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

- Inflationary pressures
- A reduction in revenue since the onset of the pandemic
- An increase in pandemic-related revenue that is restricted, or otherwise does not permit the purchase of capital assets
- The use of reserves for pandemic-related unbudgeted expenses

- Allocation of resources to meet a pandemic-related increase in demand for services, which results in a lack of resources to purchase capital assets
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC

**You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages.**

Federal funding opportunities available to social service organizations ceased before the ramifications of the pandemic and related housing crises could diminish. FLDC received \$603,979 through various local and CARES Act funding in 2020 and only \$382,731 through grants in 2021. This is a grant funding reduction of over 63% within a year.

Many of our previous donors not only canceled monthly donations but became clients. This reduced the number of private donations received by over \$30,000.00. Larger corporations that were previously supporting our programs were reaching out for help to support their workers and families. For instance, Crown automotive group reached out in late 2020 requesting food, hygiene, and clothing support for spouses that were laid off. FLDC offered immediate needs and provided case management hours for social service benefits that were available to the newly struggling families.

Throughout the reduction of funding, there was a spike in client needs between March 2020 and July 2022. Over 1.4 million pounds of food was distributed in 2020 and over 1.5 million in 2021 with 1,063,834 already distributed to date in 2022. Our Resident Advocacy and Work Readiness Programs served 2,949 in 2020 with a jump to 5,368 in 2021 and already 5,293 to date in 2022. FLDC expects to supersede previous years' level of need that has increased over time.

Lastly, the inflation rate increased dramatically since the COVID pandemic began. According to tradingeconomics.com, the inflation rate has steadily been climbing, reaching 9.1% in June of 2022. Tampa Bay currently has the highest inflation rate in the entire country, per bloomberg.com. In February of 2022, real estate inflation caused FLDC leadership to move our Mobile Food Bank from its original rental property to our administrative office in Lealman. Before the move, FLDC was paying a lease of \$1,350. After new ownership, rent was increased to \$4925/month in 2022, \$5180/month in 2023, and \$5490/month in 2024 for a three-year lease. This is an initial increase of 365% and a long-term increase of 407% over the three years.

Moving the Mobile Food Bank, all its equipment, shelf-stable foods, and fresh foods and supplies within days cost over \$25,000.00. Service was never interrupted but costs were acquired through various electrical, HVAC, and plumbing modification completed to suit the needs of the Mobile Food Bank.

FLDC has established its offices and social services within the Lealman area for almost a decade (November 2014). Lealman's demographic struggles with reliable transportation, nutritional food, and socioeconomic and equitable opportunities. Moving the organization away from this underserved area would leave many without aid.

## 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 purchase proposal and address the following:

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

The Florida Dream Center will purchase a used 2019 Freightliner Truck (refrigerator truck) with a lower mileage of 110,362 for \$90,750.00. The low mileage will promote a longer lifespan and sustainability. The average lifespan of a refrigeration truck is 40,000 hours of refer run time of 8 years according to TruckInfo.net. While this is the highest bid included, a comparison of all three vehicles, their manufactured years and mileage justifies the selection of the higher bid. The refrigeration truck will be utilized to support the increased need of local residents; an average of 130 new clients are registered monthly to receive services.

The Florida Dream Center will also purchase a new 5k Pneumatic Forklift for \$42,292.00, but we are only requesting \$32,292.00 from the ARPA grant. Publix Charities will fund \$10,000.00 towards the purchase of a new forklift. The amount of \$32,292.00 is less than the used forklift quote provided of \$33,964.00 by \$1,672.00 and guarantees a longer lifespan of 10+ years based on its usage at our facility (doosanlift.com). The forklift will be utilized to manage the influx of incoming food safely and efficiently.

The Florida Dream Center was unable to fundraise for these purchases over the last 3-4 years, initially due to the COVID pandemic and more recently due to the recent resource and real estate inflation in our area that was detailed in the previous question on this application. The ability for asset increase and capital purchases was put to an end during the community crisis Pinellas County experienced.

## 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. According to federal guidance, 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 purchase benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?**

FLDC has committed to serving neighbors in need within unincorporated and low-income pockets of poverty. It has been determined that there are 5 pockets of poverty within Pinellas County; Greenwood, South St. Petersburg, Highpoint, East Tarpon Springs, and Lealman. FLDC currently serves in East Tarpon Springs and Lealman. In addition, our Mobile Food Bank mobilizes and distributes thousands of pounds each month to elderly/low-income mobile home parks, veteran villages, ex-offender-based communities, small churches, and neighborhood centers that also reside within low-income and at-risk communities. The focus demographic within this grant is represented within the communities our programs serve. These areas and communities are all considered vulnerable and underserved.

The purchase of the equipment will benefit those demographics adversely affected by poverty and inequality. FLDC programs can continue to serve underserved populations, providing emergency and long-term aid toward equitable and sufficient living.

It should also be noted, to expand upon earlier inflation facts, that the regional housing effect Tampa Bay is experiencing is different in comparison to the rest of the nation. Individuals and families are flocking to Tampa Bay and Pinellas County from northeastern states daily. According to the Tampa Bay Economic Development Council, nearly 150 people move to Tampa Bay and Pinellas County on a daily basis. This influx only irritated the housing market further by creating an unrealistic demand for housing. Local social service organizations are serving Pinellas County residents as well as out-of-state residents that find themselves homeless and struggling to find housing away from their home states.

### Number Served\*

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

10340

### 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**.

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 purchase.

This does not include those clients served within their own neighborhoods through neighborhood clean-up, debris removal, etc.

## *Geographic Impact & Priority Populations*

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

Examples of disproportionately impacted communities include those who:

- Live in a Qualified Census Tract (QCTs)
  - Defined by U.S. Department of Housing and Urban Development (HUD)
  - U.S. Treasury guidance prioritizes use of ARPA funds within QCTs
  - 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](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.
- Low- and moderate-income household and communities
- Households that qualify for federal assistance programs, such as SNAP and TANF
- Historically marginalized communities (BIPOC communities, persons with disabilities, LGBTQ+, religious minorities, and other communities that fit in the Equity definition provided on the ARPA website and application)

## Benefits and Geography of Purchase\*

Please describe the following:

1. The communities/clients that will benefit from this capital purchase, and whether they were disproportionately impacted by the pandemic according to the examples above.
2. The geographic areas in which this capital purchase will be put into use. Be as specific as possible.

All FLDC clients live within QCT areas. Most clients reside in Lealman and Tarpon Springs, while a smaller quantity resides in other QCT areas. The percentage breakdown includes 58% residing in Lealman, 25% residing in Tarpon Springs, and the remaining 17% residing in mobile home parks, churches, and low-income housing. Those areas are in Highpoint, Largo, Clearwater, and Dunedin; also reflected as QTC areas.

## 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/>

4017 56th Ave. N., St. Petersburg FL 33714

## QCT Determination - Headquarters\*

Is this organization headquartered in a QCT?

Further determination required



## *Community Connection*

---

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

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

### **Community Representation and Connection\***

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

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

FLDC has been serving the Lealman community since November 2014. Our Adopt-a-Block program goes out into the community every Saturday morning knocking on doors to better understand current needs and trends. This direct interaction with community residents validates the services we provide.

FLDC partners with multiple organizations to promote self-sufficiency. These organizations include Lealman and Asian Neighborhood Family Center, Pinellas Police Athletic League, Pinellas County Government, City of Tarpon, Shepherd's Center, Homeless Leadership Alliance, etc. FLDC has supported families in community events like Back to School, Turkey Giveaway and Christmas Festivals while supporting our unhomed communities through Point in Time Count and 4th of July BBQ and Resource Day.

FLDC has also helped develop an alliance with Lealman-based community partners and Pinellas County support to bring educational and cultural events to Lealman. As an unincorporated area, there has been no city government to head this responsibility. Lealman has never had a 4th of July parade or an arts & crafts fair. The Lealman Community Events Committee is currently composed of Pinellas County representation, Florida Dream Center leadership, Lealman Community District Services, Lealman Community Association, Lealman Fire Department, Memorial Park Cemetery, and the Lealman Exchange. The committee works diligently to expound upon partner events and the growth of new events.

The FLDC President & CEO has been on the Lealman CRA since its inception in 2016, serving as the President and VP. The COO is also the Executive Director of the Lealman Community District Services, a group committed to community engagement and partnership in Lealman. In addition, our staff participates in many committees such as Homeless Leadership Alliance, Family Services Initiative, Volunteer Organizations Active in Disaster, etc. Lastly, FLDC is proud to have a board presence within local communities, underserved groups, and leadership/educational institutions. For example, the FLDC board has a Lealman resident, military veteran, past provost of St. Pete College, and attorney on its current board to help bring perspectives and resources to the organization. Our board has also been compromised of ex-offenders, past drug addicts, and law-enforcement representatives.

Increasing the depth of community cultivation within FLDC ranks only strengthens our understanding of the community we serve.

### 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. Neurodiversity is defined as "the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population." Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

BIPOC

Neurodiverse/physically disabled

### 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. Neurodiversity is defined as "the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population." Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

If your organization is volunteer-run and does not have an executive leadership team, please select "Not applicable."

BIPOC

Neurodiverse/physically disabled

### 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+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled. Neurodiversity is defined as "the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population." Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable."

Neurodiverse/physically disabled

## *Proposal Costs*

---

Please upload current verifiable bids, estimates, or price lists [from your potential vendor(s)]. These bids must be dated within the past 60 days. *Please ensure there is a date noted on the bid or some annotation as to when you obtained these estimates/bids.*

- If your purchase is BELOW \$75,000, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is ABOVE \$75,000, you must upload THREE verifiable bids or estimates for your proposed purchases.

This can be as simple as screenshots from Amazon or Best Buy (though PCF does not endorse or recommend any specific vendor) or may be from specialized vendors that sell your proposed purchase. If you have concerns regarding bids or estimates, please reach out to PCF staff.

**Please note if you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit new bids for an accurate cost estimation in the current market.**

*If you need assistance compressing files, please email Rose Cervantes at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).*

### **Bid/Estimate #1\***

PDF files are accepted.

Refer\_FL Bid 1.pdf

### **Bid/Estimate #2\***

PDF files are accepted.

Refer\_FL Bid 2.pdf

### **Bid/Estimate #3**

PDF files are accepted.

Refer\_FL Bid 3.pdf

### **Sole Source\***

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below, and contact Rose Cervantes at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).

Otherwise, write "N/A" below.

In regards to the forklift bids, FLDC utilized Southern States Toyota with a new and used equipment bid then Raymond Handling Consultants for an electronic forklift as the current supply for purchase in the area under \$50,000.00 was difficult to find.

## 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 below.

## Budget Summary\*

**Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases. Note: this spreadsheet will automatically round numbers to make it easier to read for committee members.**

If you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit a new budget for an accurate cost breakdown in the current market. Additionally, this round of funding there is less available monies, and the max award request has decreased.

Please note that indirect costs are not permitted for small purchases.

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

ARPA-Budget-Template-Small-Purchases .xlsx

N/A

## Other Funding Sources\*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this purchase.

This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and private donors (you do not need to disclose donor identities but simply indicate the amount raised for this purchase). This includes any matching grants or in-kind contributions you may have obtained.

**Please be sure these other funding sources are represented in the "Applicant Match" column in the budget summary uploaded above.**

Publix Charities is a supporter of the Florida Dream Center. Due to the number of requests they receive every year, their average funding cost for our organization has been between \$10,000 - \$15,000 since the COVID pandemic. Publix Charities will help financially support the purchase of a new forklift to be used within our Mobile Food Bank.

## 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 purchase **decreases** ongoing operating costs, how will it do so?
- If this purchase **does not affect** operating costs, please note so below.

This purchase will increase operating costs by increasing our annual vehicle insurance premium. Currently, the premiums for the vehicles used in the Mobile Food Bank are funded through the Pinellas County Social Action grant. Plans are in place to request support continuous and include the vehicle insurance expense in our fundraising and campaign efforts.

## Corrective and Investigative Action/Grant Recall

In the past three (3) years, has your organization or any affiliated parties with 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. You may upload a PDF file to support your answer if necessary.

If no, write "N/A"

N/A

## Insurance Requirements

### 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 purchase. 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.**

Florida Dream - COI.pdf

N/A

### Insurance Requirement\*

If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you may 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.

## Organization Documentation

---

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

### Organization Budget\*

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

2023 Budget.pdf

### Board of Directors List\*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

2023 Board of Directors List.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.

Only PDF files are permitted.

2021 FLDC 990.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.

2021 FLDC Audit.pdf

## *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 a report within 30 days after the purchase is completed.

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

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

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).

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

## *Additional Information*

---

### Additional Upload

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

### 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?

N/A

## Agreements

---

### Affirmation of Application Materials\*

I hereby certify that, to the best of my knowledge, the provided information within this application is true and accurate.

Yes

### Public Application and Grant Process\*

In order to maintain transparency for the use of public funding, PCF will publish all submitted funding requests, committee review meeting minutes, executed contracts, and reports to its website. This means your funding request in its entirety will be published. Please check the box below to indicate your understanding of this.

Yes, I understand.

### Final Approval for Grant Award\*

The grantmaking process administered by PCF results in funding recommendations by an external committee using an objective, public rubric. Final approval of recommendations is made by the Pinellas Board of County Commissioners.

Yes, I understand.



## File Attachment Summary

---

### *Applicant File Uploads*

- Refer\_FL Bid 1.pdf
- Refer\_FL Bid 2.pdf
- Refer\_FL Bid 3.pdf
- ARPA-Budget-Template-Small-Purchases .xlsx
- Florida Dream - COI.pdf
- 2023 Budget.pdf
- 2023 Board of Directors List.pdf
- 2021 FLDC 990.pdf
- 2021 FLDC Audit.pdf



Refer Truck  
option 1

# Vehicle Details

2019 Freightliner M2

110,362 miles

\$90,750



**Unit #328386**

Refrigerated Truck

Indianapolis, IN

Condition: Level 1

Interested in this vehicle?

**Call 1-866-309-1962**

**Phone Hours:**

M-F 8:00 am to 8:00 pm ET

Sat 9:00 am to 3:00 pm ET

## Vehicle Specifications

### General Details

Vehicle Type	Refrigerated Truck
Year	2019
Manufacturer	Freightliner
Model	M2
Location	Indianapolis, IN 46241, US
Unit #	328386
VIN Number	3ALACWFB2KDKH7086
Color	White
A/C	Yes
Collision Warning	No
Collision Model	
Backup Camera	N

### Body

Manufacturer	Supreme
Load Length	26'0"
Height	13'0"
Width	8'6"
Lift Gate	Yes
Lift Gate Model	HLFAP30
Lift Gate Capacity	3000
Rear Door	Roll Overhead
Side Door	Curb Side
Floor Type	DUCT (HAT) - ANTISKID
Roof Type	

### Transmission

Type	Automatic
------	-----------

### Engine

**Manufacturer** Detroit  
**Model** DD5  
**Horsepower** 230  
**Engine Brake**

### Chassis

**GVW** 26000  
**CDL Required** No  
**Suspension** Air

### Axle Specs

**Ratio** 5.86  
**No. of Axles** 1  
**Wheel Base** 270"  
**Front Axle Cap.** 10000  
**Rear Axle Cap.** 19000  
**Brake Type** Air  
**Tire Size** 11R22.5  
**Tire Type** Radial

**Manufacturer** Allison  
**Model** 2200RDS  
**Speeds** 6

### Fuel

**Fuel Tanks** Single  
**Type** DIESEL  
**Capacity** 80

### Refrigeration

**Refrig. Make** Thermo King  
**Refrig. Model** T880S-50  
**Refrig. Hours** 3624  
**Refrig. StandBy** Y

Contact Penske to verify information such as photos, location, and spec details as they are subject to change. Mileage is recorded at time of listing and is subject to change. Fees including taxes are not included in the listed price.

## Sales Department

Contact Penske at 1-866-309-1962 to learn more about this vehicle and how to purchase a Penske Used Truck.

© 2023 Penske. All Rights Reserved.

[Privacy Policy](#) | [Terms and Conditions](#)

**Southern States**  
**TOYOTALift**  
MATERIAL HANDLING SOLUTIONS • SINCE 1952

**Southern States Toyotalift**  
115 S 78th St  
Tampa, FL 33619-4220  
Phone: 813-621-1000  
Fax: 813-626-4713

March 28, 2023

Zelda O'Connell  
Florida Dream Center  
4017 56th Ave N  
Saint Petersburg, FL 33714-1737

Dear Zelda:

We are pleased to submit the attached Toyota Internal Combustion Lift Truck quotation for your review and approval.

As an authorized Toyota dealer, Southern States Toyotalift can provide the high-quality equipment and service you would expect from the world's leading forklift manufacturer. This quotation reflects our understanding of your forklift needs, combined with a careful configuration of the appropriate equipment and options.

To place your order, please sign and date the quotation where indicated and return to me. If you have any questions, please contact me.

Thank you for your interest in our company and our Toyota products. We look forward to being of valuable service to you for your material handling needs.

Sincerely,

Kody Brookbank  
Sales Representative  
Phone: 727-215-6774  
E-mail: kbrookbank@sstlift.com

Forklift  
Option 1

# Southern States TOYOTALift

MATERIAL HANDLING SOLUTIONS • SINCE 1952

Southern States Toyotalift  
115 S 78th St  
Tampa, FL 33619-4220  
Phone: 813-621-1000  
Fax: 813-626-4713

To: Florida Dream Center  
4017 56th Ave N  
Saint Petersburg, FL 33714-1737  
Attn: Zelda O'Connell

Date: March 28, 2023  
Our Ref: 41212563  
Phone: 727-851-9074  
Fax:

We respectfully submit this quotation for the following NEW Toyota Internal Combustion Lift Truck (1 each):

**TOYOTA MODEL 50-8FGU25**, Internal Combustion Lift Truck, quality engineered with the following specification:

- Pneumatic Tires
- LP Gas Powered - UL Type "LP" Rating

This forklift is equipped with a 3-Way Catalytic Muffler System as standard equipment, and conforms to current Federal EPA and California ARB regulations for off-road large spark ignited engines.

### SYSTEM OF ACTIVE STABILITY™ (SAS)

Toyota's industry exclusive System of Active Stability (SAS) helps reduce lift truck instability by electronically monitoring and controlling various functions of the lift truck.

- **Active Control Rear Stabilizer:** Various lift truck sensors simultaneously monitor vehicle speed, fork height, load weight, and vehicle yaw (or angular acceleration). Should the operator inadvertently place the truck in a potentially unstable lateral condition, the sensors trigger the SAS controller to activate the Active Control Rear Stabilizer to help reduce the likelihood of a lateral tip over. (Note: Does not apply to dual drive configured models)
- **Active Mast Function Controller (AMC):** Should the operator inadvertently place the lift truck in a potentially unstable longitudinal condition, these same sensors trigger the SAS controller to activate the AMC, which limits forward tilt and/or tilt back speed to help reduce the likelihood of a longitudinal tip over.



*Photo may portray optional equipment not included in your quotation.*

### AUTOMATIC FORK LEVELING

Toyota's Automatic Fork Leveling feature increases productivity while reducing damage with a push of a button. By depressing the Automatic Fork Leveling button during forward tilt, operators are quickly and easily able to level the forks.

### TOYOTA ENGINE

Engineered to the highest standards of quality, durability, and reliability, your Toyota 8-Series lift truck is outfitted with the industry's most respected industrial engines.

### PREMIUM, 4-WAY ADJUSTABLE, FULL SUSPENSION SEAT WITH ORANGE, NON-CINCHING SEAT BELT

Operator comfort is taken to a new level with Toyota's Premium, 4-way adjustable, full suspension vinyl seat. With lumbar, weight, tilt, and almost 6 inches of fore/aft adjustability, your operators will be comfortable and productive throughout their shift. Standard orange, non-cinching seat belt provides additional comfort in applications requiring frequent reverse travel.

**LCD MULTI-FUNCTION DISPLAY II**

Features on the new MFD II include data log functions, fuel information, & operation data log all with QR code output; fuel gauge (excluding LP); and password protected administrator level access that can manipulate functions such as travel, vehicle management, and operation data log functions.

---

---

**Mast** 3-Stage (FSV) mast with full free lift provides excellent visibility to load and fork tips, while providing smooth, quiet and consistent operation. Mast specifications:  
Maximum Fork Height - **189"**  
Overall Lowered Height - 84.5" (Overhead Guard Height - 83.10")  
Free Lift - 36.4" with standard Load Backrest

---

---

**Lifting Capacity** **Base Model Capacity - 5,000 lbs. @ 24" load center**  
**Actual Capacity, based on quoted specifications, - 4,500 lbs. @24" load center to 189" MFH**  
*Actual capacity ratings stated above are based on standard features, options, and attachments available through Toyota at the time of quoting. Non-standard features, options, and attachments may affect actual capacity ratings. Please contact your Toyota sales representative for additional information.*

**Tilt** 6 degrees forward and 6 degrees backwards

**Carriage** ITA Hook Type 40Carriage

**Forks** Forks 42" x 5" x 1.6" - Class II

**Load Backrest** 48" High Load Backrest

**Attachments** Cascade 40" Hang-on Sideshifter (Includes 3rd Function Internal Hosing)

**Speeds** Travel Speed: 11.20 mph Lift Speed: 118 fpm

**Engine** Toyota 2.2L 4Y-US Industrial LP Engine  
136 cubic inch displacement, 4 cylinder, overhead valve (OHV)  
Net Torque Rating: 112 @ 1800 rpm SAE ft-lb  
Net Horsepower Rating: 51 @ 2570 rpm SAE HP

**Transmission** Automatic Transmission  
1 speed forward, 1 speed reverse standard.

**Steering** Load Sensing Hydrostatic Power Steering with Tilt Steering Column

**Wheels and Tires** Front Tires: 7.00-12-12PR (Pneumatic Wide Tread)  
Rear Tires: 6.00-9-10PR (Pneumatic)

---

**Additional Equipment** TK20- 2020 New Standards  
LED STROBE LIGHT (AMBER)  
Adjustable Volume Back-up Alarm (Smart Alarm)  
Tilt Cylinder Hole Seals  
33 lb. LP Steel Tank  
Solid Pneumatic Tires - Front  
Rear Solid Pneumatic Tires - Including Rear Side Ring Wheels  
UL Approved Model Type "LP" (tank not included)

---

**Warranty** 12 Months or 2,000 hours whichever occurs first: Basic  
36 Months or 6,000 hours whichever occurs first: Powertrain

Warranty coverage for non-standard option components will be covered by the manufacturer of that component and not covered under the Toyota forklift standard or powertrain warranty.

*We offer a Toyota factory authorized warranty on all new Toyota Material Handling Equipment.*

---

**Investment** Price-Toyota Model 50-8FGU25 as specified above: \$42,292 Each

---

Net Price: \$42,292 Each

Due to the volatility of pricing, interest rates, and freight costs over extended lead times, I understand that my total cost / lease price may vary from this proposal.

---

**Financing and Maintenance** A broad range of competitive and flexible financing options are available through Toyota. Financing requires credit approval. Terms and conditions are subject to change.

In addition, Full Maintenance and Planned Maintenance programs are available.

---

**Terms and Conditions** Payment: Net 10 days / Cash or Financed  
Delivery: Will advise at time of order.  
F.O.B.: Delivered  
Prices are exclusive of any sales or use taxes now in force or which may be made effective in the future by any federal, state, or local governments.  
Lease offerings subject to credit approval  
Performance and specifications stated are based on specific testing and operating conditions. Actual performance and specifications may vary based on application, option configuration, operating conditions, and environmental factors.  
Some options and configurations may void UL.  
Conditions subject to change to those in effect at time of delivery.  
Your signature on this proposal constitutes an order.  
Due to the volatility of pricing, interest rates, and freight costs over extended lead times, I

---

understand that my total cost / lease price may vary from this proposal.  
Please contact your Toyota sales representative for additional information. Due to the volatility of pricing, interest rates, and freight costs over extended lead times, I understand that my total cost / lease price may vary from this proposal.

---

---

Sincerely,  
Southern States Toyotalift

Accepted:  
Florida Dream Center

Cash Price           \$ \_\_\_\_\_  
Financed Payment\* \$ \_\_\_\_\_ *Per Month* \_\_\_\_\_ *Months*

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: Kody Brookbank

Name: \_\_\_\_\_

Title: Sales Representative

Title: \_\_\_\_\_

Date: \_\_\_\_\_



RYDER DOT VERIFIED™

# FREIGHTLINER M2 106

Miles: 139,056  
Year: 2016  
VEH #: 646198  
SYRACUSE, NEW YORK - US

**\$80,451 USD**

*Refer  
Truck  
Option 2*

GET STARTED

## VEHICLE HIGHLIGHTS



### MILEAGE

139,056



### TRANSMISSION

Automatic



### GROSS VEHICLE WEIGHT

26,000



### AXLE

SINGLE AXLE

Collapse All Details Below

## VEHICLE DETAILS

### VIN

3ALACWDT6GDHG3048

### CAB TO AXLE

162

### WHEEL BASE

2 5  
228

**COLOR**

WHITE

**ODOMETER**

139056

Forklift  
Option 2



**Southern States**  
**TOYOTALift**  
MATERIAL HANDLING SOLUTIONS - SINCE 1952

**RAYMOND**  
HANDLING CONSULTANTS



TO: Florida Dream Center  
4017 56th Ave N  
Saint Pete, FL 33714

Date of Quote: 3/28/2023

ATTN: Zelda

By: Kody Brookbank

Phone: 208-995-9501

727-215-6774

Email: [zelda@floridadreamcenter.org](mailto:zelda@floridadreamcenter.org)

[kbrookbank@sstlift.com](mailto:kbrookbank@sstlift.com)

**Toyota...Proud to be the world's #1 forklift manufacturer!**

**Toyota 8FGU25 Truck, quality engineered with the following specification:**

- Base Capacity: 5000 LBS
- Fork Length: 42" Standard Forks
- Mast Height: 189"
- Tires: Cushion Tires
- Side Shift: Side Shift



**Platinum Guarantees**

- \* 4 Years of Extra Care Maintenance
- \* 4 Year Powertrain Warranty
- \* Extended Carriage to Counterweight Warranty
- \* Completely Refurbished
- \* New paint & New tires

Total Toyota Investment for (1) Refurbished Forklift:	\$	33,464.00
	\$	-
	\$	-
	\$	-
	\$	-
Trade In:	\$	-
Freight:	\$	500.00
<b>Total Investment</b>	<b>\$</b>	<b>33,964.00</b>

Finance Options	Term	Financed Pmt	Initial Choice	Residual Lease Payment	Initial Choice
	48 Months	\$815.07		\$638.18	
	60 Months	\$675.73		\$539.74	

**Extra Care** Extra Care is based upon an annual expected usage with at least two safety checks/Planned Maintenance actions completed per year. Please ensure the vehicle is available to our technicians for preventive care actions and a safe location to conduct the services. In the event the unit is used more than the expected usage, SST may invoice an overtime charge. Extra Care covers all Toyota Planned Maintenance Services at the recommended hour intervals. 2,000 Hour Major Fluid Changes are included, additional wearable items and breakdowns are excluded. All repairs will be billed at agreed market rates separate from this plan and are not included in this agreement.

EC Rate: **Included**    Term: **48 Months**    Annual **500**    Initial if Accepted: \_\_\_\_\_

---

---

**Options:** Lease Plus Rental      **Rate:** \$799.18      per month      **Initial if Accepted:** \_\_\_\_\_

Sincerely,  
Southern States Toyotalift  
Kody Brookbank  
Material Handling Consultant

Signature Approval: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_  
Cash/Finance: \_\_\_\_\_

**Terms & Conditions**

*Due to the volatility of pricing, interest rates, and freight costs over extended lead times, I understand that my total cost / lease price may vary from this proposal.*

Payment: Net 10 days / Cash or Financed

Delivery: Will Advise

Prices are exclusive of any sales or use taxes in force or which may be effective in the future by any federal state, or local governments.

Lease offerings subject to credit approval

Performance and specifications may vary based on application, option configuration, operating conditions, and environmental factors

Some options and configurations may void UL

Conditions subject to change to those in effect at time of delivery.

Your signature on this proposal constitutes an order.

Please contact your Toyota sales rep for additional information.

Your signature on this proposal constitutes approval of the Site Survey below verifying application details

Refer truck options



# Vehicle Details

## 2018 Freightliner M2

233,291 miles

\$78,750



### Unit #313705

Refrigerated Truck

Erlanger, KY

Condition: Level 1 i

Interested in this vehicle?

Call 1-866-309-1962

### Phone Hours:

M-F 8:00 am to 8:00 pm ET

Sat 9:00 am to 3:00 pm ET

## Vehicle Specifications

### General Details

Vehicle Type	Refrigerated Truck
Year	2018
Manufacturer	Freightliner
Model	M2
Location	Erlanger, KY 41018, US
Unit #	313705
VIN Number	3ALACWFC3JDJH3973
Color	White
A/C	Yes
Collision Warning	No
Collision Model	
Backup Camera	N

### Body

Manufacturer	Morgan
Load Length	26'0"
Height	13'0"
Width	8'6"
Lift Gate	Yes
Lift Gate Model	GPT3LM
Lift Gate Capacity	3000
Rear Door	Roll Overhead
Side Door	Curb Side
Floor Type	INVERTED T ANTISKID
Roof Type	

### Transmission

Type	Automatic
------	-----------

### Engine

**Manufacturer** Cummins  
**Model** B6.7  
**Horsepower** 220  
**Engine Brake**

### Chassis

**GVW** 26000  
**CDL Required** No  
**Suspension** Air

### Axle Specs

**Ratio** 5.56  
**No. of Axles** 1  
**Wheel Base** 270"  
**Front Axle Cap.** 10000  
**Rear Axle Cap.** 19000  
**Brake Type** Air  
**Tire Size** 11R22.5  
**Tire Type** Radial

**Manufacturer** Eaton  
**Model** 6F107A  
**Speeds** 7

### Fuel

**Fuel Tanks** Single  
**Type** DIESEL  
**Capacity** 80

### Refrigeration

**Refrig. Make** Thermo King  
**Refrig. Model** T880S-50  
**Refrig. Hours** 9590  
**Refrig. StandBy** Y

Contact Penske to verify information such as photos, location, and spec details as they are subject to change. Mileage is recorded at time of listing and is subject to change. Fees including taxes are not included in the listed price.

## Sales Department

Contact Penske at 1-866-309-1962 to learn more about this vehicle and how to purchase a Penske Used Truck.

© 2023 Penske. All Rights Reserved.

[Privacy Policy](#) · [Terms and Conditions](#)

Fork lift option  
3

## 4750 4-WHEEL SIT-DOWN COUNTERBALANCED TRUCK

### STANDARD FEATURES

#### POWER UNIT

The ACR System™

#### OPERATOR COMPARTMENT

- Operator Display, Digital (LCD), Multifunction with the following features:
  - Battery State of Charge
  - Date and Time
  - Direction Indicator
  - Hour Meter, Multifunction
  - Low speed setting button
  - Parking Brake Indicator
  - Programmable Performance (6 preprogrammed)
  - Hour Meter, Multifunction
  - Scheduled Maintenance Indicator
  - Speedometer

#### PERFORMANCE

- Carriage, Sideshifter
- Forks (Sizes are Capacities Specific)
- Fork Leveling Control, Automatic (Push Button)
- Steering, Hydrostatic Power
- Horn, Electro-Mechanical
- Hydraulic Functions, Fully Variable, Lever Controls
- Mast Tilt Indicator
- Maximum Speed Limiter
- Regenerative Energy, Three Types:
  - Coast Control
  - Plug Braking
  - Foot Braking
- Load Backrest (Sizes are Capacities Specific)
- Mast, Cushioned Stops
- Mast Tilt (mast and capacity specific)
- Performance Stability System
- Tires (Sizes are Capacities Specific)

- Cowl-mounted Hydraulic Controls
- Dash-integrated Pen/Pencil Holder
- Dash-mounted Cup Holder
- Floor Mat, Rubber
- Hood-integrated Clipboard
- Key Switch
- Operator Assist Grips, Dual
- Operator Presence Sensing System (OPSS)
- Parking Brake, Foot Activated
- Seat Belt, Non-cinching Retractable
- Seat, Vinyl, Ergonomic with Tilt, Lumbar, and Suspension Adjustments
- Steering Column, Adjustable

#### DESIGN

- Compliance, OSHA and ANSI/ITSDF

- Construction, UL Type "E"

#### MAINTENANCE

- AC Motors, Maintenance-free
- Battery, Lift-out
- Floorboard, Easy Access, No Tools Required
- Hydraulic Motor, Easy Access
- Lift and Drive Motor Temperature Warning Lights
- Lift-System Relief Valve
- Overhead Guard, Bolt-on
- Owner/Operator Manuals
- Over-current Motor Protection
- Precise Speed Control
- Precise Torque Control
- Real-Time Coded Fault Detection
- Thermal Limiting
- Warranties, Asset Protection



# RAYMOND

## HANDLING CONSULTANTS

Customer: Florida Dream Center  
Address: 4017 56th Ave N  
City: St. Petersburg  
State: FL  
Zip: 33714

Quote: 2023-521949 Rev: 1  
Created: 03-28-2023  
Expiration: 04-27-2023  
Account Mgr: Kody Brookbank  
Phone #:

### C50STT

	Standard		Standard
Power Unit	36 volts	Maximum Vehicle Capacity	5000 lb.
Overall Collapsed Height of Mast	83 in.	Overall Elevated Height of Forks	188 in.
Load Size Length	48 in.	Load Size Width	40 in.
Load Size Height	48 in.	Fork Engagement (pct)	88 %
Horizontal Load Center	24 in.	Vertical Load Center (in.)	24 in.
Battery Max Amp Hour	1210 amp-hour	Battery Max Weight (lbs.)	3154 lb.
Battery Min Weight (lbs.)	2400 lb.	Battery Max Width	27.1 in.

The lift trucks depicted in this quote contains images of trucks with optional features. Trucks in a standard configuration will be produced with standard features only.

# RAYMOND



# RAYMOND

---

## HANDLING CONSULTANTS

Customer: Florida Dream Center  
Address: 4017 56th Ave N  
City: St. Petersburg  
State: FL  
Zip: 33714

Quote: 2023-521949 Rev: 1  
Created: 03-28-2023  
Expiration: 04-27-2023  
Account Mgr: Kody Brookbank  
Phone #:

---

<u>Base Price(1)</u>	<u>Price Each</u>	<u>Total</u>
Model 4750 Sit-Down Counterbalanced Truck	\$57,809.00	\$57,809.00

**Options (Included in Base Price):**

Model 475-C50STT 83/188 27.1in BC (usable)  
Alarm Smart Audible Reverse Only (87 dB)  
Auxiliary Function Single (Includes Integral Sideshift)  
Tires Black Smooth Cushion (F/R)  
Guard Load Backrest 36in H  
UL Label Type E  
Light Working (LED 2 ea) Front Mount  
Seat Belt Orange  
Standard Warranty Coverage  
Assist Grip Horn Rear Right Mounted OHG  
Mirror Rear Crosswalk OHG Rear Post Mounted

**Included Power Supply:**

Batteries - Hawker 18-85F-23 600C16P33/66144Hawker Powerline(1)

Chargers - Hawker LPM3-48C-120YLifepius Modular Charger(1)

---

**Total Price:** \$57,809.00

The lift trucks depicted in this quote contains images of trucks with optional features. Trucks in a standard configuration will be produced with standard features only.

# RAYMOND

# RAYMOND

---

## HANDLING CONSULTANTS

Customer: Florida Dream Center  
Address: 4017 56th Ave N  
City: St. Petersburg  
State: FL  
Zip: 33714

Quote: 2023-521949 Rev: 1  
Created: 03-28-2023  
Expiration: 04-27-2023  
Account Mgr: Kody Brookbank  
Phone #:

---

**ACCEPTED BY BUYER:**  
(Terms and Conditions apply, See Attached)

<b>NAME</b>	_____	<b>TITLE</b>	_____
<b>SIGNATURE</b>	_____	<b>PO#</b>	_____

**COMPANY NAME:** Florida Dream Center

**ACCEPTED BY SELLER:**  
(This Quotation and the Attached Terms and Conditions shall become a contract only upon signature by the Sales Manager or Seller at its business offices.)

**TITLE:** \_\_\_\_\_

(SIGNATURE OF THE AUTHORIZED OFFICER OR REPRESENTATIVE REQUIRED)

**QUOTATION SUBMITTED BY:** Kody Brookbank

**Terms:**

PAYMENT TERMS: Net 10

SPECIAL TERMS:





**Florida Dream Center**  
**2023 Organizational Budget**  
**(Operational AND all FOUR programs included)**

<b>Expense</b>	<b>2023 Monthly Budget</b>	<b>2023 Yearly Budget</b>
<b>Organizational Expenses</b>		
Payroll	\$ 34,431.41	\$ 413,176.92
Wages	\$ 28,212.45	
Taxes	\$ 6,218.96	
Health Insurance (hlth, vision, dental)	\$ 2,500.00	\$ 30,000.00
Fundraising Cost	\$ 950.00	\$ 11,400.00
Management and General		
Advertising & Promotion	\$ 100.00	\$ 1,200.00
Auto		
Fuel & Tolls	\$ 1,100.00	\$ 13,200.00
Insurance	\$ 6,250.00	\$ 75,000.00
Taxes & Tags	\$ 200.00	\$ 2,400.00
Unscheduled Maintenance	\$ 500.00	\$ 6,000.00
Bank Charges	\$ 25.00	\$ 300.00
Dues & Subscriptions	\$ 500.00	\$ 6,000.00
Insurance (Property/Liability/DI)	\$ 500.00	\$ 6,000.00
Legal & Professional	\$ 500.00	\$ 6,000.00
Maintenance (non-auto)	\$ 500.00	\$ 6,000.00
Meals & Entertainment	\$ 100.00	\$ 1,200.00
Office Expenses		
Office Supplies	\$ 250.00	\$ 3,000.00
Postage & Delivery	\$ 50.00	\$ 600.00
Payroll Fees	\$ 730.00	\$ 8,760.00
Pest Control	\$ 135.00	\$ 1,620.00
Phone/Internet	\$ 275.00	\$ 3,300.00
Travel	\$ 50.00	\$ 600.00
Utilities	\$ 1,000.00	\$ 12,000.00
Admin - VISTA Allotment	\$ 249.34	\$ 2,992.08
AaB - VISTA Allotment	\$ 1,100.00	\$ 13,200.00
Food Bank - VISTA Allotment	\$ 1,300.00	\$ 15,600.00
RA - VISTA Allotment	\$ 1,300.00	\$ 15,600.00
AaB - Program supplies, material, Items, etc	\$ 500.00	\$ 6,000.00
FB- Program supplies, material, Items, etc	\$ 400.00	\$ 4,800.00
RA - Program supplies, material, Items, etc	\$ 167.00	\$ 2,004.00
WRT - Program supplies, material, Items, etc	\$ 10,463.00	\$ 125,556.00
HUD - Program supplies, material, Items, etc	\$ 10,000.00	\$ 120,000.00
<b>Baseline Budget TOTAL</b>	<b>\$ 76,125.75</b>	<b>\$ 913,509.00</b>



**2023**

**Board of Directors Contact List**

<b>Name</b>	<b>Position</b>	<b>Term Start Date</b>	<b>Notes</b>
Steve Cleveland 727-307-2741	Executive Director, Florida Dream Center	09/01/2014	4017 56 <sup>th</sup> Ave N. St. Petersburg FL 33714 <a href="mailto:sjcleveland@floridadreamcenter.org">sjcleveland@floridadreamcenter.org</a>
Dan Graham 813-470-0091	Board Member Financial Advisor	05/02/2019	Principal Securities 4010 Boy Scout Blvd, Ste 750 Tampa, FL 33607 <a href="mailto:graham.dan@principal.com">graham.dan@principal.com</a>
Samantha Chechele 727-644-4482 727-381-6001	Board Chair Attorney	01/21/2015	Chechele Law – Owner 7127 1 <sup>st</sup> Ave S St. Petersburg, FL 33707 <a href="mailto:samantha@chechelelaw.com">samantha@chechelelaw.com</a> <i>(Please cc Samantha’s assistant, Alexis - alexis@chechelelaw.com)</i>
Phil Palm 727-638-2207	Board Member Business Developer	04/15/2013	Business Developer 809 Camelia Dr. Largo, FL 33770 727-638-2207 <a href="mailto:phil@pfpalm.com">phil@pfpalm.com</a>
Clete Goddard 813-442-1516	Board Member HR Professional	01/01/2022	Modern Business Associates 9455 Koger Blvd N, #200 St. Petersburg, FL 33714 <a href="mailto:Cletegoddard@gmail.com">Cletegoddard@gmail.com</a>
Dr. Scott Fronrath 561-262-7667	Board Member College Educator	01/01/2022	Nova Southeastern University 3301 College Ave Fort Lauderdale, FL 33314 <a href="mailto:fronrath@nova.edu">fronrath@nova.edu</a>
Jessie Bowden 727-204-7222	Board Member Attorney	01/01/2022	Bowden Barlow Law, P.A. 3845 5 <sup>th</sup> Ave N St. Petersburg, FL 33714 <a href="mailto:jbowden@bowdenbarlow.com">jbowden@bowdenbarlow.com</a>
Danilo Felix 813-410-4228	Board Member Chaplain	03/01/2022	Athletes in Action, Tampa Bay Rowdies Chaplain 230 1 <sup>st</sup> SE St. Petersburg, FL 33701 <a href="mailto:danilo.felix@athletesinaction.org">danilo.felix@athletesinaction.org</a>

**FLDC is currently recruiting and interviewing potential board members.**

**Marsocci, Appleby and Company, PA**  
**3815 West Humphrey Street, Suite 101**  
**Tampa, FL 33614**  
**813-932-2116**

August 31, 2022

**CONFIDENTIAL**

FLORIDA DREAM CENTER INC  
4017 56TH AVE N  
ST PETERSBURG, FL 33714

Dear Client:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

*Marsocci, Appleby + Company P.A*  
Marsocci, Appleby and Company, PA

## Filing Instructions

### FLORIDA DREAM CENTER INC

### Exempt Organization Tax Return

**Taxable Year Ended December 31, 2021**

**Date Due:** November 15, 2022

**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/21 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Marsocci, Appleby and Company, PA  
3815 West Humphrey Street, Suite 101  
Tampa, FL 33614

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.



## Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

46-0663472

### FLORIDA DREAM CENTER INC

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>376,018</u>
<b>Revenue</b>		
Contributions	<u>4,053,450</u>	
Program service revenue	_____	
Investment income	_____	
Capital gain / loss	_____	
Fundraising / Gaming:		
Gross revenue	_____	
Direct expenses	_____	
Net income	_____	
Other income	<u>11,284</u>	
<b>Total revenue</b>		<u>4,064,734</u>
<b>Expenses</b>		
Program services	<u>3,919,493</u>	
Management and general	<u>192,685</u>	
Fundraising	_____	
<b>Total expenses</b>		<u>4,112,178</u>
<b>Excess / (deficit)</b>		<u>-47,444</u>
Changes		_____
<b>Net Asset / Fund Balance at End of Year</b>		<u><u>328,574</u></u>

#### Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u><u>4,064,734</u></u>

#### Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u><u>4,112,178</u></u>

	Beginning	Ending	Differences
Assets	<u>384,632</u>	<u>335,319</u>	
Liabilities	<u>8,614</u>	<u>6,745</u>	
<b>Net assets</b>	<u><u>376,018</u></u>	<u><u>328,574</u></u>	<u><u>-47,444</u></u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/22  
 Failure to file penalty \_\_\_\_\_

Form **8879-TE**

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

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20

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

# 2021

Department of the Treasury  
Internal Revenue Service  
Name of filer

**FLORIDA DREAM CENTER INC**

EIN or SSN  
**46-0663472**

Name and title of officer or person subject to tax  
**STEVE CLEVELAND  
CHIEF EXEC. OFFICER**

#### Part I Type of Return and Return Information

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>4,064,734</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize MARSOCCI, APPELBY AND COMPANY, PA to enter my PIN 00088 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ \_\_\_\_\_ Date ▶ 08/31/22

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**50324203815**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 08/31/22

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

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2021**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

**C** Name of organization: **FLORIDA DREAM CENTER INC**

Doing business as \_\_\_\_\_

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**4017 56TH AVE N**

City or town, state or province, country, and ZIP or foreign postal code  
**ST PETERSBURG FL 33714**

**D** Employer identification number: **46-0663472**

**E** Telephone number: **727-851-9074**

**F** Name and address of principal officer:  
**STEVE CLEVELAND**  
**704 23RD STREET SW**  
**LARGO FL 33770**

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

**G** Gross receipts \$ **4,064,734**

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

**J** Website: **WWW.FLORIDADREAMCENTER.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **2012**

**M** State of legal domicile: **FL**

**H(c)** Group exemption number ▶

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>12</b>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>12</b>	
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>19</b>	
	6	Total number of volunteers (estimate if necessary)	<b>5660</b>	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>0</b>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<b>4,112,561</b>	<b>4,053,450</b>
	9	Program service revenue (Part VIII, line 2g)		<b>0</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>85</b>	<b>0</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>11,284</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>4,112,646</b>	<b>4,064,734</b>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>298,923</b>	<b>306,981</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	<b>0</b>	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,619,696</b>	<b>3,805,197</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,918,619</b>	<b>4,112,178</b>
	19	Revenue less expenses. Subtract line 18 from line 12	<b>194,027</b>	<b>-47,444</b>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<b>384,632</b>	<b>335,319</b>
	21	Total liabilities (Part X, line 26)	<b>8,614</b>	<b>6,745</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>376,018</b>	<b>328,574</b>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **STEVE CLEVELAND** Date: \_\_\_\_\_  
 Type or print name and title: **CHIEF EXEC. OFFICER**

**Paid Preparer Use Only**

Print/Type preparer's name: **GERALD L APPELBY** Preparer's signature: *G Appelby* Date: **08/31/22** Check  if self-employed PTIN: **P01057535**

Firm's name: **MARSOCCI, APPELBY AND COMPANY, PA** Firm's EIN: **46-3981960**  
 Firm's address: **3815 WEST HUMPHREY STREET, SUITE 101 TAMPA, FL 33614** Phone no: **813-932-2116**

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 \$ 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 \$ **3,919,493** including grants of \$ ) (Revenue \$ )

4e Total program service expenses **▶ 3,919,493**

**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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 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		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>19</b>		
<b>b</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.	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	<b>12</b>		
Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>1b</b>	<b>12</b>		
Enter the number of voting members included on line 1a, above, who are independent			
<b>2</b>			<b>X</b>
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
<b>3</b>			<b>X</b>
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			
<b>4</b>			<b>X</b>
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
<b>5</b>			<b>X</b>
Did the organization become aware during the year of a significant diversion of the organization's assets?			
<b>6</b>			<b>X</b>
Did the organization have members or stockholders?			
<b>7a</b>			<b>X</b>
Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			
<b>7b</b>			<b>X</b>
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
<b>8</b>			
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>8a</b>		<b>X</b>	
a The governing body?			
<b>8b</b>		<b>X</b>	
b Each committee with authority to act on behalf of the governing body?			
<b>9</b>		<b>X</b>	
Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			

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

		Yes	No
<b>10a</b>			<b>X</b>
Did the organization have local chapters, branches, or affiliates?			
<b>10b</b>			
If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
<b>11a</b>		<b>X</b>	
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
<b>12a</b>		<b>X</b>	
Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12b</b>		<b>X</b>	
Did the organization have a written conflict of interest policy? If "No," go to line 13			
<b>12c</b>			<b>X</b>
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
<b>13</b>			<b>X</b>
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done			
<b>14</b>			<b>X</b>
Did the organization have a written whistleblower policy?			
<b>15a</b>			<b>X</b>
Did the organization have a written document retention and destruction policy?			
<b>15b</b>			<b>X</b>
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b>			<b>X</b>
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>16b</b>			
a The organization's CEO, Executive Director, or top management official			
b Other officers or key employees of the organization			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
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 ► **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - Own website
  - Another's website
  - Upon request
  - Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
 

**STEVE CLEVELAND** **4017 56TH AVE N** **FL 33714** **727-851-9074**  
**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) STEVE CLEVELAND CHIEF EXEC. OFFICER	40.00 0.00	X		X				94,527	0	0
(2) ZELDA O'CONNELL COO	40.00 0.00			X				59,700	0	0
(3) WILLIAM LOSASSO FOUNDER	20.00 0.00	X		X				12,762	0	0
(4) JESSIE BOWDEN BOARD MEMBER	10.00 0.00	X						0	0	0
(5) SAMANTHA CHECHELE BOARD CHAIR	10.00 0.00	X						0	0	0
(6) DANILO FELIX BOARD MEMBER	10.00 0.00	X						0	0	0
(7) DR. SCOTT FRONRATH BOARD MEMBER	10.00 0.00	X						0	0	0
(8) ERIC GIBSON ADVISORY BOARD	10.00 0.00	X						0	0	0
(9) CLETE GODDARD BOARD MEMBER	10.00 0.00	X						0	0	0
(10) DAN GRAHAM BOARD MEMBER	10.00 0.00	X						0	0	0
(11) SARAH LYONS BOARD MEMBER	10.00 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) PHILIP PALM	10.00									
BOARD MEMBER	0.00	X					0	0	0	
(13) PAIGE TUCKER	10.00									
BOARD SEC & TREAS	0.00	X		X			0	0	0	
1b Subtotal							166,989			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							166,989			

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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such person		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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	54,900				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,998,550				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,299,815				
	<b>h Total. Add lines 1a-1f</b>		<b>4,053,450</b>				
	<b>Program Service Revenue</b>	2a	Business Code				
b							
c							
d							
e							
f All other program service revenue							
<b>g Total. Add lines 2a-2f</b>							
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real (ii) Personal				
		b Less: rental expenses	6b				
		c Rental inc. or (loss)	6c				
	<b>d Net rental income or (loss)</b>						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
		b Less: cost or other basis and sales exps.	7b				
		c Gain or (loss)	7c				
	<b>d Net gain or (loss)</b>						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	<b>c Net income or (loss) from fundraising events</b>						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b						
<b>c Net income or (loss) from gaming activities</b>							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
<b>c Net income or (loss) from sales of inventory</b>							
<b>Miscellaneous Revenue</b>	11a T-SHIRT SALES	Business Code	10,273			10,273	
	b OTHER INCOME		1,011			1,011	
	c						
	d All other revenue						
	<b>e Total. Add lines 11a-11d</b>		<b>11,284</b>				
<b>12 Total revenue. See instructions</b>		<b>4,064,734</b>	<b>0</b>	<b>0</b>	<b>11,284</b>		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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	166,990	155,166	11,824	
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	139,991	128,351	11,640	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	10,776		10,776	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	690		690	
13 Office expenses	6,236		6,236	
14 Information technology	2,800		2,800	
15 Royalties				
16 Occupancy	31,530	26,800	4,730	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,555		1,555	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,651	32,003	5,648	
23 Insurance	82,949	58,221	24,728	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>IN-KIND</b>	3,268,283	3,187,721	80,562	
b <b>SUPPLIES HOUSING</b>	215,776	215,776		
c <b>AUTO EXPENSE</b>	62,520	61,373	1,147	
d <b>UTILITIES</b>	32,252	24,530	7,722	
e All other expenses	52,179	29,552	22,627	
25 Total functional expenses. Add lines 1 through 24e	4,112,178	3,919,493	192,685	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash—non-interest-bearing	169,795	1	126,417	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	105,772	3	87,280	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	3,077	9	3,077	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	311,016		
	b	Less: accumulated depreciation	10b	192,471	10c	118,545
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	384,632	16	335,319		
<b>Liabilities</b>	17	Accounts payable and accrued expenses	8,614	17	6,745	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25	8,614	26	6,745	
<b>Net Assets or Fund Balances</b>	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	376,018	27	328,574	
	28	Net assets with donor restrictions		28		
	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	<b>Total net assets or fund balances</b>	376,018	32	328,574		
33	<b>Total liabilities and net assets/fund balances</b>	384,632	33	335,319		

**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	4,064,734
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,112,178
3	Revenue less expenses. Subtract line 2 from line 1	3	-47,444
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	376,018
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	328,574

**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		

**SCHEDULE A**  
**(Form 990)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2021**

**Open to Public Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**FLORIDA DREAM CENTER INC**

Employer identification number

**46-0663472**

**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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,094,230	2,738,206	3,751,479	4,112,561	4,053,450	16,749,926
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	2,094,230	2,738,206	3,751,479	4,112,561	4,053,450	16,749,926
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						16,749,926

**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	2,094,230	2,738,206	3,751,479	4,112,561	4,053,450	16,749,926
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on	3,178				10,284	13,462
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						16,763,388
12 Gross receipts from related activities, etc. (see instructions)					12	4,504
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	99.92%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.08%
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 <input checked="" type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> 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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						

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

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

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

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

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

**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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	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>	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>	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?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a	
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>	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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

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

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f 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, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 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			



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**FLORIDA DREAM CENTER INC**

Employer identification number

**46-0663472**

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<sup>1</sup>/<sub>3</sub>% 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization <b>FLORIDA DREAM CENTER INC</b>	Employer identification number <b>46-0663472</b>
---	---

**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	PINELLAS COUNTY EX OFFENDER 128140 US HWY 19  CLEARWATER FL 33764	\$ 82,027	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UW SUNCOAST OF FLORIDA 5201 W KENNEDY BLVD.  TAMPA FL 33609	\$ 114,260	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	PINEALL COMMUNITY FOUNDATION 201 N FRANKLIN ST  TAMPA FL 33602	\$ 87,212	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PINEALL COUNTY BD OF COUNTY COMMI 315 COURT ST #501  CLEARWATER FL 33756	\$ 108,662	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PUBLIX SUPER MARKET CORPORATE OFFICE  LAKELAND FL 33802-0407	\$ 15,000	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.)



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

FLORIDA DREAM CENTER INC

Employer identification number

46-0663472

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

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

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		311,016	192,471	118,545
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				118,545

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0074

**2021**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**FLORIDA DREAM CENTER INC**

Employer identification number

**46-0663472**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	<b>X</b>		<b>263,967</b>	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	<b>X</b>	<b>1</b>	<b>2,679,262</b>	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )	<b>X</b>	<b>5</b>	<b>356,586</b>	
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		<b>X</b>

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31		<b>X</b>
----	--	----------

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		<b>X</b>
-----	--	----------

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.



**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2021**Open to Public  
Inspection

Name of the organization

**FLORIDA DREAM CENTER INC**

Employer identification number

**46-0663472****FORM 990 - ORGANIZATION'S MISSION**

FLORIDA DREAM CENTER INSPIRES SELF-SUFFICIENCY BY SHARING FAITH THROUGH  
RESOURCES AND RESTORING HOPE IN COMMUNITIES.

**NEW VISION:**

AN EMPOWERED COMMUNITY WHERE NEIGHBORS HELP NEIGHBORS.

**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

THIS YEAR THE ADOPT-A-BLOCK PROGRAM REACHED OUT TO MULTIPLE POCKETS OF  
POVERTY WITHIN PINELLAS COUNTY IN NEED OF ASSISTANCE. OVER 5,660 VOLUNTEERS  
DONATED 19,013 HOURS TO AID COMMUNITIES, NEIGHBORHOODS, AND FAMILIES EVERY  
SATURDAY. THIS AID INCLUDED IMMEDIATE NEEDS SUCH AS FOOD, CLOTHING AND  
HYGIENE AS WELL AS CASE MANAGEMENT, STREET CLEAN-UP, HOME REPAIRS, AND LAWN  
MAINTENANCE. A TOTAL OF 60 TONS OF DEBRIS WAS REMOVED FROM COMMUNITY  
STREETS, ALLEYS AND LOTS. THROUGH THIS PROGRAM 58 HOMES WERE REVITALIZED;  
35 ALLEYS WERE CLEARED AND 6 CODE ENFORCEMENT VIOLATIONS WERE RECTIFIED.  
THERE WERE 5,365 TOTAL CASE MANAGEMENT ASSISTANCE PROVIDED, 767 PINELLAS  
COUNTY CHILDREN GIVEN CHRISTMAS GIFTS, AND 1,962 THANKSGIVING AND CHRISTMAS  
TURKEY BOXES DISTRIBUTED TO PINELLAS COUNTY RESIDENTS.

THIS YEAR THE MOBILE FOOD PANTRY PROGRAM COLLECTED 1,191,678 POUNDS OF FOOD  
SET TO BE DISCARDED FROM LOCAL FOOD RETAILERS. THIS FOOD, AS WELL AS FOOD  
DONATED FROM FOOD DRIVES AND PRIVATE DONORS, RESULTED IN A TOTAL OF  
1,444,479 POUNDS BEING DISTRIBUTED TO INDIVIDUALS AND FAMILIES FACING  
HUNGER DAILY. THIS DISTRIBUTION INCLUDED DIRECT CLIENTELE AS WELL AS



Name of the organization

FLORIDA DREAM CENTER INC

Employer identification number

46-0663472

SMALLER PANTRIES AND CHURCHES IN NEED OF SUPPORT.

THIS YEAR OUR WORK READINESS TRAINING PROGRAM REACHED ACCREDITATION STATUS THROUGH THE NATIONAL CENTER FOR CONSTRUCTION RESEARCH AND EDUCATION. THIS ACCREDITATION ALLOWED US TO PROVIDE 88 POST-SECONDARY TRADE CERTIFICATIONS, 34 OSHA-APPROVED FORKLIFT OPERATOR'S LICENSES, PLACE 40 INDIVIDUALS IN TRADE-CENTERED EMPLOYMENT, AND ASSIST 164 LOW-INCOME INDIVIDUALS WITH BASIC CAREER SERVICES.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

CHARITABLE AND SOCIAL SERVICES

FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REACHED

CLETE GODDARD

9455 KOGER BLVD

SAINT PETERSBURG, FL 33717

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

01. FORM 990 GOVERNING BODY REVIEW (PART VI, LINE 11) THE RETURN IS PROVIDED TO THE GOVERNING BOARD FOR REVIEW AND SIGNATURE OF CHAIR BEFORE FILING.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2021**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment Sequence No **179**

Name(s) shown on return

**FLORIDA DREAM CENTER INC**

Identifying number

**46-0663472**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,050,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,620,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	<b>3,951</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>3,951</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

46-0663472

## Federal Asset Report

FYE: 12/31/2021

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
1	FORD E350	4/01/16	2,861		X	1,430	5 HY 200DB	2,779	82
2	RYDER BOX TRUCK	7/25/16	31,752		X	15,876	5 HY 200DB	30,772	980
3	MITSUBISHI BOX TRUCK	9/09/16	28,000		X	14,000	5 HY 200DB	27,194	806
4	SMALL TOOLS	9/09/16	4,180		X	2,090	7 HY 200DB	3,714	186
6	EQUIPMENT	5/25/16	15,500		X	7,750	7 HY 200DB	13,771	691
7	COMMERCIAL REFRIGERATOR	8/05/15	11,023		X	5,511	7 HY 200DB	10,285	492
8	CHEST FREEZER	12/27/15	520		X	260	7 MQ200DB	477	23
11	OFFICE FURNITURE	12/31/14	28,010		X	14,005	7 HY 200DB	27,385	625
12	JP DONATED VEHICLE	6/13/14	2,500		X	1,250	5 HY 200DB	2,500	0
13	EXPRESS TRAILERS	12/16/14	1,187		X	593	5 HY 200DB	1,187	0
14	SB DONATED VEHICLE	12/31/14	1,173		X	586	5 HY 200DB	1,173	0
17	REFRIGERATOR	5/31/17	460		X	230	7 MQ200DB	391	21
18	ICE MACHINE	11/25/17	826		X	0	7 MQ200DB	826	0
19	GATOR TRAILER	6/08/17	999		X	499	7 MQ200DB	849	45
20	2017 T-350 #6061	11/30/17	38,155		X	0	5 MQ200DB	38,155	0
21	FREEZER FOOD PANTRY	11/26/18	1,296		X	0	7 MQ200DB	1,296	0
22	WALK IN COOLER	4/01/18	4,100		X	0	7 MQ200DB	4,100	0
23	DELL COMPUTER OFFICE	6/15/18	1,099		X	0	7 MQ200DB	1,099	0
24	DELL COMPUTER STEVE	6/06/18	1,099		X	0	7 MQ200DB	1,099	0
25	TRAILER-GATOR TAIL	5/14/18	1,050		X	0	7 MQ200DB	1,050	0
26	2017 FORD TRANSIT VAN	10/25/18	26,950		X	0	5 MQ200DB	26,950	0
			<u>202,740</u>			<u>64,080</u>		<u>197,052</u>	<u>3,951</u>
<b>Other Depreciation:</b>									
27	Impact Capopis 2 New Tents	10/28/19	0			0	0 HY	0	0
28	2 New Freezers Food Pantry	10/21/19	0			0	0 HY	0	0
29	A/C Server Room	7/19/20	0			0	0 HY	0	0
30	Ice Machine	7/19/20	0			0	0 HY	0	0
31	Pallet Jack - Food Pantry	12/01/20	0			0	0 HY	0	0
32	Pallet Jack - Food Pantry	12/16/20	0			0	0 HY	0	0
33	Store Shelves	1/13/20	0			0	0 HY	0	0
34	Walkin Cooler - Aab Condensor	12/15/20	0			0	0 HY	0	0
35	Walkin Cooler - Alpha Foods	8/08/20	0			0	0 HY	0	0
36	2004 Ford Expedition	6/11/20	0			0	0 HY	0	0
37	2007 Chevy Avalanche	3/05/20	0			0	0 HY	0	0
38	JOHN DEERE Z930M ZTRAK	5/11/20	0			0	0 HY	0	0
39	ECHO BEARCAT CH5627	5/11/20	0			0	0 HY	0	0
40	WALK IN COOLER CONDENSOR AND	12/11/20	0			0	0 HY	0	0
41	Food Box Racks	12/02/21	0			0	0 HY	0	0
42	Computers	10/01/21	0			0	0 HY	0	0
43	14 Laptops	11/18/21	0			0	0 HY	0	0
44	Chevy Cargo Van 2021	7/28/21	0			0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		202,740			64,080		197,052	3,951
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>202,740</u>			<u>64,080</u>		<u>197,052</u>	<u>3,951</u>

**AMT Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Prior MACRS:</b>											
1	FORD E350	4/01/16	2,861			X	1,430	5	HY 200DB	2,779	82
2	RYDER BOX TRUCK	7/25/16	31,752			X	15,876	5	HY 200DB	30,772	980
3	MITSUBISHI BOX TRUCK	9/09/16	28,000			X	14,000	5	HY 200DB	27,194	806
4	SMALL TOOLS	9/09/16	4,180			X	2,090	7	HY 200DB	3,714	186
6	EQUIPMENT	5/25/16	15,500			X	7,750	7	HY 200DB	13,771	691
7	COMMERCIAL REFRIGERATOR	8/05/15	11,023			X	5,511	7	HY 200DB	10,285	492
8	CHEST FREEZER	12/27/15	520			X	260	7	MQ200DB	477	23
11	OFFICE FURNITURE	12/31/14	28,010			X	14,005	7	HY 200DB	27,385	625
12	JP DONATED VEHICLE	6/13/14	2,500			X	1,250	5	HY 200DB	2,500	0
13	EXPRESS TRAILERS	12/16/14	1,187			X	593	5	HY 200DB	1,187	0
14	SB DONATED VEHICLE	12/31/14	1,173			X	586	5	HY 200DB	1,173	0
17	REFRIGERATOR	5/31/17	460			X	230	7	MQ200DB	391	21
18	ICE MACHINE	11/25/17	826			X	0	7	MQ200DB	826	0
19	GATOR TRAILER	6/08/17	999			X	499	7	MQ200DB	849	45
20	2017 T-350 #6061	11/30/17	38,155			X	0	5	MQ200DB	38,155	0
21	FREEZER FOOD PANTRY	11/26/18	1,296			X	0	7	MQ200DB	1,296	0
22	WALK IN COOLER	4/01/18	4,100			X	0	7	MQ200DB	4,100	0
23	DELL COMPUTER OFFICE	6/15/18	1,099			X	0	7	MQ200DB	1,099	0
24	DELL COMPUTER STEVE	6/06/18	1,099			X	0	7	MQ200DB	1,099	0
25	TRAILER-GATOR TAIL	5/14/18	1,050			X	0	7	MQ200DB	1,050	0
26	2017 FORD TRANSIT VAN	10/25/18	26,750			X	0	5	MQ200DB	26,750	0
			<u>202,540</u>				<u>64,080</u>			<u>196,852</u>	<u>3,951</u>
<b>Other Depreciation:</b>											
27	Impact Capopis 2 New Tents	10/28/19	0				0	0	HY	0	0
28	2 New Freezers Food Pantry	10/21/19	0				0	0	HY	0	0
29	A/C Server Room	7/19/20	0				0	0	HY	0	0
30	Ice Machine	7/19/20	0				0	0	HY	0	0
31	Pallet Jack - Food Pantry	12/01/20	0				0	0	HY	0	0
32	Pallet Jack - Food Pantry	12/16/20	0				0	0	HY	0	0
33	Store Shelves	1/13/20	0				0	0	HY	0	0
34	Walkin Cooler - Aab Condensor	12/15/20	0				0	0	HY	0	0
35	Walkin Cooler - Alpha Foods	8/08/20	0				0	0	HY	0	0
36	2004 Ford Expedition	6/11/20	0				0	0	HY	0	0
37	2007 Chevy Avalanche	3/05/20	0				0	0	HY	0	0
38	JOHN DEERE Z930M ZTRAK	5/11/20	0				0	0	HY	0	0
39	ECHO BEARCAT CH5627	5/11/20	0				0	0	HY	0	0
40	WALK IN COOLER CONDENSOR AND	12/11/20	0				0	0	HY	0	0
41	Food Box Racks	12/02/21	0				0	0	HY	0	0
42	Computers	10/01/21	0				0	0	HY	0	0
43	14 Laptops	11/18/21	0				0	0	HY	0	0
44	Chevy Cargo Van 2021	7/28/21	0				0	0	HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		202,540				64,080			196,852	3,951
	<b>Less: Dispositions and Transfers</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>202,540</u>				<u>64,080</u>			<u>196,852</u>	<u>3,951</u>

**Bonus Depreciation Report****Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	FORD E350	4/01/16	2,861		0	0	1,431	1,430
2	RYDER BOX TRUCK	7/25/16	31,752		0	0	15,876	15,876
3	MITSUBISHI BOX TRUCK	9/09/16	28,000		0	0	14,000	14,000
4	SMALL TOOLS	9/09/16	4,180		0	0	2,090	2,090
6	EQUIPMENT	5/25/16	15,500		0	0	7,750	7,750
7	COMMERCIAL REFRIGERATOR	8/05/15	11,023		0	0	5,512	5,511
8	CHEST FREEZER	12/27/15	520		0	0	260	260
11	OFFICE FURNITURE	12/31/14	28,010		0	0	14,005	14,005
12	JP DONATED VEHICLE	6/13/14	2,500		0	0	1,250	1,250
13	EXPRESS TRAILERS	12/16/14	1,187		0	0	594	593
14	SB DONATED VEHICLE	12/31/14	1,173		0	0	587	586
17	REFRIGERATOR	5/31/17	460		0	0	230	230
18	ICE MACHINE	11/25/17	826		0	0	826	0
19	GATOR TRAILER	6/08/17	999		0	0	500	499
20	2017 T-350 #6061	11/30/17	38,155		0	0	38,155	0
21	FREEZER FOOD PANTRY	11/26/18	1,296		0	0	1,296	0
22	WALK IN COOLER	4/01/18	4,100		0	0	4,100	0
23	DELL COMPUTER OFFICE	6/15/18	1,099		0	0	1,099	0
24	DELL COMPUTER STEVE	6/06/18	1,099		0	0	1,099	0
25	TRAILER-GATOR TAIL	5/14/18	1,050		0	0	1,050	0
26	2017 FORD TRANSIT VAN	10/25/18	26,950		0	0	26,950	0
<b>Grand Total</b>			<b>202,740</b>		<b>0</b>	<b>0</b>	<b>138,660</b>	<b>64,080</b>

# Depreciation Adjustment Report

## All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	1	FORD E350	82	82	0
Page 1	1	2	RYDER BOX TRUCK	980	980	0
Page 1	1	3	MITSUBISHI BOX TRUCK	806	806	0
Page 1	1	4	SMALL TOOLS	186	186	0
Page 1	1	6	EQUIPMENT	691	691	0
Page 1	1	7	COMMERCIAL REFRIGERATOR	492	492	0
Page 1	1	8	CHEST FREEZER	23	23	0
Page 1	1	11	OFFICE FURNITURE	625	625	0
Page 1	1	12	JP DONATED VEHICLE	0	0	0
Page 1	1	13	EXPRESS TRAILERS	0	0	0
Page 1	1	14	SB DONATED VEHICLE	0	0	0
Page 1	1	17	REFRIGERATOR	21	21	0
Page 1	1	18	ICE MACHINE	0	0	0
Page 1	1	19	GATOR TRAILER	45	45	0
Page 1	1	20	2017 T-350 #6061	0	0	0
Page 1	1	21	FREEZER FOOD PANTRY	0	0	0
Page 1	1	22	WALK IN COOLER	0	0	0
Page 1	1	23	DELL COMPUTER OFFICE	0	0	0
Page 1	1	24	DELL COMPUTER STEVE	0	0	0
Page 1	1	25	TRAILER-GATOR TAIL	0	0	0
Page 1	1	26	2017 FORD TRANSIT VAN	0	0	0
				3,951	3,951	0
				3,951	3,951	0

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
1	FORD E350	4/01/16	2,861	0	0
2	RYDER BOX TRUCK	7/25/16	31,752	0	0
3	MITSUBISHI BOX TRUCK	9/09/16	28,000	0	0
4	SMALL TOOLS	9/09/16	4,180	187	187
6	EQUIPMENT	5/25/16	15,500	692	692
7	COMMERCIAL REFRIGERATOR	8/05/15	11,023	246	246
8	CHEST FREEZER	12/27/15	520	20	20
11	OFFICE FURNITURE	12/31/14	28,010	0	0
12	JP DONATED VEHICLE	6/13/14	2,500	0	0
13	EXPRESS TRAILERS	12/16/14	1,187	0	0
14	SB DONATED VEHICLE	12/31/14	1,173	0	0
17	REFRIGERATOR	5/31/17	460	20	20
18	ICE MACHINE	11/25/17	826	0	0
19	GATOR TRAILER	6/08/17	999	44	44
20	2017 T-350 #6061	11/30/17	38,155	0	0
21	FREEZER FOOD PANTRY	11/26/18	1,296	0	0
22	WALK IN COOLER	4/01/18	4,100	0	0
23	DELL COMPUTER OFFICE	6/15/18	1,099	0	0
24	DELL COMPUTER STEVE	6/06/18	1,099	0	0
25	TRAILER-GATOR TAIL	5/14/18	1,050	0	0
26	2017 FORD TRANSIT VAN	10/25/18	26,950	0	0
			<u>202,740</u>	<u>1,209</u>	<u>1,209</u>

**Other Depreciation:**

27	Impact Capopis 2 New Tents	10/28/19	0	0	0
28	2 New Freezers Food Pantry	10/21/19	0	0	0
29	A/C Server Room	7/19/20	0	0	0
30	Ice Machine	7/19/20	0	0	0
31	Pallet Jack - Food Pantry	12/01/20	0	0	0
32	Pallet Jack - Food Pantry	12/16/20	0	0	0
33	Store Shelves	1/13/20	0	0	0
34	Walkin Cooler - Aab Condensor	12/15/20	0	0	0
35	Walkin Cooler - Alpha Foods	8/08/20	0	0	0
36	2004 Ford Expedition	6/11/20	0	0	0
37	2007 Chevy Avalanche	3/05/20	0	0	0
38	JOHN DEERE Z930M ZTRAK	5/11/20	0	0	0
39	ECHO BEARCAT CH5627	5/11/20	0	0	0
40	WALK IN COOLER CONDENSOR AND EVA	12/11/20	0	0	0
41	Food Box Racks	12/02/21	0	0	0
42	Computers	10/01/21	0	0	0
43	14 Laptops	11/18/21	0	0	0
44	Chevy Cargo Van 2021	7/28/21	0	0	0
	<b>Total Other Depreciation</b>		<u>0</u>	<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>	<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		<u>202,740</u>	<u>1,209</u>	<u>1,209</u>

Form **990****Two Year Comparison Report****2020 & 2021**

For calendar year 2021, or tax year beginning , ending

Name

Taxpayer Identification Number

**FLORIDA DREAM CENTER INC****46-0663472**

		2020	2021	Differences	
<b>Revenue</b>	1. Contributions, gifts, grants	1. 4,070,961	3,998,550	-72,411	
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3. 41,600	54,900	13,300	
	4. Program service revenue	4.			
	5. Investment income	5. 85		-85	
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.		11,284	11,284
	12. <b>Total revenue. Add lines 1 through 11</b>	12. 4,112,646	4,064,734	-47,912	
<b>Expenses</b>	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15. 166,150	166,990	840	
	16. Salaries, other compensation, and employee benefits	16. 132,773	139,991	7,218	
	17. Professional fundraising fees	17.			
	18. Other professional fees	18. 11,136	10,776	-360	
	19. Occupancy, rent, utilities, and maintenance	19. 30,608	31,530	922	
	20. Depreciation and Depletion	20. 40,584	37,651	-2,933	
	21. Other expenses	21. 3,537,368	3,725,240	187,872	
	22. <b>Total expenses. Add lines 13 through 21</b>	22. 3,918,619	4,112,178	193,559	
	23. <b>Excess or (Deficit). Subtract line 22 from line 12</b>	23. 194,027	-47,444	-241,471	
<b>Other Information</b>	24. <b>Total exempt revenue</b>	24. 4,112,646	4,064,734	-47,912	
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26. 85	11,284	11,199	
	27. Total assets	27. 384,632	335,319	-49,313	
	28. Total liabilities	28. 8,614	6,745	-1,869	
	29. Retained earnings	29. 376,018	328,574	-47,444	
	30. Number of voting members of governing body	30. 7	12		
	31. Number of independent voting members of governing body	31. 7	12		
	32. Number of employees	32. 22	19		
	33. Number of volunteers	33. 5053	5660		



Form **990****Tax Return History****2021**

Name

**FLORIDA DREAM CENTER INC**

Employer Identification Number

**46-0663472**

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	2,094,230	2,738,206	3,751,479	4,112,561	4,053,450	
Membership dues						
Program service revenue						
Capital gain or loss		-5,188	36,195			
Investment income	21	12	9	85		
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	4,178	2,286	2,091		11,284	
<b>Total revenue</b>	<b>2,098,429</b>	<b>2,735,316</b>	<b>3,789,774</b>	<b>4,112,646</b>	<b>4,064,734</b>	
Grants and similar amounts paid	331,785					
Benefits paid to or for members						
Compensation of officers, etc.	65,230	79,459	74,215	166,150	166,990	
Other compensation	122,227	172,899	157,237	132,773	139,991	
Professional fees	8,278	32,467	10,681	11,136	10,776	
Occupancy costs	26,608	31,039	30,429	30,608	31,530	
Depreciation and depletion	26,147	33,546	35,616	40,584	37,651	
Other expenses	1,957,810	2,494,478	3,495,226	3,537,368	3,725,240	
<b>Total expenses</b>	<b>2,538,085</b>	<b>2,843,888</b>	<b>3,803,404</b>	<b>3,918,619</b>	<b>4,112,178</b>	
<b>Excess or (Deficit)</b>	<b>-439,656</b>	<b>-108,572</b>	<b>-13,630</b>	<b>194,027</b>	<b>-47,444</b>	
<b>Total exempt revenue</b>	<b>2,098,429</b>	<b>2,735,316</b>	<b>3,789,774</b>	<b>4,112,646</b>	<b>4,064,734</b>	
Total unrelated revenue						
Total excludable revenue	4,199	-2,890	38,295	85	11,284	
<b>Total Assets</b>	<b>436,726</b>	<b>222,136</b>	<b>228,274</b>	<b>384,632</b>	<b>335,319</b>	
<b>Total Liabilities</b>	<b>8,199</b>	<b>26,515</b>	<b>46,283</b>	<b>8,614</b>	<b>6,745</b>	
<b>Net Fund Balances</b>	<b>428,527</b>	<b>195,621</b>	<b>181,991</b>	<b>376,018</b>	<b>328,574</b>	

## Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
MAINTENANCE	\$ 31,051	\$ 27,913	\$ 3,138	\$
DUES AND SUBS	8,200		8,200	
PHONE	5,034		5,034	
MEALS/ENTER	4,159	1,639	2,520	
COMPUTER EXPENSE	2,815		2,815	
MISCELLANEOUS	731		731	
BANK CHRAGES	189		189	
TOTAL	<u>\$ 52,179</u>	<u>\$ 29,552</u>	<u>\$ 22,627</u>	<u>\$ 0</u>

## Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
SBA PPP LOAN FORGIVENESS	\$ 54,900
FOOD	2,679,262
VOLUNTEERS	184,556
SANITATION	14,101
OFFICE VOLUNTEERS	79,889
GOODS	263,967
RENT	31,530
VOLUNTEERS HUMAN TRAFFICKING	46,510
VARIOUS	291,574
PINELLAS COUNTY EX OFFENDER CASH CONTRIBUTION	82,027
UW SUNCOAST OF FLORIDA CASH CONTRIBUTION	114,260
PINEALL COMMUNITY FOUNDATION CASH CONTRIBUTION	87,212
PINEALL COUNTY BD OF COUNTY COMMI CASH CONTRIBUTION	108,662
PUBLIX SUPER MARKET CASH CONTRIBUTION	15,000
TOTAL	<u>\$ 4,053,450</u>

Schedule A, Part II, Line 9(e)

Description	Amount
T-SHIRT SALES	\$ 10,273
OTHER INCOME	1,011
LESS: DEDUCTIONS	<u>-1,000</u>
TOTAL	<u>\$ 10,284</u>

**FLORIDA DREAM CENTER, INC.**

---

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2021 AND 2020**

# FLORIDA DREAM CENTER, INC.

---

## FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

### TABLE OF CONTENTS

	<u>PAGE</u>
INDEPENDENT AUDITORS' REPORT	1-2
FINANCIAL STATEMENTS:	
STATEMENTS OF FINANCIAL POSITION	3
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEAR ENDED DECEMBER 31, 2021	4
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEAR ENDED DECEMBER 31, 2020	5
STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2021	6
STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2020	7
STATEMENTS OF CASH FLOWS	8
NOTES TO THE FINANCIAL STATEMENTS	9-12



3815 W. Humphrey St.  
Suite 101  
Tampa, Florida 33614

(813) 932-2116  
(813) 930-0489 Fax

## INDEPENDENT AUDITORS' REPORT

Board of Directors  
Florida Dream Center, Inc.

### Opinion

We have audited the accompanying financial statements of Florida Dream Center, Inc. (a nonprofit organization), which comprise the statements of financial position as of December 31, 2021 and 2020, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the years 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 Florida Dream Center, Inc. as of December 31, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Florida Dream Center, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. 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 Florida Dream Center, 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 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, including omissions, 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 audits 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 Florida Dream Center, 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 Florida Dream Center, 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 audits, significant audit findings, and certain internal control related matters that we identified during the audits.

*Marsocci, Appleby & Company P.A*

Marsocci, Appleby & Company, P.A.  
Tampa, Florida  
August 10, 2022

**FLORIDA DREAM CENTER, INC.  
STATEMENTS OF FINANCIAL POSITION  
DECEMBER 31, 2021 AND 2020**

<b>ASSETS</b>	<u>2021</u>	<u>2020</u>
<b>CURRENT ASSETS:</b>		
Cash and cash equivalents	\$ 126,417	\$ 169,795
Pledge and program receivables	<u>87,280</u>	<u>105,772</u>
Total current assets	213,697	275,567
<b>PROPERTY AND EQUIPMENT, net</b>	118,545	105,988
<b>SECURITY DEPOSITS</b>	<u>3,077</u>	<u>3,077</u>
<b>TOTAL ASSETS</b>	<u><u>\$ 335,319</u></u>	<u><u>\$ 384,632</u></u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES:</b>		
Accounts payable and accrued expenses	<u>\$ 6,745</u>	<u>\$ 8,614</u>
Total current liabilities	<u>6,745</u>	<u>8,614</u>
<b>NET ASSETS:</b>		
Without donor restrictions	313,574	376,018
With donor restrictions	<u>15,000</u>	<u>-</u>
Total net assets	<u>328,574</u>	<u>376,018</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u><u>\$ 335,319</u></u>	<u><u>\$ 384,632</u></u>

See independent auditors' report and notes to the financial statements.



**FLORIDA DREAM CENTER, INC.**  
**STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS**  
**FOR THE YEAR ENDED DECEMBER 31, 2021**

	Without Donor Restrictions	With Donor Restrictions	Total
<b>REVENUES:</b>			
Direct public support	\$ 412,466	\$ -	\$ 412,466
In-kind contributions	3,299,813	-	3,299,813
Grant income	271,271	15,000	286,271
Grant income - PPP	54,900	-	54,900
Other income	11,284	-	11,284
	4,049,734	15,000	4,064,734
Net assets released from restriction	-	-	-
<b>TOTAL REVENUES</b>	<b>4,049,734</b>	<b>15,000</b>	<b>4,064,734</b>
<b>EXPENSES:</b>			
Program services	3,919,493	-	3,919,493
Supporting services	192,685	-	192,685
	4,112,178	-	4,112,178
<b>CHANGES IN NET ASSETS</b>	<b>(62,444)</b>	<b>15,000</b>	<b>(47,444)</b>
<b>NET ASSETS</b> , beginning of year	<b>376,018</b>	<b>-</b>	<b>376,018</b>
<b>NET ASSETS</b> , end of year	<b>\$ 313,574</b>	<b>\$ 15,000</b>	<b>\$ 328,574</b>

See independent auditors' report and notes to the financial statements.

**FLORIDA DREAM CENTER, INC.**  
**STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS**  
**FOR THE YEAR ENDED DECEMBER 31, 2020**

	Without Donor Restrictions	With Donor Restrictions	Total
<b>REVENUES:</b>			
Direct public support	\$ 503,586	\$ -	\$ 503,586
In-kind contributions	3,185,869	-	3,185,869
Grant income	381,506	-	381,506
Grant income - PPP	41,600	-	41,600
Interest income	85	-	85
	4,112,646	-	4,112,646
Net assets released from restriction	-	-	-
<b>TOTAL REVENUES</b>	<b>4,112,646</b>	<b>-</b>	<b>4,112,646</b>
<b>EXPENSES:</b>			
Program services	3,758,057	-	3,758,057
Supporting services	160,562	-	160,562
	3,918,619	-	3,918,619
<b>CHANGES IN NET ASSETS</b>	<b>194,027</b>	<b>-</b>	<b>194,027</b>
<b>NET ASSETS, beginning of year</b>	<b>181,991</b>	<b>-</b>	<b>181,991</b>
<b>NET ASSETS, end of year</b>	<b>\$ 376,018</b>	<b>\$ -</b>	<b>\$ 376,018</b>

See independent auditors' report and notes to the financial statements.

**FLORIDA DREAM CENTER, INC.**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED DECEMBER 31, 2021**

	Program Services	Supporting Services			Total
		General and Administrative	Fundraising	Total	
In-kind expenses	\$ 3,187,721	\$ 80,562	\$ -	\$ 80,562	\$ 3,268,283
Salaries and payroll taxes	283,518	23,463	-	23,463	306,981
Supplies, housing, and service support	215,776	-	-	-	215,776
Insurance	58,221	24,728	-	24,728	82,949
Auto expense	61,372	1,147	-	1,147	62,519
Depreciation	32,003	5,648	-	5,648	37,651
Utilities	24,530	7,722	-	7,722	32,252
Rent	26,800	4,730	-	4,730	31,530
Maintenance	27,913	3,138	-	3,138	31,051
Legal and professional	-	10,776	-	10,776	10,776
Dues and subscriptions	-	8,200	-	8,200	8,200
Office expenses	-	6,236	-	6,236	6,236
Telephone expense	-	5,034	-	5,034	5,034
Meals and entertainment	1,639	2,520	-	2,520	4,159
Computer expense	-	2,815	-	2,815	2,815
Website	-	2,800	-	2,800	2,800
Interest expense	-	1,555	-	1,555	1,555
Miscellaneous expenses	-	732	-	732	732
Advertising and promotion	-	690	-	690	690
Bank and credit card fees	-	189	-	189	189
<b>Total</b>	<b>\$ 3,919,493</b>	<b>\$ 192,685</b>	<b>\$ -</b>	<b>\$ 192,685</b>	<b>\$ 4,112,178</b>

See independent auditors' report and notes to the financial statements.

**FLORIDA DREAM CENTER, INC.**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED DECEMBER 31, 2020**

	Program Services	Supporting Services			Total
		General and Administrative	Fundraising	Total	
In-kind expenses	\$ 3,076,227	\$ 69,034	\$ -	\$ 69,034	\$ 3,145,261
Salaries and payroll taxes	277,720	21,203	-	21,203	298,923
Supplies, housing, and service support	163,370	-	-	-	163,370
Insurance	63,544	14,801	-	14,801	78,345
Rent	26,017	4,591	-	4,591	30,608
Depreciation	34,496	6,088	-	6,088	40,584
Legal and professional	-	11,136	-	11,136	11,136
Maintenance	50,899	5,458	-	5,458	56,357
Utilities	20,736	7,386	-	7,386	28,122
Office expenses	-	8,312	-	8,312	8,312
Interest expense	-	647	-	647	647
Bad debt	-	1,000	-	1,000	1,000
Telephone expense	-	4,647	-	4,647	4,647
Meals and entertainment	1,790	236	-	236	2,026
Dues and subscriptions	-	3,050	-	3,050	3,050
Advertising and promotion	-	200	-	200	200
Auto expense	43,258	2,766	-	2,766	46,024
Bank and credit card fees	-	7	-	7	7
<b>Total</b>	<b>\$ 3,758,057</b>	<b>\$ 160,562</b>	<b>\$ -</b>	<b>\$ 160,562</b>	<b>\$ 3,918,619</b>

See independent auditors' report and notes to the financial statements.

**FLORIDA DREAM CENTER, INC.  
STATEMENTS OF CASH FLOWS  
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Changes in net assets	\$ (47,444)	\$ 194,027
Adjustments to reconcile changes in net assets to net cash provided by operating activities:		
Depreciation	37,651	40,584
Changes in operating assets and liabilities:		
Pledges receivable	18,492	(104,772)
Accounts payable and accrued expenses	(1,869)	(169)
Deferred revenue	<u>-</u>	<u>(37,500)</u>
Net cash provided by operating activities	<u>6,830</u>	<u>92,170</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchase of property and equipment, net	<u>(50,208)</u>	<u>(56,061)</u>
Net cash used in investing activities	<u>(50,208)</u>	<u>(56,061)</u>
<b>NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS</b>	<b>(43,378)</b>	<b>36,109</b>
<b>CASH AND CASH EQUIVALENTS, beginning of year</b>	<u>169,795</u>	<u>133,686</u>
<b>CASH AND CASH EQUIVALENTS, end of year</b>	<u><u>\$ 126,417</u></u>	<u><u>\$ 169,795</u></u>

See independent auditors' report and notes to the financial statements.

**FLORIDA DREAM CENTER, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020**

**NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:**

**Nature of Operations**

Florida Dream Center, Inc. ("the Organization"), is a nonprofit corporation that is organized to provide services that address immediate and long-term needs in the areas of homelessness, human trafficking, hunger, poverty, addiction and community outreach.

**Basis of Accounting**

The Organization's financial statements have been prepared using the accrual basis of accounting and accordingly, reflect all significant receivables, payables, and other liabilities.

**Basis of Presentation**

The Organization has presented its financial statements in accordance with U.S. generally accepted accounting principles for not-for-profit organizations. Under this guidance, the Organization is required to report information regarding its financial position and activities according to two classes of net assets: net assets – without donor restrictions and net assets – with donor restrictions.

- Net assets – without donor restrictions are those amounts currently available at the discretion of the Board of Directors for use in the Organization's operations. These assets are not subject to donor-imposed restrictions, or the donor-imposed restrictions have expired.
- Net assets – with donor restrictions are restricted amounts which are restricted by donors for specific purposes that may become unrestricted by actions taken by the Organization or the passage of time. There were no net assets – with donor restrictions at December 31, 2020.

**Functional Allocation of Expenses**

The costs of providing various program and related supporting services have been summarized on a functional basis in the statement of activities and changes in net assets. Accordingly, certain costs have been allocated to the appropriate program and supporting services.

**Use of Estimates**

The preparation of financial statements, in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

**Cash and Cash Equivalents**

The Organization considers all highly liquid investments with an original maturity of three months or less to be cash equivalents for the purpose of determining cash flows.

**FLORIDA DREAM CENTER, INC.  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020**

**NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED):**

**Property and Equipment**

Property and equipment is recorded at historical cost and includes expenditures which substantially increase the useful lives of existing property and equipment. The Organization follows the practice of capitalizing all expenditures for property and equipment in excess of \$500, or if donated, at fair market value at the date of acquisition. Maintenance and repairs are charged to operations when incurred. When property and equipment is sold or otherwise disposed of, the related asset account and related accumulated depreciation account are relieved, and any gain or loss is included in other income or expense.

Depreciation expense amounted to \$37,651 and \$40,584 for the years ended December 31, 2021 and 2020, respectively. Depreciation of property and equipment is computed using the straight-line method based on the estimated useful lives of the related assets.

<u>Assets</u>	<u>Years</u>
Vehicles and trailer	5-7
Office furniture	7
Equipment	7

**Donated Materials and Services**

All non-cash contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Donated materials are reflected at their estimated fair market values at date of receipt. Donated services are recorded at values consistent with those amounts which would be paid to salaried personnel for similar service and comply with FASB recognition criteria of enhancing a nonfinancial asset or require specialized skills.

**Income Taxes**

The Organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code and from state corporate income tax under applicable Florida Statutes. The Internal Revenue Code provides for taxation of unrelated business income under certain circumstances. The Organization has no unrelated business income; however, such status is subject to final determination upon examination of the related income tax returns by the appropriate taxing authorities.

The Organization has no uncertain tax positions that it has taken and believes that it can defend its tax return in any jurisdiction. With few exceptions, the Organization is no longer subject to income tax examinations by the U.S. federal, state or local tax authorities for years before 2018.

**Concentration of Credit Risk**

The Organization maintains deposits in a financial institution that at times may exceed amounts covered by insurance provided by the U.S. Federal Deposit Insurance Corporation (FDIC). The Organization believes that there is no significant risk with respect to these deposits. The Organization has not experienced any losses on its deposits with financial institutions.

**Deferred Revenue**

The Organization records grant awards accounted for as exchange transactions as deferred revenue until related services are performed, at which time they are recognized as revenue. There was no deferred revenue at December 31, 2021 and 2020, respectively.

**FLORIDA DREAM CENTER, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020**

**NOTE B - PROPERTY AND EQUIPMENT:**

Property and equipment are summarized as follows:

	2021	2020
Vehicles and trailer	\$ 184,732	\$ 151,828
Office furniture	46,836	31,193
Equipment	79,448	77,787
	311,016	260,808
Less: accumulated depreciation	(192,471)	(154,820)
	\$ 118,545	\$ 105,988

Depreciation expense amounted to \$37,651 and \$40,584 for the years ended December 31, 2021 and 2020, respectively.

**NOTE C - LEASE OBLIGATION:**

The Organization entered into a new lease agreement in St. Petersburg, Florida beginning August 1, 2017. The lease term is sixty months, with one-year renewal options at market rental rates. The lease provides for increasing base monthly rental payments throughout the term of the lease. Rent expense recognized for the year ended December 31, 2021 amounted to \$31,530, all of which was recognized as in-kind rent. Rent expense recognized for the year ended December 31, 2020 amounted to \$30,608.

Future minimum lease payments under the non-cancellable operating lease are as follows for the years ended December 31,:

YEARS	AMOUNTS
2022	\$ 31,530
2023	18,711
	\$ 50,241

**NOTE D - LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS:**

The following reflects the Organization's financial assets as of the balance sheet dates, reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year of the balance sheet dates:

	2021	2020
Financial assets at year-end, net	\$ 206,952	\$ 266,953
Donor-restricted for program services	(15,000)	-
Financial assets available to meet cash needs for general expenditure within one year	\$ 191,952	\$ 266,953

As part of the Organization's liquidity management, it maintains its available cash in a checking and savings accounts with financial institutions.



**FLORIDA DREAM CENTER, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020**

**NOTE E - PPP GRANT INCOME:**

The Organization received a grant through the Small Business Administration's Paycheck Protection Program. The Organization met the program spending requirements and received official notification from the Small Business Administration that the Organization will not be required to repay the amounts advanced under the program. Total grant income recognized under this program amounted to \$54,900 and \$41,600 for the years ended December 31, 2021 and 2020, respectively, and is included in Grant income - PPP on the statement of activities.

**NOTE F - COVID RESPONSE:**

During March 2020, the COVID-19 virus was declared a global pandemic as it continued to spread rapidly. Business and Organization continuity, including supply chains and consumer demand across a broad range of industries and countries, have been impacted as governments and their citizens take significant and unprecedented measures to mitigate the consequences of the pandemic.

Because the Organization's business activities are considered "essential services," operations have not been suspended due to the pandemic. Management has made several significant adaptations to operations to keep the Organization functional while protecting their workforce and clients.

The Organization has encouraged those who are able to work from home to do so. The Organization is utilizing when possible, video conferencing systems in order to ease the transition to a mixed physical and virtual work environment. The Organization has adapted its facilities to allow for physical distancing between employees working on site and has also updated sanitation policies. The Organization has implemented policies to plan for and respond to COVID related staff illnesses.

As a result of new policies and procedures and federal support programs, the Organization has not experienced significant staffing disruptions or unfunded payroll costs that are attributable to the pandemic.

**NOTE G - FASB ASC 606 NEW ACCOUNTING GUIDANCE IMPLEMENTATION:**

The Financial Accounting Standards Board (FASB) issued new guidance that created Topic 606, Revenue from Contracts with Customers, in the Accounting Standards Codification (ASC). Topic 606 supersedes the revenue recognition requirements in FASB ASC 605, Revenue Recognition, and requires the recognition of revenue when promised goods or services are transferred to customers in an amount that reflects the consideration to which an entity expects to be entitled in exchange for those goods or services. We refer to the new Topic 606 as the "new guidance." The Organization adopted the requirements of the new guidance as of January 1, 2019.

**NOTE H - SUBSEQUENT EVENTS:**

Management has assessed subsequent events through August 10, 2022, the date on which the financial statements were available to be issued, for possible recognition or disclosure in the financial statements. There were no material subsequent events that require recognition or additional disclosure.

4