Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

	rnal Reveni	ue Service	► Go to www.i	rs.gov/Form990 for in	structions and the	latest inf	ormation	i.	Open to Public		
A	For the	2021 calend	dar year, or tax year beginr	ning Jul				ın 30	Inspection		
В	Check if a		C Name of organization FARM				CII COIDINA		,2022		
	Address	hange	Doing business as	TOTAL COOKDINATI	NG COUNCIL OF P.	ALM DEA	CH COUNTY		yer identification number		
	Name cha	inge	Number and street (or P.O. b	ox if mail is not delivered	to street address)	Poor	n/suite	59-1830267 E Telephone number			
	Initial retu	rn	1123 CRESTWOOD	BLVD.	10 011 001 0001 000)	i/suite	(6)	533 - 7227			
	Final return	n/terminated	City or town, state or province		eign postal code			(361)	533-1221		
	Amended	return	LAKE WORTH, FL	33460	sign postar code			C Cross			
	Application	n pending	F Name and address of principa				M/a) la this a sur		receipts \$1,245,351.		
			DENISE NEGRON, 1123		LAKE WORTH PI	. 33460	H(b) Are all a	oup return for	subordinates? Yes X No		
1	Tax-exem	pt status:	X 501(c)(3) 501(c) () ◀ (insert no.)		527			s included? Yes No t. See instructions.		
J	Website:	► N/A				,	H(c) Group ex				
K	Form of or	ganization: X	Corporation Trust Ass	ociation Other >	L Year o	of formation	-		of legal domicile: FL		
P	art I	Summai									
	1 1	Briefly desc	cribe the organization's m	nission or most signi	ficant activities:	MICCION OF T	מסעמראשמה סיים	OTHER BEING COCCUR	711 OD 7114 D77 OT 0000000 AVE TO THE		
ce		PROMOTE S	SELF-SUFFICIENCY AND	IMPROVE THE OUAL	TTY OF LIFE FO	D MTCDA	MT / CEA COM	DINATING COUNT	TIL OF PALM BRACE COUNTY, INC IS TO		
Jan		PEOPLE	IN NEED THROUGH E	DUCATION ADVO	CACY AND ACC	ECC TO	CEDVICE	AL PARI	WORKERS AND OTHER		
Ver	2	Jueck this	box ► ☐ if the organizat	ion discontinued its	operations or disc	nosed of	more than	25% of i	to not opports		
B	3 1	vumber of	voting members of the go	overning body (Part	VI. line 1a)			3			
8	4 1	Number of	independent voting mem	bers of the governin	g body (Part VI, lin	ne 1h)		4	10		
tie	5	otal numb	er of individuals employe	d in calendar year 2	021 (Part V. line 2:	a)		5	21		
Activities & Governance	0	otal numb	er of volunteers (estimate	e if necessary)				6			
Ă	/a	otal unrela	ated business revenue fro	m Part VIII, column	(C), line 12			7a	0		
	b 1	Vet unrelat	ed business taxable inco	me from Form 990-T	, Part I, line 11 .			7b	0.		
							Prior Year	-	Current Year		
Revenue	8 (Contributio	ns and grants (Part VIII, li	ne 1h)			1,516,				
	9 1	rogram se	ervice revenue (Part VIII, li	ne 2g)			1,510,	323.	1,301,532.		
	10	nvestment	income (Part VIII, column	(A), lines 3, 4, and 7	7d)		F 2	240	56 101		
ш.	11 (Other rever	nue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 1	0c. and 11e)		54,	240.	-56,181.		
_	12 T	otal revenu	ue-add lines 8 through 1	1 (must equal Part VI	II. column (A). line	12)	1 560	FCF	2 045 054		
	13 (arants and	similar amounts paid (Pa	rt IX, column (A), line	es 1-3)		1,568,		1,245,351.		
	14 E	Benefits pa	id to or for members (Par	t IX, column (A), line	4)		254,	342.	193,950.		
S	15 8	salaries, oth	ner compensation, employe	ee benefits (Part IX. c	olumn (A) lines 5-	10)	C 1 1	200			
Expenses	16a F	rofessiona	al fundraising fees (Part IX	Column (A), line 11	e)	10)	644,	302.	665,289.		
xbe	b T	otal fundra	aising expenses (Part IX,	column (D), line 25)	5 66	5					
Ш	17 (ther expe	nses (Part IX, column (A),	lines 11a-11d, 11f-	24e)		174	000	4.0		
	18 T	otal expen	ises. Add lines 13-17 (mu	st equal Part IX, col	umn (A), line 25)		174,		197,544.		
	19 F	levenue les	ss expenses. Subtract line	e 18 from line 12 .			495,		1,056,783.		
sor							nning of Curre		188,568.		
Net Assets or Fund Balances			s (Part X, line 16)			509	1,971,		End of Year		
et A	21 T	otal liabilit	ies (Part X, line 26)			·	357,		2,307,591.		
	22 N	let assets	or fund balances. Subtrac	ct line 21 from line 20	0		1,614,		504,685.		
	rt II	Signatur	e Block			-			1,802,906.		
Unc	der penaltie	s of perjury,	declare that I have examined the Declaration of preparer (other the	nis return, including accor	npanying schedules an	d statemer	nts and to the	boot of m	. kasulada a a di ili di u		
true	, correct, a	ina complete.	Declaration of preparer (other th	nan officer) is based on all	information of which p	reparer has	any knowledg	je.	knowledge and belief, it is		
0:		- /X	11110011110	2100				1/1	100		
Sig		Signatur	e of officer 1 4 9				Date	1///	123		
He	re	DENI	SE NEGRON, EXECUT	IVE DIRECTOR			Build				
		Type or	print name and title								
Pai	d	Print/Type p	oreparer's name	Preparer's signature		Date			DTIN		
	parer	Kenneth	n R. Friedman			20000000		Check self-emplo	CONTRACTOR OF THE PROPERTY OF		
	Only	Firm's name		DMESSER AND MY	APPELEC CD3	TT ~					
		Firm's addre	ess ▶ 641 UNIVERSIT	Y BLVD STF 210	TIIDITTED I	A STATE OF THE PARTY OF THE PAR			2-0540220		
May	the IRS	discuss th	nis return with the prepare	er shown above? See	e instructions	FL 334	58 Phone	no. (56)	1)622-9990		
For I	Panerwo	k Dodustie	on Act Notice see the see						. X Yes No		

Part	Statement of Program Service Accomplishments	ge Z
	Check if Schedule O contains a response or note to any line in this Part III	×
1	bheny describe the organization's mission:	
	THE MISSION OF THE FARMWORKER COORDINATING COUNCIL OF PALM BEACH COUNTY, INC IS TO	
	FROMOTE SELF-SUFFICIENCY AND IMPROVE THE QUALITY OF LIFE FOR MIGRANT/SEASONAL FARMMORPERS AND OFFI	IER
	PEOPLE IN NEED THROUGH EDUCATION, ADVOCACY AND ACCESS TO SERVICES	
2	Did the organization undertake any similar and	
-	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	ale Leo
	If "Yes," describe these new services on Schedule O.	0
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	SCIVICES!	
	If "Yes," describe these changes on Schedule O.	0
4	Describe the organization's program service accomplishments for each of its three largest are	
	expenses. Section 501(c)(5) and 501(c)(4) organizations are required to report the amount of grants and allegations to the	by
	the total expenses, and revenue, if any, for each program service reported.	515,
4a	(Code:) (Expenses \$ 445,762. including grants of \$ 0.) (Revenue \$ 0.)	
	THE FAMILY PRESERVATION & ECONOMIC STABILIZATION PROGRAM IS DESIGNED TO EMPOWER OF TRANSPORTED TO	TIE
	AND CONTROL TO BIRDINI INKOUGH UNGUING SUPPORT FUSTERING CLIENT INDEPENDENCE THE DECCEAN DECUMENCE A MARKET	7007
	OF DERVICES SUCH AS CASE MANAGEMENT, EMERGENCY RENTAL AND HTTLITY ASSISTANCE DISTRICTION OF DOOR A	3.77
	CHOIMING, INANSPORTATION, FINANCIAL EDUCATION, REFERRALS AND OTHER SERVICES THAT DROMOTE CELE CURRECTANCE.	
	BECONOMIC STABILIZATION. THE PROGRAM IS BASED OUT OF TWO OFFICES LOCATED IN LAVE WORMS AND DELLE GLADE	
	PARTY TODO THE TROVIDED BY CASE MANAGERS THAT ARE FAMILIAR TO THE CULTURE AND MEEDS OF MUTC DODING AUTON	
	ALL CASE MANAGERS ARE ENGLISH-SPANISH OR ENGLISH CREOLE SPEAKERS.	
4b	(Code:) (Expenses \$ 88,493. including grants of \$ 0.) (Revenue \$ 0.)	
	THE EDUCATION PROGRAM OFFERS A VARIETY OF PROGRAMS FOR FARM WORKERS AND THEFT OUT PROBLEM	
	TOTOKING PROGRAMS ALMS TO MITTIGATE LOW KINCAPTON ACHTEVEMENT LEVEL C DEDUCE THE	
	THE EDUCATIONAL GAP THAT EXISTS BETWEEN CHILDREN OF FARM WORKER AND MILE PROPERTY.	2000
	TO THE CHILDREN PEADV FOR COUNCIL ADD PROCESSES STATES	
	THROUGH ART AND BUILD SELF ESTEEM THE ADILLY DECORAM OFFERD A TARREST OF	
	PARENTS LEARN NEW SKILLS THAT MAY HELP THEM FIND A RETURN TOP OF MA	TIL.
	BETTER FINANCIAL DECISIONS THAT COULD LEAD TO FAMILY ECONOMIC STABILITY.	TIT
4c	(Code:) (Expenses \$ 183,392. including grants of \$ 0.) (Revenue \$ 0.)	
	THE GOAL OF THE COMMUNITY HEALTH ACCESS TEAM (CHAT) IS TO FACILITATE ACCESS TO HEALTH CARE SERVICE AMONG UNINSURED AND UNDER INSURED LOW INCOME. THE CHAT IS TO FACILITATE ACCESS TO HEALTH CARE SERVICE AMONG UNINSURED AND UNDER INSURED LOW INCOME.	
	AMONG UNINSURED AND UNDER INSURED LOW INCOME FARM WORKER FAMILIES. MANY OF THESE FAMILIES ARE UNABLE TO	ES
	ACCESS AFFORDABLE HEALTH SERVICES BECAUSE OF BARRIERS SUCH AS LANGUAGE, CULTURE, IMMIGRATION STATUS AS	0
	ECONOMIC SITUATION. CHAT ACCOMPLISHES ITS GOALS BY CONDUCTING OUTREACH ACTIVITES, HEALTH WORKSHOPS AT	ND
	HELPING CLIENTS APPLY FOR MEDICAID, KID CARE, HEALTH CARE DISTRICT AND OTHER HEALTH CARE PROGRAMS IN OU	ND
	COMMUNITY. CLIENT ADVOCACY AND TRANSPORTATION TO MEDICAL APPOINTMENTS ARE KEY COMPONENTS OF THIS PROGRAM	UR
	THIS PROGRAM	M
4d	Other program consisce (Decestly Co. L. L. C.	
-u	Other program services (Describe on Schedule O.) Expenses \$ 225,345 including grapts of \$ 0.00 //Paragraphs (Paragraphs)	_
4e	Total programs of \$ 0.) (Revenue \$ 0.)	
	otal program service expenses > 942,992	-

Part IV **Checklist of Required Schedules**

1	Is the organization decembed in analysis 504()(0)		Yes	No
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
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			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		×
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	6		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Vos."	7		×
•	Complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.			
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	9		×
11	If the organization's answer to any of the following questions is "Yes" then complete Schedulo D. Borto VII.	10		×
а	vii, viii, ix, or x, as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	×	
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII			
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11c		×
e	Did the organization report an amount for other liabilities in Part Y, line 353, If "You," correlate Octavity D. D.	11d 11e		×
•	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			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f	×	
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	12a	×	
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes" complete Schedule F	12b		×
14a	Did the organization maintain an office, employees, or agents outside of the United Otatao	14a		
b	Did the organization have addregate revenues or expenses of more than the organization have	. 70		×
	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.			
15	Did the organization report on Part IX, column (A) line 3, more than \$5,000 of grants and the	14b		×
16	is any loreign organization? If res, complete schedule F. Parts II and IV	15		×
	assistance to or for foreign individuals? If "Yes," complete Schedule F. Parts III and IV	772565		T XX XX
17	Part IX. column (A) lines 6 and 11e2 If "Ves." complete Sehedule C. B. 11 C. Sehedule C	16		<u>×</u>
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.	17	-	×
19	bid the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 902	18	×	
20a	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		×
~	11 100 to lilie 20d, did the ordanization attach a conv of its sudited financial at a	20a		×
21	Did the diguillation report more than 30 mill of drants or other assistance to any description	20b	_	
	action government on Partix, Column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
	REV 07/26/20 RRO			

Part	Checklist of Required Schedules (continued)			Page
20	·		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			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22	×	-
	employees? If "Yes," complete Schedule J	23		
24a		20		×
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	1
С	to defease any tax-exempt bonds?	24c		
d	distribution and an on bolidii of looder for bolids dilistationed at any time diliting the veer)	24d	_	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified pages in a minimum transaction with a disqualified page in an excess benefit transaction with a disqualified page in an excess benefit transaction with a disqualified page in an excess benefit transaction with a disqualified page in an excess benefit transaction with a disqualified page in an excess benefit transaction with a disqualified page in an excess benefit transaction with a disqualified page in an excess benefit transaction with a disqualified page.	25a		×
	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			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		×
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		×
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties (see the Sahadula I	27		×
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributors to			
	res, complete scriedule L, Part IV	28a	1	×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	_	×
·	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes " assertion of the contributions of the contribution of the contribu	28c	-	X
30	conservation contributions? If "Yes" complete Schodula M	29		×
31	Did the organization sell, exchange, dispose of an transfer operations? If "Yes," complete Schedule N, Part I	30		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		×
33	Did the organization own 100% of an entity disregarded as separate from the organization.	32		×
34	res, complete Schedule R. Part I	33	A- 1	×
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	04		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		×
b	in 100 to line ood, did the ordanization receive any payment from or opens in any transaction in	Ooa		^
36	Section 501(c)(3) organizations. Did the organization make any transfers to a section 501(c)(3).	35b		
37	res, complete scriedule R. Part V. line 2	36		×
	and that is treated as a partnership for federal income tax purposes? If "Yes" complete School P. D. C. V.			
38	19? Note: All Form 990 filers are required to complete Schedule O	37		×
Part	Statements Regarding Other IRS Filings and Tax Compliance	38	×	
-157,100	Check if Schedule O contains a response or note to any line in this Part V	• •		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No
D	Enter the number of Forms W-2G included on line 1s. Enter O if not applicable			
C	bid the organization comply with backup withholding rules for reportable			
	reportable gaming (gambling) winnings to prize winners?	1c	×	

- CIE	- State of the sta		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 21		100	140			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	20					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over						
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		×			
D	See instructions for filing requirements for FinCEN Form 114 Depart of Finite B.						
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			8.1.			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		×			
C	If res to line 5a or 5b, did the organization file Form 8886-T?	5b		×			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c					
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	va					
_	girls were not tax deductible?	6b					
7 a	Organizations that may receive deductible contributions under section 170(c).			Table 1			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?						
b	If "Yes," did the organization notify the depart of the value of the	7a		×			
C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b					
	required to file Form 8282?	_					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		×			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bonefit contracts.	7e	100	×			
f	bid the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract?						
g	g in the organization received a contribution of qualified intellectual property, did the organization file Form 2000 as required to						
8	if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Farm 4000, on	7g 7h		in the same of the			
Ü	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?						
9	Sponsoring organizations maintaining donor advised funds.	8					
а	Did the sponsoring organization make any taxable distributions under section 4966?						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a					
10	Section 501(c)(7) organizations. Enter:	9b					
a	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11 a	Section 501(c)(12) organizations. Enter:						
b	Gross income from members or shareholders						
	against 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?	PATE .					
b	in res, enter the amount of tax-exempt interest received or accrued during the year	12a					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
b	Note: See the instructions for additional information the organization must report an Oak at 100	100					
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						
C	Enter the amount of reserves on hand			Big			
14a	Did the organization receive any payments for indoor tanning services during the tax year?						
b	11 165, 11d5 it liled a FOIII /20 to report these navmente? If "No " provide an audit of	14a		×			
15	the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in reconstruction	14b					
	parasitate payment(s) during the year?	15					
16	If "Yes," see the instructions and file Form 4720. Schedule N	10					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	1000			
17	" 100, complete roim 4720. Schedille ()			681			
2003	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?						
	If "Yes," complete Form 6069.	17					
			1	4-1-			

Part		and	-	Page 6
	Check if Schedule O contains a response or note to any line in this Part VI	1 1	- 1	
Sect	ion A. Governing Body and Management	•	•	. <u> </u> X
1a	Enter the number of voting members of the governing bady at the and of the transfer of the second of		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		×
	supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		U
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
6	Did the organization have members or stockholders?	6		×
7a	bid the organization have members, stockholders, or other persons who had the power to elect or appoint			
b	one or more members of the governing body?	7a		×
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		×
	the year by the following:			
a	The governing body?			
b	Each committee with authority to act on behalf of the governing body?	8a 8b	×	
9	is there any officer, director, trustee, or key employee listed in Part VII. Section A who cannot be reached at	on	^	
Casti	the organization's maining address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	ie Co	de.)	
10a			Yes	No
b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their procedures.	10a		×
	armides, and branches to ensure their operations are consistent with the organization's average			
11a	Has the organization provided a complete copy of this Form 000 to all manufacture of the	10b		
b	bescribe of Scriedule O the process, if any, used by the organization to review this Form 900	11a		×
12a	Did the organization have a written conflict of interest policy? If "No" go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose appually interests that sould also in a first section of the sould also in the	12b	×	
С	Did the digalization required and consistently monitor and enforce compliance with the art of the		^	
13	additional deficiency this was done.	12c	×	
14	Did the organization have a written whistleblower policy?	13	×	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons comparability data	14	×	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official			
b	other officers of key employees of the organization	15a	×	
	11 100 to life tod of 100. describe the process on Schodulo O. Coo instruction	15b	×	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
b	i 165, did the ordanization follow a written policy or procedure requiring the	16a		×
	example status with respect to such arrangements?			
	on C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ► FL			
18	Section 6104 requires an organization to make its Forms 1002 (1004 or 1004 A. If and III)	(secti	on 5	01(0)
	The passes inspection, indicate now you made these available. Check all that apply.	,0000	011 0	01(0)
19	Uwn website Another's website I I I I I I I I I I I I I I I I I I			
13	bescribe on schedule of whether (and it so, how) the organization made its governing the	intere	st po	olicy.
20	a tanable to the public during the tax year.			- , ,
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	ords •		
	DENISE NEGRON, 1123 CRESTWOOD BLVD, LAKE WORTH, FL 33460 (561)533-7227			

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

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individual or direct	unles er an	Pos neck	erson	e than or/trus: Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DEAN LUCE	1.00									
VICE PRESIDENT		×		×				0.	0.	0.
(2) JEANNETTE MOLINA BOARD MEMBER	1.00	×						0.	0.	
(3) MILA ARMAYOR	1.00							0.	0.	0.
BOARD MEMBER		×						0.	0.	
(4) FREDDY ASENCIO BOARD MEMBER	1.00							0.	0.	0.
		×						0.	0.	0.
(5) CHARLES LASKIN DAVID TREASURER	1.00	×		×				0.	0.	
(6) RYAN MILLET BOARD MEMBER	1.00	×								0.
(7) LYNN GAROD BOARD MEMBER	1.00	×						0.	0.	0.
(8) GAYLE ZAVALA	2.00	^		_		- 1000-1		0.	0.	0.
PRESIDENT	4.00	×		×				_		
(9) DENISE NEGRON EXECUTIVE DIRECTOR	40.00				×			0.	0.	0.
(10) DIANNE LERNER SECRETARY	1.00		777-		^			72,963.	0.	0.
(11)		×		×				0.	0.	0.
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, an	d F	lighest Compe	nsated Emplo	yees	(contii	nued	
	(A) Name and title	(B) Average hours per week	Position (do not check more than obox, unless person is both officer and a director/trus						(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estimated amoun of other compensation		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	orga	rom the nization organiz	and	
(15)							8							
(16)														
(17)													-	
(18)														
(19)														
(20)														
(21)														
(22)													14777	
(23)													141	
(24)														
(25)														
1b	Subtotal		<u> </u>			<u> </u>			72,963.	0.			0.	
d	Total from continuation sheets to Part Total (add lines 1b and 1c)								72 062					
2	Total number of individuals (including bur reportable compensation from the organi	not limited	to th	ose	list	ed	above	e) w	ho received more	e than \$100,000	of		0.	
3	Did the organization list any former of	officer, dire	ector.	tru	stee	e k	ev e	mnl	ovee or highes	t compensated		Yes	No	
4	employee on line 1a? If "Yes," complete a For any individual listed on line 1a, is the organization and related organizations	schedule J sum of re	<i>for su</i> portal	uch ole d	indi	ividu nper	<i>ial</i> Isatio	n a	nd other compar		3		×	
5	Did any person listed on line 1a receive of	r accrue co	 ompei	nsat	tion	fror	m anv		related organizat				×	
Secti	for services rendered to the organization on B. Independent Contractors	? If "Yes," c	ompl	ete	Sch	nedu	ile J f	or s			5		×	
1	Complete this table for your five high compensation from the organization. Repo	est compe	ensate sation	ed i	inde the	eper e cal	ndent	co r ye	entractors that rar ending with or	eceived more to	than \$	100,00	00 of	
	(A) Name and business add								(B) Description of serv		(C) Compen		y our.	
		weeth — Wild												
2	Total number of independent contracto	rs (includir	ng bu	t no	ot li	imit	ed to	th	ose listed above	e) who				
	received more than \$100,000 of compens	ation from t	he or	gani	izati	on I	>			- MANAGE				

manual and	+ VIII	Statement of Re								Page 9
ı aı	CVIII.	Check if Schedule	Oc	ue ontains a r	espoi	nse or note to a	ny line in this D	art VIII		
						ios of floto to d	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaig			1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues		* * *	1b					
S, C	d	Fundraising events Related organizatio		* * *	1c	67,246.				
iar iar	e	Government grants	ins .	tributions	1d 1e	226 225				
ns,	f	All other contribution	ns, q	ifts, grants	16	226,225.				
er S		and similar amounts n	ot inc	luded above	1f	1,008,061.				
현	g	Noncash contribution	ons ir	ncluded in		2,000,001.				
ont		lines 1a-1f			1g	\$				
O a	h	Total. Add lines 1a-	-1f .			🕨	1,301,532.			
Q.	20					Business Code				
ž Š	2a b						The second secon			
Program Service Revenue	C									
	d									
P. S.	e									
Pro	f	All other program se	ervice	e revenue						
	g	Total. Add lines 2a-	-2f .			>		Brown Co.		
	3	Investment income	(inc	luding div	idend	s, interest, and				
		other similar amour	nts) .			🕨	-56,181.	0.	0.	-56,181.
	4	Income from investr	ment	of tax-exer	npt bo	ond proceeds				
	5	Royalties		· · ·						
	6a	Gross rents	6a	(i) Rea	al	(ii) Personal				
	b	Less: rental expenses								
	C	Rental income or (loss)								
	d	Net rental income o		s)		•			/Highle/	
	7a	Gross amount from		(i) Secur		(ii) Other				
		sales of assets			T					
628		other than inventory	7a							
Jue	D	Less: cost or other basis and sales expenses .								
Ne.	С	Gain or (loss)	7b							
a.	d	Net gain or (loss)	7c							
Other Revenue	8a	Gross income from			· · ·	•				
ō		events (not including	\$ 6	7.246.						
		of contributions rep	porte	d on line						
		1c). See Part IV, line			8a					
	b	Less: direct expense	es .		8b					
	9a	Net income or (loss)	from	n fundraisir	ng eve	nts ▶				
	Ja	Gross income f activities. See Part I	rom V lin	gaming						
	b	Less: direct expense			9a					
	C	Net income or (loss)	from	· · ·	9b					
	10a	Gross sales of in	vent	orv. less	CHVILLE	es >				
		returns and allowand	ces		10a					
	b	Less: cost of goods	sold		10b					
	С	Net income or (loss)	from	sales of ir	vento	ory >				
Sno						Business Code				
Miscellaneous Revenue	11a									
ella Ver	b									
Sce	d	All other revenue								
Σ	-	Total. Add lines 11a	 11d							
	12	Total revenue. See	instr	uctions		>	1 245 251			

1,245,351

0.

Total revenue. See instructions

0.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must con

3 4 5 6 6 7 8 1	include amounts reported on lines 6b, 7b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. Grants and other assistance to domestic individuals. See Part IV, line 22. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Other salaries and wages. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	(A) Total expenses 193,950. 72,963.	(B) Program service expenses 193,950.	Management and general expenses 2,911.	(D) Fundraising expenses
2 3 4 5 6 6 7 7 8 1	Grants and other assistance to domestic individuals. See Part IV, line 22	72,963.	70,052.		
3 4 5 6 6 7 8 1	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Other salaries and wages. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,963.	70,052.	2,911.	0
4 5 6 6 7 7 8 1	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members	72,963.	70,052.	2,911.	0
5 6 6 7 8 I	Compensation of current officers, directors, trustees, and key employees			2,911.	0.
6 (7 (8	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			2,911.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	480,823.	AC1 FO2		
			461,583.	19,240.	0.
	Other employee benefits	12,416.	11,174.	1,242.	0.
9 (53,452.	48,107.	5,345.	0.
10	Payroll taxes	45,635.	41,072.	4,563.	0.
11	Fees for services (nonemployees):				
a l	Management				
C	Legal				
d i	Accounting	11,500.	6,209.	5,291.	0.
e	Professional fundraising services. See Part IV, line 17				
f	nvestment management fees				
g (Other. (If line 11g amount exceeds 10% of line 25, column				
(A), amount, list line 11g expenses on Schedule O.)	42 050	02 720		
	Advertising and promotion	43,958.	23,738.	20,220.	0.
13 (Office expenses	24,106.	20 426	2 500	
	nformation technology	24,100.	20,426.	3,680.	0.
15 F	Royalties				
16 (Occupancy	27,066.	20,822.	6,244.	-
17	ravel	11,303.	11,303.	0,244.	0.
18	Payments of travel or entertainment expenses or any federal, state, or local public officials		11,303.	0.	0.
19 (Conferences, conventions, and meetings .	150.	150.	0.	
20	nterest		150.	0.	0.
21 F	Payments to affiliates				
22 [Depreciation, depletion, and amortization .	7,640.	7,258.	382.	0.
23	nsurance	23,240.	8,164.	15,076.	0.
24 (Other expenses. Itemize expenses not covered				
li	above. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column				
(A), amount, list line 24e expenses on Schedule O.)				
	EVENTS				
	EMERGENCY FUND FOOD	16,661.	6,831.	4,165.	5,665.
	FRAINING & DEVELOPMENT	2,159.	0.	2,159.	0.
	REPAIRS	238.	238.	0.	0.
	All other expenses	29,523.	11,915.	17,608.	0.
25 T	otal functional expenses. Add lines 1 through 24e	1,056,783.	042.002	400 400	
26 J o fr fr	oint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and undraising solicitation. Check here □ if ollowing SOP 98-2 (ASC 958-720)	1,030,783.	942,992.	108,126.	5,665.

Part X Balance Sheet
Check if Schedule O

1 2 3	Cash—non-interest-bearing			End of year
3			1	
(50)	Savings and temporary cash investments	922,017.	2	1,328,465.
	Pledges and grants receivable, net	39,532.	3	34,248.
4	Accounts receivable, net		4	31,240.
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .			
空 7	Notes and loans receivable, net		6	
Assets	Inventories for sale or use		7	
8 9	Prepaid expenses and deferred charges		8	
10a	Land, buildings, and equipment: cost or other		9	
	basis. Complete Part VI of Schedule D 10a 465,112.		173	
b	Less: accumulated depreciation 10b 83,095.	200 655		SAME SOUND
11	Investments—publicly traded securities	389,657.	10c	382,017.
12	Investments—other securities. See Part IV, line 11	604 065	11	
13	Investments—program-related. See Part IV, line 11	604,265.	12	546,481.
14	Intangible assets		13	
15	Other assets. See Part IV, line 11	16 000	14	
16	Total assets. Add lines 1 through 15 (must equal line 33)	16,033.	15	16,380.
17	Accounts payable and accrued expenses	1,971,504.	16	2,307,591.
18	Grants payable	31,633.	17	32,121.
19	Deferred revenue	205 522	18	
20	Tax-exempt bond liabilities	325,533.	19	472,564.
21	Escrow or custodial account liability. Complete Part IV of Schedule D .		20	
9 22	Loans and other payables to any current or former officer, director,		21	
Liabilities 33	trustee, key employee, creator or founder, substantial contributor, or 35%			
ig	controlled entity or family member of any of these persons			
23	Secured mortgages and notes payable to unrelated third parties		22	
24	Unsecured notes and loans payable to unrelated third parties		23	
25	Other liabilities (including federal income tax, payables to related third		24	
	parties, and other liabilities not included on lines 17–24). Complete Part X			
	of Schedule D	0	05	
26	Total liabilities. Add lines 17 through 25	0. 357,166.	25	0.
8	Organizations that follow FASB ASC 958, check here ▶ ☑	337,100.	26	504,685.
2	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	829,253.	27	770 045
28	Net assets with donor restrictions	785,085.	28	770,015.
<u> </u>	Organizations that do not follow FASB ASC 958, check here	705,005.	20	1,032,891.
7	and complete lines 29 through 33.			
Net Assets or Fund Balances 25 25 25 25 25 25 25 25 25 25 25 25 25	Capital stock or trust principal, or current funds		29	
g 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ğ 31	Retained earnings, endowment, accumulated income, or other funds		31	
₩ 32	Total net assets or fund balances	1,614,338.	32	1,802,906.
33	T 1 1 H 1 H 1 H 2 T 2 T 3 T 3 T 3 T 3 T 3 T 3 T 3 T 3 T	-, 011,000	4	1.007.906

Par	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		45,3			
2	Total expenses (must equal Part IX, column (A), line 25)	2		56,7			
3	Revenue less expenses. Subtract line 2 from line 1	3		88,5			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		14,3			
5	Net unrealized gains (losses) on investments	5			-		
6	Donated services and use of facilities	6			110000		
7	Investment expenses	7					
8	Prior period adjustments	8	100				
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	1,8	02,9	06.		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
1				Yes	No		
	Accounting method used to prepare the Form 990: Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a Were the organization's financial statements compiled or reviewed by an independent							
and a second interior statements combiled of leviewed by an independent accompants							
	If "Yes," check a box below to indicate whether the financial statements for the year were co reviewed on a separate basis, consolidated basis, or both:	npiled or		E813	larn.		
b	Separate basis Consolidated basis Both consolidated and separate basis						
	Were the organization's financial statements audited by an independent accountant?		2b	×			
	If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both:	ited on a					
C	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the contract of						
	the audit, review, or compilation of its financial statements and selection of an independent account	ersight of					
	If the organization changed either its oversight process or selection process during the tax year, e	ant? .	2c	×			
	Schedule O.	xplain on					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for						
	Single Audit Act and OMB Circular A-133?	nth in the	28				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un		3a		×		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	ergo the					
		audits .	3b				
	REV 07/25/22 PRO		Forn	n 990	(2021)		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

la truet

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization 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.

ation. Inspection

Employer identification number

FAR	MWC	RKE	R COORDINATING CO	UNCIL OF PA	LM BEACH COUNT	Y		59-1830267	
	rt I	F	Reason for Public Cha	rity Status. (Al	l organizations mus	t compl	ete this	part.) See instruction	ons.
The	orga	iniza	tion is not a private founda	ation because it i	s: (For lines 1 through	12, che	ck only o	ne box.)	
1		A ch	urch, convention of churc	hes, or associati	on of churches descr	ibed in s	ection 17	O(b)(1)(A)(i).	
2		A sc	hool described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990).)	(-)(-)(-)(-)	
3		A ho	spital or a cooperative ho	spital service org	ganization described i	n sectio	n 170(b)(1)(A)(iii).	
4		A m	edical research organization	on operated in co	onjunction with a hos	pital desc	cribed in	section 170(b)(1)(A)	(iii) Enter the
		hosp	oital's name, city, and stat	e:	,			3000001110(D)(1)(A)	(iii). Litter the
5		An o	organization operated for tion 170(b)(1)(A)(iv). (Com	the benefit of a plete Part II.)	college or university	owned o	or operate	ed by a government	al unit described in
6		A fee	deral, state, or local gover	nment or govern	mental unit described	in secti	on 170/h	V4VAV64	
7	X	An c	organization that normally cribed in section 170(b)(1)	receives a subs	tantial part of its sup	port fron	n a gover	nmental unit or fron	n the general public
8			mmunity trust described i			Dort II \			
9		An a	aricultural research organ	ization describe	d in acetion 170/h/d	(AVG.)			
	_	univ	gricultural research organ niversity or a non-land-gra ersity:	int college of agr	iculture (see instruction	ons). Ente	er the nar	ne, city, and state of	the college or
10		supr	rganization that normally ipts from activities related port from gross investmen lired by the organization of	t income and un	related husiness tava	nain exc	eptions; a	and (2) no more than	
11	П	And	uired by the organization a	diter burie 50, 19	75. See section 509(8	a)(2). (Co	mplete Pa	art III.)	
12	Н	Ano	rganization organized and	operated exclusion	sively to test for public	c safety.	See sect	ion 509(a)(4).	
		one	rganization organized and	d organizations d	vely for the benefit of,	to perfor	m the fur	octions of, or to carry	out the purposes of
		the b	or more publicly supported box on lines 12a through 12	2d that describes	the type of supporting	os(a)(1) c	or section	1 509(a)(2). See sect	ion 509(a)(3). Check
a			Type I A supporting organ	ization operates	l automicad an and	y organiz	alion and	complete lines 12e,	12f, and 12g.
		i t	Type I. A supporting organization	(s) the power to	, supervised, or contr	folled by	its suppo	rted organization(s),	typically by giving
		S	he supported organization supporting organization. Y	ou must comple	tegularly appoint or e	A and B	ajority of 1	the directors or trust	ees of the
b			Type II A supporting error	ou must comple	ete Part IV, Sections	A and B	•		
			Type II. A supporting orga	nization supervis	sed or controlled in co	nnection	with its	supported organizati	on(s), by having
			control or management of organization(s). You must	complete Port	V Sections A and O	the same	epersons	that control or man	age the supported
c	:		ype III functionally integ	rated. A suppor	ting organization oper	rated in c	onnectio	n with, and functions	ally integrated with,
			s supported organization	(S) (See Instruction	ns). You must comp	lete Part	IV, Sect	ions A, D, and E.	
C		ַ ו	ype III non-functionally into	integrated. A su	pporting organization	operate	d in conn	ection with its suppo	orted organization(s)
			nat is not functionally inte	grated. The orda	nization generally mu	et eatiefy	a dietribu	ition requirement an	d an attentiveness
		'	equirement (see instructio	ris). You must c	omplete Part IV, Sec	ctions A	and D, ar	nd Part V.	
e		0.00	Check this box if the organunctionally integrated, or I	ype iii non-lunc	tionally integrated sur	on from toporting	he IRS th organizat	at it is a Type I, Type ion.	e II, Type III
Ť	E	nter t	the number of supported of	organizations .					
9	Р	rovid	e the following information	n about the supp	orted organization(s).				
	(i) N	Name (of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1–10		ur governing	support (see	other support (see
					above (see instructions))	docu	ment?	instructions)	instructions)
						Yes	No		
A)							0.730		
B)									
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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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

	idar year (or fiscal year beginning in)	(=) 0017	(h) 0040	(1) 0010	/ D 2022		
1	Gifts, grants, contributions, and	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	000 406					
0		978,176.	915,396.	998,231.	1,516,325.	1,301,532.	5,709,660.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
3	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	978,176.	915,396.	998 231	1 516 325	1 201 522	5,709,660.
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)	370,170.	313,390.	390,231.	1,310,323.	1,301,532.	5,709,660.
6	Public support. Subtract line 5 from line 4						F 700 660
Secti	on B. Total Support						5,709,660.
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(a) 2001	(6) T-1-1
7	Amounts from line 4	978,176.	915,396.			(e) 2021	(f) Total 5,709,660.
8	Gross income from interest, dividends,	3,0,1,0.	313,330.	330,231.	1,310,323.	1,301,532.	5,709,660.
	payments received on securities loans, rents, royalties, and income from similar sources	8,353.	11,766.	12,986.	52,240.	-56,181.	20.164
9	Net income from unrelated business activities, whether or not the business is regularly carried on		±=,,,,,,,,	12,500.	32,240.	-56,181.	29,164.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						F 530 004
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	5,738,824.
13	First 5 years. If the Form 990 is for the organization, check this box and stop her	organization's	s first, second	, third, fourth,	or fifth tax ye	ear as a section	on 501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentad	e				
14 15 16a	Public support percentage for 2021 (line 6) Public support percentage from 2020 Sch 331/3% support test—2021. If the organi	nedule A, Part I	II, line 14 .			1 0/	99.49 % 98.21 % check this
b	box and stop here. The organization qual 33 ¹ / ₃ % support test—2020. If the organization this box and stop here. The organization	zation did not	check a hov o	n line 12 or 16	a and line 15	:- 001 o/	
	this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.						
b	15 is 10% or more, and if the organization in Part VI how the organization meets the organization	n meets the fa	anization did n cts-and-circur cumstances te	ot check a bo nstances test, st. The organi	x on line 13, 1 check this bo zation qualifies	6a, 16b, or 17 x and stop he s as a publicly	a, and line re. Explain supported
18	Private foundation. If the organization of instructions	ald not check	a box on line	13 160 16h	170 or 17h	1 - 41-1- 1	MAN TO CONTROL OF THE CONTROL OF
				13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s		

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.)

	ion A. Public Support				•		
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees				(4) 2020	(0) 2021	(i) Total
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	MII					
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(0) 2001	(6) T-1-1
9	Amounts from line 6	(-/	(2) 2010	(0) 2013	(u) 2020	(e) 2021	(f) Total
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						
С	Add lines 10a and 10b	- Harris Warner Statistics					
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						1
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						1
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization's	s first second	third fourth	or fifth tour up		
	signification, check this box and stop her	е	그리 그리 그리 그리 그리	, ama, ioaitii,	or milit tax ye	ar as a secti	on 501(c)(3)
Secti	on C. Computation of Public Support	Percentad	e			717-44-01	
15	Public support percentage for 2021 (line 8)	column (f) d	ivided by line	3 column (f)		45	
16	Fublic support percentage from 2020 Scho	edule A. Part	III line 15	(i))		15	%
Secti	on b. Comparation of investment inc	ome Percei	ntage				%
17	Investment income percentage for 2021 (li	ne 10c. colum	n (f) divided b	v line 13 colu	mn (fl)	47	
18	investment income percentage from 2020	Schedule A	Part III line 17				<u>%</u>
19a	oo 370 Support tests—2021. If the organiz	ration did not	chack the have	on line 44	1 11 4 - 1	18	%
	the the than 60 /5/0, check this box a	nu stob nere.	The organization	an auglifiae ac	nublish aum	and a second second	
			- Jan neath	quannos as a	A Publicity Suppo	nteu organiza	tion . $ ightharpoonup$
b	oo io io duppoi i lesis—2020. Il lile organiza	ation aid not c	hank a hay an	ing 41 au line d	A- III	io mague 11.	001 0/
b	33¹/₃% support tests—2020. If the organization 18 is not more than 33¹/₃%, check this be Private foundation. If the organization did	ox and stop h	heck a box on l ere. The organi	line 14 or line 1 zation qualifies	9a, and line 16	innorted area	nineties b

Part IV Supporting Organizations

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

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

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Part	Supporting Organizations (continued)			Page 5
			Yes	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		
b	,	11b		
C	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.			
Secti	ion B. Type I Supporting Organizations	11c		
	is the state of th		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.		res	No
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		
Sect	ion C. Type II Supporting Organizations			
1	Wara a majority of the averagination's disease and the second sec		Yes	No
ľ	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).	1		
Sect	ion D. All Type III Supporting Organizations			
1	Did the exemination provide to a later to the first termination and the first termination are the first termination and th		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	1		
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		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
2	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.			
a			Yes	No
	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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	2b		
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	3a		
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.	3b		

(see instructions).

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Or			Page
The second second	The state of the s	gani	zations	
	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g tru	st on Nov. 20, 1970 (exp	lain in Part VI). See
Sect	tion A-Adjusted Net Income	IIZat	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4	C XX	
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	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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).			
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	ACCES OF THE PARTY	
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		
-	, , , , , , , , , , , , , , , , , , , ,	0		

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continue	ed)	Page I
Sect	ion D—Distributions	, ,,		J	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	<u> </u>	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
_ 5	Qualified set-aside amounts (prior IRS approval required-	provide 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 whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:	Percentage Sections			
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Part VI	Page O
PartVI	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, and 3b; Part V, line 4, Part V, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, and 3b; Part V, line 4, Part V, Section E, lines 1c, 2a, 2b, and 3b; Part V, line 4, Part V, Section E, lines 1c, 2a, 2b, and 3b; Part V, line 4, Part V, Section E, lines 1c, 2a, 2b, and 3b; Part V, line 4, Part V, Section E, lines 1c, 2a, 2b, and 3b; Part V, line 4, Part V, Section E, lines 1c, 2a, 2b, and 3b; Part V, line 4, Part V, Section E, lines 1c, 2a, 2b, and 3b; Part V, line 4, Part V, Section E, lines 1c, 2a, 2b, and 3b; Part V, line 4, Part V, Section E, lines 1c, 2a, 2b, and 3b; Part V, line 4, Part V, Section E, lines 1c, 2a, 2b, and 3b; Part V, line 4, Part V, Section E, lines 1c, 2a, 2b, and 3b; Part V, line 4, Part V, Section E, lines 1c, 2a, 2b, and 3b; Part V, line 4, Part V, Section E, lines 1c, 2a, 2b, and 3c, 2b, an
	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.)

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

FARMWORKER COORDINATING COUNCIL OF PALM BEACH COUNTY 59-1830267 Organization type (check one): Filers of: Section: Form 990 or 990-F7 × 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

FARMWORKER COORDINATING COUNCIL OF PALM BEACH COUNTY

Employer identification number 59-1830267

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	LESLIE ALEXANDER FOUNDATION 110 E. ATLANTIC AVE STE 320 WEST PALM BEACH FL 33405	\$ 250,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BATCHELOR FOUNDATION 1680 MICHIGAN AVE PH 1 MIAMI BEACH FL 33139	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MARY ALICE FORTIN FOUNDATION 201 CHILEAN AVE PALM BEACH FL 33480	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	KENAN CHARITABLE TRUST PO BOX 3858 CHAPEL HILL NC 27515	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE JIM MORAN FOUNDATION 100 JIM MORAN BLVD DEERFIELD BEACH FL 33442	\$\$. \$135,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	QUANTUM FOUNDATION 2701 N. AUSTRAILIAN AVE STE 200 WEST PALM BEACH FL 33407	\$\$50,000.	Person X Payroll

FARMWORKER COORDINATING COUNCIL OF PALM BEACH COUNTY

Employer identification number

59-1830267

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	TOWN OF PALM BEACH UNITED WAY 440 COCOANUT ROW STE M201 PALM BEACH FL 33480	\$ 94,667.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	FLORIDA BLUE FOUNDATION 4800 DEERWOOD CAMPUS PARKWAY DC C3-4 JACKSONVILLE FL 32246	\$85,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	UNITED WAY PBC 477 SOUTH ROSEMARY AVE STE 230 WEST PALM BEACH FL 33401	\$99,500.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10 (a)	LAWRENCE A SANDERS FOUNDATION 1900 CORPORATE BLVD NW STE 201E BOCA RATON FL 33431	\$ 10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11 (a)	PALM BEACH COUNTY COMMUNITY SERVICE DEPT 810 DATURA STREET WEST PALM BEACH FL 33401	\$242,847.	Person X Payroll			
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12	AJRAM FAMILY FOUNDATION 3740 S OCEAN BLVD #808 BOCA RATON FL 33487	\$15,000.	Person X Payroll			

FARMWORKER COORDINATING COUNCIL OF PALM BEACH COUNTY

Employer identification number

59-1830267

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13 (a)	FRANKL & KOMINSKY PA 2240 WOOLBRIGHT ROAD BOYNTON BEACH FL 33426	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	FUND II FOUNDATION 401 CONGRESS AVE STE 3100 AUSTIN TX 78701	\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	JOHN ULBRICH CHARITABLE TRUST 1323 SE 3RD AVE FORT LAUDERDALE FL 33316	\$	Person X Payroll
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	TOWN OF PALM BEACH 44 COCOANUT ROW M201 PALM BEACH FL 33480	\$ 18,333.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	SEASON TO SHARE FUND 700 SOUTH DIXIE HWY STE 200 WEST PALM BEACH FL 33401	\$6,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	THE SPARKJOY FOUNDATION 4518 N 32ND ST PHOENIX AZ 850183303	\$5,000.	Person X Payroll

Employer identification number

FARMWORKER COORDINATING COUNCIL OF PALM BEACH COUNTY 59-1830267 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) from (d) FMV (or estimate) Description of noncash property given Part I **Date received** (See instructions.) (a) No. (c) FMV (or estimate) (b) from (d) Description of noncash property given Part I Date received (See instructions.) (a) No. (c) from (d) FMV (or estimate) Description of noncash property given Part I Date received (See instructions.) (a) No. (c) FMV (or estimate) (b) from (d) Description of noncash property given Part I Date received (See instructions.) (a) No. (c) from (b) (d) FMV (or estimate) Description of noncash property given Part I Date received (See instructions.) (a) No. (c) FMV (or estimate) (b) from (d) Description of noncash property given Part I Date received (See instructions.)

	orm 990) (2021)			Daga
Name of org				Employer identification number
Part III	EXER COORDINATING COUNCIL OF Exclusively religious, charitable, etc (10) that total more than \$1,000 for the following line entry. For organizatic contributions of \$1,000 or less for the	c., contributions to organ the year from any one co ons completing Part III, en	ntributor. Complete ter the total of exclus	in section 501(c)(7), (8), or columns (a) through (e) and
	Use duplicate copies of Part III if addi	tional space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
_	Transferee's name, address, and	(e) Transfer of gif		ansferor to transferee
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
-				*************************************
-				
	Transferee's name, address, and	(e) Transfer of git		ansferor to transferee
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
-		(e) Transfer of gif		
	Transferee's name, address, and	Section 2.1 representation for the section of the s		insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
	Transferee's name, address, and	(e) Transfer of gif		nsferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number FARMWORKER COORDINATING COUNCIL OF PALM BEACH COUNTY 59-1830267 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 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 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No 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 day of the tax year. Held at the End of the Tax Year 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ 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 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 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) 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. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Par	Urganizations Maintaining (Collections of Art. His	torical Treasures.	or Other Similar	Assets (continued)
3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and other reco	rds, check any of the	e following that make	e significant use of its
a	☐ Public exhibition	d	Loan or exchange	e program	
b	☐ Scholarly research	е	Other		
C	☐ Preservation for future generations				
4	Provide a description of the organization XIII.				
5	During the year, did the organization sassets to be sold to raise funds rather t	olicit or receive donation	ns of art, historical tr	easures, or other sim	
Par	IV Escrow and Custodial Arrar			orro conconorri .	· Yes No
	Complete if the organization a 990, Part X, line 21.	answered "Yes" on For			
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or other intern	nediary for contribut	ions or other assets	not Yes No
b	If "Yes," explain the arrangement in Par	t XIII and complete the fo	ollowing table:		Amount
C	Beginning balance			1c	Amount
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance			1f	
2a	Did the organization include an amount	on Form 990, Part X, line	21, for escrow or cu	stodial account liabil	ity? Yes No
b	if "Yes," explain the arrangement in Par	t XIII. Check here if the e	xplanation has been	provided on Part XIII	
Par	Endowment Funds.			in the second se	
	Complete if the organization a	answered "Yes" on For	m 990, Part IV, line	10.	
	B 1 1 1 1 1 1 1	(a) Current year (b) Pri	or year (c) Two year	s back (d) Three years ba	ack (e) Four years back
1a	Beginning of year balance			the state of the s	
b	Contributions			- And the second	
С	Net investment earnings, gains, and				
	losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the	e current year end balanc	e (line 1g, column (a)) held as:	
a	Board designated or quasi-endowment	%			
b	Permanent endowment	%			
С	Term endowment ▶%				
32	The percentages on lines 2a, 2b, and 2a	c should equal 100%.			
Ja	Are there endowment funds not in the organization by:	possession of the organi	zation that are held a	and administered for	the
					Yes No
	(i) Unrelated organizations(ii) Related organizations			10 81 02 180 180 80 80	. 3a(i)
h					. 3a(ii)
4	If "Yes" on line 3a(ii), are the related org	lanizations listed as requi	red on Schedule R?		. 3b
Part	Describe in Part XIII the intended uses of Land, Buildings, and Equipn	of the organization's endo	wment funds.		
		nent.	- 000 5		
	Complete if the organization a	riswered Yes on For	m 990, Part IV, line	11a. See Form 99	0, Part X, line 10.
10		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0.			0.
b	Buildings		349,451.	51,203.	298,248.
C C	Leasehold improvements		17,963.	9,004.	8,959.
d	Equipment		97,698.	22,888.	74,810.
e Total	Other				
i otal.	Add lines 1a through 1e. (Column (d) mu	ist equal Form 990, Part)	(, column (B), line 10	c.)	382,017.

	Investments – Other Securities. Complete if the organization answered "Yes" or	Form 900 Part IV Jin	o 11h Co	Page
	(a) Description of security or category	(b) Book value		(c) Method of valuation:
(d) [:is	(including name of security)	985.	Co	st or end-of-year market value
	Il derivatives			
(2) Other E	held equity interests			
(A) ETDC	IRST HORIZON CD 0784	27,774.	FMV	
	T HORIZON CD 0190 T HORIZON CD 0204	27,720.	FMV	
	T HORIZON CD 0212	27,765.	FMV	
	T HORIZON CD 4260	27,750.	100000000000000000000000000000000000000	
	ILL LYNCH INVESTMENTS	27,842.	FMV	
(F)	TOD DINCH INVESTMENTS	407,630.	FMV	
(G)				
(H)				
	ımn (b) must equal Form 990, Part X, col. (B) line 12.)	FAC 401		
Part VIII	Investments—Program Related.	▶ 546,481.		
	Complete if the organization answered "Yes" on	Form 990 Part IV lin	0 110 800	Farm 000 B-+1 V II- 40
	(a) Description of investment		110. 500	
	(4) assurption of involution	(b) Book value	Cos	(c) Method of valuation: st or end-of-year market value
(1)				- Tarket value
(2)				
(3)				
(4)				
(5)				the state of the s
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lin	e 11d See	Form 990 Part V line 15
	(a) Description		o 114. 000	(b) Book value
(1)				(b) Book value
(2)				
(3)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9)				
(3) (4) (5) (6) (7) (8) (9) Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)			. >
(3) (4) (5) (6) (7) (8) (9)	Other Liabilities.			
(3) (4) (5) (6) (7) (8) (9) Total. (Colu	Other Liabilities. Complete if the organization answered "Yes" on		e 11e or 11	
(3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X	Other Liabilities. Complete if the organization answered "Yes" on line 25.		e 11e or 11	
(3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		 e 11e or 11	f. See Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Columnation X	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		 e 11e or 11	
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) n/a	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		 e 11e or 11	f. See Form 990, Part X, (b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) n/a (3)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		 e 11e or 11	f. See Form 990, Part X, (b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		 e 11e or 11	f. See Form 990, Part X, (b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Columna Part X 1. (1) Federal in (2) n/a (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		e 11e or 11	f. See Form 990, Part X, (b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		e 11e or 11	f. See Form 990, Part X, (b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Columer X 1. (1) Federal in (2) n/a (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		e 11e or 11	f. See Form 990, Part X, (b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) n/a (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		e 11e or 1	f. See Form 990, Part X, (b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Colument X) 1. (1) Federal in (2) n/a (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes		e 11e or 11	f. See Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) n/a (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (2) Total. (Column Part X	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes	Form 990, Part IV, lin		f. See Form 990, Part X, (b) Book value 0.

Par	manus production of the state o	Retur	Page 4 n.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	1,245,351.
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,245,351.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
5	Add lines 4a and 4b	4c	
Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,245,351.
rait		er Ret	urn.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	1,056,783.
а	Denoted consists and a section of a section of the		
b	Delegation and the state of the		
C	Other locace		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	0-	
3	Subtract line 2e from line 1	2e	1 056 500
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	1,056,783.
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,056,783.
	Supplemental Information.		
Pt X	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in Line 2: THE COUNCIL IS A TAX EXEMPT, NOT FOR PROFIT CORPORATION UN	formati	ion.
	SECTION 501(c)(3). ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BE	EN M	ADE
IN T	HE ACCOMPANYING FINANCIAL STATEMENTS.		

Schedule D (Fo	rm 990) 2021	Page !
Part XIII	Supplemental Information (continued)	raye

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service
Name of the organization

Employer identification number

	WORKER COORDINATING C	The second secon				59-1830267	
Par	Fundraising Activities Form 990-EZ filers are	 Complete if the complete if the complete in the c	he organiza complete	ation answ this part.	vered "Yes" on I	Form 990, Part IV,	line 17.
1 a	Indicate whether the organizati Mail solicitations	on raised funds	through any	of the follo	owing activities. C	ment grants	
b	Internet and email solicitation	ons	f L		ion of government		
С	Phone solicitations		g	Special	fundraising events	3	
d	In-person solicitations						
2a b	Did the organization have a wr or key employees listed in Forn If "Yes," list the 10 highest pair compensated at least \$5,000 b	n 990, Part VII) o d individuals or (or entity in co entities (fund	onnection	with professional f	fundraising services	? Tyes No
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No			
2							
3							
4							
5							
6							
7							
8							
9							
10							
otal							
3	List all states in which the organization or licensing.	anization is regis	stered or lic	ensed to s	olicit contribution	s or has been notifie	ed it is exempt fron

					THE RESIDENCE OF THE PARTY OF T		

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

			(a) Event #1 HOLIDAY LUNCHEON (event type)	(b) Event #2 ANNIVERSARY GALA (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	26,747.		(Communication)	60,205.
	3	Less: Contributions Gross income (line 1 minus line 2)	26,747.	33,458.		60,205.
	4	Cash prizes		·		00,203.
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Expe	7	Food and beverages	5,776.	10,593.		16,369.
Direc	8	Entertainment				
	9	Other direct expenses .				
Pa	10 11 rt III	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, o	column (d)		16,369. 43,836.
		\$15,000 on Form 990-EZ	Z, line 6a.	sied res on Forms	990, Part IV, line 19, 6	or reported more than
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes%	☐ Yes %	
	7	Direct expense summary. Add	d lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	. Subtract line 7 from li	ne 1, column (d)		
	a Is	nter the state(s) in which the org the organization licensed to co "No," explain:	ganization conducts ga nduct gaming activities	ming activities:s in each of these states	?	Yes No
10	a W b If	"Yes."t-i-	aming licenses revoked	, suspended, or termina	ited during the tax year?	Yes No

11	Does the organization conduct garages estimates with		Page 3
	Does the organization conduct gaming activities with nonmembers?	☐ Yes	_ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
92	formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		A-1
a	The organization's facility		%
b	An outside facility		70 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		70
	records:		
	Nama		
	Name ►		
	Address ►		
15a	a contract with a tillid party from whom the ordanization receives damind		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
C	If "Yes," enter name and address of the third party:		
	Name ▶		
	Name ►		
	Address ▶		
	Address -		
16	Gaming manager information:		
	Name >		
	Name▶		
	Gaming manager compensation ► \$		
	Description of any income that b		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
47	Manufacture d'action d'action		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental Information. Provide the explanations required by Part I line 2b, columns (iii) and (v). and
	rait in, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	al inforr	nation
	See instructions.	iai iiiioii	nation.

Schedule G (Form 990) 2021

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

59-1830267

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

FARMWORKER COORDINATING COUNCIL OF PALM BEACH COUNTY

No X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Part Dart II

	Grants and Orner Assistance to Domestic Organ Part IV, line 21, for any recipient that received more	ssistance to Do y recipient that	received more th	ations and born an \$5,000. Part I	l estic Governm I can be duplica	inzations and Domestic Governments. Complete if the organization than \$5,000. Part II can be duplicated if additional space is needed.	tne organization answe pace is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(9)								
(7)								
(8)								3
(6)								
(10)								
(11)								
(12)								
2 Enter 3 Enter	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	501(c)(3) and gove ganizations listed	ernment organizati in the line 1 table	ons listed in the lir	ne 1 table			A A
For Paperwor	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ee the Instructions		BAA			REV 07/25/22 PRO	30 Schedule I (Form 990) 2021

Schedule I (Fo	Schedule I (Form 990) 2021
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(e) Method of valuation (book, FMV, appraisal, other)								Supprental information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.				
	(d) Amount of noncash assistance								z; Part III, column (b)				
	(c) Amount of cash grant								quired in Part I, line				
al space is needed.	(b) Number of recipients								the information rec				
i ait ill call de duplicated il additional space is needed.	(a) Type of grant or assistance								Suppliemental imormation, Provide				
		-	8	ო	4	ro	9	7	ATTO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047 2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

FARMWORKER COORDINA	ATING COUNCIL	OF	PALM	BEACH	COUNTY
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Employer identification number

59-1830267

Pt VI, Line 15a: THE EXECUTIVE DIRECTOR REVIEWS FOR COMPLETENESS AND ACCURACY AND THEN IT IS REVIEWED BY THE AUDIT COMMITTEE. AFTER THEIR REVIEW, IT IS SEND TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL. A COPY IS MADE AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS. Pt VI, Line 12c: THE FARMWORKERS COORDINATING COUNCIL HAS POLICIES IN PLACE PROHIBITING ANY ACTIVITY THAT MAY BE CONSTRUED AS A CONFLICT OF INTEREST. THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED OFF ON BY ALL BOARD MEMBERS ON AN ANNUAL BASIS. Pt VI, Line 15a: THE PERSONNEL COMMITTEE EVALUATES THE EXECUTIVE DIRECTOR. THE EXECUTIVE EVALUATES THE PERFORMACE OF ALL EMPLOYEES AGAINST GOALS AND SETS COMPENSATION ACCORDINGLY. THE SALARIES OF ALL EMPLOYEES ARE RATIFIED BY THE BOARD OF DIRECTORS. Pt VI, Line 19: THE ORGANIZATION MAKES FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST Pt XII, Line 2c: THE AUDIT REPORT IS REVIEWED BY THE AUDIT COMMITTEE AS PRESENTED Pt VI, Line 15b: THE EXECUTIVE EVALUATES THE PERFORMACE OF ALL EMPLOYEES AGAINST GOALS AND SETS COMPENSATION ACCORDINGLY. THE SALARIES OF ALL EMPLOYEES ARE RATIFIED BY THE BOARD OF DIRECTORS. Pt VI, Line 11b: THE EXECUTIVE DIRECTOR REVIEWS THE 990 FOR COMPLETENESS AND ACCURACY Pt III, Line 4d: Expenses: \$225,345 including grants of: \$0 Revenue: \$0 Description: THE PEOPLE IN NEED PROGRAMS GOAL IS TO HELP NON-FARMWORKER INDIVIDUALS AND FAMILIES THAT DO NOT QUALIFY FOR OUR OTHER PROGRAMS BUT HAVE UN-MET NEEDS. OUR FOCUS IS TO HELP PEOPLE THAT ARE IN NEED OF SERVICES BUT FOR ONE REASON OR ANOTHER FALL THROUGH THE CRACKS AND HAVE NOT BEEN SERVED BY AGENCIES IN OUR COUNTY. SOME OF THE SERVICES PROVIDED BY THIS PROGRAM INCLUDES: CASE MANAGEMENT EMERGENCY RENTAL/UTILITY ASSISTANCE, DISTRIBUTION OF FOOD AND CLOTHING, TRANSPORTATION, ETC.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity For calendar year 2021, or fiscal year beginning Jul 1 , 2021, and ending Jun 30, 2022

OMB No. 1545-0047

Department of the Treasury

▶ Do not send to the IRS. Keep for your records.

internal Re	evenue Service	,	Go to www.irs.gov/Form8879TE	or the latest information	on.	
Name of	filer				EIN or SSN	
FARMW	ORKER COO	RDINATING CO	UNCIL OF PALM BEACH CO	JNTY	59-1830267	
		person subject to tax				
		EXECUTIVE D				
Part			turn Information			
Check to CP and	the box for the Form 5330 file	return for which yours may enter dollars	u are using this Form 8879-TE and s and cents. For all other forms, er	enter the applicable	amount, if any, from	m the return. Form 8038-
5a, 6a,	7a, 8a, 9a, or 1	10a below, and the	amount on that line for the return b	ter whole dollars only.	If you check the b	ox on line 1a, 2a, 3a, 4a,
JD, UD,	70, 00, 90, 0	whichever is	applicable, blank (do not enter -	0-). But, if you entere	of -0- on the return	then enter -0 on the
applical	ole line below.	Do not complete m	ore than one line in Part I.	o / Dail, ii you officio	d o on the retur	ii, their enter -o- on the
		ck here ▶ 🗵	b Total revenue, if any (Form 9	90, Part VIII, column (/	A), line 12)	1b 1,245,351.
		check here . ▶ □	b Total revenue, if any (Form §	990-EZ, line 9)		2b
		L check here ►	b Total tax (Form 1120-POL, li	ne 22)		3b
		check here . ▶ □	b Tax based on investment in	come (Form 990-PF, I	Part V, line 5) .	4b
		eck here ▶ □	b Balance due (Form 8868, lin	e 3c)		5b
		neck here . ▶ □	b Total tax (Form 990-T, Part I	I, line 4)		6b
		eck here ▶ □	b Total tax (Form 4720, Part III	, line 1)		7b
		eck here >	b FMV of assets at end of tax	year (Form 5227, Item	n D)	8b
		eck here >	b Tax due (Form 5330, Part II,	ine 19) , .		9b
		check here ▶ □	b Amount of credit payment re	quested (Form 8038-CF	P. Part III. line 22)	10b
Part I		tion and Signat	ure Authorization of Officer	or Person Subject	to Tax	
Under p	enaities of perj	ury, I declare that	☑ I am an officer of the above en	tity or 🔲 I am a pers	on subject to tax w	vith respect to (name
Of entity	1		. (EI	N)	and that I have over	ominad a secural the
2021 ele	ectronic return	and accompanying	schedules and statements, and, to	the best of my knowled	edge and helief the	av are true correct and
Compici	o. I fullifier dec	iale that the alliqui	LILL Part Labove is the amount sho	wn on the convert the	alantrania ratium I	
III ILOI II II O	alate sel vice bi	Ovider, transmitter.	or electronic return originator (ERC	I to cond the voture to	the 100 11	
COLLIGIO	reagement of it	sceipt of reason for	relection of the transmission (h) th	e reason for any dolar	in proposing the	
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	ic funds withdr	colou a poisonal lu	entification number (PIN) as my sig	nature for the electron	ic return and, if ap	plicable, the consent to
	io idiido maidi	avvai.				
greenen.	eck one box o	nly				-
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			ERO firm name		Enter five numbers,	
on	the tay wear Of	201 -1			do not enter all zero	10
90	encylies) regula	oting charities as	ed return. If I have indicated within	this return that a copy	of the return is bei	ing filed with a state
9	one j (roo) rogun	e consent screen.	ii oi lile ino red/state program. I	also authorize the afore	ementioned ERO to	enter my PIN on the
	and and and and	o consent sercen.				
	an officer or p	erson subject to tax	with respect to the entity, I will en	er my PIN as my signs	sture on the tay	0004 -1 -1 -1 -1
		TO IT I GIOGLOG WILLIII	tills return tilal a COOV of the refiler	is haing tiled with a at	ate agencylies) rec	ar 2021 electronically
of	the IRS Fed/St	ate program, I will e	enter my PIN on the return's disclos	ure consent screen.	are agency(les) reg	julating charities as part
		n subject to tax ▶			Date ▶	
Part II		ation and Authe	ntication			
ERO'S E	FIN/PIN. Enter	your six-digit elect	ronic filing identification			_
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				Do not ente	r all zeros	
I certify t	hat the above	numeric entry is my	PIN, which is my signature on the	0001 -11 1 11 111		about I souther that I
			the the requirements of Pub. 4163,	Modernized e-File (Me)	F) Information for A	above. I confirm that I
Provider	s for Business	Returns.		The livie	, anomation for A	nutriorized INS 6-1116
ERO's sign	nature ► /	suise /	Uggon	Date ▶	01/11/000	
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		20 1101 01	ubmit This Form to the IRS I	miess Requested	To Do So	