# **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 2022

Department of the Treasury Internal Revenue Service

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

**Open to Public** 

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2022 calendar year, or tax year beginning 2022, and ending Jun 30 2023 Check if applicable: C Name of organization FARMWORKER PALM BEACH D Employer identification number Address change Doing business as 59-1830267 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 1123 CRESTWOOD BLVD. Initial return (561)533-7227Final return/terminated City or town, state or province, country, and ZIP or foreign postal code LAKE WORTH, FL 33460  $\Box$ Amended return **G** Gross receipts \$1,264,786. Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes X No DENISE NEGRON, 1123 CRESTWOOD BLVD, LAKE WORTH, FL 33460 H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions. J Website: N/A H(c) Group exemption number Form of organization: X Corporation Trust Association Other L Year of formation: 1978 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE FARMORMER COORDINATING COUNCIL OF PAIM BEACH COUNTY, INC IS TO PROMOTE SELF-SUFFICIENCY AND IMPROVE THE QUALITY OF LIFE FOR MIGRANT/SEASONAL FARMWORKERS AND OTHER Activities & Governance PEOPLE IN NEED THROUGH EDUCATION, ADVOCACY AND ACCESS TO SERVICES 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . . . . . . 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 24 Total number of volunteers (estimate if necessary) . . . . . . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0. Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Current Year** Contributions and grants (Part VIII, line 1h) . . . 8 Revenue 1,301,532 1,235,334. 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 10 -56,18129,452. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 245,351 264,786. 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . 193,950 255,256. 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 665,289 660,890. Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 197,544. 223,506. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1,056,783. 1,139,652. 19 Revenue less expenses. Subtract line 18 from line 12 188,568. 125,134. Assets or d Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 307,591 2,232,309. 21 Total liabilities (Part X, line 26) . . . . . . Net/ 504,685 338,302. 22 Net assets or fund balances. Subtract line 21 from line 20 1,802,906. 894,007. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 01/02/2024 Sign Signature of officer Here DENISE NEGRON Type or print name and title Print/Type preparer's name Preparer's signature Paid Date Check \_\_\_\_ if Kenneth R. Friedman self-employed Preparer 01/09/2024 P00750268 Firm's name FRIEDMAN, FELDMESSER AND KARPELES, CPA, Use Only Firm's EIN 02-0540220 Firm's address 641 UNIVERSITY BLVD STE 210, JUPITER, FL 33458 May the IRS discuss this return with the preparer shown above? See instructions Yes □ No

REV 05/17/23 PRO

For Paperwork Reduction Act Notice, see the separate instructions. BAA

1	Check if Schedule O contains a response or note to any line in this Part III
**	
	THE MISSION OF THE FARMWORKER COORDINATING COUNCIL OF PALM BEACH COUNTY, INC IS TO
	PROMOTE SELF-SUFFICIENCY AND IMPROVE THE QUALITY OF LIFE FOR MIGRANT/SEASONAL FARMWORKERS AND OTHER
	PEOPLE IN NEED THROUGH EDUCATION, ADVOCACY AND ACCESS TO SERVICES
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 900 or 900 F72
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	Services'/
	If "Yes," describe these changes on Schedule O.
4	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
	and total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 493,441, including grants of \$ 0.) (Revenue \$ 0.)
Ta	O. ) (Nevenue \$
	THE FAMILY PRESERVATION & ECONOMIC STABILIZATION PROGRAM IS DESIGNED TO EMPOWER CLIENTS TO MOVE
	FROM CRISIS TO STABILITY THROUGH ONGOING SUPPORT FOSTERING CLIENT INDEPENDENCE. THE PROGRAM PROVIDES A VARIETY
	OF SERVICES SUCH AS CASE MANAGEMENT, EMERGENCY RENTAL AND UTILITY ASSISTANCE, DISTRIBUTION OF FOOD AND
	CLOTHING, TRANSPORTATION, FINANCIAL EDUCATION, REFERRALS AND OTHER SERVICES THAT PROMOTE SELF-SUFFICIANCY AND
	ECONOMIC STABILIZATION. THE PROGRAM IS BASED OUT OF TWO OFFICES LOCATED IN LAKE WORTH AND BELLE GLADE, AND
	SERVICES ARE PROVIDED BY CASE MANAGERS THAT ARE FAMILIAR TO THE CULTURE AND NEEDS OF THIS POPULATION
	ALL CASE MANAGERS ARE ENGLISH-SPANISH OR ENGLISH CREOLE SPEAKERS.
4b	(Code:) (Expenses \$90, 625. including grants of \$0.) (Revenue \$0.)
	THE EDUCATION PROGRAM OFFERS A VARIETY OF PROGRAMS FOR FARM WORKERS AND THEIR CHILDREN. THE AFTER SCHOOL
	MENTORING AND TUTORING PROGRAMS AIMS TO MITIGATE LOW EDUCATION ACHIEVEMENT LEVELS, REDUCE THE DROP-OUT RATE
	AND BRIDGE THE EDUCATIONAL GAP THAT EXISTS BETWEEN CHILDREN OF FARM WORKERS AND THE REST OF THE STUDENT
	POPULATION. WE ALSO OFFER A PRE-K PROGRAM TO THE CHILDREN READY FOR SCHOOL. OUR ART PROGRAM SEEKS TO
	EDUCATE CHILDREN THROUGH ART AND BUILD CRIE FORFERM THE ADMIT PROCESSAY CHILDREN THROUGH ART PROGRAM SEEKS TO
	EDUCATE CHILDREN THROUGH ART AND BUILD SELF ESTEEM. THE ADULT PROGRAM OFFERS A VARIETY OF CLASSES (ESOL,
	LITERACY, BASIC COMPUTER, ETC) TO HELP PARENTS LEARN NEW SKILLS THAT MAY HELP THEM FIND A BETTER JOB OR MAKE
	BETTER FINANCIAL DECISIONS THAT COULD LEAD TO FAMILY ECONOMIC STABILITY.
4c	(Code: ) (Expenses \$ 78,333, including grants of \$ 0, \/ (Revenue \$ 0, \)
	(Avenue \$ 0.)
	THE GOAL OF THE COMMUNITY HEALTH ACCESS TEAM (CHAT) IS TO FACILITATE ACCESS TO HEALTH CARE SERVICES
	AMONG UNINSURED AND UNDER INSURED LOW INCOME FARM WORKER FAMILIES. MANY OF THESE FAMILIES ARE UNABLE TO
	ACCESS AFFORDABLE HEALTH SERVICES BECAUSE OF BARRIERS SUCH AS LANGUAGE, CULTURE, IMMIGRATION STATUS AND
	ECONOMIC SITUATION. CHAT ACCOMPLISHES ITS GOALS BY CONDUCTING OUTREACH ACTIVITES, HEALTH WORKSHOPS AND
	HELPING CLIENTS APPLY FOR MEDICAID, KID CARE, HEALTH CARE DISTRICT AND OTHER HEALTH CARE PROGRAMS IN OUR
	COMMUNITY, CLIENT ADVOCACY AND TRANSPORTATION TO MEDICAL APPOINTMENTS ARE KEY COMPONENTS OF THIS PROCEDUM
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 358,807. including grants of \$ 0.) (Revenue \$ 0.)

# Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2		1	×	
3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	×	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			0.00
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 "Yes," complete Schedule D, Part III	7		<u>×</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
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	10		_^ ×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	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	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	^	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes" complete Schedule D. Part X	11e		×
f	the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	11f	×	<u>×</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			
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	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	fundraising, business, investment, and program service activities outside the United States or approach			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15		<u>×</u>
17	Part IX column (A) lines 6 and 1162 if if Year if a result to 0 feet a for professional fundraising services on	16		
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		<u>×</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	×	
20a	Did the organization operate one or more hospital facilities? If "Yes " complete Schodule U	19		×
b	Tes to line 20a, did the organization attach a copy of its audited financial statements to this return 2	20a		×
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b		
	PER CONTROL OF THE CO	21		×

Part	Checklist of Required Schedules (continued)			Page 4
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	00		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		×
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			
d	to defease any tax-exempt bonds?	24c		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		^
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-F72			
00	If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key ampleyee, except or former officer.			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		×
	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	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
а	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	Market Ma		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		×
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b2 If	28b		×
	res, complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>			
31		30		×
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		×
	complete Schedule N. Part II	20		_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		×
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			
35a		34		×
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		×
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	051		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non obstituble	35b		
	related organization? If Yes, complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			000505
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	- Carter	24211445	
Part	V Statements Regarding Other IRS Filings and Tax Compliance	38	×	
	Check if Schedule O contains a response or note to any line in this Part V			
		•	Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
C	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
		1c	X	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax			
h	Statements, filed for the calendar year ending with or within the year covered by this return  24			
3a	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Did the organization have unrelated business gross income of \$1,000 or more during the year?	2b	×	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3a		×
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	3b	_	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country	70		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		×
	gifts were not tax deductible?	6h		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
d	If "Voc " indicate the government of F	7c		×
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2	7h		
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8		
a	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions and an earlier to see			
b	Did the sponsoring organization make any taxable distributions under section 4966?	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 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources 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?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	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		
	Note: See the instructions for additional information the organization must report on Schedule O	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			
	Enter the amount of recorded on heard			
	Did the organization receive any payments for indeed tapping continue during the transfer of the continue of t			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		×
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	14b		
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		N/S
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	in res, complete form 4720, Schedule O.		339	E B
.,	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			
	If "Yes," complete Form 6069.	17		
		-	1	

Section A. Governing Body and Management	Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	for a	tions.
table the number of voting members of the governing body, at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.  b Enter the number of voting members included on line 1a, above, who are independent 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Secti	on A. Governing Body and Management	• •	•	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.  De Enter the number of voting members included on line 1a, above, who are independent 1b 10  Did any officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents is since the prior form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization assets?  6 L X  Did the organization have members, stockholders?  7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Ave any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Ave 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 the year by the following:  a The governing body?  b Each committee with authority to act on sehalf of the governing body?  b Each committee with authority to act on sehalf of the governing body?  b Each committee with authority to act on sehalf of the governing body?  b Each committee with authority to act on sehalf of the governing body?  10a Did the organization have local chapters, branches, or affiliates?  10b Each committee with authority to act on sehalf of the governing body?  10c Body the organization have local chapters, branches, or affiliates?  10d the organization have local chapters, branches, or affi				Yes	No
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employee?  3 Did the organization delegate control over management dufies customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets? .  6 L X  7 Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  9 Tax x  10 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  10 Tax x  10 Did the organization so the that the governing body?  10 Did the organization so the that the governing body?  10 Did the organization in a power of the governing body?  10 Did the organization in a power of the governing body?  10 Did the organization have local chapters, branches, or affiliates?  11 Did the organization have local chapters, branches, or affiliates?  12 Did the organization have local chapters, branches, or affiliates?  13 Did the organization have local chapters, branches, or affiliates?  14 Did the organization have local chapters, branches, or affiliates?  15 Did the organization have local chapters, branches, or affiliates?  16 Did the organization have a written collicity of the following persons include a review and approval by independed a complete copy of this Form 990 to all members of its gover	1a	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
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Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	14	Did the organization have a written document retention and destruction policy?			
The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed FL  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Done request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records.	15	Did the process for determining compensation of the following persons include a review and approval by			
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed FL  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Dupon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records.	1000	The organization's CEO, Executive Director, or top management official	15a	×	
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 If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed FL  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Dupon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records.	b	Other officers or key employees of the organization			
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed FL  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Vupon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records.	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement.			
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	h	with a taxable entity during the year?	16a		×
List the states with which a copy of this Form 990 is required to be filed FL  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records.	b	participation in joint venture arrangements under applicable federal tax law, and take stone to enforce the			
List the states with which a copy of this Form 990 is required to be filed FL  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Vupon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records.	Secti	on C. Disclosure	16b		
<ul> <li>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>Own website  Another's website  Upon request  Other (explain on Schedule O)</li> <li>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records.</li> </ul>		List the states with which a copy of this Form 990 is required to be filed FI.			
Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records.	18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Γ (sec	tion 5	01(c)
<ul><li>State the name, address, and telephone number of the person who possesses the organization's books and records.</li></ul>	19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	f inter	est p	olicy,
THOUGHT TAKE THE PROPERTY OF T	20	State the name, address, and telephone number of the person who possesses the organization's books and re-			

Form	agan	(2022)	

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

El 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	box,	Position (do not check moox, unless person)			ition more than one rson is both an irector/trustee)		(D)  Reportable compensation from the	(E)  Reportable compensation from related	(F) Estimated amount 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)	from the organization and related organizations
(1) DEAN LUCE	1.00									
VICE PRESIDENT (2) LUZ VAN MEEK	1 00	×		×	_			0.	0.	0.
BOARD MEMBER	1.00	×						0.	0.	
(3) MILA ARMAYOR BOARD MEMBER	1.00	×						0.	0.	0.
(4) FREDDY ASENCIO BOARD MEMBER	1.00	×						0.	0.	0.
(5) CHARLES LASKIN DAVID TREASURER	1.00	×		×				0.	0.	0.
(6) RYAN MILLET SECRETARY	1.00	×		×				0.	0.	0.
(7) LYNN GAROD BOARD MEMBER	1.00	×				-		0.	0.	0.
(8) GAYLE ZAVALA PRESIDENT	2.00	×		×				0.	0.	0.
(9) DENISE NEGRON EXECUTIVE DIRECTOR	40.00				×			80,000.	0.	0.
(10) DIANNE LERNER BOARD MEMBER	1.00	×						0.	0.	0.
(11) DERREK MOORE BOARD MEMBER	1.00	×						0.	0.	
(12)								0.	0.	0.
(13)										
(14)										

Part	VI Section A. Officers, Directors,	Trustees,	Key	Em	olo	yee	s, ar	ld l	lighest Compe	nsated Emplo	yees (	conti	nuea
	(A) Name and title	(B) Average hours per week	box,	unles er and	Pos neck ss pe	rson irect	e than of the thick is both or/trus	n an	(D)  Reportable compensation from the	(E)  Reportable compensation from related	C	(F) ated am of other	
		(list any hours for related organizations below	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)	fr	om the ization	and
		dotted line)	tee	ustee			ensated						
(15)													
(16)													
(17)							)ers						
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Subtotal						:		80,000.	0.			0
2	Total (add lines 1b and 1c)	not limited	to th	ose	list	ed a	above	e) w	80,000. ho received more	0 . e than \$100,000	of		0
3	Did the organization list any former of	officer, dire	ector.	trus	stee	e. k	ev e	mpl	ovee or highes	t componented		Yes	No
4	For any individual listed on line 1a, is the organization and related organizations	schedule J sum of reg greater that	<i>for su</i> portak an \$1	ole o 50,0	indi com 000	vidu per ? It	<i>ial</i> isatio "Ye:	 on ai s,"	nd other comper	eation from the	3		×
5	Did any person listed on line 1a receive of	r accrue co	mper	sat	ion	fror	n <mark>an</mark> y	un	related organizat	· · · · · · ion or individual	4		×
	on B. Independent Contractors	? If "Yes," c	omple	ete S	Sch	edu	le J f	or s	uch person .		5		×
1	Complete this table for your five high compensation from the organization. Repo	est compen	ensate sation	d i	nde the	per	ident enda	co	ntractors that rear ending with or	eceived more t	han \$	100,00	00 o
	(A) Name and business add				10000000			,	(B) Description of serv		(C) Compens		year.
											- Striperis	anol1	
2	Total number of independent contractor received more than \$100,000 of compensations.	rs (includir	na bu	t no	ot li	mite	ed to	th	osa listad about	2) 1116-			

## Part VIII Statement of Revenue

		Check if Schedule O cor	ntains a res	spons	se or note to a	ny line in this Pa	art VIII		🔲
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
its,	1a	Federated campaigns .	* * *	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b			1b					
J. G	С	Fundraising events		1c	71,930.				
ar /	d	Related organizations .		1d					
mil G	e	Government grants (contr	ributions)	1e	208,817.				
Sil	f	All other contributions, gif	ts, grants,						
uti		and similar amounts not inclu		1f	954,587.				
Q Ë	g	Noncash contributions in							
on		lines 1a–1f		1g (	\$				
0 0	h	Total. Add lines 1a-1f.				1,235,334.			
Φ	0-			-	Business Code	THE RELY			
Vic.	2a								
Ser	b			-					
gram Ser Revenue	d								
Program Service Revenue	e								
20	f	All other program service	rovonuo						
_	g	<b>Total.</b> Add lines 2a–2f.	revenue .	٠ ٢					
	3	Investment income (inclu	uding divid	ends	interest and				
		other similar amounts) .				29,452.	29,452.	0	
	4	Income from investment of				23,432.	23,432.	0.	0.
	5	Davidias							
			(i) Real		(ii) Personal				
	6a	Gross rents 6a							
	b	Less: rental expenses 6b	A						
	С	Rental income or (loss) 6c							
	d	Net rental income or (loss	3)						
	7a	Gross amount from	(i) Securitie	es	(ii) Other				
		sales of assets							
		other than inventory 7a							
ther Revenue	D	Less: cost or other basis and sales expenses . 7b							
Ver									
Be	C	Gain or (loss) 7c							
Jer	d								
<b>=</b>	8a	Gross income from fur events (not including \$ 7.3	ndraising						
		of contributions reported	1,930.						
		1c). See Part IV, line 18		8a					
	b	Less: direct expenses .	500 500	8b					
	C	Net income or (loss) from			nts				
		Gross income from	gaming	5.00					
		activities. See Part IV, line	10	9a					
	b	Less: direct expenses .		9b					
	С	Net income or (loss) from	gaming act		3				
	10a	Gross sales of invento	ory, less						
		returns and allowances		10a					
	b	Less: cost of goods sold		10b					
	С	Net income or (loss) from	sales of inv	entor	у				
Sno					Business Code				
Miscellaneous Revenue	11a								
scellaneo Revenue	b								
Re	C	All alls							
ž	d	All other revenue							
	e 12	Total. Add lines 11a-11d		٠.					
	12	Total revenue. See instru	ictions .			1,264,786.	29,452.	0.	0.

# Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	or note to any line	in this Part IX .		🗆
8b, 9b	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .				одрогиос
2	Grants and other assistance to domestic individuals. See Part IV, line 22	255,256.	255,256.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	80,000.	76,800.	3,200.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		707000.	3,200.	0.
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	477,354.	458,260.	19,094.	0.
9	Other employee benefits	61,703.	55,533.	6,170.	0.
10	Payroll taxes	41,833.	37,649.	4,184.	0.
11	Fees for services (nonemployees):		01,019.	4,104.	U.
a	Management				
b	Legal				
C	Accounting	12,000.	6,480.	5,520.	^
d	Lobbying	12,000.	0,400.	5,520.	0.
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.) .	39,876.	21 522	10 040	
12	Advertising and promotion	39,876.	21,533.	18,343.	0.
13	Office expenses	26.000	20 160		
14	Information technology	26,069.	22,163.	3,906.	0.
15	Royalties				
16	Occupancy	20.054			
17	Occupancy	30,054.	22,746.	7,308.	0.
18	Travel	11,402.	11,402.	0.	0.
3505/	for any federal, state, or local public officials				
19					
20	Conferences, conventions, and meetings . Interest				
21	Interest				
22	Depreciation, depletion, and amortization .	01 010	00.015		
23	Insurance	21,912.	20,816.	1,096.	0.
24	Insurance	25,265.	9,809.	15,456.	0.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
_					
a	EVENTS EMPLOYED FOOD	18,795.	7,706.	4,699.	6,390.
b	EMERGENCY FUND FOOD	1,604.	0.	1,604.	0.
d	TRAINING & DEVELOPMENT REPAIRS	299.	299.	0.	0.
		36,230.	14,754.	21,476.	0.
e 25	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24e	1,139,652.	1,021,206.	112,056.	6,390.
20	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				,,
	5 (1-2-200-120)	DEV 05/17/00 DD0			
		REV 05/17/23 PRO			Form 990 (202

Part X Balance Sheet

_		Check if Schedule O contains a response or note to any line in this Par			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	1,328,465.	2	1,190,503.
	3	Pledges and grants receivable, net	34,248.	3	15,705.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	THE REAL PROPERTY OF THE PARTY		
	6			5	
	0	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			
	-			6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
4	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 487, 689.			
	b	Less: accumulated depreciation	382,017.		394,318.
	11 12	Investments—publicly traded securities		11	
	13	Investments—other securities. See Part IV, line 11	546,481.	12	608,670.
	14	Investments—program-related. See Part IV, line 11		13	
	15	Intangible assets		14	
	16	Other assets. See Part IV, line 11	16,380.	15	23,113.
_	17	Total assets. Add lines 1 through 15 (must equal line 33)	2,307,591.	16	2,232,309.
	18	Accounts payable and accrued expenses	32,121.	17	32,241.
	19	Grants payable	170 551	18	
	20	Deferred revenue	472,564.	19	306,061.
	21	Tax-exempt bond liabilities		20	
S	22	Loans and other payables to any current or former officer, director,		21	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iii l		controlled entity or family member of any of these persons			
Lia	23	Secured mortgages and notes payable to unrelated third parties		22	
	24			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	504,685.	25 26	0.
es		Organizations that follow FASB ASC 958, check here	304,663.	20	338,302.
		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	770,015.	27	739,093.
B	28	Net assets with donor restrictions	1,032,891.	28	1,154,914.
ŭ		Organizations that do not follow FASB ASC 958, check here			1/101/911.
F		and complete lines 29 through 33.			
Net Assets or Fund Balanc	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds .		31	
let	32	Total net assets or fund balances	1,802,906.	32	1,894,007.
_	33	Total liabilities and net assets/fund balances	2,307,591.	33	2,232,309.

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Part	XI Reconciliation of Net Assets				90
	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		64,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2		39,6	
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	125,134. 1,802,906.		
5	Net unrealized gains (losses) on investments	5		0	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	_	34,0	33.
9	Other changes in net assets or fund balances (explain on Schedule 0)	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	94,0	07.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			200	Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	olain o	on		
_					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compressioned and concerns begin appreciately the six and t	piled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
a	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 audite separate basis, consolidated basis, or both:	ed on	a		
•	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accountar	rsight	of		
	If the organization changed either its oversight process or selection process during the tax year, exp	nt? .	2c	×	
	Schedule O.	plain (	on		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort	المصالحا			
Ju	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	in in ti	ne		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		3a		×
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ergo ti	ne		
		idits .		000	
	REV 05/17/23 PRO		For	n <b>990</b>	(2022)

#### SCHEDULE A (Form 990)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

**Open to Public** Inspection

	of the organization					Employer identification	number
'ARI	MWORKER COORDINATING CO	UNCIL OF PA	LM BEACH COUNTY	Z		59-1830267	
Pai		rity Status. (A	ll organizations mus	t comple	ete this p	part.) See instruction	ons.
he o	organization is not a private founda	ation because it	is: (For lines 1 through	12, ched	ck only or	ne box.)	
1	A church, convention of church	hes, or associat	ion of churches descri	ibed in <b>s</b> e	ection 17	0(b)(1)(A)(i).	
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990)	.)		
3	A hospital or a cooperative ho	spital service or	ganization described i	n <b>sectior</b>	170(b)(1	I)(A)(iii).	
4	A medical research organization	on operated in c	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
-	hospital's name, city, and stat						
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)					al unit described in
6	A federal, state, or local gover	nment or govern	nmental unit described	in section	on 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)	receives a subs (A)(vi). (Comple	stantial part of its sup te Part II.)	port from	a gover	nmental unit or fron	n the general public
8	A community trust described i	in section 170(b	)(1)(A)(vi). (Complete	Part II.)			
9	☐ An agricultural research organ	ization describe	d in section 170(b)(1)	(A)(ix) on	erated in	conjunction with a I	and-grant college
	university:	ant college of ag	riculture (see instruction	ons). Ente	er the nan	ne, city, and state of	f the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization of	receives (1) mor	e than 331/3% of its su	pport fro	m contrib	outions, membership	fees, and gross
	receipts from activities related support from gross investmen	I to its exempt full income and un	unctions, subject to ce	rtain exc	eptions; a	and (2) no more than	331/3% of its
	acquired by the organization a	after June 30, 19	75. See section 509(a	a)(2). (Co	mplete Pa	art III.)	businesses
11	☐ An organization organized and	d operated exclu	sively to test for public	c safety.	See secti	ion 509(a)(4).	
12		operated exclus	ively for the benefit of.	to perfor	m the fun	ctions of or to carry	out the purposes of
	one or more publicly supported	d organizations	described in section 5	09(a)(1) o	r section	509(a)(2) See sect	ion 509/a)/3) Check
	the box on lines 12a through 12	2d that describes	s the type of supporting	g organiza	ation and	complete lines 12e,	12f, and 12g.
а	_ · ji- · · · · · · · · · · · · · · · · · · ·	nization operate	d, supervised, or contr	rolled by	its suppo	rted organization(s),	typically by giving
	supporting organization. Y	n(s) the power to 'ou must compl	regularly appoint or e ete Part IV, Sections	lect a ma	ajority of t •	he directors or trust	ees of the
b		nization supervi	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having
	control or management of organization(s). You must	the supporting	organization vested in	the same	epersons	that control or man	age the supported
С	Type III functionally integ its supported organization	grated. A suppo (s) (see instruction	rting organization oper ons). <b>You must comp</b>	rated in c	onnection	n with, and functions	ally integrated with,
d							orted organization(a)
	that is not functionally inte	grated. The orga	anization generally mus	st satisfy	a distribu	ition requirement an	d an attentiveness
	requirement (see instruction	ons). You must o	complete Part IV, Sec	tions A	and D, ar	nd Part V.	id an attentiveness
е	Check this box if the organ	nization received	a written determination	on from t	he IRS th	at it is a Type I. Type	e II Type III
_	functionally integrated, or	Type III non-tune	ctionally integrated sur	pporting	organizat	ion.	o II, Type III
f	Enter the number of supported	organizations .					
g	Provide the following informatio	n about the sup	ported organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10	(iv) Is the d	organization ur governing	(v) Amount of monetary	(vi) Amount of
			above (see instructions))	docu	ment?	support (see instructions)	other support (see instructions)
							instructions)
				Yes	No		
A)							
D)							
B)							
C)							
J,							
D)							
,							
E)							
ota		No. of the last of					
			The state of the s				

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

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

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
9000	include any "unusual grants.")	915,396.	998,231.	1,516,325.	1,301,532.	1,235,334.	5,966,818.
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	915,396.	998,231.	1,516,325.	1,301,532.	1,235,334.	5,966,818.
5	The portion of total contributions by						73007020.
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						5,966,818.
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	915,396.	998,231.	1,516,325.	1,301,532.	1,235,334.	5,966,818.
8	Gross income from interest, dividends,						-
	payments received on securities loans,						
	rents, royalties, and income from						
_	similar sources	11,766.	12,986.	52,240.	-56,181.	29,452.	50,263.
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10							
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
11							
12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc	(agg ingtweet)					6,017,081.
13	First 5 years If the Form 000 is for the	. (see instruction)	ons)			12	
10	First 5 years. If the Form 990 is for the organization, check this box and stop he	re	s iirst, second	i, thira, fourth	or fifth tax ye	ear as a section	on 501(c)(3)
Secti	on C. Computation of Public Suppor			· · · · ·	• • • •		
14	Public support percentage for 2022 (line			11 column (f)		14	99.16%
15	Public support percentage from 2021 Sch	nedule A. Part	II line 14	11, Column (1))		15	99.16%
16a	331/3% support test—2022. If the organi	zation did not	check the box	x on line 13. a	nd line 14 is 3:	31/3% or more	check this
	box and stop here. The organization qua	lifies as a publ	icly supported	organization			🗵
b	331/3% support test - 2021. If the organi	zation did not	check a box of	on line 13 or 16	Sa. and line 15	is 331/3% or n	nore check
	this box and stop here. The organization	qualifies as a	publicly suppo	orted organizat	ion		
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization m	eets the facts	<ul><li>and-circumst</li></ul>	ances test, ch	eck this box a	and ston here	Evolain in
	Part VI now the organization meets the	facts-and-circ	umstances te	st. The organiz	zation qualifies	s as a publicly	supported
	organization					· · · ·	
b	10%-facts-and-circumstances test—2	021. If the orga	anization did r	not check a bo	ov on line 13	16a 16b or 1	7a and line
	15 is 10% or more, and if the organization	n meets the fa	acts-and-circu	mstances test	check this bo	x and ston he	re Evolain
	in Part vi now the organization meets the	e facts-and-cir	cumstances to	est. The organ	ization qualifie	s as a publicly	supported
	organization						
18	Private foundation. If the organization	did not check	a box on line	e 13, 16a, 16h	. 17a. or 17b.	check this h	and see
	instructions						

#### SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

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.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

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 Total number at end of year . . . . . . . . . 2 Aggregate value of contributions to (during year) . Aggregate value of grants from (during year) . . 3 Aggregate value at end of year . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . Yes No 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 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 . . . . . . . . . . . . Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 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) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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: 

Far	Organizations Maintaining	Collections	OT Art. HIS	torical Treasure	s. or Ot	her Similar As	sets (co	ontini	ied)
3	Using the organization's acquisition, collection items (check all that apply):	accession, an	d other recor	ds, check any of t	he follow	ing that make si	gnifican	t use	of its
a	☐ Public exhibition		d	Loan or exchan	ae proar	am			
b	☐ Scholarly research			Other					
C	Preservation for future generations	5							Ē.
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization assets to be sold to raise funds rather	solicit or rece	eive donation	s of art, historical	treasure	s, or other simila	r □ <b>Y</b> e		□ No
Part			an ran roa do p	ant of the organiza			T	35 _	No
	Complete if the organization 990, Part X, line 21.	answered "						n For	m
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian oi	other intern	nediary for contribu	utions or	other assets no	-	es [	No
b	If "Yes," explain the arrangement in P	art XIII and co	mplete the fo	llowing table:		Ar	nount		
C	Beginning balance				10				
d	Additions during the year								
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amou	nt on Form 99	0, Part X, line	21, for escrow or	custodia	l account liability	? \( \mathbf{Y}\)	es [	No
b	If "Yes," explain the arrangement in F	art XIII. Check	here if the e	xplanation has bee	n provide	ed on Part XIII .			1
Par	t V Endowment Funds.								
	Complete if the organization	answered "	Yes" on For	m 990, Part IV, lir	ne 10.				
		(a) Current ye		or year (c) Two ye		(d) Three years back	(e) Fou	r years	back
1a	Beginning of year balance							,	
b	Contributions								-
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								-
f	Administrative expenses						-		
g	End of year balance								
2	Provide the estimated percentage of	the current ve	ar end baland	e (line 1a, column	(a)) held	36.			-
a	Board designated or quasi-endowme	ent	%	o (iirio 19, colaitiit	(a)) Hold	as.			
b	Permanent endowment	%							
C	Term endowment %	′ °							
	The percentages on lines 2a, 2b, and	2c should ear	ial 100%						
3a	Are there endowment funds not in the	e possession	of the organi	zation that are held	d and ad	ministered for th	۵		
	organization by:		or are organi	zacion that are non	a una ua	iriiriistorea for tri	C	Yes	No
	(i) Unrelated organizations						0 - (1)	-	No
	(ii) Related organizations						3a(i)	+	
b	If "Yes" on line 3a(ii), are the related of	ragnizations I	intod on room	rod on Cahadula D			3a(ii)		-
4	Describe in Part XIII the intended use	s of the organ	ization's and	red on Schedule A			3b		
Service of the local division in which the local division in which the local division in	Land, Buildings, and Equi	nment	ization's end	owinent lunas.					
	Complete if the organization		Vos" on For	m 000 Post IV lie	no 110	Caa Fawa 000	D	12.	10
	Description of property	(a) Cos	t or other basis vestment)	(b) Cost or other basis (other)	s (c)	Accumulated epreciation	100 A	ok valu	
1a	Land		0.						
b	Buildings		0.	349,451		50 020		0.0	0.
C	Leasehold improvements					59,830.	2	89,6	
d	Equipment			6,250		6,250.	-	0.4	0.
е	Other			131,988		27,291.	1	.04,6	597.
Total	Add lines 1a through 1e. (Column (d)	must equal Fo	rm 990, Part	X, column (B). line	10c.) .		3	394,3	318
				127,0	/			1-	/ L U .

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" or	Form 990, Part IV, lir	e 11b. See Fo	orm 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c)	Method of valuation: end-of-year market value
) Financial	derivatives			
2) Closely h	eld equity interests			
Other FI	IRST HORIZON CD 0784	27,788.	FMV	
(A) FIRST	HORIZON CD 2776	27,849.		
(B) FIRST	HORIZON CD 7149	27,771.	FMV	
	HORIZON CD 1626	27,756.	FMV	
	LL LYNCH INVESTMENTS	469,768.	FMV	
	HORIZON CD 8892	27,738.	FMV	
(F)				
(G)				
(H)	4)			
Part VIII	mn (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.		11 0 5	
	Complete if the organization answered "Yes" or			
(4)	(a) Description of investment	(b) Book value		Method of valuation: rend-of-year market value
(1)				
2) 3)				The state of the s
4)				
5)				
6)				
7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.	•		
	Complete if the organization answered "Yes" or	Form 990 Part IV Jir	a 11d Saa F	orm 990 Part V line 15
	(a) Description	rr orm ood, r are rv, m	10 114. 0001	(b) Book value
(1)				(b) DOOK Value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.) .			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, Iir	ne 11e or 11f.	See Form 990, Part X,
	line 25.			
(1) Endoral in	(a) Description of liability			(b) Book value
(1) Federal in	Icome taxes			
(2) n/a				
(2) n/a (3)				
(2) n/a (3) (4)				
(2) n/a (3) (4) (5)				
(2) n/a (3) (4) (5)				
(2) n/a (3) (4) (5) (6) (7)				
(2) n/a (3) (4) (5) (6) (7)				
(2) n/a (3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, col. (B) line 25.) .			

Pari		ents With Revenue pe	r Return	. Page 4
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1 2	Total revenue, gains, and other support per audited financial statements		1	1,264,786.
a	Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2a		
C	Recoveries of prior year grants	2b		
d		2c 2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,264,786.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i . i	3	1,204,700.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	1,264,786.
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses p	er Retu	rn.
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	1,139,649.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		- 2	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,139,649.
a	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a		
C	Add lines 4a and 4b	4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		4c	1 120 610
Part	XIII Supplemental Information.	5 10.)	5	1,139,649.
Pt X	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part Line 2: THE COUNCIL IS A TAX EXEMPT, NOT FOR PROSECTION 501(c)(3). ACCORDINGLY, NO PROVISION FOR I	to provide any additional	information	on.
IN T	HE ACCOMPANYING FINANCIAL STATEMENTS.			

#### 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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Par	Fundraising Activities. Form 990-EZ filers are	. Complete it to	ne organiza	ation ansv	vered "Yes" on I	orm 990, Part IV,	line 17.	
1						( 1 - 11 t/ - t t		
	Indicate whether the organization  Mail solicitations	on raised funds						
a	Internet and email solicitation		<ul> <li>e Solicitation of non-government grants</li> <li>f Solicitation of government grants</li> </ul>					
C	Phone solicitations	ons	f L		The state of the s	STATE OF STA		
			g L	] Special	fundraising events	3		
d	☐ In-person solicitations							
2a	Did the organization have a wri	tten or oral agre	ement with	any individ	lual (including offi	cers, directors, trust	ees,	
	or key employees listed in Forn							
b	If "Yes," list the 10 highest paid compensated at least \$5,000 b	d individuals or one of the distribution of th	entities (fund on.	draisers) pi	ursuant to agreem	ents under which th	e fundraiser is to	
	(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	
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
0								
otal 3	List all states in which the organized registration or licensing.	anization is regi		ensed to s	solicit contribution	s or has been notifi	ed it is exempt fro	

	i age
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.
	5

			(a) Event #1 HOLIDAY LUNCHEON	(b) Event #2 ANNIVERSARY GALA	(c) Other events	(d) Total events (add col. (a) through
Ф			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	30,901.	36,315.		67,216.
ш	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	30,901.	36,315.		67,216.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
<b>Direct Expenses</b>	7	Food and beverages	7,046.	11,669.		18,715.
Direc	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		48,501.
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E2	e organization answe	ered "Yes" on Form 9	990, Part IV, line 19, o	or reported more than
une			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				(,, , , , , , , , , , , , , , , , , , ,
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from I	ine 1, column (d)		
g	a Is	Enter the state(s) in which the or s the organization licensed to co f "No," explain:	ganization conducts ga	ming activities: s in each of these states	s?	Yes No
10	)a V b II	Vere any of the organization's g f "Yes," explain:	gaming licenses revoked	d, suspended, or termina	ated during the tax year	? Tyes TNo
				-		

#### 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

2022

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Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number FARMWORKER COORDINATING COUNCIL OF PALM BEACH COUNTY 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: \$358,807 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.

# Additional Information From 2022 Federal Exempt Tax Return

### Form 990: Return of Organization Exempt from Income Tax Line 2, column (B)

**Itemization Statement** 

Description	Amount
FLAGLER 5945	245,599.
TD 3074	208,189.
BANK UNITED 342	3,479.
PETTY CASH	280.
I THINK FINANCIAL 118557	188,033.
I THINK FINANCIAL 11854	4,090.
TRUIST 9796	142,159.
FIRST REPUBLIC BANK 2641	200,646.
BANK UNITED	92,986.
FIRST HORIZON 1012	59,707.
MM 6636	45,335.
Т	otal 1,190,503.

# Form 990: Return of Organization Exempt from Income Tax Line 27, column (B)

**Itemization Statement** 

Description		Amount
unrestricted		226,779.
retained earnings		387,177.
current earnings		125,137.
	Total	739,093.