Filing Instructions

COMMUNITY COORDINATED CARE FOR CHILDREN, INC.

Exempt Organization Tax Return

Taxable Year Ended December 31, 2021

Date Due:

November 15, 2022

Remittance:

None is required. Your Form 990 for the tax year ended 12/31/21 shows no

balance due.

Signature:

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

Organization should be signed and dated by an authorized officer of the

organization and returned to:

Moss, Krusick & Associates, LLC 501 S New York Ave Ste 100 Winter Park, FL 32789-4241

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

Other:

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

Form 990

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

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

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

2021
Open to Public Inspection

For the 2021 calendar year, or tax year beginning and ending COMMUNITY COORDINATED CARE FOR Check if applicable: C Name of organization D Employer Identification number CHILDREN, INC. Address change Doing business as 59-1371754 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3500 W. COLONIAL DRIVE Initial return 407-532-4124 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated ORLANDO FL 32808 G Gross receipts \$ 146,208,937 Amended return F Name and address of principal officer. H(a) Is this a group return for subordinates? Application pending PATRICIA E. FRANK 3500 W. COLONIAL DRIVE H(b) Are all subordinates included? ORLANDO 32808 If "No." attach a list. See instructions X 501(c)(3) 501(c) (Tax-exempt status; ◀ (insert no.) 4947(a)(1) or Website: 🕨 WWW.4CFLORIDA.ORG H(c) Group exemption number Form of organization: X Corporation Trust Association Other > Year of formation: 1973 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Governance 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) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 17 4 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 383 5 6 Total number of volunteers (estimate if necessary) 996 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T. Part I, line 11 7b 0 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 124,504,721 145,723,802 Revenue 9 Program service revenue (Part VIII, line 2g) 412.453 462,711 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 149 137 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 21,405 22,287 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 146,208,937 <u>124,938,728</u> 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 100,201,645 121,790,463 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) 14,512,352 14,901,000 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,074,697 9,379,041 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 124,788,694 146,070,504 19 Revenue less expenses. Subtract line 18 from line 12 150,034 138,433 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 16,836,438 16,604,601 21 Total liabilities (Part X, line 26) 12,940,090 13,326,193 22 Net assets or fund balances. Subtract line 21 from line 20 3,510,245 3,664,511 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 completed Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Stankaluco Signature of officer Sign Here PATRICIA E. FRANK PRESIDENT/CEO Type or print name and title Print/Type preparer's name Check Paid W. ED MOSS JR. 11/29/22 self-employed Preparer MOSS, KRUSICK & ASSOCIATES Firm's name LLC Firm's EIN 59-3017072 Use Only 501 S NEW YORK AVE STE 100 WINTER PARK, FL 32789-4241 407-644-5811 Firm's address May the IRS discuss this return with the preparer shown above? See instructions X Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)

Form 990 (2021) COMMUNITY COORDINATED CARE FOR 59-1371754	Page
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	[X]
1 Briefly describe the organization's mission:	
4C'S MISSION IS TO BE A COMMUNITY LEADER IN PROVIDING HIGH QUALITHAT IMPROVE THE LIVES OF CHILDREN AND FAMILIES.	TY SERVICES
	ere e ere e desente e e e egantigado de la cidada del cidada de la cidada del cidada de la cidada de la cidada de la cidada del c
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
If "Yes," describe these new services on Schedule O.	Ties Er No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes 🗓 No
If "Yes," describe these changes on Schedule O.	· · · · · · · · · · · · · · · · · · ·
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a (Code:) (Expenses \$ 88.777.737 including grade of \$ 84.119.625 \ CO.	in the first of the second of
4a (Code:) (Expenses \$ 88,777,737 including grants of \$ 84,119,625) (Revenue \$ EARLY CARE AND LEARNING (SCHOOL READINESS) - PROVIDES INCOME ELI FAMILIES ACCESS TO CHILD CARE FINANCIAL ASSISTANCE, CHILDREN'S DEVELOPMENTAL SCREENINGS, AS WELL AS HEARING AND VISION SCREENING THROUGH CHILD CARE RESOURCE AND REFERRAL, FAMILIES SELECT THE CATHEIR CHOICE AND CHILDREN ARE ENROLLED IN ANY LEGALLY OPERATING SETTING IN CENTRAL FLORIDA. EARLY EDUCATORS PREPARE CHILDREN TO SCHOOL READY TO LEARN AND PROVIDE THE FOUNDATION FOR LIFELONG SUINCLUDED IN THE SR PROGRAMS ARE CRRSA TOTALLING \$25,197,028 AND INCLUDED IN THE SR PROGRAMS ARE CRRSA TOTALLING \$25,197,028 AND	GS. REGIVER OF CHILD CARE ENTER
TOTALLING \$2,748,195.	
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Reference and the second secon	Salte to to to be be to engage the engineer of
	na na na na na na na na maisa na Anglinaga. Mara da
4b (Code:) (Expenses \$ 33,084,736 including grants of \$ 32,367,797) (Revenue \$ VOLUNTARY PRE-K - ENROLLS ELIGIBLE CHILDREN IN QUALITY EARLY LEAF PROGRAMS TO PREPARE THEM FOR KINDERGARTEN, AGE AND RESIDING CRITICAPPLICABLE.	NING ERIA ARE
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· · · · · · · · · · · · · · · · · · ·	
4c (Code:) (Expenses \$ 20,629,746 including grants of \$ 5,244,365) (December 1)	
4c (Code:)(Expenses \$ 20,629,746 including grants of \$ 5,244,365)(Revenue \$ HEAD START/EARLY HEAD START CHILDCARE PARTNERSHING HEAD START EXPANSION - FEDERALLY FUNDED PROGRAM SERVING PREGNANT CHILDREN UP TO AGE 5 NOT IN SCHOOL. PROGRAM ADDRESSES THE WHOLIST OF CHILDREN TO ENSURE APPROPRIATE PHYSICAL, SOCIAL, AND EMOTIONAL DEVELOPMENT. HEALTH, MENTAL HEALTH, NUTRITIONAL, AND EDUCATIONAL CHILDREN ARE ASSESSED EARLY SO CHILDREN ENTER SCHOOL READY TO LEARLY ELIFELONG SUCCESS. USDA FOOD PROGRAM - ACCOUNTS FOR RESOUR RECEIVED FROM THE STATE OF FLORIDA DEPARTMENT OF HEALTH TO SUBSIC COSTS FOR ELIGIBLE CHILDREN UNDER THE NATIONAL SCHOOL LUNCH AND COUNTRITION ACTS.	WOMEN AND FIC NEEDS NEEDS OF ARN AND RCES
Id Other arrayan and in 1994 and in 1994	
d Other program services (Describe on Schedule O.) (Expenses \$ 2,038,213 including grants of \$ 58,676.) (Revenue 6	
(Expenses \$ 2,038,213 including grants of \$ 58,676) (Revenue \$ 144,530,432	<u>)</u>
THE RESERVE OF THE STATE OF THE	

Checklist of Required Schedules Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 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 Х 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 X 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. 98-197 if "Yes," complete Schedule C, Part III X 5 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 X 6 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 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 X 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 X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 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 Х 11b 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 X 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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 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 111 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 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 X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking. fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b 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 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes;" complete Schedule F, Parts III and IV 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? ff "Yes," complete Schedule G, Part III Х 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21

domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II

			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			1
23		22	X	-
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	
	employees? If "Yes," complete Schedule J			
24:		_23	X	<u> </u>
4-11	and a second condition and a second s		İ	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	l.	1.	
	through 24d and complete Schedule K. If "No," go to line 25a	24a	ليديا	X
ŧ	A Francisco Politica politica politica a femiliarity bellod exceptibility	24b		
	a series and a series of the s			
	to defease any tax-exempt bonds?	24c		
Ç	and a second of	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
- 7	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1		٠.
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200	-	- 22
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		l	
	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	چين	X
	employee creator of founder substantial contributes as applicated to any current of former difficer, director, mustee, key		1 3	
	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	ļ		
20	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L.		11.50	
	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			10
	"Yes," complete Schedule L, Part IV	28a		X
þ	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			-
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		·	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N. Part II	1 20		X
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			37
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
· .	or IV, and Part V, line 1			i y
35a		34	X	
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1		
،	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	ļ.
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 03	INO
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	1 1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			5 1
	reportable gaming (gambling) winnings to prize winners?]	J	. ?
DAA	General Commings in his a millicide in the control of the control	1c		
/mrt		For	n 990	(2021)

	Form 990 (2021) COMMUNITY COORDINATED CARE FOR 59-1371754				ige (
-	Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Y	es	No
1	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		- w		걸.
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 383	<u> </u>			.1
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	21	b 3	X	- 1
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			15	
;	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	32	a 📗		X
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	31	5		
4	4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	production and the state of the			7.1
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42	a.		X
	b If "Yes," enter the name of the foreign country ▶	· · · · · · · · · · · · · · · · · · ·	.	****	1 .
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA)	RY	44		일반
5	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5			X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	3 4 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			X
**,	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			-+	Δ
6	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		+	-#	<u>i-</u>
·					7.5
	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	+		X
•	A STATE OF THE STA		.		:
	gifts were not tax deductible?	6t	3	4	40.0
+ 4	7 Organizations that may receive deductible contributions under section 170(c).				1
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		- [-	3	
	and services provided to the payor?	72	<u> </u>		X
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?	71:	,		
V.,	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		: :		X
-	d If "Yes," indicate the number of Forms 8282 filed during the year 7d				
- i i	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	,		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71			X
Ę	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as req		_	\top	
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			+	
. 8		11000-01		-	-
	sponsoring organization have excess business holdings at any time during the year?				
. 9	5 75 175 175 175 175 175 175 175 175 175	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+-	#	
		1 2			
٠.		- 2 - 30 - 10 - 10 - 10 - 10 - 10 - 10 - 10		4	<u> </u>
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<u> </u>		
10			1,35		7.
	a Initiation fees and capital contributions included on Part VIII, line 12				z
ŀ	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	<u></u>	12		an Saite
11				9 9 4	ē.
2	a Gross income from members or shareholders	adade da com grano a a		1	de la companya de la
k	b Gross income from other sources. (Do not net amounts due or paid to other sources		3		1
1	against amounts due or received from them.)	· · · · · · · · · · · · · · · · · · ·			1,00
128	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12:	a		٠.
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. 230 · · · · · · · · · · · · · · · · · · ·			
13					
a	a is the organization licensed to issue qualified health plans in more than one state?	13:	-	-	
	Note: See the instructions for additional information the organization must report on Schedule O.	1.30	-	-	<u> </u>
H	b Enter the amount of reserves the organization is required to maintain by the states in which				
	the completion is leasted to least a write-discussion is required to maintain by the states in which			- 20	
	the organization is licensed to issue qualified health plans	<u></u>		1 L	,
	c Enter the amount of reserves on hand				35
14a	and the second s	14			X_
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	141)		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	15			X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16		16	.		X
	If "Yes," complete Form 4720, Schedule O.		+-	-	
17					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	47		. 1	
	If "Yes," complete Form 6069.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- [2
		1.0 pt 100 pt 10	E.		

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

Set	and A. Governing Body and Management		· · ·	
4-	- In the second	Ė.	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15 there are motivated differences in white rights are seen in the right are	-		
	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.			3.4
b.			()	
.2		-	.1:3	
-	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			x
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?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
- T	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	r ·	X
6	Did the organization have members or stockholders?	6	ļ	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-	 	
, 4	one or more members of the governing body?	7		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members.	7a		
	stockholders, or persons other than the governing body?	7.	:	x
.8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
a	The governing body?		Х	100
b	Each committee with authority to act on behalf of the governing body?	8a 8b	X	
ġ	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00		
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ida)	<u> </u>	<u> </u>
	tron b. 1 diferes 1 this deciron b requests intolitiation about policies not required by the litternal Nevertide Co	ide.)	Yes	T REAL
10a	Did the organization have local chapters, branches, or affiliates?	10a	165	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	Iva		-
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	106		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b.	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114	-	<u> </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	195	X	Ş
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1213		
•	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	14	A, 5	
1,0	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-	The organization's CEO, Executive Director, or top management official	4=-	v	· ·
h	Other officers or key employees of the organization	15a 15b	X	
×	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	Lab	-25	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1.		
IUE	with a taxable entity during the year?	40-		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		1	
	organization's exempt status with respect to such arrangements?	404		
800	tion C. Disclosure	16b		<u> </u>
17				
18	List the states with which a copy of this Form 990 is required to be filled ► FL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	e e e e e e e		
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
		vi L		
10			-	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	financial statements available to the public during the tax year.			
20 12 2	State the name, address, and telephone number of the person who possesses the organization's books and records > TRICIA E. FRANK 3500 W. COLONIAL DRIVE	1,5%	: :	Je L
		 	ტ_ 4	10 A
~~		<u>-53</u>	<u> </u>	T-7.7

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

Check this box if neither the org (A) Name and little	(B) Average hours per Week	(d bo of	o not x. unic ficer a	Pos check ess pe	S) ition more rson i irecto	than o s both v/truste	ne an ae)	(D) Reportable compensation from the	i.	(E) Réportable compensation from related	(F) Estimated arrior of other compensation	177
	(list any hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	(ey employee	Highest compensated employee	Former	orgenization (M 1099-MISC/ 1099-NEÓ)		organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization ar related organizat	
(1) PATRICIA E. FRAMPRESIDENT/CEO	40.00 0.00			x				156	,599		27	,493
(2) JASON KIMMEL CHAIR	0.24	x		x					0)	0
(3) BRANDON W. BANKS VICE CHAIR	0.16 0.00	x		x					0)	0
(4) MICHAEL ROSILLO TREASURER	0.31 0.00	x		X					0)	0
(5) ALLISON GALLAGHE SECRETARY	0.36 0.00	x		x					0			0
(6) OLUCHI CHUKU DIRECTOR	0.25 0.00	x							0			0
(7) BRIAN COATOAM DIRECTOR	0.10 0.00	x							0	:		0
(8) JULIANNA ELDEMIE DIRECTOR	RE 0.04 0.00	X							0			0
(9) FORD ANGELIQUE DIRECTOR	0.14 0.00	x							o			0
(10) ROBERT GERENCSER		x							. 0)	0
(11) MATTHEW JANTOMAS DIRECTOR		x							0			0

Form 990 (2021) COMMUNITY COORDINATED CARE FOR
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest

(A) Name and title	(B) Äverage hours per week	þe	ox, uni	Po check ess p	erson	than is bott or/trus	one) an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MEC/ 1099-MEC)	compensation from the organization end related organizations
(12) JOSEPH MACAU	0.19 0.00	x					Simulation in the			
(13) TOM MCGAFFIC	0.00	_A						0		
DIRECTOR (14) ROGER OLLANKE	0.00 TO 0.02	X						0	0	C
DIRECTOR (15) JENNIFER PORT	0.00	X						0	0	C
DIRECTOR (16) VIKRAM SAINI	0.11 0.00	x						0	0	<u> </u>
DIRECTOR	0.03 0.00	x						0	o	
(17) ALEJANDRO SOF	ONDO 0.28 0.00	x					1, 1 	0		
(18) TYRA WITSELL	0.15								0	
DIRECTOR	0.00	Х	-					0		C
1b Subtotal c Total from continuation shee				·	•		>	156,599		27,493
d Total (add lines 1b and 1c) Total number of individuals (increportable compensation from	cluding but not li	mited	d to t		e list	ed a	bove	156,599 e) who received more than	\$1.00,000 of	27,493
 Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organi 	rmer officer, dire complete Sched 1a, is the sum o zations greater to receive or accr	ector ule of rep han	trus I for Corta \$150	suct ble (0,000 ensa	ind comp o? If ation	ividu pens "Yes from	ation s, " co	and other compensation complete Schedule J for suc	from the	Yes No
ection B, Independent Contractor Complete this table for your five	s_ e highest compe	nsat	ed ir	ıdep	ende	ent c	ontra	actors that received more t	han \$100,000 of	5 X
compensation from the organiz	ation. Report co (A) usiness address	mpe	nsati	ion f	or th	e ca	lenda		in the organization's tax ye (B) on of services	ear. (C) Compensation
		<u></u>			<u></u>					
		· · · ·					· · ·			
2 Total number of independent co	ontractors (includ	lina l	but r	ot.li	mite	d to 1	hose	a listed above) who		
received more than \$100,000 of	compensation	from	the	orga	niza	tion	>		<u> </u>	Form 990 (2021)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated business revenue (D) Revenue excluded function revenue from lax under ts, Grants Amounts 1a Federated campaigns b Membership dues 16 2,250 c Fundralsing events Giffs, ilar Ar 1c d Related organizations 1d Government grants (contributions) 1e 143,764,445 All other contributions, gifts, grants, and similar amounts not included above 1,957,107 17 Noncash contributions included in lines 1a-1f 1g h Total. Add lines 1a-1f.... 145,723,802 Business Code 462,711 462,711 f All other program service revenue g Total. Add lines 2a-2f 462,711 Investment income (including dividends, interest, and other similar amounts) 137 Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 6a Gross rents 6a b Less: rental expenses 6b C Rental inc. or (loss) 6c d Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets other than inventory b Less: cost or other basis and sales exps. 7b c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory . Business Code 11a PROFESSIONAL SERVICES 14,400 14,400 MISCELLANEOUS INCOME 7,887 7,887 d All other revenue Total. Add lines 11a-11d 22,287 Total revenue. See instructions 146,208,937 484,998 0 137

Part IX

Sec	tion 501(c)(3) and 501(c)(4) organizations must on Check if Schedule O contains a response	complete all columns. All o	ther organizations must co	mplete column (A).	
Do	not include amounts reported on lines 6b, 7b,	(A)	(B) Program service	(¢)	(D) Fundraising
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			gariata orpations	September 1
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	121.790.463	121,790,463		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			= 7.2.4	
5	Compensation of current officers, directors,				
. •	trustees, and key employees	156,599	144,783	11,816	· .
6	Compensation not included above to disqualified	200,000		11,010	
U	persons (as defined under section 4958(f)(1)) and	rui (
.i ::.	persons (as defined under section 4958(c)(3)(B)		- S		
	No. 17.2. The state of the stat	11,818,737	10 006 054	001 703	
7	Other salaries and wages	TT'010'121	10,926,954	891,783	
8	Pension plan accruals and contributions (include				
· ·	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	0.005.264	<u> </u>		
10	Payroll taxes	2,925,664	2,717,002	208,662	
11	Fees for services (nonemployees):				
а	Management				<u> </u>
b	Legal	×			
C	Accounting	112,489	44,404	68,085	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other, (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule Q.)				<u> </u>
12	Advertising and promotion	9,938	7,470	2,468	
13	Office expenses	286,456	259,889	26,567	
14	Information technology				
15	Royalties				
16	Occupancy	941,916	937,324	4,592	· · · · · · · · · · · · · · · · · · ·
17	Travel	24,425	23,983	442	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,921	8,356	1,565	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	145,013	50,599	94,414	
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column			1	
	(A) amount, list line 24e expenses on Schedule O.)				
а	EDUCATION TRAINING & SERV	5,047,140	5,037,622	9,518	
b	TELEPHONE & UTILITIES	601,869	558,447	43,422	<u> </u>
C	PROGRAM EXPENSE	523,028	523,028		
ď	REPAIRS AND MAINTENANCE	395,014	380,307	14,707	
	All other expenses	1,281,832			
9: '25			1,119,801	162,031	
25 26	Total functional expenses, Add lines 1 through 24e Joint costs, Complete this line only if the	146,070,504	144,530,432	1,540,072	0
	organization reported in column (B) joint costs		148		
	from a combined educational campaign and			•	
	fundraising solicitation. Check here ▶ ☐ if				
AAC	fallowing SOP 98-2 (ASC 958-720)				990

Part X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1 C	ash—non-interest-bearing	Application of the second seco	1	1
2 S	avings and temporary cash investments	1,386,367	2	3,499,522
3 P	ledges and grants receivable, net	10,426,705	3	10,511,442
4 A	ccounts receivable, net	TO VIVE	4	
5 L	cans and other receivables from any current or former officer, director,			
	ustee, key employee, creator or founder, substantial contributor, or 35% ontrolled entity or family member of any of these persons		5	
6 Le	pans and other receivables from other disqualified persons (as defined		1.5	and the second s
ur	nder section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7 N	otes and loans receivable, net		7	
8 In	ventories for sale or use		8	
9 P	repaid expenses and deferred charges	1,210,256	9	1,429,758
10a La	and, buildings, and equipment; cost or other	A. Caracana de la companya de la co		
ba	asis. Complete Part VI of Schedule D 10a			
b Le	ess, accumulated depreciation 10b		10c	
11 in	vestments—publicly traded securities		11	
12 ln	vestments—other securities. See Part IV, line 11		12	
13 In	vestments—program-related. See Part IV, line 11		13	
14 In	tangible assets		14	
15 Ot	ther assets. See Part IV, line 11	3,813,110	15	1,163,879
16 To	otal assets. Add lines 1 through 15 (must equal line 33)	16,836,438	16	16,604,601
17 Ac	counts payable and accrued expenses	2,296,306	17	3,381,511
	rants payable		18	
19 De	eferred revenue		19	
20 Ta	ax-exempt bond liabilities		20	
21 Es	scrow or custodial account liability. Complete Part IV of Schedule D		21	
22 Lo	ans and other payables to any current or former officer, director,			
	istee, key employee, creator or founder, substantial contributor, or 35%		4	
1	ntrolled entity or family member of any of these persons		22	
23 Se	cured mortgages and notes payable to unrelated third parties		23	
24 Ur	nsecured notes and loans payable to unrelated third parties		24	
25 Ot	her liabilities (including federal income tax, payables to related third			
pa	ities, and other liabilities not included on lines 17-24). Complete Part X			
	Schedule D	11,029,887	25	9,558,579
26 To	tal liabilities. Add lines 17 through 25	13,326,193	26	12,940,090
Or	ganizations that follow FASB ASC 958, check here ▶ X			
an	d complete lines 27, 28, 32, and 33.		1:	
27 Ne	et assets without donor restrictions	3,239,038	27	3,415,659
28 Ne	of assets with donor restrictions	271,207	28	248,852
Or	ganizations that do not follow FASB ASC 958, check here	in the state of th		
	d complete lines 29 through 33.			ere (2 dec). Porto de la companya
1	d complete intes 25 through 53.			
an	pital stock or trust principal, or current funds		29	
an 29 Ca	1 7 THE 221		29 30	
an 29 Ca 30 Pa	pital stock or trust principal, or current funds id-in or capital surplus, or land, building, or equipment fund		30	
29 Ca 30 Pa 31 Re	pital stock or trust principal, or current funds	3,510,245		3,664,511

X

Form 990 (2021)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990)

Internal Revenue Service

Name of the organization

Department of the Treasury

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ

▶ Go to www.irs.gov/Form990 for instructions and the latest information. COMMUNITY COORDINATED CARE FOR

Open to Public Inspection

Employer Identification number CHILDREN, INC. 59-1371754 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) is the organization (iii) Type of organization (vf) Amount of (v) Amount of monetary organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) (A)

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

Schedule A (Form 990) 2021

(B)

(C)

(D)

(E)

Schedule A (Form 990) 2021. 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.) Part II

Calendar year (or fiscal year beginning in)	S	ection A. Public Support			o notace parove,	hicase combiei	e ran m.)	
1 Giffs, grants, contributions, and members to be accorded to the members to be accorded to the members to be accorded for the originate on benefit and either paid to or expended on its behalf and either paid to or expended on its behalf or the originate on behalf and either paid to or expended on its behalf or the originate on behalf and either paid to or expended on its behalf or the originate on the originate of the originate on the originate of the originate originate of the originate	Ca	lendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	/f) Total
include any *unysup grants.*) 102,387,210 106,697,398 109,030,881 124,504,721 145,723,802 568,234,4 7 computation's benefit and either paid to or expended on its behalf to organization (place of the property of the organization of the property organization of the property organization of the property organization of the property organization	1	Gifts, grants, contributions, and membership fees received. (Do not						(i) Total
2 Tax revenuels levised for the organization's benefit and either paid to or expanded on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total, Add lines I through 3. 5 The portion of folial contributions by each persoli (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (in levi) included on line 1 that exceeds 2% of the amount shown on line 11, column (in levi) included on line 1 that exceeds 2% of the amount shown on line 11, column (in levi) included on line 1 that exceeds 2% of the amount shown on line 11, column (in levi) included 2, 20, 237, 210, 106, 607, 399, 109, 030, 881, 124, 504, 721, 145, 723, 802, 588, 254, 0, 20, 20, 20, 20, 20, 20, 20, 20, 20,		include any "unusual grants.")	102,387,210	106.607.399	100 030 881	124 504 721	145 702 000	 •••• •••• •••
furnished by a governmental unit to the organization without charge in though 3	2	organization's benefit and either paid				124,304,121	143, (23,802	588,254,01
5 The portion of loids contributions by each person (other than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of this amount shown on fine 11, column (n) 6 Public support. Subjust line 5 from line 4 Section B. Total Support Calendary ser (of fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total shown on fine 11, column (n) 7 Amounts from line 4 3 Gress homes from therest, dividends, press, press, provides on securities loans, similar sources 9 Net income from unrelated business activities, whether on ort the business is regularly carried on. 9 Net income from unrelated business activities, whether on ort the business is regularly carried on. 10 Other income, Do not include gain or loss from the sale of capital assests (c)pain in Part VI). 11 Total support. Add lines 7 through 10 12 Gress receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 930 is for the organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column ft) divided by line 11, column (ft) 15 Public support percentage for 2021 (line 6, column ft) divided by line 11, column (ft) 16 Jan 13/3% support percentage from 2020 Schedule A, Part II, line 14 17 Section C. Computation of Public Support Percentage 18 Jan 13/3% support percentage from 2020 Schedule A, Part II, line 14 19 Section C. Sompton percentage from 2020 Schedule A, Part II, line 14 19 Section C. Sompton repeated person for 2021 (line 6, column ft) divided by line 11, column (ft) 19 Jan 13/3% support percentage for 2021 (line 6, column ft) divided by line 11, column (ft) 19 Jan 14 Section C. Sompton repeated person for 2021 (line 6, column ft) divided by line 11, column (ft) 19 Jan 15 Jan 15 Jan 15 Jan 16 Jan 16 Jan 17 Jan 16 Jan 17 J	3	furnished by a governmental unit to the organization without charge						
5 The portion of foliat confributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Callendar year (or fiscal year beginning in) 7 Announts from line 4 102,387,210 106,607,399 109,030,881 124,504,721 145,723,802 588,254,0 106,607,399 109,030,881 124,504,721 145,723,802 588,254,0 133 149 137 4 Net income from invest, dividends, payments teached on securities loans, rents, coyatiss, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 10 Total support. Add lines 7 through 10 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see Instructions) 13 First 5 years. If the Form gobic is for the organization's first, second, finid, fourth, or fifth tax year as a section 501(6)(3) organization. Check this box and stop here. The organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the	4		102,387,210	106,607,399	109.030.881	124 504 721	145 722 000	FOO OF A
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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 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		box and stop here. The organization qualif	ies as a publicly st	pported organizati	ori		140	▶ 🗓
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 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	b:	33 1/3% support test—2020. If the organization	zation did not checl	k a box on line 13	or 16a. and line 15	is 33 1/3% or moi	e, check	
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 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		this box and stop here. The organization q	ualifies as a publici	ly supported organ	ization			· • • •
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	.7a	10%-tacts-and-circumstances test—2021	 If the organizatio 	n did not check a t	ox on line 13, 16a	ar 16h and line 1	lá is	e e e el e este este el el enco
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		rait vi now the organization meets the fact	is-and-circumstanc	es test. The organ	ization qualifies as	a publicly support	ed	· .
in Part VI how 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	h	The state of the s	Commence of the Commence of th	a ta juli di mari regere e	er felter i dette fræ flytte fræ er er er	eve cerevara e capa ampega		
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		in Part VI how the organization meets the fa	neets the facts-and acts-and-circumsta	l-circumstances te	st, check this box	and stop here. Ev	plain	
	8	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, chec	k this box and see		
	1				**************************************	**************************************	and the same of th	

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.)

	ection A. Public Support				somplete (dit i		
Ca	lendar year (or fiscal year beginning in) 🕒	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Glits, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			, , , , , , , , , , , , , , , , , , ,	\- <u>\-</u>	100, 202	(i) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
.3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
. 5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			Apple 10 10 10 10 10 10 10 10 10 10 10 10 10			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				\$1.00 		
·	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
E	Add lines 7a and 7b					### ### ### ### ### ### ### ### ### ##	
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6			V2 ((4) 2020	(6) 2021	(r) Fotal
10 <u>a</u>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						77
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						***************************************
14	First 5 years. If the Form 990 is for the org organization, check this box and stop here	janization's first, se	econd, third, fourth	ı, or fifth tax year a	s a section 501(c)	(3)	
Sec	tion C. Computation of Public Su		ane	*********		(*************************************	·····
15	Public support percentage for 2021 (line 8,	column (f) divided	(by line 12 salum	/03 a			- Adam -
16	Public support percentage from 2020 Sche	dule A Part III line					%_
	tion D. Computation of Investmen	of Income Per	entage	<u></u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		%
17	Investment income percentage for 2021 (lin			column #0			
	nvestment income percentage from 2020 S	chadula A Dad III	line 17	, comin (ii)	e e e e e e e e e e e e e e e e e e e		<u>%</u>
19a	33 1/3% support tests—2021. If the organ			14 and line 15 in a	Sangganing sagar	<u>[18]</u>	<u>%</u>
	17 is not more than 33 1/3%, check this bo	y and stop here. T	enii no xua oni ine	int, and line 15 (\$)	nore man 33 1/39	o, and line	. П
ь	33 1/3% support tests—2020. If the organ	ization did not che	no organization d ck a box on line t	usinics as a public 1 or line 10s, and 1	y supported organ	nzation	and a construction
	line 18 is not more than 33 1/3%, check this	s box and stop her	e. The organization	n qualifies es e ai	ne ro is muje ina Siliciv sussanted a	rosenization	▶ □
20	Private foundation. If the organization did	not check a box or	ı line 14, 19a, or 1	9b, check this box	and see instruction	MS (************************************	

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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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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	dule A	(Form 9	90) 2021

Sched	le A (Form 990) 2021 COMMUNITY COORDINATED CARE FOR 59-137175	4		Page 5
Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			12.5
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	3.4		
	11c below, the governing body of a supported organization?	11a		
Ь	A family member of a person described on line 11a above?	11b	31 J	
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	-	4.0	
3 4	provide detail in Part VI.	11c	<u>; ;</u>	<u> </u>
)ect	on B. Type I Supporting Organizations			T :
. . .	merati 24 m. A. Landin din de 18 m. din	<u></u>	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		5-85	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	A Charles		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	사고를		
-2	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		547.5	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		·
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) trial operated,			
ecti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		L.,
	in st. 17 pc in Capporting Organizations		1/	
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1 2 2 4 4 E	Yes	No
	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	- J. J.	, e 3	
	the supported organization(s).		- Asi	i Like
ecti	on D. All Type III Supporting Organizations	<u> </u>		<u>. </u>
	7 7. III Japan III Japan III Japan III Japan II Japan		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	· · · · · ·	169	UND
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
Ż	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		ļ .	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	4 . I have	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	-	· · · · · · · · · · · · · · · · · · ·	ξ.
•	a significant voice in the organization's investment policies and in directing the use of the organization's		n E. Alan Sana	2 11
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			常生.
	supported organizations played in this regard.	3	ear of the	
ecti	on E. Type III Functionally Integrated Supporting Organizations	ليخيا		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			- 14
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			1
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ctione	ı	
	Activities Test. Answer lines 2a and 2b below.	cuoria	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		169	110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1 : .
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	1	
	Did the activities described on line 2a, above, constitute activities that, but for the organization's	<u>za</u>		100
	nvolvement, one or more of the organization's supported organization(s) would have been engaged in? If	15.	. :	1.1
	Yes, " explain in Part VI the reasons for the organization's position that its supported organization(s) would			1.
		 AL		
	have engaged in these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.	` '		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	rustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		<u> </u>
	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		i

Sched	ule A (Form 990) 2021 COMMUNITY COORDINATED CARE	FOR	59-1371	.754 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			rage o
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No instructions. All other Type III non-functionally integrated supporting organizations must	ov. 20,	1970 (explain in Part VI).	
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	**************************************	1
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3	and the second	
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	2 - 2		
а	Average monthly value of securities	1a	the condensation of the state o	# UTT 17-180 - 1 1- 49-14-2008/18/18/18/18
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_ 6	Multiply line 5 by 0.035.	6	Market Control of the	
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	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	100 A 107 A	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		表式 1842-1-19	

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

Schedule A (Form 990) 2021

emergency temporary reduction (see instructions).

(see instructions).

To Sent A to	ule A (Form 990) 2021 COMMUNITY COORDINATE V Type III Non-Functionally Integrated 509(a)(3) S			754 Page 7
	tion D - Distributions	Jupporting Organiza	LIONS (COMMISCO)	Current Year
4	Amounts paid to supported organizations to accomplish exempt purpor	000		
2	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes			
-	organizations, in excess of income from activity	s or supported		
3	Administrative expenses paid to accomplish exempt purposes of support	orted amanizations	er e <u>marinim ren ave</u>	
4	Amounts paid to acquire exempt-use assets	onco organizaciono		
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI\		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	A CONTRACT OF THE PARTY OF THE		
8	Distributions to attentive supported organizations to which the organizations	ation is responsive	- · · · · · · · · · · · · · · · · · · ·	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	A STATE OF THE STA		
		(i)	(0)	(iii)
Seci	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6	1 A 2 2 2 2 2 3 3		
2	Underdistributions, if any, for years prior to 2021	in her a district a raid to a		a complete of
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016	The Control of the Co		
b	From 2017		TRY 1 mades.	
C	From 2018	Andrew Longson		
d	From 2019			
e	From 2020	20 196 9 - 1 3 000		
<u>f</u>	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years	Transfer and any		
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j_	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from	4-2 - 2002 - 3002		
	Section D, line 7:	1000 100 100 100 100 100 100 100 100 10		LERE STREET BY THE
ā	Applied to underdistributions of prior years			
*.	Applied to 2021 distributable amount			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
- , - C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.		#125 St. Ext. 25.	
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.		riy din it ya daga	
8	Breakdown of line 7:			
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Schedule A (Forr	m 990) 2021		COMM	UNITY	CO	ORDIN.	ATE	D CA	RE F	OR.	3050	59-	137	L754	1	Page 8
Part VI	Suppleme III, line 12; B, lines 1 a 3a, and 3b	Part IV, and 2; Pa ; Part V,	ormation Section / art IV, Se line 1; P	. Provide A, lines 1 ction C, art V, Se	the (, 2, 3 line 1; ction	explanat b, 3c, 4t Part IV B, line 1	ions , 4c, Sec e; Pa	require 5a, 6, tion D, irt V, S	d by P 9a, 9b lines 2 ection	Part II, I , 9c, 1 2 and 3 D, line	ine 10 1a, 11 ; Part s 5, 6,	; Part b, and IV, Se and	II, line d 11c; ection 8; and	17a or Part IV, E, lines	Sectio 1c, 2a	art n , 2b,
PART II	lines 2, 5, a				-1 -10		. ""	nai iijiy	<u>uman</u>	<u>ы, (эе</u>	e msu	ueuo	15.)) 	
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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

2021

Employer identification number

COMMUNITY CO	ORDINATED CARE FOR C.			59-1371754	
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note: Only a section 501(c) instructions.	(7), (8), or (10) organization can check bo	ixes for both the General	Rule and a Special R	ule. See	• •
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General Rule					٠.
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Special Rules				e Gui	
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contributor, during to	described in section 501(c)(7), (8), or (10) the year, total contributions of more than \$ nai purposes, or for the prevention of crue instead of the contributor name and addre	1,000 <i>exclusively</i> for reli Ity to children or animals	gious, charitable, scie	ntific,	
contributor, during the contributions totaled during the year for a	described in section 501(c)(7), (8), or (10) he year, contributions exclusively for religid more than \$1,000. If this box is checked, an exclusively religious, charitable, etc., pues to this organization because it received note during the year.	ious, charitable, etc., pui , enter here the total con urpose. Don't complete a	peses, but no such tributions that were re my of the parts unless	ceived the	
Caution: An organization th	nat isn't covered by the General Rule and/k V, line 2, of its Form 990; or check the box eet the filing requirements of Schedule B	x on line H of its Form 99	•		

Name of organization

COMMUNITY COORDINATED CARE FOR

Employer identification number 59-1371754

EARLY LEARNING COALITION OF ORLANDO FIX 32804 S 97,650,320 Person Payroll Roncash (c) (c) (d) (d) (d) (e) (e) (e) (d) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information OMB No. 1545-0047 Open to Public

Inspection

Name of the organization Employer identification number COMMUNITY COORDINATED CARE FOR CHILDREN. INC 59-1371754 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 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D	(Form 990) 2021 COMMUNIT	Y COORDINATI	ED CARE FOI	₹ 59-1	371754	puri mia	Page 2
Part III	Organizations Maintainir	ng Collections of A	Art, Historical Tr	easures, or Othe	r Similar Assets	(continu	
3 Using	the organization's acquisition, accessition items (check all that apply):						
	The state of the s						
<u> </u>	ublic exhibition	The second secon	oan or exchange prog	ram			
	cholarly research	e 📙 O	ther	, , , , , , , , , , , , , , , , , , , ,	en e e e gregoria e e y e	1	
	reservation for future generations	i di di di					
	de a description of the organization's o	collections and explain h	now they further the o	rganization's exempt p	ourpose in Part		*.
XIII							
	g the year, did the organization solicit						
	s to be sold to raise funds rather than		rt of the organization:	s collection?		Yes	No.
Part IV	Escrow and Custodial Ar	rangements.				14.0	\$ 17
	Complete if the organizatio	n answered "Yes" o	on Form 990, Par	t IV, line 9, or rep	orted an amount	on Form	
	990, Part X, line 21.						
1a Is the	organization an agent, trustee, custo	dian or other intermedia	ry for contributions or	other assets not			
includ	ed on Form 990, Part X?				W	Yes	No
b if "Yes	s," explain the arrangement in Part XII	I and complete the follo	wing table:				
						Amount	
c Begin	ning balance			로 된데 개별하	1c		710.2.
	ons during the year					4 11 (01 12	
e Distrib	outions during the year	er segre men er men er militet hinne fen segimen er Stept 1971	ng dipangahan senga sebengsis da Perus	प्रस्कात सुध्योत् होस्य निवेत्रे हेर्नेत्रे र त्यात है १९८८ - विकेशन	1e	14 554 1	130
		en er en		10 100 100 1	11		
	e organization include an amount on I					Yes	s No
* 1	s," explain the arrangement in Part XII		and the second of the second o			. 🗀 😁	, – 110
Part V		i. Officer field if the exp	ianation has been po	Sylded bill alt XIII	<u>*</u>	**********	
	Complete if the organization	n ariswered "Ves"	n Form 990 Par	t IV line 10			
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	In Fair	years back
da Danin	<u> </u>	156,207	144,499		1.39,45	1	
4 200	ning of year balance	138,207	144,433	127,541	133,400	7	25,714
b Contri	North Control of the					1	
	vestment earnings, gains, and	15.000	*1 700	3.6.050	44 647	-	** ***
losses		15,833	11,708	16,958	-11,91	<u>"</u>	13,744
	s or scholarships				· · · · · · · · · · · · · · · · · · ·	+	
	expenditures for facilities and					:	
progra		· · · · · · · · · · · · · · · · · · ·					
f Admin	istrative expenses						
	f year balance	172,040	156,207	144,499	127,54	1 1	39,458
	e the estimated percentage of the cur	rent year end balance ((line 1g, column (a)) l	neld as:		•	
	designated or quasi-endowment	%			4.54	:	
b Perma	ment endowment ► %	· · · · · · · · · · · · · · · · · · ·		No. 1		* *	
c Term	endowment 🕨 %	‡					
The pe	ercentages on lines 2a, 2b, and 2c shi	ould equal 100%.					
3a Are the	ere endowment funds not in the posse	ession of the organization	on that are held and a	administered for the		_	
organi	zation by:		· .			•	Yes No
(i) Ur	related organizations					3a(i)	X
	والمستمر المامان					3a(ii)	X
	" on line 3a(ii), are the related organiz					3b	
	be in Part XIII the intended uses of th	the district of the second		* #44 * * * * * * * * * * * * * * * * *	e e e e e e e e e e e e e e e e e e e	*	(T)
Part VI	Land, Buildings, and Equ						
,# === = = = = = = = = = = = = = = = =	Complete if the organization		n Form 990 Par	t IV line 11a See	Form 990 Part	X line 10	1
11.	Description of property	(a) Cost or other bas			coumulated	(d) Book vi	
	Cood brion of brokers	(investment)	(other		preciation	(a) Dodg v	RIME
4m le			190.00				
1a Land				A Comme		 	
b Buildin	—						
	nold improvements		The second second				- E
d Equipr	nent						
e Other	aga ay a a a a a aga a a a a a a a a a a	·	<u> </u>				·
otal. Add li	nes 1a through 1e, (Column (d) must	equal Form 990, Part X	., cotumn (B), line 10d	2.)	▶		

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K 4214 W 11 :	HITTOUILUM	CHIEL DECUL	uca.	
Part VII	Investments -	Quier Securi	ucs.	

Complete if the organization answered "Yes" (a) Description of security or category	(b) Book value	(c) Method of ve	
(including name of security)	7 T T T T T T T T T T T T T T T T T T T	Cost or end-of-year	
(1) Financial derivatives	The state of the s		
(2) Closely held equity interests			A
(3) Other	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
(A)			
(B)		weeks to the second	
13 (C)	· · · · · · · · · · · · · · · · · · ·		
(E)	· · · ·		
(F)			
10t			
(H)	1	Z 2011	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			- Augusta - Au
Part VIII Investments – Program Related.			<u> </u>
	- T 000 D-1 N/ 6	44= C F 000 D-	at No. Community
Complete if the organization answered "Yes"		The second secon	
(a) Description of investment	(b) Book value	(c) Method of va	ta file and the second of the
		Cost or end-of-year r	narket value
(1)			. Address of the control of the cont
(2)		<u> </u>	13. 13. 1
(3)			
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(6)			
(7)		:	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	> 1		
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Pa	rt X, line 15.
(a) Description			(b) Book value
(1) DUE FROM PROVIDERS			747,218
(2) ASSETS HELD IN TRUST			231,381
(3) BENEFICIAL INTEREST A	ASSETS HELD BY O	:	172,040
(4) DUE FROM ELC OSCEOLA			13,240
(5)			
(6)	may may	n) +:	The second secon
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		L	1,163,879
Part X Other Liabilities.		<u> </u>	4,402,013
Complete if the organization answered "Yes" line 25.	on Form 990, Part IV, line	11e or 11f. See Form 9	90, Part X,
(a) Description of liability			(b) Book value
(1) Federal income taxes			And another America
(2) DUE TO EARLY LEARNING PROVIDERS			5,916,581
			2,769,202
			641,415
			231,381
(6)			
(7)		·	
(8)			<u> </u>
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			9,558,579
Liability for uncertain tax positions. In Part XIII, provide the text of the	described and the state of the second state of the second		the s
rganization's liability for uncertain tax positions under FASB ASC 740. (· · · · · · · · · · · · · · · · · · ·

Schedule D (Form 990) 2021 COMMONITY COORDINATED CARE		59-137175	4	Page 4
Part XI Reconciliation of Revenue per Audited Financial Stat Complete if the organization answered "Yes" on Form 99	ements Witl	n Revenue per Re	turn.	
1 Total revenue, gains, and other support per audited financial statements	u, Partiv, iin	ie 12a.		146,366,835
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	**************************************		10 a 1.	140,300,633
a Net unrealized gains (losses) on investments	2a	15,833		
b Donated services and use of facilities	2b	44,186		
c Recoveries of prior year grants	2c		150	4.1
d Other (Describe in Part XIII.)	2d	97,879		
e Add lines 2a through 2d			2e	157,898
3 Subtract line 2e from line 1			3	146,208,937
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1. Val.	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		100	elia di III. Sela di Sela di
b Other (Describe in Part XIII.)	4b	4.2	967.7	
c Add lines 4a and 4b	(1)		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	<u> 146,208,937</u>
Part XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 99	tements Wit	h Expenses per R	etur	n. 🦺 🚶 🐪
Total expenses and losses per audited financial statements	o, rairiy, mi	E IZa.	1	146,174,381
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	الخافري والاستعادات والمساوة			<u> </u>
a Donated services and use of facilities	2a	44,186		
b Prior year adjustments		/	11/21	
c Other losses	1 1			
d Other (Describe in Part XIII.)	2d	59,691		
e Add lines 2a through 2d	Esta III		2e	103,877
3 Subtract line 2e from line 1		to the state of th	3	146,070,504
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			e de la companya del companya de la companya del companya de la co
b Ofher (Describe in Part XIIL)	4b		3	
Add lines 4a and 4b		******	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	**************************************		5	146,070,504
Part XIII Supplemental Information.				4
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	in IV, lines 15 ar	nd 2b, Part V, line 4; Pa	irt X, li	ne
PART X - FIN 48 FOOTNOTE	ide any addition	al information.		
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PART XI, LINE 2D - REVENUE AMOUNTS INCLUDE	D IN FI	NANCIALS - C	THE	ER
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SCHEDULE (Form 990)

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

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

Open to Public 2021

N X Inspection Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance Employer identification number ×es ___ 59-1371754 noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (beok, FMV, appräisal, other) ► Go to www.irs.gov/Form990 for the latest information. noncash assistance (e) Amount of ► Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) COORDINATED CARE FOR General Information on Grants and Assistance (b) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (a) Name and address of organization COMMUNITY CHILDREN or government Department of the Treasury Internal Revenue Service Name of the organization Part Part II Ë $\overline{\mathfrak{C}}$ 3 **£** C 9 8 E 6

Schedule I (Form 990) (2021)

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

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:	o Domestic Individua ional space is needed.	duals. Complete if the o	organization answere	1 "Yes" on Form 990, Part	IV, line 22,
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 ELC - SCHOOL READINESS		84,119,625		FMV	The state of the s
2 FOOD PROGRAM		5,244,365		EMA	
3 VOLUNTARY PRE-K		32,367,797		EMV	
4 OTHER PROGRAM SERVICES		58,676		FMV	
40			minimpolitica and management of the state of		
	10 mm. 1 mm.				
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b);	vide the information r	equired in Part I, line 2	2; Part III, column (b)	and any other additional information	aformation.
PART I, LINE 2 - PROCEDURES FOR MONITORING	S FOR MONITOR	ING THE USE OF	F GRANT FUNDS		The state of the s
THE ORGANIZATION'S RECORDS ARE MONITORED/AUDITED BY	ARE MONITORE	DITED BY	THE		
AGENCY'S SUPERVISORS/DIRECTORS OR OTHER DESIGNEES. QUARTERLY AND ANNUAL	TORS OR OTHER	DESIGNEES. O	UARTERLY AND	ANNUAL	
AUDITS ARE ALSO PERFORMED BY 4C'S FUNI	BY 4C'S FUNDE	DERS. ANNUALLY,	ANNUALLY, AN EXPERT TEAM	AM OF	
COMMUNITY REPRESENTATIVES PARTICIPATES IN A	PARTICIPATES	IN A SELF-ASS	SELF-ASSESSMENT OF TH	THE AGENCY'S	
FINANCIAL MANAGEMENT SYSTEMS, CONTROLS	MS, CONTROLS,	AND COMPLIANCE	CE WITH RULES	FU	
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Schedule I (Form 990) (2021)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service
Name of the organization

Part I

Department of the Treasury

COMMUNITY COORDINATED CARE FOR CHILDREN, INC.

Questions Regarding Compensation

Employer identification number 59-1371754

	그 사이트 그는 그 가는 사람들의 그리고 말하면 하는 그 사람들이 되는 것이 되었다. 그는 그 그 그리고 있다.		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		~ 產	基準令
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	1 18 m		
:	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		8.4	
·h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			1
~	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	Previole Previole	- Called	(本)道:
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	explain	1b		758 N.T.
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2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	143	2		E. Ez Site
				133
3	Indicate which, if any, of the following the organization used to establish the compensation of the			1.0
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	1		
	Compensation committee Written employment contract	1		niovi :
٠.	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee	100		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization.			
a	Receive a severance payment or change-of-control payment?	4a	e incessor and	X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		, a	李素证
	The second of the second of the property of the applicable different of the second of			1 2
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			隱篡
	compensation contingent on the revenues of:		A	
_		31,00		Gar-year, m.
	The organization?	5a_		X
D	Any related organization?	5b		X
21	If "Yes" on line 5a or 5b, describe in Part III.			144
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		14.7	M-M
	compensation contingent on the net earnings of:			41
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			N.
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		:]	4
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			. , ,
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe		ęz 📗	
		8	, iš 14	X
	in Part III			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			12.67
	Regulations section 53.4958-6(c)?	9		
	(1/2/4) (2014) 1 3 3 4 2 3 3 5 5 () 1 3 3 5 5 () 1 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	5	: 1	i

59-1371754 COMMUNITY COORDINATED CARE FOR Schedule J (Form 990) 2021

Page 2

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i), and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)—(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual:

	(B) Breakdown of W-2	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	39-NEC compensation	(C) Retirement and	(D) Nontexable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Borus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 890
PATRICIA E. FRANK + PRESIDENT/CEO	(I) 156,599 (II)	0	O down	27,493	0	184,092	0.0
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Part III Supplemental Information	24		Page 3
escriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c,	5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part	t II. Also complete th	ils part
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		Sche	Schedule J (Form 990) 2021

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.

2021

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization COMMUN

COMMUNITY COORDINATED CARE FOR CHILDREN, INC.

Employer identification number 59–1371754

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

4C PROVIDES ACCESS TO EARLY CARE AND LEARNING SERVICES INCLUDING, BUT NOT
LIMITED TO: CHILD CARE RESOURCE AND REFERRAL; FINANCIAL SUBSIDIES TO

ELIGIBLE FAMILIES FOR CHILD CARE; FOOD REIMBURSEMENT TO ELIGIBLE PROVIDERS
QUALIFYING FOR THE USDA FOOD PROGRAM; AND TRAINING TO EDUCATORS OF YOUNG
CHILDREN. 4C DIRECTLY OPERATES THE FEDERAL HEAD START PROGRAM IN OSCEOLA
AND SEMINOLE COUNTIES, AS WELL AS EARLY HEAD START EHS AND EHS CHILDCARE
PARTNERSHIP PROGRAM (CCP) IN ORANGE, OSCEOLA, AND SEMINOLE COUNTIES.

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

HEAD START/EARLY HEAD START/EHS-CCP - FEDERALLY FUNDED PROGRAM SERVING

PREGNANT WOMEN AND CHILDREN UP TO AGE 5 NOT IN SCHOOL, PROGRAM ADDRESSES

THE WHOLISTIC NEEDS OF CHILDREN TO ENSURE APPROPRIATE PHYSICAL, SOCIAL, AND

EMOTIONAL DEVELOPMENT. HEALTH, MENTAL HEALTH, NUTRITIONAL, AND EDUCATIONAL

NEEDS OF CHILDREN ARE ASSESSED EARLY SO CHILDREN ENTER SCHOOL READY TO

LEARN AND ACHIEVE LIFELONG SUCCESS.

EARLY CHILDHOOD EDUCATION TRAINING PROGRAMS - ACCOUNTS FOR RESOURCES
RECEIVED FROM THE STATE OF FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES FOR
STATE MANDATED SERVICES AND RESOURCES TO TRAIN EARLY EDUCATORS IN THE
CHILDCARE INDUSTRY.

OTHER CHILD CARE - ACCOUNTS FOR RESOURCES RECEIVED FROM THE CATHOLIC CHARITIES OF CENTRAL FLORIDA, INC. FOR REFUGEE CHILD CARE AND OTHER CONTRACTS FOR CHILD CARE SERVICES.

COMMUNITY SERVICES - ACCOUNTS FOR COMMUNITY AND OTHER FAMILY RELATED PROGRAMS.

Schedule O (Form 990) 2021

Name of the organization

COMMUNITY COORDINATED CARE FOR

Employer identification number 59–1371754

NEIGHBORHOOD CENTERS FOR FAMILIES - ACCOUNTS FOR FAMILY SUPPORT RESOURCES
OF THIRTEEN NEIGHBORHOOD CENTERS, FUNDED THROUGH ORANGE COUNTY GOVERNMENT
CITIZEN'S COMMISSION FOR CHILDREN.

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

A DRAFT OF FORM 990 WAS REVIEWED BY THE PRESIDENT/CEO AND WAS PROVIDED TO

THE BOARD FOR REVIEW PRIOR TO SUBMISSION. IN ADDITION, THE IRS FORM 990 WAS

APPROVED BY THE BOARD AT THE OCTOBER 2022 MEETING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ANNUALLY, THE ORGANIZATION HAS IMPLEMENTED A PROCESS BY WHICH ALL BOARD MEMBERS AND OFFICERS COMPLETE A CONFLICT OF INTEREST DECLARATION FORM DISCLOSING IN WRITING WHETHER, 1) A BOARD MEMBER OR OFFICER HAS A 5% OR MORE INTEREST IN A COMPANY DOING BUSINESS WITH THE ORGANIZATION, 2) IS AN OFFICER, DIRECTOR, PARTNER IN A PARTNERSHIP DOING BUSINESS WITH THE ORGANIZATION, OR 3) HAS A CONTRACT WITH A COMPANY DOING BUSINESS WITH THE ORGANIZATION. SHOULD A BOARD MEMBER OR OFFICER ANSWER AFFIRMATIVELY TO ANY OF THE ABOVE, THAT BOARD MEMBER/OFFICER SHALL RECUSE THEMSELVES FROM VOTING ON ANY MATTER RELATING TO ANY BUSINESS RELATED TO THE COMPANY HAVING THE BUSINESS RELATIONSHIP WITH THE ORGANIZATION. OFFICERS, ALTHOUGH THEY DO NOT HAVE VOTING RIGHTS, ARE PROHIBITED FROM ENGAGING IN PROCUREMENT DECISIONS OR DISCUSSIONS WITH RESPECT TO THOSE COMPANIES IN WHICH THEY HAVE A FINANCIAL INTEREST, THE ORGANIZATION HAS STRICT ETHICS POLICIES FOR BOARD MEMBERS AND STAFF TO ENSURE THAT BUSINESS IS CONDUCTED ETHICALLY, WITH INTEGRITY, AND CONFORMS TO LOCAL, STATE AND FEDERAL REGULATIONS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

PAGE 1 OF 2

EVERY THREE YEARS, THE ORGANIZATION CONTRACTS WITH AN INDEPENDENT HUMAN RESOURCES CONSULTING FIRM FOR THE PURPOSE OF CONDUCTING THE ORGANIZATION'S SALARY AND WAGE COMPENSATION STUDY. SALARIES OF COMPARABLE POSITIONS FROM COMPARABLE GEOGRAPHIC AREAS ARE COMPILED, ANALYZED, AND REPORTED TO THE ORGANIZATION'S BOARD OF DIRECTORS. BASED ON THE MARKET DATA PRESENTED, THE HUMAN RESOURCES COMMITTEE OF THE ORGANIZATION'S BOARD WILL DETERMINE IF COMPENSATION ADJUSTMENTS ARE NEEDED. MINIMALLY, SALARIES AND WAGES ARE ADJUSTED TO THE MINIMUM PAY GRADE RANGES TO ENSURE THE ORGANIZATION'S SALARY AND WAGE PLAN IS BASED ON CURRENT MARKET CONDITIONS. HOWEVER, IT SHOULD BE NOTED THAT CERTAIN PROGRAMS HAVE SALARY AND FRINGE BENEFIT CAPS FOR EXECUTIVES THAT ARE ADHERED TO WITHOUT EXCEPTION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS.

THE SAME PROCESS IS USED AS STATED ABOVE IN REGARDS TO OFFICERS.

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

A COPY OF THE ORGANIZATIONS ANNUAL COMBINED FINANCIAL STATEMENTS ARE MADE

AVAILABLE TO THE PUBLIC ON 4C'S WEBSITE FOR THE SAME PERIOD OF DISCLOSURE

AS SET FORTH IN IRS SECTION 610 4 (D). THE ORGANIZATION'S GOVERNING

DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE PROVIDED TO THE PUBLIC UPON

REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
4C FOUNDATION
\$ 38,188
4C FOUNDATION
\$ -38,188

PAGE 2 OF 2

Schedule R (Form 990) 2021 Section 512(b)(13) controlled entity? Open to Public OMB No. 1545-0047 (f) Direct conificiling entity × Inspection Employer identification number Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. 59-1371754 (f) Direct controlling entity (e) End-of-year assets N/A (e) Public charity status (if section 501(c)(3)) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. • (d) Total incoms Related Organizations and Unrelated Partnerships (d) Exempt Code section ▶ Go to www.irs.gov/Form990 for instructions and the latest information. ဗ္ဗ 50T (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) Ę ▶ Attach to Form 990. (b) Primary activity Primary activity LEASING 2 大家,大学,大学的,我们就是1975年,我们就是一个人的,我们是一个人的,我们也不是一个人的,我们就是一个一个,我们,我们是一个一个一个一个,我们也会会会会,我们 59-2917065 COMMUNITY COORDINATED CARE FOR For Paperwork Reduction Act Notice, see the Instructions for Form 990, DAA (a) Name, address, and EIN (if applicable) of disragarded entity (a) Name, address, and EIN of related organization 32808 HNC. THE 4C FOUNDATION, INC COLONIAL DRIVE CHILDREN, 1996年,1908年, Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R 3500 W. ORLANDO (Form 990) Part Part 3 Ξ Ξ $\widehat{\mathbf{S}}$ 3 2 3 3 3

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Part IV line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ated organization	is treated as a	corporation or	rust during the	tax year.	}		-
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domiclie (state or foreign generator)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp.	(f) Share of total Income	(g) Share of end-of-year assets	(fi) Percentage ownership	Section 512(b)(13) controlled
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Schedule R (Form 990) 2021

59-1371754

COMMUNITY COORDINATED CARE FOR

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

× Schedule R (Form 990) 2021 × × × 14 M M M Method of determining amount involved ٥ 2 를 2 Ξ 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. EMV FMV 212,635 47,053 (c) Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transaction type (a-s) H × Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Receipt of (i) interest, (ii) annutties, (iii) royalties, or (iv) rent from a controlled entity Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets from related organization(s) Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Name of related organization Giff, grant, or capital contribution to related organization(s) Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) Dividends from related organization(s) Sharing of paid employees with related organization(s) e Loans or loan guarantees by related organization(s) THE 4C FOUNDATION THE 4C FOUNDATION Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Ε 0.0 £ 3 3 3 3 (9) DAA

Schedule R (Form 990) 2021 COMMUNITY COORDINATED CARE FOR

Part VI Unrelated Organizations Taxable as a Partnership, Complete if the organization answered "Yes" on Form 990, Part IV, line 37,

59-1371754

Page 4

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

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Schedule R (Form 990) 2021

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