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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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1

Briefly describe the organization’s mission

DERRICK BROOKS CHARITIES PROVIDES EDUCATIONAL OPPORTUNITIES FOR SOCIO-ECONOMICALLY CHALLENGED YOUTH THAT WILL INSTILL, INSPIRE, BROADEN AND DEVELOP CULTURAL AND SOCIAL VISION OUTSIDE OF THE WALLS IN WHICH THEY LIVE, TO ENSURE THAT THESE YOUNG PEOPLE HAVE EVERY CHANCE TO DEVELOP INTO THE STRONG, PRODUCTIVE LEADERS OF TOMORROW

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 exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 308,407 including grants of \$ 2,430) (Revenue \$ 13,044)

DERRICK BROOKS CHARITIES YOUTH PROGRAMS (DBCYP) SERVES OVER 2,800 YOUTHS, PARENTS AND COMMUNITY RESIDENTS THERE ARE TWO PROGRAMS THE YOUTH CRIME PREVENTION AND INTERVENTION PROGRAM, AND THE BLACK ON BLACK CRIME PREVENTION PROGRAM THAT DELIVERED SERVICES TO CLIENTS IN FIVE COMMUNITY-BASED AND EIGHT SCHOOL-BASED SITES, INCLUDING HIGH SCHOOLS AT BROOKS-DEBARTOLO, WHARTON, BLAKE, AND MIDDLETON, MIDDLE SCHOOLS AT EISENHOWER, MARSHALL, MCLANE, AND VAN BUREN, AND EDISON ELEMENTARY SCHOOL DARRELL DANIELS IS PAID BY DERRICK BROOKS CHARITIES TO DIRECTLY CARRY OUT THE PROGRAM'S ACTIVITIES --THE BLACK ON BLACK CRIME PREVENTION PROGRAM WAS DESIGNED TO DRAW ATTENTION TO THE PROBLEM OF CRIME IN THE BLACK COMMUNITY AND THE NEED FOR LAW ENFORCEMENT AND THE COMMUNITY TO WORK TOGETHER YOUTH CLUB MEETINGS, LAW ENFORCEMENT EVENTS, AND CHURCH-COMMUNITY ACTIVITIES ARE HELD WEEKLY TO HELP REDUCE CRIME IN THE TARGETED COMMUNITIES --THE YOUTH CRIME PREVENTION AND INTERVENTION PROGRAM WAS DESIGNED TO ASSIST YOUTH IN AVOIDING THE JUVENILE JUSTICE SYSTEM DROPOUT PREVENTION SESSIONS, PARENTING CLASSES, TUTORING AND EMPLOYABILITY SKILLS TRAINING MEETINGS ARE HELD WEEKLY COMBINED, BOTH OF THESE PROGRAMS SERVED APPROXIMATELY FOUR HUNDRED (400) YOUTH WEEKLY IN PUBLIC SCHOOLS, RECREATION CENTERS AND FIRST-TIME OFFENDERS REFERRED BY THE JUVENILE JUSTICE SYSTEM DBCYP ALSO OFFERS TEEN SUMMITS EVERY 3RD SATURDAY AT THE LEE DAVIS NEIGHBORHOOD SERVICE CENTER AND BEHAVIOR MODIFICATION TRAINING SESSIONS FOR YOUTH AND PARENTS WEEKLY AT THE WEST TAMPA NEIGHBORHOOD SERVICE CENTER AND LEE DAVIS NEIGHBORHOOD SERVICE CENTER TUTORING IS OFFERED WEEKLY FOR MIDDLE SCHOOL STUDENTS AT THE BELMONT HEIGHTS BOYS AND GIRLS CLUB AND THE ZONTA BOYS AND GIRLS CLUB DBCYP ALSO CO-HOSTED THE FLORIDA AND GEORGIA ATTORNEY GENERAL 25TH NATIONAL CONFERENCE ON PREVENTING CRIME IN THE BLACK COMMUNITY DBCYP'S DIRECTOR DARRELL DANIELS PRESIDED AT THE OPENING SESSION THE FOLLOWING IS A SAMPLING OF THE ADDITIONAL ACTIVITIES SPONSORED BY DBCYP - SENATORS ARTHENIA JOYNER AND VICTOR CRIST WELCOMED DBCYP YOUTH, PARENTS, AND VOLUNTEERS AT THE LEGISLATIVE SESSION IN MARCH 2009 WHERE SENATOR ARTHENIA JOYNER READ A PROCLAMATION ACKNOWLEDGING DBCYP FROM HER DISTRICT FROM THE SENATE FLOOR - COLLEGE TOUR TO FSU AND FAMU ONE OF THE ATTENDEES ON THE TRIP ENROLLED AND NOW ATTENDS FAMU - FIELD TRIP TO EATONVILLE, FL - AMERICA'S FIRST BLACK CITY ATTENDED THE ZORA NEAL HURSTON CULTURAL ARTS FESTIVAL - ATTENDED THE NATIONAL URBAN LEAGUE NULITES CONFERENCE IN ORLANDO, FL WHERE YOUTH FROM DBCYP WERE ON THE STEERING COMMITTEE - ATTENDED THE OAG CONFERENCE IN TAMPA, FL WHERE DBCYP PLAYED PROMINENT ROLES - PARTNERED WITH WILBUR DAVIS BOYS AND GIRLS CLUB FOR LITERARY, TUTORING COMPONENT - PARTNERED WITH THE HILLSBOROUGH COUNTY SHERIFF'S OFFICE AT EDISON ELEMENTARY SCHOOL FOR LITERACY, TUTORING COMPONENT IN THE BOOKED PROGRAM - PARTNERED WITH LES PETERS HALFWAY HOUSE FOR EMPLOYABILITY SKILLS TRAINING - PARTNERED WITH MT ZION BAPTIST CHURCH FOR BLACK HISTORY MONTH - CONDUCTED FIRST FEMALE SUMMIT AT MIDDLETON HIGH SCHOOL - THIRTY-FIVE (35) YOUTH AND TEN (10) ADULTS TRAVELED TO ORLANDO, FL TO PARTICIPATE IN THE ZORA NEAL HURSTON FESTIVAL - SPRINT INTO ACTION, CO-SPONSORED BY DBCYP AND THE CITY OF TAMPA, WAS HELD AT THE SULPHUR SPRINGS POOL TO KICK OFF SPRING BREAK ON A POSITIVE NOTE ON- AN ESTIMATED 250 RESIDENTS ATTENDED THE EVENT - DBCYP YOUTH WERE SELECTED FOR THE STEERING COMMITTEE OF THE NATIONAL URBAN LEAGUE YOUTH CONFERENCE IN ORLANDO - THE STAFF AND YOUTH ATTENDED THE NATIONAL URBAN LEAGUES CENTENNIAL CELEBRATION IN WASHINGTON, D C

4b

(Code) (Expenses \$ 125,550 including grants of \$ 125,550) (Revenue \$ 0)

BROOKS-DEBARTOLO COLLEGIATE HIGH SCHOOL - DERRICK BROOKS CHARITIES, INC MAKES SUPPORT PAYMENTS TO BROOKS-DEBARTOLO CHARITIES, INC (DBA BROOKS-DEBARTOLO COLLEGIATE HIGH SCHOOL) THE BROOKS-DEBARTOLO COLLEGIATE HIGH SCHOOL (BDCHS) WAS FOUNDED ON THE BELIEF THAT, GIVEN THE NECESSARY RESOURCES AND OPPORTUNITIES, EVERY CHILD HAS THE POTENTIAL TO REALIZE HIS/HER DREAMS BY PROVIDING YOUNGSTERS A HIGH QUALITY, CHALLENGING EDUCATION WITH RIGOROUS AND RELEVANT CURRICULA, STUDENTS WILL BE EQUIPPED TO MAKE VALUABLE AND PRODUCTIVE CONTRIBUTIONS TO OUR COMMUNITY THE UNDERLYING PURPOSE OF THE BROOKS-DEBARTOLO COLLEGIATE HIGH SCHOOL IS TO PREPARE ALL STUDENTS FOR SUCCESSFUL POST-SECONDARY EDUCATION OPPORTUNITIES BDCHS WILL SERVE A TARGET POPULATION OF 500 STUDENTS IN GRADES 9-12 (TO BE PHASED IN DURING THE SCHOOL'S INITIAL YEARS) THE CORE CURRICULUM IS TAUGHT THROUGH COLLEGE READINESS PROGRAMS, INCLUDING ADVANCED PLACEMENT AND DUAL ENROLLMENT COURSES, ENHANCED BY AVID INSTRUCTIONAL DELIVERY, ENFORCED THROUGH THE USE OF MODIFIED BLOCK SCHEDULING, AND GLOBAL DISTANCE LEARNING OPPORTUNITIES

4c

(Code) (Expenses \$ 99,981 including grants of \$ 99,981) (Revenue \$ 0)

SCHOLARSHIP GRANTS - VARIOUS INDIVIDUAL RECIPIENTS WERE SELECTED TO DIRECTLY RECEIVE SCHOLARSHIPS FROM DERRICK BROOKS CHARITIES RECIPIENTS MUST HAVE PARTICIPATED IN THE BROOKS BUNCH OR FIRST & GOAL PROGRAM, MAINTAINED A 2.5 GPA OR HIGHER, BE ENROLLED IN AT LEAST 12 CREDIT HOURS PER SEMESTER, AND MAINTAIN 20 HOURS OF COMMUNITY SERVICE PER CALENDAR YEAR AN ESSAY IS ALSO REQUIRED EACH SEMESTER DISCUSSING HOW THE SEMESTER WENT SEE SCHEDULE I FOR MORE INFORMATION

4d

Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 137,161 including grants of \$ 17,530) (Revenue \$)

4e

Total program service expenses \$ 671,099

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	23		No
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–24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	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	36		No
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	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance				
Check if Schedule O contains a response to any question in this Part V ☐				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	2	Yes
b			2b	
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).				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?				
8				
9 Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a		No
14b				

Part VI

Governance, Management, and Disclosure

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

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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
15a	The organization's CEO, Executive Director, or top management official	15a	Yes	
15b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed FL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. BONITA PULIDO 10014 N DALE MABRY HWY 101 TAMPA, FL 33618 (813) 877-8681

Check if Schedule O contains a response to any question in this Part VII ☐ ☒

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

Form **990** (2010)

Part VII

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

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		
(A) Name and business address	(B) Description of services	(C) Compensation
DARRELL B DANIELS 10014 NORTH DALE MABRY HWY STE 101 TAMPA, FL 33618	COMMUNITY RELATIONS COACHING	272,064
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶1		

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c		116,270			
	d Related organizations 1d					
	e Government grants (contributions) 1e		390,651			
	f All other contributions, gifts, grants, and similar amounts not included above 1f		185,303			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f ▶		692,224			
	Program Service Revenue			Business Code		
2a DBC YOUTH PROGRAMS		624100	13,044	13,044		
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f ▶		13,044				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▶			1,850		1,850
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties ▶					
			(i) Real	(ii) Personal		
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ 116,270 of contributions reported on line 1c) See Part IV, line 18 a		74,745			
	b Less direct expenses b		59,468			
	c Net income or (loss) from fundraising events . . ▶			15,277		15,277
	9a Gross income from gaming activities See Part IV, line 19 . . a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See Instructions ▶			722,395	13,044	0	17,127

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	145,510	145,510		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	99,981	99,981		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	53,825	24,221	2,691	26,913
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	20,669	9,301	1,033	10,335
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
a	Fees for services (non-employees) Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	318,983	318,818	15	150
12	Advertising and promotion				
13	Office expenses	27,579	13,160	1,311	13,108
14	Information technology	4,820	4,250	52	518
15	Royalties				
16	Occupancy	26,097	16,251	895	8,951
17	Travel	4,037	2,299	158	1,580
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,515	6,515		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	8,818	3,968	441	4,409
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	ADMINISTRATIVE FEES	13,555	13,555	0	0
b	NORTHWEST FLORIDA	8,685	3,908	434	4,343
c	BANK SERVICE CHARGES	2,621	1,179	131	1,311
d	ACTIVITY FEES	1,840	1,840	0	0
e	EQUIPMENT RENTAL	1,118	503	56	559
f	All other expenses	10,829	5,840	454	4,535
25	Total functional expenses. Add lines 1 through 24f	755,482	671,099	7,671	76,712
26	Joint costs. Check here ☒ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			269,189	1	236,798
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			269,189	16	236,798	
Liabilities	17	Accounts payable and accrued expenses			2,938	17	3,634
	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	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				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. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			2,938	26	3,634
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☐ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets				27	
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☒ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds			266,251	32	233,164
	33	Total net assets or fund balances			266,251	33	233,164
34	Total liabilities and net assets/fund balances			269,189	34	236,798	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	722,395
2	Total expenses (must equal Part IX, column (A), line 25)	2	755,482
3	Revenue less expenses Subtract line 2 from line 1	3	-33,087
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	266,251
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	233,164

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?		No
c	If "Yes," to 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 in Schedule O		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
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?		No
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 in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DERRICK BROOKS CHARITIES INC

Employer identification number
45-0496688

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 11, 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)

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 organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	711,335	991,105	647,866	592,012	692,224	3,634,542
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	711,335	991,105	647,866	592,012	692,224	3,634,542
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)						585,865
6 Public Support. Subtract line 5 from line 4						3,048,677

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	711,335	991,105	647,866	592,012	692,224	3,634,542
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	56	789	6,150	3,648	1,850	12,493
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	161,122	18,507	16,594	11,035	28,321	235,579
11 Total support (Add lines 7 through 10)						3,882,614
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	78 520 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	68 410 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 45-0496688
Name: DERRICK BROOKS CHARITIES INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code)	(Expenses \$ 68,863	including grants of \$ 0)	(Revenue \$ 0)	
BROOKS BUNCH EDUCATIONAL FIELD TRIPS - PLANNING AND COORDINATION FOR THE NEXT FIELD TRIP WHICH WILL INVOLVE ROUGHLY 40 YOUTH PARTICIPANTS AND CHAPERONS THE FOCUS OF THE TRIP WILL BE TO EXPOSE THE YOUTH TO THE HISTORICAL AND EDUCATIONAL ASPECTS OF A CULTURALLY RICH LOCATION IN AFRICA, INCLUDING A WIDE VARIETY OF SUBJECTS AND PEOPLE FROM DIFFERENT CULTURES AND BACKGROUNDS THE 2005 DESTINATION WAS SOUTH AFRICA - JOHANNESBURG, CAPETOWN, SWAZILAND YOUTHS RECEIVED PASSPORTS, CLOTHING FOR 12 DAYS, BACKPACKS, MEALS, AND LODGING THE 2000 DESTINATION WAS SOUTH AFRICA - SOWETO, ROB BEN ISLAND, LESEDI TRIBAL VILLAGE, AND THE UNITED STATES EMBASSY				
(Code)	(Expenses \$ 765	including grants of \$ 0)	(Revenue \$ 0)	
CHRISTMAS PARTY FBO INDIGENT CHLDRN OF BOYS & GIRLS CLUB OF YBOR CITY & BELMONT HEIGHT				
(Code)	(Expenses \$ 1,144	including grants of \$ 0)	(Revenue \$ 0)	
DERRICK BROOKS CHARITIES "YOUTH AUXILIARY RITES OF PASSAGE PROGRAM" (ROPP) - THE VISION STATEMENT FOR THE ROPP IS TO EMPOWER AND ENCOURAGE YOUNG GIRLS WITH MORALS AND VALUES THAT WILL LAST A LIFETIME, WHILE BUILDING CHARACTER THAT WILL ENABLE THEM TO TRANSITION INTO SUCCESSFUL WOMEN THE ROPP IS DESIGNED FOR GIRLS AGES 7-18 THE PROGRAM FOCUS IS TO TEACH YOUNG GIRLS (THROUGH EIGHT MONTHLY FOUR-HOUR EDUCATIONAL WORKSHOPS) CONCEPTS THAT EMPHASIZE SELF-DISCIPLINE, SELF-AWARENESS, CHARACTER-BUILDING, ANCESTRAL HISTORY, COMMUNITY SERVICE, CULTURAL DIVERSITY, GOAL-SETTING, ETIQUETTE, PERSONAL HYGIENE, AND HIGH EDUCATION THE ROPP BEGINS IN OCTOBER AND ENDS IN MAY PROGRAM OUTLINE - THE ROPP BEGINS ITS EIGHT MONTH SESSIONS STARTING IN OCTOBER AND ENDING IN MAY ALL PARTICIPANTS HAVE CERTAIN REQUIREMENTS AND GUIDELINES THAT MUST BE FOLLOWED --GUIDELINES - ARRIVE FOR SESSIONS ON TIME - BE PREPARED WITH ALL GIVEN MATERIALS - PROVIDE A MONTHLY SCHOOL PROGRESS REPORT - WORK TOWARD A GPA OF 2 5 OR BETTER - NO PROFANITY - SHOW RESPECT AND CONSIDERATION FOR PEERS AND ADULTS - LISTEN ATTENTIVELY AND FOLLOW INSTRUCTIONS - MAINTAIN CONTROL OF VOICE AND ACTIONS AT ALL TIMES - EXHIBIT A POSITIVE ATTITUDE TOWARD LEARNING AND OTHERS - NO PERSONAL BELONGINGS (I E , IPODS, CELL PHONES, BEAUTY ITEMS, GUM, OR CANDY) - CONTACT THE PROGRAM COORDINATOR WHEN UNABLE TO ATTEND MONTHLY SESSIONS --REQUIREMENTS - DEVELOP A PORTFOLIO DURING THE PASSAGE PERIOD - DEVELOP AN APPRECIATION FOR READING AND ACQUIRING KNOWLEDGE - EXPLORE EDUCATIONAL OPPORTUNITIES, INCLUDING HIGHER EDUCATION - DEVELOP AN AWARENESS OF UNDERSTANDING AND SELF - DEVELOP LEADERSHIP SKILLS - PARTICIPATE IN A COMMUNITY SERVICE PROJECT - VOLUNTEER SERVICES TO THE NEIGHBORHOOD AND COMMUNITY - MEMORIZE ROPP PLEDGE AND OATH SUPPORT FOR THE ROPP IS OBTAINED IN PARTICIPATION WITH 'AUXILLIARY MEMBERS' FROM TICKET SALES FOR THE "EBONY FASHION FAIR FASHION SHOW," THAT IS HOSTED BY DERRICK BROOKS CHARITIES THE AUXILIARY MEMBERS SPEND THEIR TIME VOLUNTEERING IN THE ROPP AND WITH THE MISS TAMPA BAY YOUTH PAGEANT MENTORS AND VOLUNTEERS ALSO SUPPORT THE ROPP ALL MENTORS AND VOLUNTEERS MUST GO THROUGH A MENTOR TRAINING SESSION BEFORE THEY CAN BECOME A MENTOR OR VOLUNTEER IN THE ROPP SUPPORT FOR THE ROPP ALSO IS OBTAINED FROM THE "MISS TAMPA BAY YOUTH PAGEANT" IN ORDER TO BECOME A CONTESTANT, THE YOUNG LADIES HAVE TO PARTICIPATE IN THE ROPP AND MEET SPECIFIC REQUIREMENTS THE MISSION OF THE MISS TAMPA BAY YOUTH PAGEANT IS TO EMPOWER YOUNG FEMALES BY PROVIDING EDUCATIONAL OPPORTUNITIES THAT WILL NOT ONLY ENRICH THEIR MINDS BUT THEIR SPIRITS AS WELL, PROVIDING THEM THE OPPORTUNITY TO IMPROVE CHARACTER BY BUILDING SELF-ESTEEM, LEARNING DISCIPLINE BY FOLLOWING RULES AND GUIDELINES, WORKING TOGETHER AS A TEAM, DISPLAYING INDIVIDUAL TALENTS, AND WINNING PRIZES AND AWARDS THE PAGEANT CONSISTS OF THREE DIVISIONS - LITTLE MISS, JUNIOR MISS, AND MISS TAMPA BAY YOUTH				
(Code)	(Expenses \$ 0	including grants of \$ 0)	(Revenue \$ 0)	
NW FL REGION - THE PURPOSE OF THIS PROGRAM IS TO SUPPORT AND PROMOTE YOUTH AND HIGH SCHOOL STUDENT ATHLETES THROUGHOUT THE NORTHWEST FLORIDA REGION AND SOUTHERN ALABAMA, SO THAT THEY MAY PURSUE ACADEMIC ENDEAVORS ALONG WITH AN EMPHASIS IN SPORTS THE FOCUS IS ON EDUCATION, CHARACTER BUILDING AND PROPER PHYSICAL DEVELOPMENT PROGRAM ACTIVITIES INCLUDE WEEKLY LIVE TV AND RADIO TALK SHOWS, HIGH SCHOOL STUDENT/ATHLETE RECRUITING SEMINARS, HIGH SCHOOL FOOTBALL COACHING CLINICS, FOOTBALL INSTRUCTIONAL CAMPS, AND YOUTH FOOTBALL LEAGUE ORGANIZATION AND COORDINATION THERE ALSO ARE HIGH SCHOOL PLAYER COMBINES DESIGNED TO HELP STUDENTS OBTAIN COLLEGE SCHOLARSHIPS, AND OVERSIZED YOUTH FOOTBALL CAMPS DESIGNED TO HELP INDIVIDUALS WHO WERE OVER YOUTH LEAGUE WEIGHT LIMITS ENTER HIGH SCHOOL FOOTBALL PROGRAMS INCLUDES \$31,300 PAID TO WILSON SPORTS CONSULTING TO DIRECTLY CARRY OUT THIS ACTIVITY				
(Code)	(Expenses \$ 48,859	including grants of \$ 0)	(Revenue \$ 0)	
FIRST & GOAL PROGRAM - DESIGNED FOR STUDENTS IN GRADES 8-12 AS A COLLEGE/WORKPLACE PREPAREDNESS PROGRAM THAT TARGETS FIRST GENERATION COLLEGE ATTENDEES FROM LOW INCOME AREAS SPECIFIC SERVICES INCLUDE SAT/ACT PREP, JOB SHADOWING, TRAVEL TO COLLEGES FOR VISITATION, ASSISTANCE WITH SCHOLARSHIP APPLICATIONS AND FAFSA COMPLETION, AND COMMUNITY SERVICE THE FIRST & GOAL PROGRAM HAS OFFERED APPROXIMATELY 200 STUDENTS AN ARRAY OF WORKSHOPS, CLASSES AND COLLEGE TOURS TO ASSIST THEM IN PREPARING FOR COLLEGE SINCE ITS INCEPTION IN 2006 IN ADDITION, THEY ALSO OFFER COLLEGE PLANNING WORKSHOPS TO HELP PARENTS PREPARE TO SEND THEIR CHILD TO COLLEGE THE PROGRAM CONTINUES TO ENHANCE STUDENTS' ACADEMIC SKILLS BY OFFERING INDIVIDUALIZED AND GROUP TUTORING, FCAT PREP, AND SAT PREP IN ADDITION, STUDENTS ATTEND A VARIETY OF CHARACTER DEVELOPMENT WORKSHOPS WHICH INCLUDE FINANCIAL EMPOWERMENT, ETIQUETTE, CHARACTER BUILDING, GOAL SETTING, RESPONSIBILITY AND DECISION MAKING ACHIEVEMENTS ALL TWELVE (100%) OF OUR 2009 SENIOR CLASS ARE HEADED TO COLLEGE THIS FALL TO DATE, THE PROGRAM HAS HELPED 53 SENIORS OUT OF 56 (94%) TO GO TO COLLEGE PROGRAM EXPENDITURES INCLUDE \$55,497 PAID TO IMPACTS CONSULTING TO DIRECTLY CARRY OUT THIS ACTIVITY				
(Code)	(Expenses \$ 17,530	including grants of \$ 17,530)	(Revenue \$ 0)	
MISCELLANEOUS				

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
DERRICK BROOKS CHARITIES INC

Employer identification number
45-0496688

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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 may 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" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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)

Revenues included in 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 SFAS 116 relating to these items

a

Revenues included in 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 accession and other records, check any of the following that are a 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 programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	Investment earnings or 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 year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings			
c	Leasehold improvements			
d	Equipment			
e	Other			
Total.	Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶			0

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	722,395
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	755,482
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-33,087
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-33,087

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization DERRICK BROOKS CHARITIES INC	Employer identification number 45-0496688
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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

a ☐ Mail solicitations

b ☐ Internet and e-mail solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			<u>BROOKS GOLF CLASSIC</u>	<u></u>	<u></u>	(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	191,015			191,015
	2	Less Charitable contributions	116,270			116,270
Direct Expenses	3	Gross income (line 1 minus line 2)	74,745			74,745
	4	Cash prizes				
	5	Non-cash prizes	4,185			4,185
	6	Rent/facility costs	16,577			16,577
	7	Food and beverages	220			220
	8	Entertainment				
	9	Other direct expenses	38,486			38,486
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				59,468
	11	Net income summary Combine lines 3 and 10 in column (d). ▶				15,277

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

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
Direct Expenses	1	Gross revenue				
	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9

Enter the state(s) in which the organization operates gaming activities

a

Is the organization licensed to operate gaming activities in each of these states?

☐ Yes

☐ No

b

If "No," Explain

10a

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes

☐ No

b

If "Yes," Explain

11

Does the organization operate gaming activities with nonmembers?

☐ Yes

☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes

☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes

☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes

☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
DERRICK BROOKS CHARITIES INC

Employer identification number
45-0496688

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BROOKS-DEBARTOLO CHARITIES INC15436 N FLORIDA AVE - SUITE 200 TAMPA, FL 33613	20-5767786	501(C)(3)	125,000				FINANCIAL SUPPORT
(2) TAMPA BAY YOUTH FOOTBALL LEAGUE INC 3901 GEORGE ROAD TAMPA, FL 33622	23-7117945	501(C)(3)	0	12,556	COST	FOOTBALL LEAGUE EQUIPMENT	EQUIPMENT BELONGING TO THE TOWN AND COUNTRY LITTLE LEAGUE FOOTBALL TEAM (A PART OF THE TAMPA BAY YOUTH FOOTBALL LEAGUE, INC) WAS STOLEN THIS EQUIPMENT WAS PURCHASED TO REPLACE THE LEAGUE'S STOLEN EQUIPMENT

2

Enter total number of section 501(c)(3) and government organizations

▶ 3

3

Enter total number of other organizations

▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIP GRANTS FOR STUDENTS ATTENDING SCHOOL PRIMARILY IN FLORIDA, INCLUDING PROVISION FOR BOOKS & EDUCATIONAL MATERIALS, AND OCCASIONALLY HOUSING ALLOWANCES	62	99,981			

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
OTHER INFORMATION	PART IV	ALL SCHOLARSHIP GRANT RECIPIENTS (AWARDED DIRECTLY TO INDIVIDUALS OR TO ORGANIZATIONS THAT IN TURN MAKE SCHOLARSHIP GRANTS) MUST HAVE PARTICIPATED IN THE BROOKS BUNCH OR FIRST & GOAL PROGRAM, HAVE MAINTAINED A GPA OF 2.5 OR HIGHER, HAVE BEEN ENROLLED IN AT LEAST 12 CREDIT HOURS PER SEMESTER, AND HAVE PERFORMED 20 HOURS OF COMMUNITY SERVICE PER CALENDAR YEAR. AN ESSAY IS ALSO REQUIRED EACH SEMESTER, DISCUSSING HOW THE SEMESTER WENT. FOR GRANTS DIRECTLY BENEFITTING INDIVIDUALS, DERRICK BROOKS CHARITIES REMITS TUITION FEES, EDUCATIONAL SUPPLY EXPENSES, AND HOUSING EXPENSES DIRECTLY TO THE SCHOOL OR VENDOR TO ENSURE THAT SUCH GRANTS ARE USED FOR PROPER PURPOSES.

SCHEDULE O

(Form 990 or 990-EZ)

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization DERRICK BROOKS CHARITIES INC	Employer identification number 45-0496688
--	--

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		DERRICK BROOKS AND CAROL BROOKS ARE HUSBAND AND WIFE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A DRAFT VERSION OF FORM 990 (IDENTICAL TO THE VERSION THAT IS FILED WITH THE INTERNAL REVENUE SERVICE) IS PROVIDED TO THE GOVERNING BODY RESPONSIBLE FOR PERFORMING A REVIEW PROCESS PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	DERRICK BROOKS CHARITIES, INC REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES ITS CONFLICT OF INTEREST POLICIES THROUGH THE FOLLOWING PROCEDURES IT SHALL BE THE CONTINUING RESPONSIBILITY OF THE BOARD, OFFICERS, AND MANAGEMENT EMPLOYEES TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH DISCLOSURES DISCLOSURE SHOULD BE MADE ACCORDING TO DERRICK BROOKS CHARITIES, INC STANDARDS TRANSACTIONS WITH RELATED PARTIES MAY BE UNDER TAKEN ONLY IF ALL OF THE FOLLOWING ARE OBSERVED 1 A MATERIAL TRANSACTION IS FULLY DISCLOSED IN THE AUDITED FINANCIAL STATEMENTS OF THE ORGANIZATION, 2 THE RELATED PARTY IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION, 3 A COMPETITIVE BID OR COMPARABLE VALUATION EXISTS, AND 4 THE ORGANIZATION'S BOARD HAS ACTED UPON AND DEMONSTRATED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION DISCLOSURE IN THE ORGANIZATION SHOULD BE MADE TO THE CHIEF EXECUTIVE (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD CHAIR), WHO SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IS MATERIAL, AND IF THE MATTERS ARE MATERIAL, BRING THEM TO THE ATTENTION OF THE BOARD CHAIR DISCLOSURE INVOLVING DIRECTORS SHOULD BE MADE TO THE BOARD CHAIR, WHO SHALL BRING THESE MATTERS, IF MATERIAL TO THE BOARD THE BOARD SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IS MATERIAL, AND IN THE PRESENCE OF AN EXISTING MATERIAL CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO DERRICK BROOKS CHARITIES, INC THE DECISION OF THE BOARD ON THESE MATTERS WILL REST IN THEIR SOLE DISCRETION AND THEIR CONCERN MUST BE THE WELFARE OF DERRICK BROOKS CHARITIES, INC AND THE ADVANCEMENT OF ITS PURPOSE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED INDEPENDENTLY BY A REVIEW AND APPROVAL PROCESS AND INCLUDES DOCUMENTATION OF SUCH ANY CHANGE IN COMPENSATION FOR THE EXECUTIVE DIRECTOR IS SUBJECT TO THIS PROCESS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	DERRICK BROOKS CHARITIES MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST PLEASE CALL BONITA PULIDO AT 813-877-8681 OR EMAIL AT BROOKSCHARITIES@AOL COM

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DERRICK BROOKS CHARITIES INC

Employer identification number
45-0496688

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) BROOKS-DEBARTOLO CHARITIES INC 15436 N FLORIDA AVE - SUITE 200 TAMPA, FL 33613 20-5767786	COLLEGE PREPARATORY HIGH SCHOOL (PUBLIC CHARTER)	FL	501(C)(3)	LINE 7			No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) BROOKS-DEBARTOLO CHARITIES INC	B	125,000	
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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