Department of the Treasury

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number В Address change BROOKE'S PLACE FOR GRIEVING YOUNG Name change 35-2045122 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 317-705-9650 8935 N. MERIDIAN STREET, SUITE 200 1,282,204. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended INDIANAPOLIS, IN 46260 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: TANYA SHELBURNE Yes X No for subordinates? SAME AS C ABOVE Yes H(b) Are all subordinates included? No Tax-exempt status: X 501(c)(3) 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.BROOKESPLACE.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 1999 M State of legal domicile: IN Trust Part I Summary Briefly describe the organization's mission or most significant activities: BROOKE'S PLACE PROVIDES SUPPORT 1 Activities & Governance GROUPS, THERAPY SERVICES AND COMMUNITY EDUCATION TO EMPOWER 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 3 Number of voting members of the governing body (Part VI, line 1a) 3 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 12 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 200 Total number of volunteers (estimate if necessary) 6 6 Ο. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 1,107,241. 1,127,507. Contributions and grants (Part VIII, line 1h) 8 Revenue 116,957. 98,988. 9 Program service revenue (Part VIII, line 2g) 27,524. 25,981. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -20,171. -8,274. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,231,551 244,202. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Ο. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 634,837. 742,580. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 163.131. b Total fundraising expenses (Part IX, column (D), line 25) 331,315. 414,243. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,156,823. 966,152. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 265,399. 87,379. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year o 1,958,152. 2,258,845. 20 Total assets (Part X, line 16) 30,410. 394,908. 21 Total liabilities (Part X, line 26) El det 927,742. 863,937 1 Net assets or fund balances. Subtract line 21 from line 20 ... 22 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	Signature of officer		Date
-	THERESA BRUN, EXECUTIVE D	IRECTOR	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	CORY SCHUNEMANN	CORY SCHUNEMANN	10/16/23 self-employed P01866583
Preparer	Firm's name BLUE & CO., LLC		Firm's EIN 35-1178661
Use Only	Firm's address 12800 N. MERIDIAN	ST, STE 400	
	CARMEL, IN 46032		Phone no. 317-848-8920
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form		5-2045122	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: BECAUSE 1 IN 7 CHILDREN WILL LOSE A PARENT, SIBLING OR CLO	SE LOVED O	NE
	BY THE TIME THEY ARE 20, BROOKE'S PLACE WORKS TO CREATE A		
		PORTED AND	
	UNDERSTOOD DURING THEIR PERSONAL GRIEF JOURNEY. AT BROOKE'	S PLACE,	
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	XNo
	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? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	asured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t revenue, if any, for each program service reported.	he total expenses, ar	nd
4a	(Code:) (Expenses \$353, 585. including grants of \$) (Revenue \$	28,	280.)
	BROOKE'S PLACE IS THE ONLY ONGOING GRIEF SUPPORT PROGRAM I		
	INDIANA FOR FAMILIES WITH CHILDREN BETWEEN THE AGES OF 3 A		
	ADULT WHO HAVE EXPERIENCED THE DEATH OF SOMEONE SIGNIFICAN		
	2022, BROOKE'S PLACE SERVED A TOTAL OF 832 INDIVIDUALS DUR		
	COMPLETED GROUP SESSIONS IN OUR ONGOING SUPPORT GROUP PROG	RAM	
4b	(Code:) (Expenses \$176,793. including grants of \$) (Revenue \$	13,	274.)
	BP-8 OUTREACH PROGRAM: AN 8-WEEK OUTREACH GRIEF SUPPORT GR	OUP PROGRAM	M
	THAT ALLOWS BROOKE'S PLACE TO PARTNER WITH COMMUNITY ORGAN		
	CHURCHES, SCHOOLS, AND AFTER-SCHOOL CENTERS TO REACH UNDER		
	NEEDING GRIEF SERVICES. IN 2022, BROOKE'S PLACE SAW AN 87		
	THE NUMBER OF CHILDREN AND TEENS SERVED IN THE BP8 PROGRAM	FOR A TOTA	AL
	OF 186 STUDENTS.		
_			
4c	(Code:) (Expenses \$265,189. including grants of \$) (Revenue \$	57,	434.)
	THERAPY SERVICES: BROOKE'S PLACE PROVIDES INDIVIDUAL THER		
	TO CHILDREN AGES 3 AND OVER THROUGH YOUNG ADULT, USING LIC		
	HEALTH COUNSELORS. THE THERAPY FOR CHILDREN IS BASED ON P		Υ,
	AND EMPOWERS PARTICIPANTS TO FEEL SUPPORTED AND UNDERSTOOD		
	ADDITION, THERE WERE 237 INDIVIDUALS WHO RECEIVED 1,574 CO	MPLETED	
	COUNSELING SESSIONS AND PROFESSIONAL GRIEF SUPPORT.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 88,396. including grants of \$) (Revenue \$	1,859.)	
4e	Total program service expenses 883,963.		
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			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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
~	Schedule D, Part III	8		<u> </u>
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?			v
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u></u>
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 11	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
•-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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			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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No." go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
	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	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20				
	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	20a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		- 23
C		28c		x
20	"Yes," complete Schedule L, Part IV	200		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
04	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
<u> </u>	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O ttv Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
ı al	Charle if Cabadula O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 25			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
C	big the organization comply with backup withholding rules for reportable payments to vehicles and reportable gaming			

1c X

Form	990 (2022) BROOKE'S PLACE FOR GRIEVING YOUNG 35-2045	122	Р	age 5	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 12				
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	37	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x	
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>			
D	If "Yes," enter the name of the foreign country				
52		5a		x	
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	6a		x	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	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		Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X	
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year? N/A	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b			
10	Section 501(c)(7) organizations. Enter:				
a h	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b] Section 501(c)(12) organizations. Enter:				
'' a	Gross income from members or shareholders N/A				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1			
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
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				
с	Enter the amount of reserves on hand13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X	
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?N/A	17			
	If "Yes," complete Form 6069.				

Form 990 (2022)

BROOKE'S PLACE FOR GRIEVING YOUNG

X

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.

	,	,	,		<i>,</i> ,	,	0	
	Check if So	chedule O co	ontains a resp	oonse or note to a	nv line in	this Part V	T	
-			and Man				·	
CTION /	4 Govern	nina koav	and Man	adement				

Sec	tion 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	1a	13					
	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	Enter the number of voting members included on line 1a, above, who are independent	1b	13					
2								
	officer, director, trustee, or key employee?		-	2		Х		
3								
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form S	90 wa	s filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х		
6	Did the organization have members or stockholders?			6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap							
	more members of the governing body?			7a		х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s							
	persons other than the governing body?			7b		х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
а	The governing body?	-	-	8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)					
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a	Х			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cont	flicts?	12b	Х			
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe					
	on Schedule O how this was done	· · · · · · · · · · · · · · · · · · ·		12c	Х			
13	Did the organization have a written whistleblower policy?			13	Х			
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approva	al by ind	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a	Х			
b	Other officers or key employees of the organization			15b		X		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a					
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its p	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	'S					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed IN							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (section 501(c)(3)	s only)	availat	ole		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain	n on Sc	hedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict c	of interest policy, and	d finan	cial			
	statements available to the public during the tax year.							

20	State the nar	ne, address,	, and telephone	number of the person	who po	ossesses the organizati	on's books and records
	FOSTER	RESULT	rs - 317	-399-8920		-	
	116 N.	UNION	STREET,	WESTFIELD,	IN	46074	

F

Part VII	Co	npensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Em	ployees, 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 the 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, box 6 of 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)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	oox, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week				recio	i/irus	lee)	from	from related	other
	(list any hours for	ndividual trustee or director						the	organizations	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1000 NEO	and related
	below	idual 1	nstitutional trustee	5	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) THERESA BRUN	40.00									
EXECUTIVE DIRECTOR				х				119,400.	Ο.	3,582.
(2) TANYA SHELBURNE	10.00									
CHAIR		Х		Х				0.	Ο.	Ο.
(3) JOSH HAGUE	10.00									
VICE CHAIR		Х		Х				0.	Ο.	Ο.
(4) KINDRA ORR	10.00									
SECRETARY		Х		Х				0.	Ο.	Ο.
(5) SETH KIMMERLING	10.00									
TREASURER		х		х				0.	Ο.	Ο.
(6) DAN ANTLE	5.00									
BOARD MEMBER		Х						0.	Ο.	Ο.
(7) ROSIE PITONES DUNASKY	5.00									
BOARD MEMBER		Х						0.	0.	0.
(8) CHARLENE FLETCHER	5.00									
BOARD MEMBER		Х						0.	0.	0.
(9) APRIL MEADE	5.00									
BOARD MEMBER		Х						0.	0.	0.
(10) CHRIS PETRELLI	5.00									
BOARD MEMBER		Х						0.	0.	0.
(11) LISA PRYOR	5.00									
BOARD MEMBER		Х						0.	0.	0.
(12) CODY RIVERS	5.00									
BOARD MEMBER		Х						0.	0.	0.
(13) BART SHROYER	5.00									
BOARD MEMBER		Х						0.	0.	0.
(14) LILY SMITH	5.00									
BOARD MEMBER		Х						0.	0.	0.

	90 (202	2) BROOKE'	S PLACE F	'OR	G	RI	ΕV	ΊN	G	YOUNG	35-20)451	.22	Page 8
Part	VII _{Se}	ction A. Officers, Directors, T	rustees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
		(A)	(B)			(0				(D)	(E)		(F)
		Name and title	Average				ition	ı		Reportable	Reportable		Estima	
		Name and the	-	hours per (do not check more than one box, unless person is both an						compensation	compensatio	n	amou	
		week		cer an					from	from related		oth		
			(list any	tor						the	organizations		compen	
			hours for	direct				_		organization	(W-2/1099-MIS		from	
			related	e or (tee			sated		(W-2/1099-MISC/	1099-NEC)		organiz	
			organizations	ruste	l trus		ee	npen		1099-NEC)	1000 NEO		and re	
			below	ual t	tiona		ploy	vee vee	_	10001120)			organiza	
			line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizi	
			,	IL	-	0	Ŕ	Ξē	Œ					
												-+		
								<u> </u>				-+		
													,	
										110 400				<u></u>
1b S	Subtota	l								119,400.		0.	<u> </u>	582.
сΤ	otal fro	m continuation sheets to Part	t VII, Section A							0.		0.		0.
d T	Total (ad	dd lines 1b and 1c)								119,400.		0.	3,	582.
		mber of individuals (including bu								eceived more than \$100,	000 of reportable	;		
c	compens	sation from the organization												1
		<u>u</u>											Ye	s No
3 [)id the c	organization list any former offic	cor director trust	ا مد		mnl	0.000	o or	hia	hest companyated emp	lovee on			
		o ,				•	,		0		,		2	x
		If "Yes," complete Schedule J fo										···· -	3	
		ndividual listed on line 1a, is the												
a	and relat	ed organizations greater than \$	150,000? If "Yes,	" со	mple	ete S	Sche	dule	J f	or such individual		-	4	X
5 [Did any p	person listed on line 1a receive	or accrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services			
r	enderec	I to the organization? <i>If</i> "Yes," o	complete Schedule	e J fo	or su	ch r	bers	on .					5	X
		dependent Contractors												
1 (Complet	e this table for your five highest	compensated ind	epe	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of comp	ensati	on from	
		nization. Report compensation 1	•	•							•			
	ne orga		ior the calcridar ye		- Turin	9 11		<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		(B)			(C)	
		(A) Name and busine	ess address	м	ONE	7				Description of s	ervices	Cc	ompensat	tion
				INC		1			-	Decemption of e				
									-+					
									T					
									-+					
									-+					
2 T	otal nur	mber of independent contractor	s (including but no	ot lin	nited	l to t	thos	se lis	ted	above) who received me	ore than			
) of compensation from the org					0	۱ ١						

	990 (t VII				AC	E FOR GRI	LEVING YOUR	1G	35-2045	122 Pag
		Check if Schedule O			200	or note to covilia	o in this Dort \////			Г
		Check in Schedule O	CONTR	ans a respo	ISE	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
						E 700				360110113 3 12 -
nts		Federated campaigns				5,798.				
Inol										
Am		Fundraising events				240,892.				
ar	d	Related organizations		<u>1d</u>						
Ē	е	Government grants (cont	ributi	ons) 1e		166,426.				
ŝ	f	All other contributions, gifts,	, grant	s, and						
the		similar amounts not included	d abov	/e 1f		<u>714,391.</u>				
0 P	g	Noncash contributions included in	lines 1	a-1f 1g \$		18,907.				
and Other Similar Amounts	h	Total. Add lines 1a-1f					1,127,507.			
						Business Code				
	2 a	THERAPY SERVI	CE	S		624110	57,434.	57,434.		
	b	COUNSELING PF	ROGI	RAM FE	E	624110	28,280.	28,280.		
nue	c				_	624110	13,274.	13,274.		
Revenue	d							,		
Ŗ	e u									
		All other program service	rovo	2110						
							98,988.			
		Total. Add lines 2a-2f					50,500.			
	3	Investment income (inclu	•			· .	25,981.			25,98
		other similar amounts)					23,901.			23,90
	4	Income from investment				ľ				
	5	Royalties			<u></u>					
				(i) Real		(ii) Personal				
	6 a		6a							
	b	Less: rental expenses \dots	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income or (loss	s) <u></u>							
	7 a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
D S		and sales expenses	7b							
	с	Gain or (loss)	70							
	d	Net gain or (loss)								
D		Gross income from fundrais								
	-	including \$ 24(
		contributions reported or								
		Part IV, line 18			8a	27,869.				
	h				8b	38,002.				
		Net income or (loss) from					-10,133.			-10,13
					[<u></u>		10,155.			10,15
	ษล	Gross income from gamir								
		Part IV, line 19			9a					
		Less: direct expenses			9b	· · · · · · · · · · · · · · · · · · ·				
		Net income or (loss) from			 					
	10 a	Gross sales of inventory,								
		and allowances			<u>10a</u>					
		Less: cost of goods sold			10b					
	С	Net income or (loss) from	sales	s of inventor	у					
						Business Code				
Revenue	11 a	MISCELLANEOUS	3			624110	1,859.	1,859.		
nu	b									
eve	с									
æ	d	All other revenue								
		Total. Add lines 11a-11d					1,859.			
	12	Total revenue. See instructi					1,244,202.	100,847.	0.	15,84

BROOKE'S PLACE FOR GRIEVING YOUNG

	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	100 000	01 040	0 1 6 7	
	trustees, and key employees	122,982.	91,242.	9,167.	22,573
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	E40 40E	407 677	40.059	100 960
7	Other salaries and wages	549,495.	407,677.	40,958.	100,860
8	Pension plan accruals and contributions (include	9,100.	7,426.	494.	1 100
_	section 401(k) and 403(b) employer contributions)	10,016.	8,173.	544.	<u> </u>
9	Other employee benefits	50,987.	41,605.	2,769.	6,613
10	Payroll taxes	50,90/.	41,003.	4,109.	0,013
11	Fees for services (nonemployees):				
a	Management				
b	F	19,662.	13,763.	3,665.	2,234
ر ام	0 F	19,002.	13,703.	5,005.	2,234
	Lobbying				
e f	, F	4,605.		4,605.	
f	Investment management fees	4,005.		4,0051	
g	column (A), amount, list line 11g expenses on Sch 0.)	111,905.	95,915.	9,935.	6,055.
12	Advertising and promotion	7,412.	4,627.	1,124.	1,661
12 13	Office expenses	43,661.	36,587.	6,503.	571
13 14	Information technology	28,247.	18,361.	6,271.	3,615
1 4 15	Royalties	2072170			57015
16	Occupancy	103,805.	81,072.	11,616.	11,117
17	Travel	4,568.	3,207.	296.	1,065.
18	Payments of travel or entertainment expenses	1,0001	0,20,1		
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	293.	212.	81.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,917.	6,026.	665.	1,226
23	Insurance	17,102.	6,482.	8,507.	2,113
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 0.)				
а	FOOD AND BEVERAGE - PRO	37,047.	37,047.		
b	VOLUNTEER EXPENSES	13,530.	13,187.	270.	73
С	OTHER EXP	6,800.	4,923.	1,877.	
d	FAMILY EVENTS	3,796.	3,796.		
е		3,893.	2,635.	382.	876
25	Total functional expenses. Add lines 1 through 24e	1,156,823.	883,963.	109,729.	163,131
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 if following SOP 98-2 (ASC 958-720)				

BROOKE'S	SI	PLACE	FOR	GRIEVING	YOUNG
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35-2045122 Page 11

		Check if Schedule O contains a response or n	ote to an	v line in this Part X			
				,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			107,040.	1	131,200.
	2	Savings and temporary cash investments		856,918.	2	632,428.	
	3	Pledges and grants receivable, net	131,070.	3	128,283.		
	4	Accounts receivable, net			12,343.	4	10,003.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ				6	
s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9				17,766.	9	16,576.
	10a	Land buildings and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	521,107.			
	b	Less: accumulated depreciation	10b	66,730.	11,330.	10c	454,377.
	11	Investments - publicly traded securities		818,349.	11	454,377. 882,642.	
	12	Investments - other securities. See Part IV, line		-	12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		3,336.	15	3,336.	
	16	Total assets. Add lines 1 through 15 (must ec			1,958,152.	16	2,258,845.
	17	Accounts payable and accrued expenses		21,721.	17	23,518.	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
lide		controlled entity or family member of any of th				22	
Ë	23	Secured mortgages and notes payable to unre	lated thi			23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			8,689.	25	371,390.
	26				30,410.	26	394,908.
		Organizations that follow FASB ASC 958, ch	neck her	e X			
Ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			1,814,817.	27	1,744,545. 119,392.
Bal	28	Net assets with donor restrictions			112,925.	28	119,392.
pu		Organizations that do not follow FASB ASC	958, che	eck here			
Ъ		and complete lines 29 through 33.					
S OL	29	Capital stock or trust principal, or current fund			29		
set	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
As	31	Retained earnings, endowment, accumulated	income,	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,927,742.	32	1,863,937.
-	33				1,958,152.	33	2,258,845.

Form **990** (2022)

Form 990 (2022) Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part XII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 1, 2244, 202. 2 1, 155 6, 823. 3 Revenue less expenses. Subtract line 2 from line 1 4 1, 927, 742. 5 Folt unrealized gains (losses) on investments 6 -151, 184. 6 -151, 184. 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 9 9 0. 10 1, 863, 937. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a	Form	1 990 (2022) BROOKE'S PLACE FOR GRIEVING YOUNG	35-20	45122	Pag	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1, 244, 202. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 156, 823. 3 87, 379. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 927, 742. 5 Net unrealized gains (losses) on investments 5 -151, 184. 6 0 1 . . 7 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 1 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 1 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1, 863, 937. Part XIII Financial Statements and Reporting X X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,156,823. 3 Revenue less expenses. Subtract line 2 from line 1 3 87,379. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,927,742. 5 Net unrealized gains (losses) on investments 6 - - 6 7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 0 10 1,863,937. 7 8 7 1 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 0 10 1,863,937. 7 8 7 10 1,863,937. Part XII Financial Statements and Reporting X X 1 2a X 11 Accounting method used to prepare the Form 900: Cash X Accrual Other," explain on Schedule O. 2a X 11 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X X X		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,156,823. 3 Revenue less expenses. Subtract line 2 from line 1 3 87,379. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,927,742. 5 Net unrealized gains (losses) on investments 6 - - 6 7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 0 10 1,863,937. 7 8 7 1 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 0 10 1,863,937. 7 8 7 10 1,863,937. Part XII Financial Statements and Reporting X X 1 2a X 11 Accounting method used to prepare the Form 900: Cash X Accrual Other," explain on Schedule O. 2a X 11 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X X X						
3 Revenue less expenses. Subtract line 2 from line 1 3 87, 379. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,927,742. 5 Net unrealized gains (losses) on investments 5 -151,184. 6 5 -151,184. 7 8 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 1,863,937. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 ft "the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1 ft "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: 2b X 1 ft "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis,	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,927,742. 5 Net unrealized gains (losses) on investments 5 -151,184. 6 0 5 -151,184. 6 6 6 7 8 6 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1 1,863,937. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? Yes No 1 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X 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: 2b X </th <th>2</th> <th>Total expenses (must equal Part IX, column (A), line 25)</th> <th>2</th> <th></th> <th></th> <th></th>	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 6 7 8 9 9 9 9 0.1 Net assets or fund balances (explain on Schedule O) 10 10 11 Accounting method used to prepare the Form 990: 12 12 13 Accounting method used to prepare the Form 990: 14 15 15 16 17 17 18 19 10 10 10 11 12 13 14 15 15 15 16 17 18 19 10 10 11 12 13 14 14 15 15 15 15 16 17 17 18 19 19 10 10 14 15 15 16 17 17 18 19 19 19 10 10 10 12 14 15 15 16 17 17 18	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1, 863, 937. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Donsolidated basis, or both: 2a X 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: 2b X 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: 2b X If "Yes," check a box below to indicate whether the financia	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
7 Investment expenses 7 8 Prior period adjustments 9 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 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X X Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 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: Separate basis Consolidated basis b Were the organization's financial statements and lependent 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: Separate basis Consolidated basis b Were the organization's financial statements and selection of 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: X Separate basis b Were the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statemen	5	Net unrealized gains (losses) on investments	5	-151	L,18	84.
 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,863,937. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other // explain on Schedule O. 2a Were 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? 16 T'Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? 16 T'Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 17 Separate basis Consolidated basis Both consolidated and separate basis b Were the organization is financial statements audited by an independent accountant? 17 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 18 Separate basis Consolidated basis Both consolidated and separate basis b Were the organization of its financial statements and selection of an independent accountant? 18 Separate basis 19 Consolidated basis and selection of an independent accountant? 20 X 21 T'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? 22 X 23 A	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 1,863,937. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X I Accounting method used to prepare the Form 990: Cash X Accrual 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 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: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," tokek a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," tokek a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X If "Yes," tokek a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X If "Yes," tokek a box below to indicate whether	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,863,937. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X X 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: Separate basis Consolidated basis Both consolidated and separate basis 2b X 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: 2b X 2b X If "Yes," tock a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 2b X If "Yes," tocheck a box below to indicate whether the financial sta	8	Prior period adjustments	8			
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Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Statements and Statements on provide a prior year or checked "Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Statement Statem	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII		·····		
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X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
cIf "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?2cXIf the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.2X3aAs a result of a federal award, was the organization required to undergo an audit or audits as set forth in the2						
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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				2c	Х	
			edule O.			
	3a					
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3 a		_X_
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L

Form **990** (2022)

SCHEDU	JLE A

Department of the Treasury Internal Revenue Service

(Form 990)

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.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of	f the org	ganization
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Nan		the organization	עדים הזאכד	FOD CDTEVIN					Dentification number			
Pa	rt I	Reason for Public (Charity Status	FOR GRIEVING	omplete th	NG Dis part \ S	ee instructions	<u> </u>	5-2045122			
1 1		ization is not a private found A church, convention of ch					()(A)(i)					
2	H	·	-				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
2	\square		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
J ⊿	H	A medical research organiz					•	(iiii) Enter	the hospital's name			
4		city, and state:	ation operated in cor		uescribeu	III Sectio	11 170(D)(1)(A)		the hospital s hame,			
5		An organization operated for	or the benefit of a col	leae or university owned	l or operati	ed by a do	vernmental ur	uit describe	ad in			
5		section 170(b)(1)(A)(iv). (C		lege of university owned		cu by a go						
6				ental unit described in	section 17	70(h)(1)(A)	(₁)					
	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (C			on a gove	minenta		e general p				
8		A community trust describe		1)(A)(vi) (Complete Par	+ 11 \							
9	H	An agricultural research org				nd in coniu	unction with a	and grant	collogo			
9		or university or a non-land-g										
		university:	frank college of agrici			name, city	, and state of i	ine college	0			
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its sunr	ort from c	ontribution	ns membershi	n fees and	d aross receipts from			
10		activities related to its exem		••					•			
		income and unrelated busir										
		See section 509(a)(2). (Con				soos acqui	red by the org					
11		An organization organized a		vely to test for public sa	fetv See	section 50)9(a)(4)					
12	H	An organization organized a	•					ry out the	nurnoses of one or			
		more publicly supported or		-				•				
		lines 12a through 12d that										
а		Type I. A supporting orga						-	aivina			
		the supported organization	-	-	• • •	-						
		organization. You must o										
b		Type II. A supporting org			tion with its	s supporte	ed organizatior	n(s), by hav	vina			
-		control or management o	-				-		-			
		organization(s). You mus										
с		Type III functionally inte	•		in connect	tion with, a	and functionall	v integrate	d with.			
		its supported organization						, 0				
d		Type III non-functionally	. , . ,	-				ed organiz	zation(s)			
		that is not functionally int	• •									
		requirement (see instructi			•		-					
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	l, Type III				
		functionally integrated, or										
f	Ente	er the number of supported o	organizations									
g		vide the following informatior					•					
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of		(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)			
Tota	al								1			

BROOKE'S PLACE FOR GRIEVING YOUNG

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								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	916,529.	1339395.	928,273.	1107241.	1127507.	5418945.	
2	Tax revenues levied for the organ-							
	ization'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 \dots							
4	Total. Add lines 1 through 3	916,529.	1339395.	928,273.	1107241.	1127507.	5418945.	
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)						383,604.	
6	Public support. Subtract line 5 from line 4.						5035341.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	916,529.	1339395.	928,273.	1107241.	1127507.	5418945.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	4,682.	15,874.	7,297.	27,524.	25,981.	81,358.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	661.	812.	1,753.	664.	1,859.	5,749.	
11	Total support. Add lines 7 through 10						5506052.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	636,007.	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)		
	organization, check this box and stop	here						
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	olumn (f))		14	<u>91.45 %</u>	
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	<u>95.97 %</u>	
16a	33 1/3% support test - 2022. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo		
	${\color{black} \text{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				X	
b	33 1/3% support test - 2021. If the o							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation				
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,	
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization			
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is [.]	10% or	
	more, and if the organization meets the							
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	;L]	
	Schedule A (Form 990) 2022							

BROOKE'S PLACE FOR GRIEVING YOUNG 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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 						
4 Tax revenues levied for the organ- ization'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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 						
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	
14 First 5 years. If the Form 990 is for t	0					·
check this box and stop here						
Section C. Computation of Publ						
15 Public support percentage for 2022		2	olumn (f))		15	%
16 Public support percentage from 202					16	95.97 %
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	022 (line 10c, colur	mn (f), divided by lii	ne 13, column (f))		17	%
18 Investment income percentage from	2021 Schedule A,	Part III, line 17			18	1.00 %
19a 33 1/3% support tests - 2022. If the					33 1/3%, and	l line 17 is not
more than 33 1/3%, check this box a b 33 1/3% support tests - 2021. If the	-	•				1/3%, and
line 18 is not more than 33 1/3%, cho						
20 Private foundation. If the organizati						

35-2045122 Page 4

Yes No

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete

Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Supporting Organizations

Schedule A (Form 990) 2022

Part IV

- 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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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.)

Schedule A (Form 990) 2022

 	100	110
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
46.		
 10b	- 0001	

Schedule A (Form 990) 2022 BROOKE'S PLACE FOR GRIEVING YOUNG

1

га	Supporting Organizations (continued)		Yes	No
			162	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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	\square	
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No

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

Section D. All 1	Type III Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisf	y the Integral Part Test during the y	ear (see instructions).
---	---------------------------------------	-------------------------

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a get	overnmental entity. Describe in	Part VI how you supported a	governmental entity (see instruction <u>s).</u>
-----	----------------------------------	---------------------------------	-----------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mus			Part VI). See instructions.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

(Form 990) 2022 BROOKE'S PLACE FOR GRIEVING YOUNG **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

Part V

BROOKE'S	PLACE	FOR	GRIEVING	YOUNG

		E FOR GRIEVING			5-2045122 Pag	ge 7
Par		a)(3) Supporting Orga	inizations (continu	ued)		
Secti	on D - Distributions			<u> </u>	Current Year	
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2018					
b	Excess from 2019					
C	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022 BROOKE'S PLACE FOR GRIEVING YOUNG 35-2045122 Page 8
i ait ii	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

35-2045122

Organiza	ition type (check or	e):
Filers of:		Section:
Form 990) or 990-EZ	X 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 foundation
		covered by the General Rule or a Special Rule. /), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	0	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special F	Rules	
	0	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one

BROOKE'S PLACE FOR GRIEVING YOUNG

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 ______\$

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;

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).

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

Schedule B (Form 990) (2022)

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule B

Schedule	В	(Form	990)	(2022

Name of organization

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 43,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 23,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 32,263. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 166,426. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 6 Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

Schedule B (Form 990) (2022)	
Name of organization	

Employer identification number

35-2045122

BROOKE'S PLACE FOR GRIEVING YOUNG

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 8 X Person Payroll 60,522. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 42,565. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Name of organization

BROOKE'S	PLACE	FOR	GRIEVING	YOUNG

Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given	(b) FMV (or estimate)

Employer identification number

Schedule	B (Form 990) (2022)			Page 4				
Name of c	organization			Employer identification number				
BROOK	E'S PLACE FOR GRIEVING	YOUNG		35-2045122				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	ons to organizations described in se) through (e) and the following line entr charitable, etc., contributions of \$1,000 or I	ry. For organizations	nat total more than \$1,000 for the year				
(a) No.	Use duplicate copies of Part III if additional	space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		e) Transfer of gif	t					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
		e) Transfer of gif	t					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		(e) Transfer of gif	t					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee				

SCHE	EDUL	E D
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(Form	990)
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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.



Employer identification number

35 - 2045122

Department of the Treasury Internal Revenue Service Name of the organization

BROOKE'S PLACE FOR GRIEVING YOUNG

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 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? No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a а Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? No _____ [6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 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 Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

Sche		S PLACE FO						35-20			ige 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	orical Tre	easures, or	Other	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	s, check	any of the	following that	make sig	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	I 🛄 I	Loan or exc	hange progra	m					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	how th	ey further th	ne organizatio	n's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical treas	sures, or othe	r similar a	assets		_		_
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered "	Yes" on I	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod								-		,
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:							
									Amount		
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
t	Ending balance										1
	Did the organization include an amount on F						y?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete						<u></u>	<u></u>			
		(a) Current year		rior year	(c) Two year			ears back	(e) Four	vears	hack
1a	Beginning of year balance	. , ,	(2)!	nor you	(0) 1110 your		, ay 11100 y	ouro suon	(0) 1 001	youro	Suon
h	Contributions										
с С	Net investment earnings, gains, and losses										
с А	Grants or scholarships										
e	Other expenditures for facilities										
C											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 10	column (a)) held as:						
- a	Board designated or quasi-endowment		%	, oolanni (a	,, 11010 00.						
b	Permanent endowment	%	_/*								
c	Term endowment	%									
-	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held ar	nd administer	ed for the)				
	organization by:	Ũ							ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	wment fu	unds.							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990,	Part X, li	ine 10.				
	Description of property	(a) Cost or o basis (investr		. ,	t or other (other)	• •	cumulate reciation	d	(d) Bool	< value	9
1a	Land										
	Buildings										
	Leasehold improvements				5,043.		2,6			2,36	
	Equipment				4,544.		20,82			3,72	
	Other			39	1,520.		43,23	35.		3,28	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	0c.)				454	1,37	77.

Schedule D (Form 990) 2022

(nvestments - Other Securities. Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descriptio	on of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year ma	arket value
1) Financial of	derivatives			
2) Closely he	eld equity interests			
3) Other _				
(A)				
(B)				
(C)				
(D)				
<u>(E)</u> (F)				
(F) (G)				
(U) (H)				
Total. (Col. (b) Part VIII	must equal Form 990, Part X, col. (B) line 12.) nvestments - Program Related. Complete if the organization answered "Yes" or	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 ma	arket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b)	must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
	Complete if the organization answered "Yes" or	Earm 000 Bart IV lina	11d See Form 000 Dart V line 15	
	-	escription		ook value
(1)	(a) D			
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 1	5.)		
	Other Liabilities.			
	Complete if the organization answered "Yes" or	1 Form 990, Part IV, line		
1.	(a) Description of liability		(b) B	ook value
	al income taxes SE PAYABLE			371,390
	SE FAIABLE			JII, J90
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				

BROOKE'S PLACE FOR GRIEVING YOUNG

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

X

35-2045122 Page 3

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 BROOKE'S PLACE FOR GRIEVING	YOUN	G	35-3	2045122	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	ts With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	1,218,	183.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-151,184.			
b	Donated services and use of facilities	2b	129,770.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	-21,	414.
3	Subtract line 2e from line 1			3	1,239,	<u>597.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,605.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c	4, 1,244,	605.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,244,	202.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per F	leturi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	1,281,	988.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		100 550			
а	Donated services and use of facilities	2a	129,770.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d					100	
е	Add lines 2a through 2d			2e		770.
3	Subtract line 2e from line 1			3	1,152,	218.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,605.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		605.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,156,	823.
Pa	rt XIII Supplemental Information.					

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

BROOKES PLACE IS ORGANIZED AS AN INDIANA NOT-FOR-PROFIT CORPORATION AND IS
EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE
CODE. MANAGEMENT EVALUATES ALL SIGNIFICANT TAX POSITIONS TO ENSURE
COMPLIANCE WITH THE EXEMPT PURPOSE OF BROOKES PLACE AS REQUIRED BY U.S.
GAAP, INCLUDING CONSIDERATION OF ANY UNRELATED BUSINESS INCOME TAX. AS OF
DECEMBER 31, 2022, MANAGEMENT DOES NOT BELIEVE BROOKES PLACE HAS TAKEN ANY
TAX POSITIONS THAT ARE NOT IN COMPLIANCE WITH ITS EXEMPT PURPOSE. BROOKES
PLACE'S FEDERAL AND STATE TAX RETURNS AS FILED REMAIN OPEN AND SUBJECT TO
EXAMINATION BEGINNING WITH THE TAX YEAR ENDED DECEMBER 31, 2019.

Schedule D		
Part XIII	Sunnlei	m

Part XIII Supplemental Information (continued)	-

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2022
Department of the Treasury	Attach to Form 000 or Form 000 EZ							Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instrue	ctions	and t	ne latest information	າ.		Inspection
Name of the organization								dentification number
		S PLACE FOR GRIEVI					35-204	
	complete this part	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 17	7. Form 990	EZ filers are not
1 Indicate whether th a Mail solicitat	0	ed funds through any of the followin e Solicita	0		Check all that apply. overnment grants			
	email solicitations			•	nment grants			
c Phone solici		g Special						
d In-person so								
U U		r oral agreement with any individual		•		tees,		
		art VII) or entity in connection with p riduals or entities (fundraisers) pursu			U U	na fur		Yes No
compensated at le	•	· /·	antio	agreei				De
			(iii)	Did		(v)	Amount paid	d (vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity		Did raiser ustody	(iv) Gross receipts from activity		r retained b undraiser	y) to (or retained by)
or entity (fund	uraiser)			ntrol of utions?			ed in col. (i)	organization
			Yes	No				
Total			<u></u>					
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	registration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

BROOKE'S PLACE FOR GRIEVING YOUNG

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				HOPE FOR		(add col. (a) through
			HOPE BREAKFA	TOMORROW GOL	1	col. (c)
0			(event type)	(event type)	(total number)	
Ĩ						
Revenue	1	Gross receipts	182,270.	65,272.	21,219.	268,761.
			100 070			040.000
	2	Less: Contributions	182,270.	58,622.		240,892.
	3	Gross income (line 1 minus line 2)		6,650.	21,219.	27,869.
	4	Cash prizes				
	5	Noncash prizes				
es	Ū					
(pens	6	Rent/facility costs	645.	9,723.		10,368.
Direct Expenses	7	Food and beverages	10,762.	2,832.		13,594.
ā	_					
	8	Entertainment		1,708.	1,007.	14,040.
	9 10	Other direct expenses Direct expense summary. Add lines 4 through				38,002.
		Net income summary. Subtract line 10 from li				-10,133.
	rt I					
		\$15,000 on Form 990-EZ, line 6a.			•	
~			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c)
<u>§</u>						
-	1	Gross revenue				
	_					
ŝ	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	a 5 in column (d)			
	-					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	<u></u>	·····	
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
a Is the organization licensed to conduct gaming activities in each of these states?						
b If "No," explain:						
0	14/	we apply of the properties in a sector if the				
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain:						
D	11	теэ, с лріант				

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	BROOKE'S	PLACE FOR	GRIEVING YO	UNG 3	5-2045122	Page 3
11	Does the organization conduct gam	ning activities with	nonmembers?			Yes	No
	Is the organization a grantor, benefi						
	to administer charitable gaming?					Yes	🗌 No
13	Indicate the percentage of gaming a	activity conducted	l in:				
i	The organization's facility					13a	%
	• An outside facility					13b	%
14	Enter the name and address of the	person who prepa	ares the organization	n's gaming/special even	nts books and records:		
	Name						
	Address						
15	a Does the organization have a contra	act with a third pa	rty from whom the o	organization receives g	aming revenue?	Yes	🗌 No
I	If "Yes," enter the amount of gamin	ng revenue receive	d by the organizatio	n \$	and the amoun	nt	
	of gaming revenue retained by the t	third party \$ _					
	If "Yes," enter name and address of	f the third party:					
	Name						
	Address						
16	Gaming manager information:						
10	Carning manager mormation.						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Employee	Inde	pendent contractor			
	Mandatory distributions:						
i	a Is the organization required under s	state law to make o	charitable distributio	ons from the gaming pr	oceeds to		 .
							└── No
	 Enter the amount of distributions re organization's own exempt activitie 			ed to other exempt org	anizations or spent in th	e	
Pa	Int IV Supplemental Inform			uired by Part I, line 2b	columns (iii) and (v): and	d Part III, lines 9, 9	b. 10b.
	•• 15b, 15c, 16, and 17b, as a						,
			,				

Schedule G	
	0

Part IV	Supplemental Information (continued)
_	

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



BROOKE'S PLACE FOR GRIEVING YOUNG

35-2045122

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHILDREN, TEENS, YOUNG ADULTS AND THEIR FAMILIES TO THRIVE IN THE MIDST

OF GRIEF.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CHILDREN LEARN TO HONOR AND CHERISH THE LOVED ONES THAT THEY CARRY IN THEIR HEART. THROUGH PEER SUPPORT GROUPS AND THERAPY SERVICES (INDIVIDUAL/FAMILY COUNSELING), CHILDREN LEARN THEY ARE NOT ALONE. THEY LEARN TO RECOGNIZE, EXPRESS AND EMBRACE THEIR THOUGHTS, TOGETHER, QUESTIONS AND FEELINGS ABOUT GRIEF AND LOSS. WE PROVIDE CARING PROGRAMS TO SUPPORT GRIEVING CHILDREN AND THEIR FAMILIES IN A SAFE AND CONFIDENTIAL ATMOSPHERE. LEARN MORE ABOUT OUR GRIEF SUPPORT GROUP THERAPY SERVICES AND OUR BP-8 PROGRAM. BROOKE'S PLACE IS BUILT PROGRAM. ON THESE PRINCIPLES: GRIEF IS A NATURAL REACTION TO THE DEATH OF A LOVED ONE FOR YOUNG PEOPLE AS WELL AS ADULTS. WITHIN EACH INDIVIDUAL IS THE NATURAL CAPACITY TO HEAL ONESELF. THE DURATION AND INTENSITY OF GRIEF ARE UNIQUE FOR EACH INDIVIDUAL CARING AND ACCEPTANCE ASSISTS IN THE HEALING PROCESS. OUR CARING PROGRAMS PROVIDE HOPE, HELP AND HEALING BY GIVING INDIVIDUALS A SAFE PLACE TO GRIEVE. THE IMPACT OF BROOKE'S PLACE ON YOUNG PEOPLE BROOKE'S PLACE HELPS DECREASE FEELING OF ISOLATION: BEFORE ATTENDING BROOKE'S PLACE, 27% OF CHILDREN AND TEENS INDICATED FEELING UNDERSTOOD BY THOSE AROUND THEM. AFTER ATTENDING BROOKE'S PLACE, 83% REPORTED FEELING UNDERSTOOD BY OTHERS. BROOKE'S PLACE HELPS DEVELOP HEALTHY COPING SKILLS: BEFORE ATTENDING BROOKE'S PLACE, 18% OF CHILDREN AND TEENS INDICATED THE ABILITY TO EXPRESS FEELINGS IN HEALTHY WAYS ABOUT THEIR LOVED ONE WHO DIED. AFTER LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization BROOKE'S PLACE FOR GRIEVING YOUNG	Employer identification number 35-2045122
ATTENDING BROOKE'S PLACE, 62% INDICATE THE ABILITY TO DO S	O. BROOKE'S
PLACE HELPS CHILDREN COPE WITH ANXIETY: BEFORE ATTENDING B	ROOKE ' S
PLACE, 25% OF CHILDREN AND TEENS INDICATED THE ABILITY TO	EXPRESS THEIR
FEARS AND WORRIES IN HEALTHY WAYS. AFTER ATTENDING BROOKE'	S PLACE, 65%
INDICATED THE ABILITY TO DO SO.	

DESCRIPTION OF OTHER EXEMPT PURPOSE ACCOMPLISHMENTS: CAMP HEALING TREE: AN ANNUAL WEEKEND CAMP FOR CHILDREN AGES 7-17 WHO HAVE EXPERIENCED THE DEATH OF A LOVED ONE. THE WEEKEND CAMP INCLUDES GRIEF THERAPY ACTIVITIES IN SMALL GROUPS, LARGE GROUP PRESENTATIONS, AND A CLOSING MEMORIAL SERVICE/CEREMONY. DURING 2022, 87 CHILDREN AND TEENS WERE SERVED THROUGH THE CAMP HEALING TREE PROGRAM. EXPENSES \$ 88,396. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,859.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD MEMBERS ARE PROVIDED ACCESS TO THE 990 VIA THE BOARD PORTAL,

GOVENDA, AND ASKED TO REVIEW THE FILING BEFORE ITS SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE IN WRITING ANY CONFLICTS

OFINTEREST THAT EXIST AT THE TIME THEY JOIN THE BOARD. EACH YEAR, THE

BOARD REVIEWS AND SIGNS THE CONFLICT OF INTEREST POLICY. ANY CONFLICTS ARE

NOTED AT THAT TIME. ALL BOARD MEMBERS ARE ALSO REQUIRED TO DISCLOSE ANY

CONFLICTS AS THEY OCCUR.

FORM 990, PART VI, SECTION B, LINE 15A:

EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS AND 232212 10-28-22 Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization BROOKE'S PLACE FOR GRIEVING YOUNG	Employer identification number 35-2045122
BROOKE B THACE FOR GRIEVING TOONG	55 2045122
INDIANA WAGE AND BENEFIT SURVEY FOR COMPARABLE POSITIONS.	THE BOARD
REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR EACH YEA	R AS COMPARED TO
GOALS AND RESPONSIBILITIES. THE CHAIR OF THE BOARD MEETS W	ITH THE EXECUTIVE
DIRECTOR TO REVIEW EVALUATIONS AND PROGRESS OVER THE YEAR.	CHAIR AND
EXECUTIVE COMMITTEE WOULD DETERMINE IF ANY CHANGE TO COMPE	NSATION IS
WARRANTED AFTER THIS PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
BROOKE'S PLACE MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF	INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	EST. THE FORM
990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE, AT GUIDEST	AR AND UPON
REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	