

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

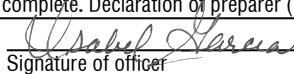
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 402 W. MAIN STREET City or town, state or province, country, and ZIP or foreign postal code IMMOKALEE, FL 34142-3933	D Employer identification number 59-1221966
	F Name and address of principal officer: ISABEL GARCIA SAME AS C ABOVE	E Telephone number 239-658-3560
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	G Gross receipts \$ 86,273,859.
J Website: ▶ HTTP://WWW.RCMA.ORG		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions
K Form of organization: Corporation Trust <input checked="" type="checkbox"/> Association Other ▶		H(c) Group exemption number ▶
	L Year of formation: 1965	M State of legal domicile: FL

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC. (RCMA) WAS INCORPORATED AS A NON-PROFIT		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	2024
	6	Total number of volunteers (estimate if necessary)	6	2175
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	225,319.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	224,319.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	79,945,465.	85,162,949.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	181,272.	616,768.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,230.	70,819.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	338,088.	314,097.
12			80,494,055.	86,164,633.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,000.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	57,356,588.	60,584,656.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 453,148.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,544,851.	20,717,393.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	77,929,439.	81,302,049.
	19	Revenue less expenses. Subtract line 18 from line 12	2,564,616.	4,862,584.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	39,411,022.	46,175,743.
	22	Net assets or fund balances. Subtract line 21 from line 20	17,265,019.	19,267,138.
	22		22,146,003.	26,908,605.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer  ISABEL GARCIA, EXECUTIVE DIRECTOR Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name MARGARITA G. LISKER, CPA	Preparer's signature MARGARITA G. LISKER,	Date 05/10/23	Check if self-employed <input type="checkbox"/>	PTIN P00957338
	Firm's name ▶ ZOMMA GROUP, LLP Firm's address ▶ 355 ALHAMBRA CIRCLE, SUITE 1100 CORAL GABLES, FL 33134	Firm's EIN ▶ 65-0715836	Phone no. 305 444-8288		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.

Form 990 (2021)

59-1221966 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
**RCMA OPENS DOORS TO OPPORTUNITIES THROUGH QUALITY CHILD CARE AND
EDUCATION FROM CRIB TO HIGH SCHOOL AND BEYOND.**

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the 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 \$ 14,425,318. including grants of \$ _____) (Revenue \$ 647,857.)
CHILD CARE - SUBSIDIZED

SEE SCHEDULE O

4b (Code: _____) (Expenses \$ 46,474,460. including grants of \$ _____) (Revenue \$ _____)
HEAD START

SEE SCHEDULE O

4c (Code: _____) (Expenses \$ 8,433,402. including grants of \$ _____) (Revenue \$ _____)
CHARTER SCHOOLS

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)
(Expenses \$ 3,989,161. including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **73,322,341.**

Form 990 (2021)

**REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.**

Part IV Checklist of Required Schedules

		Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	<input checked="" type="checkbox"/>	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		<input checked="" type="checkbox"/>

**REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.**

Form 990 (2021)

59-1221966 Page 4

Part IV Checklist of Required Schedules *(continued)*

	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	X

Part 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	1a	0
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2024		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
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		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
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?		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
	If "Yes," complete Form 6069.		

**REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.**

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

Section A. Governing Body and Management

				Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	30			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b Enter the number of voting members included on line 1a, above, who are independent	1b	30			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5				X
6 Did the organization have members or stockholders?	6				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a The governing body?	8a		X		
b Each committee with authority to act on behalf of the governing body?	8b		X		
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9				X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

				Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a				X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a Has the organization provided a complete copy of this Form 990 to all members of its governing 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.					
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X		
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		X		
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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
a The organization's CEO, Executive Director, or top management official	15a		X		
b Other officers or key employees of the organization	15b		X		
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a				X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b				

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
ISABEL GARCIA, EXECUTIVE DIRECTOR - 239-658-3560
402 W. MAIN STREET, IMMOKALEE, FL 34142-3933

**REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ISABEL GARCIA VARGAS EXECUTIVE DIRECTOR	50.00			X			164,378.	0.	0.	
(2) GILBERT FLORES FORMER DIRECTOR OF FINANCE	50.00					X	135,015.	0.	0.	
(3) MARIA AZUCENA QUINTANILLA DIRECTOR OF HUMAN RESOURCE	50.00			X			120,315.	0.	0.	
(4) KATHY MARIE VARGAS ASSOCIATE EXECUTIVE DIRECT	50.00			X			106,710.	0.	0.	
(5) MARK HAGGETT CHARTER SCHOOL PRINCIPAL	50.00				X		102,714.	0.	0.	
(6) JUANA BROWN DIRECTOR OF CHARTER SCHOOLS	50.00				X		100,168.	0.	0.	
(7) MEDORA KROME PRESIDENT	1.00	X					0.	0.	0.	
(8) LARRY SALUSTRO TREASURER	1.00	X					0.	0.	0.	
(9) LINDA MILES-ADAMS VICE PRESIDENT	1.00	X					0.	0.	0.	
(10) MICHAEL T. BAYER VICE PRESIDENT	1.00	X					0.	0.	0.	
(11) JAIME WEISINGER VICE PRESIDENT	1.00	X					0.	0.	0.	
(12) JOAQUIN PEREZ VICE PRESIDENT	1.00	X					0.	0.	0.	
(13) SANDRA HIGHTOWER VICE PRESIDENT	1.00	X					0.	0.	0.	
(14) BARBARA MAINSTER ROLLASON VICE PRESIDENT	1.00	X					0.	0.	0.	
(15) RICHARD PRINGLE SECRETARY	1.00	X					0.	0.	0.	
(16) DONNA GAFFNEY BOARD MEMBER	1.00	X					0.	0.	0.	
(17) WILMA ROBLES DE MELENDEZ, PH D BOARD MEMBER	1.00	X					0.	0.	0.	

**REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEVEN KIRK BOARD MEMBER	1.00	X					0.	0.	0.	
(19) AL J. HINSON BOARD MEMBER	1.00	X					0.	0.	0.	
(20) ANSBERTO VALLEJO BOARD MEMBER	1.00	X					0.	0.	0.	
(21) GLORIA KENDRICK BOARD MEMBER	1.00	X					0.	0.	0.	
(22) SONIA TIGHE BOARD MEMBER	1.00	X					0.	0.	0.	
(23) DANI HIGGINS BOARD MEMBER	1.00	X					0.	0.	0.	
(24) SUSANNE A. BIZERRA BOARD MEMBER	1.00	X					0.	0.	0.	
(25) AEDAN J. DOWLING BOARD MEMBER	1.00	X					0.	0.	0.	
(26) MIRTA NEGRINI BOARD MEMBER	1.00	X					0.	0.	0.	
1b Subtotal							729,300.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							729,300.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AVON PARK COMMUNITY DAY CARE 800 SOUTH DELANEY, AVON PARK, FL 33825	CHILD CARE SERVICES	476,925.
ZOMMA GROUP, LLP, 355 ALHAMBRA CIRCLE, SUITE 1100, CORAL GABLES, FL 33134	AUDITING	147,500.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2

SEE PART VII, SECTION A CONTINUATION SHEETS

REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.

Form 990 (2021)

59-1221966 Page 9

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	506,389.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	84,656,560.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			85,162,949.			
Program Service Revenue	2 a	CHILD CARE FEES	Business Code	624410	616,768.	616,768.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			616,768.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			39,730.		39,730.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	295,296.				
			(ii) Personal					
	b	Less: rental expenses		69,977.				
	c	Rental income or (loss)		225,319.				
	d	Net rental income or (loss)			225,319.	225,319.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other		36,226.			
	b	Less: cost or other basis and sales expenses		5,137.				
c	Gain or (loss)		31,089.					
d	Net gain or (loss)			31,089.	31,089.			
8 a	Gross income from fundraising events (not including \$ 506,389. of contributions reported on line 1c). See Part IV, line 18							
			37,992.					
			34,112.					
b	Less: direct expenses							
c	Net income or (loss) from fundraising events			3,880.		3,880.		
9 a	Gross income from gaming activities. See Part IV, line 19							
b	Less: direct expenses							
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
b	Less: cost of goods sold							
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	OTHER REVENUE	Business Code	624100	84,898.		84,898.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			84,898.			
12	Total revenue. See instructions			86,164,633.	647,857.	225,319.	128,508.	

**REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.**

Form 990 (2021)

59-1221966 Page **10**

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	749,644.		711,135.	38,509.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	48,165,227.	45,193,215.	2,819,070.	152,942.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,161,733.	1,040,638.	117,443.	3,652.
9 Other employee benefits	5,226,849.	4,891,316.	317,708.	17,825.
10 Payroll taxes	5,281,203.	4,906,828.	355,558.	18,817.
11 Fees for services (nonemployees):				
a Management				
b Legal	148,099.	1,025.	147,074.	
c Accounting	147,500.		147,500.	
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 Sch O.)	205,420.	171,123.	34,297.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	5,773,842.	5,319,165.	453,941.	736.
17 Travel	240,171.	172,271.	66,871.	1,029.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	939,779.	865,261.	64,590.	9,928.
20 Interest	106,210.		106,210.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,578,642.	1,609,630.	969,012.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a UNRELATED BUSINESS INCO	10,750.		10,750.	
b SUPPLIES	2,455,901.	2,326,584.	128,346.	971.
c FOOD	1,909,349.	1,896,225.	13,124.	
d CONTRACTED SERVICES	1,476,753.	1,476,753.		
e All other expenses	4,724,977.	3,452,307.	1,063,931.	208,739.
25 Total functional expenses. Add lines 1 through 24e	81,302,049.	73,322,341.	7,526,560.	453,148.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.

Form 990 (2021)

59-1221966 Page 11

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
Assets	1 Cash - non-interest-bearing	5,712,761.	1	8,171,702.
	2 Savings and temporary cash investments	437,239.	2	326,546.
	3 Pledges and grants receivable, net	6,563,820.	3	6,764,558.
	4 Accounts receivable, net	387,738.	4	734,762.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	422,965.	9	963,940.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 71,728,405.		
	b Less: accumulated depreciation	10b 48,249,402.	20,274,359.	10c 23,479,003.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	125,000.	13	125,000.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,487,140.	15	5,610,232.
16 Total assets. Add lines 1 through 15 (must equal line 33)	39,411,022.	16	46,175,743.	
Liabilities	17 Accounts payable and accrued expenses	12,358,256.	17	14,802,193.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,906,763.	23	4,464,945.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	17,265,019.	26	19,267,138.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,983,152.	27	13,249,279.
	28 Net assets with donor restrictions	10,162,851.	28	13,659,326.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	22,146,003.	32	26,908,605.
	33 Total liabilities and net assets/fund balances	39,411,022.	33	46,175,743.

Form 990 (2021)

**REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	86,164,633.
2	Total expenses (must equal Part IX, column (A), line 25)	81,302,049.
3	Revenue less expenses. Subtract line 2 from line 1	4,862,584.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	22,146,003.
5	Net unrealized gains (losses) on investments	-99,982.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	26,908,605.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
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	X	

REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	67436036.	70352449.	76883205.	79964751.	84655970.	379292411
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	67436036.	70352449.	76883205.	79964751.	84655970.	379292411
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						379292411

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	67436036.	70352449.	76883205.	79964751.	84655970.	379292411
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	38,097.	47,975.	16,668.	29,230.	155,718.	287,688.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	43,387.	182,666.	99,182.	175,366.	261,183.	761,784.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	983,773.	248,431.	167,286.	106,062.	84,898.	1590450.
11 Total support. Add lines 7 through 10						381932333
12 Gross receipts from related activities, etc. (see instructions)					12	2,859,758.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	99.31	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.36	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			►
17a 10% -facts-and-circumstances test - 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			►
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			►

REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a The organization satisfied the Activities Test. Complete line 2 below.		
b The organization is the parent of each of its supported organizations. Complete line 3 below.		
c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3.	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2021 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	Employer identification number 59-1221966
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	Employer identification number 59-1221966
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>FLORIDA'S DIVISION OF EARLY LEARNING</u> <u>250 MARRIOTT DRIVE</u> <u>TALLAHASSEE, FL 32399</u>	\$ <u>13,949,849.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	<u>FLORIDA DEPARTMENT OF HEALTH</u> <u>2585 MERCHANTS ROW BOULEVARD</u> <u>TALLAHASSEE, FL 32399</u>	\$ <u>3,395,358.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	<u>US DEPARTMENT OF HEALTH AND HUMAN SERVICES</u> <u>200 INDEPENDENCE AVENUE, S.W.</u> <u>WASHINGTON, DC 20201</u>	\$ <u>54,041,257.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	Employer identification number 59-1221966
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	Employer identification number 59-1221966
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC. **Employer identification number** 59-1221966

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	Yes	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	Yes	No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (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

2 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
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 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 ▶ \$ _____

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

Schedule D (Form 990) 2021

REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,015,749.		2,015,749.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		69,712,656.	48,249,402.	21,463,254.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				23,479,003.

**REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CASH-SINKING FUND	927,493.
(2) BUILDING AND UTILITY DEPOSITS	61,218.
(3) CASH SET ASIDE FOR FUTURE USE	4,621,521.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	5,610,232.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	89,188,241.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	2,919,518.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	104,090.	
e	Add lines 2a through 2d	2e		3,023,608.
3	Subtract line 2e from line 1	3		86,164,633.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		86,164,633.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	84,325,657.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,919,518.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	104,090.	
e	Add lines 2a through 2d	2e		3,023,608.
3	Subtract line 2e from line 1	3		81,302,049.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		81,302,049.

Part XIII Supplemental Information.

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

PART X, LINE 2:

RCMA IS ORGANIZED AS A NOT-FOR-PROFIT ORGANIZATION AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. INCOME TAXES FOR SUCH UNRELATED BUSINESS INCOME APPROXIMATED \$37,000 AND \$37,000 IN 2022 AND 2021, RESPECTIVELY. THE ORGANIZATION'S INFORMATION RETURNS FILED WITH THE INTERNAL REVENUE SERVICE HAVE NOT BEEN EXAMINED IN THE PAST. THE ORGANIZATION IS NOT AWARE OF ANY UNCERTAINTIES THAT COULD JEOPARDIZE ITS NOT-FOR-PROFIT STATUS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES IS DEEMED NECESSARY.

Part XIII Supplemental Information (continued)

RCMA FOLLOWS THE PROVISIONS OF UNCERTAIN TAX POSITIONS ADDRESSED BY FAS ASC 740-10 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. RCMA HAS NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2022, FOR WHICH THE ULTIMATE DEDUCTIBILITY IS HIGHLY CERTAIN BUT FOR WHICH THERE IS UNCERTAINTY ABOUT THE TIMING OF SUCH DEDUCTIBILITY. THE ORGANIZATION RECOGNIZES INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSE, IF APPLICABLE. RCMA HAS DETERMINED THAT NO AMOUNT IS REQUIRED TO BE ACCRUED FOR TAXES OR RELATED PENALTIES AND INTEREST FOR ANY TAX POSITION TAKEN THROUGH JUNE 30, 2022.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Rows include DIRECT COSTS OF FUNDRAISING EVENTS (34,113), RENTAL EXPENSES (69,977), and TOTAL TO SCHEDULE D, PART XI, LINE 2D (104,090).

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Rows include DIRECT COSTS OF FUNDRAISING EVENTS (34,113), RENTAL EXPENSES (69,977), and TOTAL TO SCHEDULE D, PART XII, LINE 2D (104,090).

**REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GOLF TOURNAMENT	CHRISTMAS CARDS	6		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	129,515.	17,382.	397,484.	544,381.
	2	Less: Contributions	95,405.	13,500.	397,484.	506,389.
	3	Gross income (line 1 minus line 2)	34,110.	3,882.		37,992.
Direct Expenses	4	Cash prizes	1,400.			1,400.
	5	Noncash prizes				
	6	Rent/facility costs	9,567.			9,567.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	14,830.	8,315.		23,145.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				34,112.
11	Net income summary. Subtract line 10 from line 3, column (d)				3,880.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

- 13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.**

Employer identification number
59-1221966

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) 2021

REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

FORM 990, SCHEDULE I, PART III

CRITERIA FOR SCHOLARSHIPS ARE ESTABLISHED BY THE PHOEBE VONP KROME TRUST, DATED NOVEMBER 26, 2002, UNDER WHICH TRUST RCMA ADMINISTERS THE SCHOLARSHIP FUNDS.

ANNUAL DISTRIBUTIONS FOR SCHOLARSHIPS ARE CONSISTENT WITH THE TERMS OF THE ORDER FOR JUDICIAL MODIFICATION OF IRREVOCABLE TRUST, ENTERED JULY 23, 2014, CIRCUIT COURT MIAMI-DADE COUNTY, AND THE SPENDING PLAN FILED WITH THE COMMUNITY FOUNDATION OF TAMPA.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2021

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.** Employer identification number **59-1221966**

Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.										
<table border="0"> <tr> <td>First-class or charter travel</td> <td>Housing allowance or residence for personal use</td> </tr> <tr> <td>Travel for companions</td> <td>Payments for business use of personal residence</td> </tr> <tr> <td>Tax indemnification and gross-up payments</td> <td>Health or social club dues or initiation fees</td> </tr> <tr> <td>Discretionary spending account</td> <td>Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	First-class or charter travel	Housing allowance or residence for personal use	Travel for companions	Payments for business use of personal residence	Tax indemnification and gross-up payments	Health or social club dues or initiation fees	Discretionary spending account	Personal services (such as maid, chauffeur, chef)		
First-class or charter travel	Housing allowance or residence for personal use									
Travel for companions	Payments for business use of personal residence									
Tax indemnification and gross-up payments	Health or social club dues or initiation fees									
Discretionary spending account	Personal services (such as maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
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 1a?	2									
3 Indicate which, if any, of the following the organization used to establish the compensation of the 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.										
<table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
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	<input checked="" type="checkbox"/>								
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>								
c Participate in or receive payment from an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
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 compensation contingent on the revenues of:										
a The organization?	5a	<input checked="" type="checkbox"/>								
b Any related organization?	5b	<input checked="" type="checkbox"/>								
If "Yes" on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	<input checked="" type="checkbox"/>								
b Any related organization?	6b	<input checked="" type="checkbox"/>								
If "Yes" on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	<input checked="" type="checkbox"/>								
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 in Part III	8	<input checked="" type="checkbox"/>								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) 2021

**REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.**

Schedule J (Form 990) 2021

59-1221966

Page 2

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

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ISABEL GARCIA VARGAS EXECUTIVE DIRECTOR	(i)	164,378.	0.	0.	0.	0.	164,378.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GILBERT FLORES FORMER DIRECTOR OF FINANCE	(i)	135,015.	0.	0.	0.	0.	135,015.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions 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 for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.

Employer identification number

59-1221966

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

CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA, FOR THE PURPOSE OF
ADMINISTERING DAY CARE CENTERS AND EARLY CHILDHOOD EDUCATION CENTERS
FOR CHILDREN OF MIGRANTS AND OTHER RURAL POOR. RCMA ACHIEVES ITS
PURPOSE THROUGH A VARIETY OF PROGAMS FUNDED SUBSTANTIALLY BY STATE AND
FEDERAL GRANTS AND INDIVIDUAL CONTRIBUTORS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILD CARE

FROM THREE MODEST CHILD-CARE CENTERS WITH 75 CHILDREN IN 1965, RCMA
TODAY SERVES NEARLY 5,361 CHILDREN OF MIGRANT FARM WORKERS AND RURAL,
LOW-INCOME FAMILIES IN 63 CENTERS, 2 CHARTER SCHOOLS AND 6 CHILD CARE
PARTNERS THROUGHOUT FLORIDA.

CHILDREN IN OUR CENTERS RANGE FROM 6 WEEKS TO 12 YEARS OLD. RCMA'S
INCLUSION OF CHILDREN WITH DISABILITIES, BEGINNING WITH INFANTS AND
TODDLERS, HAS BEEN RECOGNIZED AS A MODEL WITHIN FLORIDA.

RCMA, THE LARGEST NON-PROFIT PROVIDER OF CHILD-CARE SERVICES IN
FLORIDA, NOW OFFERS PRESCHOOL SERVICES IN 21 RURAL COMMUNITIES. LIKE
OTHER CHILDREN RCMA SERVES, MOST OF THOSE ENROLLED SPEAK ENGLISH AS A
SECOND LANGUAGE, IF AT ALL.

WITH A MISSION OF HIRING STAFF AND TEACHERS FROM THE COMMUNITIES
SERVED, RCMA ALREADY EMPLOYS A MAJORITY OF BILINGUAL STAFFERS. MANY OF
OUR EMPLOYEES ARE FORMER MIGRANT FARM WORKERS WHO ACQUIRED THEIR CHILD

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization	REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	Employer identification number	59-1221966
--------------------------	--	--------------------------------	------------

DEVELOPMENT CREDENTIALS, FAMILY DEVELOPMENT CREDENTIALS, ASSOCIATE'S DEGREES OR BACHELOR'S DEGREES AFTER JOINING RCMA.

SERVING A LARGE MIGRANT POPULATION, PLUS OTHER YEAR-ROUND FARM AND LOW-INCOME FAMILIES, RCMA OFFERS THE 540-HOUR VPK PROGRAM OPTION DURING THE ACADEMIC YEAR.

THIS WAY, EVEN THOUGH SOME CHILDREN ARRIVE LATE AND LEAVE EARLY, THEY STILL RECEIVE THE REQUIRED COURSEWORK, WHICH IS ESSENTIAL TO THEIR SUCCESS LATER IN KINDERGARTEN AND ELEMENTARY SCHOOL.

WE HAVE STRONG PARTNERSHIPS WITH HEAD START, FLORIDA'S OFFICE OF EARLY LEARNING, LOCAL EARLY LEARNING COALITIONS, THE MEXICAN CONSULATES IN ORLANDO AND MIAMI, FLORIDA AGRICULTURE, COMMUNITY-BASED ORGANIZATIONS AND SCHOOL DISTRICTS.

MORE THAN HALF OF RCMA'S CHILDCARE CENTERS HAVE BEEN NATIONALLY ACCREDITED, REFLECTING STANDARDS AND ACHIEVEMENTS THAT EXCEED STATE LICENSING REQUIREMENTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HEAD START

HEAD START, EARLY HEAD START AND MIGRANT HEAD START ARE COMPREHENSIVE CHILD-DEVELOPMENT PROGRAMS THAT SERVE PREGNANT WOMEN, CHILDREN FROM BIRTH TO AGE 5 AND THEIR FAMILIES. THE PROGRAMS STRIVE TO INCREASE THE SCHOOL READINESS OF YOUNG CHILDREN IN LOW-INCOME FAMILIES.

KEY TO THE SUCCESS OF RCMA IN PREPARING YOUNG CHILDREN FOR PUBLIC SCHOOL IS ITS MISSION TO HIRE STAFF AND TEACHERS FROM THE COMMUNITIES

Name of the organization	REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	Employer identification number	59-1221966
--------------------------	--	--------------------------------	------------

SERVED. MOST OF OUR STAFF IS BILINGUAL, AND MANY ARE FORMER MIGRANT FARM WORKERS, INCLUDING OUR EXECUTIVE DIRECTOR AND DIRECTOR OF FARMWORKER ADVOCACY.

HEAD START NATIONALLY EVOLVED FROM A TASK FORCE RECOMMENDATION IN 1964 FOR THE DEVELOPMENT OF A FEDERALLY SPONSORED PRESCHOOL PROGRAM TO MEET THE NEEDS OF DISADVANTAGED CHILDREN, HEAD START NOW OFFERS PROGRAMS GEARED FOR CHILDREN 3 TO 5 YEARS OLD. EARLY HEAD START PROVIDES PROGRAMS FOR INFANTS AND TODDLERS, NEWBORNS TO 3 YEARS.

RESPONDING TO THE UNIQUE SEASON NEEDS OF MIGRANT FARM WORKERS, MIGRANT AND SEASONAL HEAD START WAS CREATED IN 1969 AND SERVES NEWBORNS TO 5 YEAR OLDS.

HEAD START IS A PROGRAM WITHIN THE ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES IN THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, WHICH AWARDS GRANTS TO RCMA TO PROVIDE THESE SERVICES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CHARTER SCHOOLS

RCMA OPERATES TWO CHARTER SCHOOLS (PUBLIC SCHOOLS OF CHOICE), THE IMMOKALEE COMMUNITY ACADEMY IN EASTERN COLLIER COUNTY AND THE WIMAUMA COMMUNITY ACADEMY IN SOUTHEASTERN HILLSBOROUGH COUNTY, WHICH PROVIDE A UNIQUE OPPORTUNITY FOR RCMA TO EXTEND ITS POSITIVE IMPACT ON CHILDREN.

THE SCHOOLS PROVIDE A SEAMLESS TRANSITION FOR CHILDREN AS THEY PROGRESS FROM RCMA'S EARLY CHILDHOOD AND PRE-KINDERGARTEN PROGRAMS INTO ELEMENTARY SCHOOL AND MIDDLE SCHOOL IN HILLSBOROUGH AND COLLIER

Name of the organization REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	Employer identification number 59-1221966
--	--

COUNTIES. TEST RESULTS CONFIRM THAT THE LONGER STUDENTS REMAIN WITH RCMA, THE BETTER THEY PERFORM IN SCHOOL. WHEN ONE CONSIDERS THAT MANY OF OUR STUDENTS ARE TESTED IN THEIR SECOND LANGUAGE, THEIR ACCOMPLISHMENTS ARE QUITE IMPRESSIVE.

THE ACADEMIC FOCUS IS THE IMPROVEMENT OF LANGUAGE AND MATH USING A THEMATIC AND INTEGRATIVE APPROACH, WHICH IMMERSSES STUDENTS IN AN ENRICHED ENVIRONMENT THAT REFLECTS THE COMPLEXITIES OF LIFE. THE RESULTS INCLUDE IMPROVED LANGUAGE, ACADEMICS AND LITERACY, INCREASED SELF-ESTEEM AND DESIRABLE SOCIAL SKILLS.

THE WIMAUMA COMMUNITY ACADEMY (KINDERGARTEN THROUGH FIFTH) AND THE IMMOKALEE COMMUNITY ACADEMY (KINDERGARTEN THROUGH SIXTH GRADE) WERE ORIGINALLY CHARTERED IN 2000. WIMAUMA ACADEMY AND LEADERSHIP ACADEMY SCHOOLS CONSOLIDATED IN 2020 AND A 10 CHARTER YEAR WAS RENEWED TO 2030. IMMOKALEE COMMUNITY ACADEMY IS RENEWING ITS CHARTER IN 2021 AND ADDING 7TH & 8TH GRADE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
FOOD SERVICE PROGRAM - TO PROVIDE BASIC FOOD AND NUTRITION FOR ALL CHILDREN SERVED IN OUR CENTERS.

IMMIGRATION ASSISTANCE PROGRAM

OVER 80% OF THE FAMILIES RCMA SERVES ARE EMPLOYED IN THE AGRICULTURAL SECTOR. A SIGNIFICANT PERCENTAGE OF THOSE FAMILIES MIGRATE AND THE MAJORITY ARE FOREIGN-BORN. ALL OF OUR FAMILIES ARE SIGNIFICANTLY IMPACTED BY IMMIGRATION POLICY AND ENFORCEMENT. RCMA HAS DEVELOPED A

Name of the organization REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	Employer identification number 59-1221966
---	--

MULTI-FACETED IMMIGRATION SUPPORT PROGRAM THAT BUILDS ON EXISTING PROGRAMS AND SERVICES. RCMA'S IMMIGRATION PROGRAM INCLUDES LEADERSHIP TRAINING AND DEVELOPMENT, ADVOCACY, IMMIGRATION SUPPORT SERVICES AND PUBLIC EDUCATION CAMPAIGNS.

EXPENSES \$ 3,989,161. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER PROGRAMS:

COMMUNITY LEARNING CENTERS

RCMA'S COMMUNITY LEARNING CENTERS STRIVE TO BRING FREE OR AFFORDABLE QUALITY EDUCATION TO RURAL LOW-INCOME COMMUNITIES USING TECHNOLOGY AND CARING, CULTURALLY SENSITIVE TEACHERS AND TUTORS.

THROUGH COMMUNITY LEARNING CENTERS, RCMA PROVIDES BASIC EDUCATION SERVICES TO ADULTS WHO HAVE NOT COMPLETED THEIR BASIC EDUCATION STUDIES, EITHER IN U.S. SCHOOLS OR IN MEXICO.

THE COMMUNITY LEARNING CENTERS PROVIDE THREE LEVELS OF STUDIES -- LITERACY (BASIC READING AND WRITING), PRIMARY (ELEMENTARY) AND SECONDARY (MIDDLE SCHOOL) - AND ACCREDITS STUDENTS ACCORDING TO THE STANDARDS SET BY THE MINISTRY OF PUBLIC EDUCATION IN MEXICO. STUDENTS ALSO CAN EARN THEIR FLORIDA GENERAL EQUIVALENCY DIPLOMA.

OUT OF SCHOOL SERVICES

RCMA PROVIDES OUT OF SCHOOL SERVICES TO APPROXIMATELY 500 SCHOOL AGE CHILDREN. THESE SERVICES ARE PROVIDED IN SEVERAL COUNTIES IN

Name of the organization	REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	Employer identification number	59-1221966
--------------------------	--	--------------------------------	------------

PARTNERSHIP WITH THE HILLSBOROUGH COUNTY SCHOOL DISTRICT, THE HOMESTEAD HOUSING AUTHORITY AND RCMA CHARTER SCHOOLS. THE PRIMARY COMPONENTS OF THE SERVICES PROVIDED INCLUDE, TUTORING, HOMEWORK HELP, LEADERSHIP DEVELOPMENT AND RECREATIONAL ACTIVITIES.

TEEN PARENT PROGRAM

WHEN A TEENAGER BECOMES PREGNANT, BOTH SHE AND HER BABY FACE EVEN GREATER CHALLENGES AT HOME AND SCHOOL. KEY GOALS OF RCMA'S TEEN PARENT PROGRAM ARE TO EDUCATE AND SUPPORT THE TEEN MOTHERS TO BE AND PROMOTE JOB SKILLS THAT WILL HELP THEM ACHIEVE FINANCIAL INDEPENDENCE.

RCMA STAFF ALSO WORKS CLOSELY WITH COLLABORATING AGENCIES TO ASSURE PREGNANT TEENS RECEIVE PRENATAL AND POST-PARTUM SERVICES, AND PROVIDES QUALITY CHILD CARE FOR NEWBORNS OF HIGH SCHOOL STUDENTS.

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

AFTER THE TAX RETURN IS PREPARED, IT IS PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY, REVIEWED AT A SPECIAL MEETING OF THE FINANCE COMMITTEE, AND DISCUSSED AT THE NEXT MEETING OF THE GOVERNING BODY.

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

DURING THE ANNUAL RCMA BOARD MEETING IN JANUARY, EACH BOARD MEMBER SIGNS THE CODE OF ETHICS FORM AND ACKNOWLEDGES COMPLIANCE WITH THE CODE OF ETHICS AND CONFLICT OF INTEREST DISCLOSURE. THIS FORM IS KEPT ON FILE AT THE RCMA STATE OFFICE.

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

Name of the organization	REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	Employer identification number	59-1221966
--------------------------	--	--------------------------------	------------

3. IN FY 2019-2020, RCMA CONTRACTED WITH WIPFLI TO PERFORM A WAGE COMPARABILITY STUDY AND AVERAGE RATES OF PAY FOR A NUMBER OF BENCHMARK POSITIONS, INCLUDING CENTER LEVEL STAFF. THESE WERE REVIEWED TO DETERMINE IF THEY WERE REASONABLE AND CONSISTENT WITH THOSE IN THE FLORIDA NOT-FOR-PROFIT LABOR MARKET. DATA FROM A VARIETY OF COMPENSATION SURVEYS WAS REVIEWED AND ALSO UTILIZED FOR THE PURPOSE OF DETERMINING NEEDED ADJUSTMENTS. MOST EMPLOYEES WERE FOUND TO BE PAID WITHIN THE ESTABLISHED RCMA PAY RANGES. FOR THOSE FOUND TO BE PAID BELOW THE MINIMUM PAY RANGE FOR THEIR POSITION, THE RECOMMENDATION WAS FOR RCMA TO CONSIDER MAKING MARKET ADJUSTMENTS TO BETTER ALIGN THEIR COMPENSATION WITHIN THEIR DESIGNATED PAY GRADE. MANAGEMENT REVIEWED THE RECOMMENDATIONS OF THE WAGE STUDY TO ENSURE THAT EMPLOYEES RECEIVE COMPARABLE WAGES FOR WORK PERFORMED. AS PART OF THEIR THREE YEAR STRATEGIC PLANNING, THE RCMA BOARD OF DIRECTORS ALSO IDENTIFIED THE NEED TO IMPROVE OUR ABILITY TO RETAIN TEACHERS AND FAMILY SUPPORT WORKERS IN JULY 2019. THE GOAL OF THIS STRATEGIC PRIORITY IS TO INCREMENTALLY RAISE THE LOWEST SALARIES TO A MINIMUM \$15 LIVING WAGE BY 2022 FOR THESE TWO POSITIONS. ADDITIONAL ADJUSTMENTS WERE MADE ALONG WITH THE RECOMMENDATIONS BY WIPFLI.

FORM 990, PART VI, SECTION C, LINE 18:

RCMA'S FORM 990 IS ALSO AVAILABLE FOR PUBLIC INSPECTION THROUGH GUIDESTAR USA, INC.'S WEBSITE (GUIDESTAR.ORG). THE ORGANIZATION IS AN INFORMATION SERVICE SPECIALIZING IN REPORTING ON U.S. NONPROFIT COMPANIES.

FORM 990, PART VI, SECTION C, LINE 19:

RCMA HAS GOVERNANCE DOCUMENTS INCLUDING POLICIES AND PROCEDURES AND FINANCIAL STATEMENTS AT ITS CENTRAL LOCATION AT 402 W. MAIN STREET IN IMMOKALEE, FLORIDA AND ARE AVAILABLE FOR PUBLIC INSPECTION.

Name of the organization REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	Employer identification number 59-1221966
--	---

PART XII, LINE 2C EXPLANATION

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer **REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.**

EIN or SSN
59-1221966

Name and title of officer or person subject to tax **ISABEL GARCIA
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	▶	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ...	▶	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶		b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	▶	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	▶	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	▶ X	b Total tax (Form 990-T, Part III, line 4)	6b <u>47,107.</u>
7a Form 4720 check here	▶	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	▶	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	▶	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here ▶		b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize ZOMMA GROUP, LLP to enter my PIN 00481
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

60539033134

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ ZOMMA GROUP, LLP

Date ▶ 05/10/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Check box if address changed.	Print or Type	Name of organization (Check box if name changed and see instructions.) REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	D Employer identification number 59-1221966
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) 408(e) 220(e) 408A 530(a) 529(a) 529A		Number, street, and room or suite no. If a P.O. box, see instructions. 402 W. MAIN STREET	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code IMMOKALEE, FL 34142-3933	F Check box if an amended return.
		C Book value of all assets at end of year ▶ 46,175,743.	

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **ISABEL GARCIA, EXECUTIVE DIRECTO** Telephone number ▶ **239-658-3560**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	225,319.
2 Reserved	2	
3 Add lines 1 and 2	3	225,319.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	225,319.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	225,319.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	224,319.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	47,107.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	47,107.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		47,107.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		47,107.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a Payments: A 2020 overpayment credited to 2021	6a		
b 2021 estimated tax payments. Check if section 643(g) election applies	6b	36,800.	
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: Form 2439	6g		
Form 4136			
Other			
Total			
7 Total payments. Add lines 6a through 6g	7		36,800.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	<input checked="" type="checkbox"/>	443.
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	STATEMENT 3	10,750.
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax	11	Refunded	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here			Yes No
			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year		\$	
4 Enter available pre-2018 NOL carryovers here		\$	
Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
	\$		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	<i>Usabel Garcia</i> Signature of officer	Date	EXECUTIVE DIRECTOR Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	MARGARITA G. LISKER, CPA	MARGARITA G. LISKER, CPA	05/10/23	<input type="checkbox"/>	P00957338
	Firm's name	Firm's EIN		Firm's address	
ZOMMA GROUP, LLP	65-0715836		355 ALHAMBRA CIRCLE, SUITE 1100		
	CORAL GABLES, FL 33134		Phone no. 305 444-8288		

FORM 990-T		LATE PAYMENT INTEREST				STATEMENT 1	
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST	
TAX DUE	11/15/22	10,307.	10,307.	.0600	46	78.	
INTEREST RATE CHANGE	12/31/22	0.	10,385.	.0700	135	272.	
DATE FILED	05/15/23		10,657.				
TOTAL LATE PAYMENT INTEREST						350.	

FORM 990-T		LATE PAYMENT PENALTY				STATEMENT 2	
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY		
TAX DUE	11/15/22	10,307.	10,307.	6	309.		
DATE FILED	05/15/23		10,307.				
TOTAL LATE PAYMENT PENALTY					309.		

FORM 990-T		INTEREST AND PENALTIES				STATEMENT 3	
TAX FROM FORM 990-T, PART IV						10,307.	
UNDERPAYMENT PENALTY						443.	
LATE PAYMENT INTEREST						350.	
LATE PAYMENT PENALTY						309.	
TOTAL AMOUNT DUE						11,409.	

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1

OMB No. 1545-0047

2021

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	B Employer identification number 59-1221966
C Unrelated business activity code (see instructions) ▶ 531190	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **RENTAL REAL ESTATE**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶			
2 Cost of goods sold (Part III, line 8)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	3			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4a			
c Capital loss deduction for trusts	4b			
5 Income (loss) from a partnership or an S corporation (attach statement)	4c			
6 Rent income (Part IV)	5	295,296.	69,977.	225,319.
7 Unrelated debt-financed income (Part V)	6			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	7			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	8			
10 Exploited exempt activity income (Part VIII)	9			
11 Advertising income (Part IX)	10			
12 Other income (see instructions; attach statement)	11			
13 Total. Combine lines 3 through 12	12	295,296.	69,977.	225,319.
	13			

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses				
7 Depreciation (attach Form 4562). See instructions		7		
8 Less depreciation claimed in Part III and elsewhere on return		8a		8b
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement)				
15 Total deductions. Add lines 1 through 14				0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				225,319.
17 Deduction for net operating loss. See instructions				0.
18 Unrelated business taxable income. Subtract line 17 from line 16				225,319.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.
A **SEE STATEMENT 4**
B _____
C _____
D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶				295,296.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT 5				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶				69,977.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
A _____
B _____
C _____
D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶				0.
11 Total dividends-received deductions included in line 10 ▶				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

FORM 990-T (A) PART IV - RENT INCOME FROM REAL PROPERTY AND STATEMENT 4
 PERSONAL PROPERTY LEASED WITH REAL PROPERTY

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER
JUBILATION CONDO	1
2. RENT RECEIVED OR ACCRUED	
A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.
3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B	
0.	8,400.
	4,241.

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER
ANTHONY PROPERTY	2
2. RENT RECEIVED OR ACCRUED	
A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.
3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B	
0.	34,961.
	11,342.

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER
MULBERRY PROPERTY	3
2. RENT RECEIVED OR ACCRUED	
A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.
3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B	
0.	229,838.
	49,748.

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER
KENDRICK PROPERTY	4
2. RENT RECEIVED OR ACCRUED	
A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.
3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B	
0.	21,597.
	4,147.

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER		
GADSDEN PROPERTY	5		
2. RENT RECEIVED OR ACCRUED			
A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B	
0.	500.	499.	
TOTALS	0.	295,296.	69,977.

FORM 990-T (A) DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INSURANCE		256.	
TAXES		1,012.	
REPAIRS & MAINTENANCE		2,973.	
- SUBTOTAL -	1		4,241.
INSURANCE		728.	
TAXES		52.	
REPAIRS & MAINTENANCE		10,107.	
UTILITIES		455.	
- SUBTOTAL -	2		11,342.
REPAIRS & MAINTENANCE		12,631.	
UTILITIES		23,876.	
TAXES		13,241.	
- SUBTOTAL -	3		49,748.
INSURANCE		402.	
REPAIRS & MAINTENANCE		3,308.	
UTILITIES		437.	
- SUBTOTAL -	4		4,147.
REPAIRS & MAINTENANCE		330.	
UTILITIES		169.	
- SUBTOTAL -	5		499.
TOTAL TO FORM 990-T, SCHEDULE A, PART IV, LINE 4			69,977.

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. **FORM 990-T**

2021

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

Name **REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.**

Employer identification number
59-1221966

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)	1	47,107.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	47,107.
4	Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	36,617.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	36,617.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	10/15/21	12/15/21	03/15/22	06/15/22
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	9,154.	9,155.	9,154.	9,154.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				36,800.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				36,800.
14 Add amounts on lines 16 and 17 of the preceding column	14		9,154.	18,309.	27,463.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	9,337.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		9,154.	18,309.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	9,154.	9,155.	9,154.	
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2021 and before 7/1/2021	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			443.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Department of the Treasury
Internal Revenue Service (99)

▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.**

FORM 990 PAGE 10

59-1221966

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	0.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.**

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?			Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								25		
26 Property used more than 50% in a qualified business use:										
		%								
		%								
		%								
27 Property used 50% or less in a qualified business use:										
		%				S/L -				
		%				S/L -				
		%				S/L -				
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1									29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year:					
43 Amortization of costs that began before your 2021 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

**Florida Tentative Income / Franchise Tax Return
and Application for Extension of Time to File Return**

1019
F-7004
R. 01/17
Rule 12C-1.051
Florida Administrative Code
Effective 01/17

Information for Filing Florida Form F-7004

F-7004
R. 01/17

When to file - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to www.floridarevenue.com

Penalties - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest. There is also a penalty for late-file return when no tax is due.

Signature - A person authorized by the taxpayer must sign Florida Form F-7004. They must be an officer or partner of the taxpayer; a person currently enrolled to practice before the Internal Revenue Service (IRS); or attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

The Florida Form F-7004 must be filed - To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

A. If applicable, state the reason you need the extension:

B. Type of federal return filed: 990-T
 Contact person for questions: ISABEL GARCIA
 Telephone number: 239 658-3560
 Contact Person email address: ISABEL@RCMA.ORG

Extension of Time Request	Florida Income/Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. 6,162.00
2. LESS: Estimated tax payments for the taxable year	2. 5,900.00
3. Balance due - You must pay 100% of the tax tentatively determined due with this extension request.	3. 262.00

Transfer the amount on Line 3 to **Tentative tax due** .

Make checks payable and mail to:

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

144961 09-27-21	Florida Department of Revenue - Corporate Income Tax Florida Tentative Income / Franchise Tax Return and Application for Extension of Time to File Return	1019 F-7004 R. 01/17
Name	REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	FEIN <u>59-1221966</u>
Address	402 W. MAIN STREET	Taxable Year End <u>06/30/22</u>
City/State/ZIP	IMMOKALEE, FL 34142-3933	FILING STATUS Partnership <input type="checkbox"/> S-corporation <input type="checkbox"/>
		All other federal returns to be filed <input checked="" type="checkbox"/>
		Tentative Tax Due \$ <u>262.00</u>

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here: _____ Date: _____

591221966	0	0	0
3	0	0	0
20220630	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	26200

26200

8133 1 20220630 0002005030 5 3591221966 0000 6

**Florida Department of Revenue - Corporate Income Tax
Declaration/Installment of Florida Estimated Income/Franchise Tax**

1019
F-1120ES
R. 01/17
Rule 12C-1.051
Florida Administrative Code
Effective 01/17

Information for Filing Florida Form F-1120ES

F-1120ES
R. 01/17

1. Who must make estimated tax payments - Every domestic or foreign corporation or other entity subject to taxation under the provisions of Chapter 220, Florida Statutes, must declare estimated tax for the taxable year if the amount of income tax liability for the year will be more than \$2,500.

Contact person for questions: ISABEL GARCIA
Phone number: 239 658-3560
Contact person email address: ISABEL@RCMA.ORG

To file online go to www.floridarevenue.com

2. Due Date - Generally, for a 6/30 tax year end, estimated tax must be paid on or before the last day of the 4th, 6th, and 9th month of the taxable year and the last day of the taxable year. For all other year ends, estimated tax is generally due on or before the last day of the 5th, 6th, and 9th month of the taxable year and the last day of the tax year. 25 percent (.25) of the estimated tax must be paid with each installment.

Estimated Tax Payment	Income/Franchise Tax
1. Amount of this installment	1.
2. Amount of overpayment from last year for credit to estimated tax and applied to this installment	2.
3. Amount of this payment (Line 1 minus Line 2)	3.

Transfer the amount on Line 3 to **Estimated tax payment** box on front.

3. Amended Declaration - To prepare an amended declaration, write "Amended" on Florida Form F-1120ES and complete Lines 1 through 3 of the correct installment. You may file an amendment during any interval between installment dates prescribed for the taxable year. You must timely pay any increase in the estimated tax.

4. Interest and Penalties - If you fail to comply with the law about filing a declaration or paying estimated tax, you will be assessed interest and penalties.

Make checks payable and mail to:

Florida Department of Revenue, 5050 W Tennessee Street, Tallahassee FL 32399-0135

144111 09-27-21

**Florida Department of Revenue - Corporate Income Tax
Declaration/Installment of Florida Estimated Income/Franchise Tax**

1019
F-1120ES
R. 01/17

Name **REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.**
Address **402 W. MAIN STREET**
City/State/ZIP **IMMOKALEE, FL 34142-3933**

Installment # 1
FEIN 59-1221966
Taxable Year Ending 06/30/23
Estimated Tax Payment \$

DOR USE ONLY
___ / ___ / ___

591221966	0	0	0
0	0	0	0
20230630	0	0	0
0	0	0	0
112	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

0 8133 1 20230630 0002005033 9 3591221966 0000 6

**Florida Department of Revenue - Corporate Income Tax
Declaration/Installment of Florida Estimated Income/Franchise Tax**

1019
F-1120ES
R. 01/17
Rule 12C-1.051
Florida Administrative Code
Effective 01/17

Information for Filing Florida Form F-1120ES

F-1120ES
R. 01/17

1. Who must make estimated tax payments - Every domestic or foreign corporation or other entity subject to taxation under the provisions of Chapter 220, Florida Statutes, must declare estimated tax for the taxable year if the amount of income tax liability for the year will be more than \$2,500.

Contact person for questions: ISABEL GARCIA
Phone number: 239 658-3560
Contact person email address: ISABEL@RCMA.ORG

To file online go to www.floridarevenue.com

2. Due Date - Generally, for a 6/30 tax year end, estimated tax must be paid on or before the last day of the 4th, 6th, and 9th month of the taxable year and the last day of the taxable year. For all other year ends, estimated tax is generally due on or before the last day of the 5th, 6th, and 9th month of the taxable year and the last day of the tax year. 25 percent (.25) of the estimated tax must be paid with each installment.

Estimated Tax Payment	Income/Franchise Tax
1. Amount of this installment	1.
2. Amount of overpayment from last year for credit to estimated tax and applied to this installment	2.
3. Amount of this payment (Line 1 minus Line 2)	3.

Transfer the amount on Line 3 to **Estimated tax payment** box on front.

3. Amended Declaration - To prepare an amended declaration, write "Amended" on Florida Form F-1120ES and complete Lines 1 through 3 of the correct installment. You may file an amendment during any interval between installment dates prescribed for the taxable year. You must timely pay any increase in the estimated tax.

4. Interest and Penalties - If you fail to comply with the law about filing a declaration or paying estimated tax, you will be assessed interest and penalties.

Make checks payable and mail to:

Florida Department of Revenue, 5050 W Tennessee Street, Tallahassee FL 32399-0135

144111 09-27-21

**Florida Department of Revenue - Corporate Income Tax
Declaration/Installment of Florida Estimated Income/Franchise Tax**

1019
F-1120ES
R. 01/17

Name **REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.**
Address **402 W. MAIN STREET**
City/State/ZIP **IMMOKALEE, FL 34142-3933**

Installment # 2
FEIN 59-1221966
Taxable Year Ending 06/30/23
Estimated Tax Payment \$

DOR USE ONLY
___ / ___ / ___

591221966	0	0	0
0	0	0	0
20230630	0	0	0
0	0	0	0
112	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

**Florida Department of Revenue - Corporate Income Tax
Declaration/Installment of Florida Estimated Income/Franchise Tax**

1019
F-1120ES
R. 01/17
Rule 12C-1.051
Florida Administrative Code
Effective 01/17

Information for Filing Florida Form F-1120ES

F-1120ES
R. 01/17

1. Who must make estimated tax payments - Every domestic or foreign corporation or other entity subject to taxation under the provisions of Chapter 220, Florida Statutes, must declare estimated tax for the taxable year if the amount of income tax liability for the year will be more than \$2,500.

Contact person for questions: ISABEL GARCIA
Phone number: 239 658-3560
Contact person email address: ISABEL@RCMA.ORG

To file online go to www.floridarevenue.com

2. Due Date - Generally, for a 6/30 tax year end, estimated tax must be paid on or before the last day of the 4th, 6th, and 9th month of the taxable year and the last day of the taxable year. For all other year ends, estimated tax is generally due on or before the last day of the 5th, 6th, and 9th month of the taxable year and the last day of the tax year. 25 percent (.25) of the estimated tax must be paid with each installment.

Estimated Tax Payment	Income/Franchise Tax
1. Amount of this installment	1.
2. Amount of overpayment from last year for credit to estimated tax and applied to this installment	2.
3. Amount of this payment (Line 1 minus Line 2)	3.

Transfer the amount on Line 3 to **Estimated tax payment** box on front.

3. Amended Declaration - To prepare an amended declaration, write "Amended" on Florida Form F-1120ES and complete Lines 1 through 3 of the correct installment. You may file an amendment during any interval between installment dates prescribed for the taxable year. You must timely pay any increase in the estimated tax.

4. Interest and Penalties - If you fail to comply with the law about filing a declaration or paying estimated tax, you will be assessed interest and penalties.

Make checks payable and mail to:

Florida Department of Revenue, 5050 W Tennessee Street, Tallahassee FL 32399-0135

144111 09-27-21

**Florida Department of Revenue - Corporate Income Tax
Declaration/Installment of Florida Estimated Income/Franchise Tax**

1019
F-1120ES
R. 01/17

Name REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.
Address 402 W. MAIN STREET
City/State/ZIP IMMOKALEE, FL 34142-3933

Installment # 3
FEIN 59-1221966
Taxable Year Ending 06/30/23
Estimated Tax Payment \$

DOR USE ONLY
___ / ___ / ___

591221966	0	0	0
0	0	0	0
20230630	0	0	0
0	0	0	0
112	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

**Florida Department of Revenue - Corporate Income Tax
Declaration/Installment of Florida Estimated Income/Franchise Tax**

1019
F-1120ES
R. 01/17
Rule 12C-1.051
Florida Administrative Code
Effective 01/17

Information for Filing Florida Form F-1120ES

F-1120ES
R. 01/17

1. Who must make estimated tax payments - Every domestic or foreign corporation or other entity subject to taxation under the provisions of Chapter 220, Florida Statutes, must declare estimated tax for the taxable year if the amount of income tax liability for the year will be more than \$2,500.

Contact person for questions: ISABEL GARCIA
Phone number: 239 658-3560
Contact person email address: ISABEL@RCMA.ORG

To file online go to www.floridarevenue.com

2. Due Date - Generally, for a 6/30 tax year end, estimated tax must be paid on or before the last day of the 4th, 6th, and 9th month of the taxable year and the last day of the taxable year. For all other year ends, estimated tax is generally due on or before the last day of the 5th, 6th, and 9th month of the taxable year and the last day of the tax year. 25 percent (.25) of the estimated tax must be paid with each installment.

Estimated Tax Payment	Income/Franchise Tax
1. Amount of this installment	1. 9,600.00
2. Amount of overpayment from last year for credit to estimated tax and applied to this installment	2.
3. Amount of this payment (Line 1 minus Line 2)	3. 9,600.00

Transfer the amount on Line 3 to **Estimated tax payment** box on front.

3. Amended Declaration - To prepare an amended declaration, write "Amended" on Florida Form F-1120ES and complete Lines 1 through 3 of the correct installment. You may file an amendment during any interval between installment dates prescribed for the taxable year. You must timely pay any increase in the estimated tax.

4. Interest and Penalties - If you fail to comply with the law about filing a declaration or paying estimated tax, you will be assessed interest and penalties.

Make checks payable and mail to:

Florida Department of Revenue, 5050 W Tennessee Street, Tallahassee FL 32399-0135

144111 09-27-21

**Florida Department of Revenue - Corporate Income Tax
Declaration/Installment of Florida Estimated Income/Franchise Tax**

1019
F-1120ES
R. 01/17

Name REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.
Address 402 W. MAIN STREET
City/State/ZIP IMMOKALEE, FL 34142-3933

Installment # 4
FEIN 59-1221966
Taxable Year Ending 06/30/23
Estimated Tax Payment \$ 9,600.00

DOR USE ONLY
___ / ___ / ___

591221966	0	0	0
0	0	0	0
20230630	0	0	0
0	0	0	0
112	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
			960000

960000

8133 1 20230630 0002005033 9 3591221966 0000 6



Florida Corporate Income/Franchise Tax Return

F-1120, R. 01/22 1019

FEIN 59-1221966

For calendar year 2021 or tax year beginning

JUL 1

, 2021 ending

JUN 30, 2022

Rule 12C-1.051 Florida Administrative Code Effective 01/22 Page 1 of 6

813312022063000020050378359122196600006

Name REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC. Address 402 W. MAIN STREET City/State/ZIP IMMOKALEE, FL 34142-3933

Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

Table with 2 columns: Description and Amount. Rows include Federal taxable income, State income taxes, Additions to federal taxable income, Total of Lines 1, 2 and 3, Subtractions from federal taxable income, Adjusted federal income, Florida portion of adjusted federal income, Nonbusiness income allocated to Florida, Florida exemption, Florida net income, Tax due, Credits against the tax, Total corporate income/franchise tax due, Penalties, Interest, Total of Lines 13 and 14, Payment credits, Total amount due, Credit, Refund.

144081 10-21-21

Payment Coupon for Florida Corporate Income Tax Return

1019 F-1120 R. 01/22

Do Not Detach

YEAR ENDING 06/30/22

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC. Address 402 W. MAIN STREET City/State/ZIP IMMOKALEE, FL 34142-3933

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

X

Table with 4 columns: Identification numbers and amounts. Rows include 591221966, 20210701, 20220630, 00000000, 112, 202, 22431900, 0, 5000000.

45900

8133 1 20220630 0002005037 8 3591221966 0000 6



REDLANDS CHRISTIAN MIGRANT ASSOCIATI

FEIN 59-1221966

1019 F-1120 R. 01/22 Page 2 of 6 06/30/22

This return is considered incomplete unless a copy of the federal return is attached. If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign here: Isabel Garcia, EXECUTIVE DIRECTOR. Preparer's signature: MARGARITA G. LISKER, CPA, Date: 05/10/23. Preparer's PTIN: P00957338. Firm's name: ZOMMA GROUP, LLP, 355 ALHAMBRA CIRCLE, SUITE 1100, CORAL GABLES, FL. FEIN: 65-0715836, ZIP: 33134.

All Taxpayers Must Answer Questions A through M Below - See Instructions

- A. State of incorporation:
B. Florida Secretary of State document number:
C. Florida consolidated return? YES NO [X]
D. Initial return Final return (final federal return filed)
E. Principal Business Activity Code (as pertains to Florida) 531390
F. A Florida extension of time was timely filed? YES NO [X]
G-1. Corporation is a member of a controlled group? YES NO [X]
G-2. Part of a federal consolidated return? YES NO [X]
G-3. The federal common parent has sales, property, or payroll in Florida? YES NO [X]
H. Location of corporate books: 402 W. MAIN STREET, IMMOKALEE, FL 34142-3933
I. Taxpayer is a member of a Florida partnership or joint venture? YES NO [X]
J. Enter date of latest IRS audit:
K. Contact person concerning this return: ISABEL GARCIA, 239 658-3560, ISABEL@RCMA.ORG
L. Type of federal return filed 1120 1120S or 990-T



Where to Send Payments and Returns

Make check payable to and mail with return to: Florida Department of Revenue, 5050 W Tennessee Street, Tallahassee FL 32399-0135. If you are requesting a refund (Line 19), send your return to: Florida Department of Revenue, PO Box 6440, Tallahassee FL 32314-6440.

Remember:
- Make your check payable to the Florida Department of Revenue.
- Write your FEIN on your check.
- Sign your check and return.
- Attach a copy of your federal return.
- Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



NAME REDLANDS CHRISTIAN MIGRANT

FEIN 59-1221966

TAXABLE YEAR ENDING 06/30/22

Schedule I - Additions and/or Adjustments to Federal Taxable Income	
1. Interest excluded from federal taxable income (see instructions)	1.
2. Undistributed net long-term capital gains (see instructions)	2.
3. Net operating loss deduction (attach schedule)	3.
4. Net capital loss carryover (attach schedule)	4.
5. Excess charitable contribution carryover (attach schedule)	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.
9. Guaranty association assessment(s) credit	9.
10. Rural and/or urban high crime area job tax credits	10.
11. State housing tax credit	11.
12. Florida Tax Credit Scholarship Program Credits (AKA credit for contributions for nonprofit scholarship-funding organizations)	12.
13. Florida Renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. s. 168(k) IRC special bonus depreciation	18.
19. Qualified Improvement Property Decoupling.	19.
20. Business Meal Expenses at a Restaurant.	20.
21. Film, Television, and Live theatrical production expenses.	21.
22. Other additions (attach schedule)	22.
23. Total Lines 1 through 22. Enter total on Line 23 and on Page 1, Line 3.	23.

Schedule II - Subtractions from Federal Taxable Income	
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	
3. Florida net operating loss carryover deduction (see instructions)	3.
4. Florida net capital loss carryover deduction (see instructions)	4.
5. Florida excess charitable contribution carryover (see instructions)	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.
8. Eligible net income of an international banking facility (see instructions)	8.
9. s. 179, IRC expense (see instructions)	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.
11. Depreciation of qualified improvement property	11.
12. Film, Television, and Live Theatrical Expenses.	12.
13. Other subtractions (attach statement)	13.
14. Total Lines 1 through 13. Enter total on Line 14 and on Page 1, Line 5.	14.



NAME REDLANDS CHRISTIAN MIGRANT

FEIN 59-1221966

TAXABLE YEAR ENDING 06/30/22

Schedule III - Apportionment of Adjusted Federal Income					
III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight <small>If any factor in Column (b) is zero, see note on Pg 9 of the instructions.</small>	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)				X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e)). Enter here and on Schedule IV, Line 2.					1.000000
III-B For use in computing average value of property (use original cost).		WITHIN FLORIDA		TOTAL EVERYWHERE	
		a. Beginning of year	b. End of year	c. Beginning of year	d. End of year
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)					
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) 6a. _____					
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) 6b. _____					
7. Rented property (8 times net annual rent)					
a. Rented property in Florida 7a. _____					
b. Rented property Everywhere 7b. _____					
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida 8a. _____					
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere 8b. _____					
III-C Sales Factor			(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	
1. Sales (gross receipts)			N/A		
2. Sales delivered or shipped to Florida purchasers				N/A	
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])					
III-D Special Apportionment Fractions (see instructions)			(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places
1. Insurance companies (attach copy of Schedule T - Annual Report)					
2. Transportation services					

Schedule IV - Computation of Florida Portion of Adjusted Federal Income	
1. Apportionable adjusted federal income from Page 1, Line 6	1.
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.



NAME REDLANDS CHRISTIAN MIGRANT FEIN 59-1221966 TAXABLE YEAR ENDING 06/30/22

Schedule V - Credits Against the Corporate Income/Franchise Tax	
1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (AKA voluntary cleanup tax credit) (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida Tax Credit: Scholarship Program Credits. (AKA credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	12.
13. Florida renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. Other credits (attach schedule)	18.
19. Total credits against the tax (sum of Lines 1 through 18 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	19.

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total allocated to Florida 1.	_____
(Enter here and on Page 1, Line 8)	

Line 2. Nonbusiness income (loss) allocated elsewhere

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total allocated elsewhere 2.		_____

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2 3.	_____
(Enter here and on Schedule II, Line 7)	



NAME REDLANDS CHRISTIAN MIGRANT FEIN 59-1221966 TAXABLE YEAR ENDING 06/30/22

**Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1,**

1. Florida income expected in taxable year	1.	\$	<u>224,319.00</u>
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N)	2.	\$	<u>50,000.00</u>
3. Estimated Florida net income (Line 1 less Line 2)	3.	\$	<u>174,319.00</u>
4. Total Estimated Florida tax (5.5% of Line 3)		\$	<u>9,588.00</u>
Less: Credits against the tax	4.	\$	<u>9,588.00</u>
5. Computation of installments:			
Payment due dates and			
payment amounts:			
If 6/30 year end, last day of 4th month,			
otherwise last day of 5th month - Enter 0.25 of Line 4	5a.		<u> </u>
Last day of 6th month - Enter 0.25 of Line 4	5b.		<u> </u>
Last day of 9th month - Enter 0.25 of Line 4	5c.		<u> </u>
Last day of fiscal year - Enter 0.25 of Line 4	5d.		<u>9,600.00</u>

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax	1.	\$	<u> </u>
2. Less:			
(a) Amount of overpayment from last year elected for credit			
to estimated tax and applied to date	2a.	\$	<u> </u>
(b) Payments made on estimated tax declaration (Florida Form F-1120ES)	2b.	\$	<u> </u>
(c) Total of Lines 2(a) and 2(b)	2c.	\$	<u> </u>
3. Unpaid balance (Line 1 less Line 2(c))	3.	\$	<u> </u>
4. Amount to be paid (Line 3 divided by number of remaining installments)	4.	\$	<u> </u>

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at floridarevenue.com/forms.

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.

FL F-1120	COMPUTATION OF LATE PAYMENT INTEREST	STATEMENT 1
-----------	--------------------------------------	-------------

REMAINING BALANCE	PERIOD OF UNDERPAYMENT	DAYS	INTEREST RATE	AMOUNT OF INTEREST
262.00	12/01/2022 06/01/2023	182	7.0000	9.00
TOTAL LATE PAYMENT INTEREST TO PAGE 1, LINE 14D				9.00

FL F-1120	UNDERPAYMENT OF TENTATIVE TAX PENALTY	STATEMENT 2
-----------	---------------------------------------	-------------

REMAINING BALANCE	PERIOD OF UNDERPAYMENT	DAYS	ANNUAL RATE	AMOUNT OF PENALTY
262.00	12/01/2022 06/01/2023	182	12.0000	16.00
TOTAL UNDERPAYMENT PENALTY INCLUDED IN PAGE 1, LINE 14B				16.00



REDLANDS CHRISTIAN MIGRANT ASSOCIATION,

1019
F-1120
R. 01/22

FEIN 59-1221966
DATA Page 1 of 2

591221966	0	0	0
22431900	0	0	0
17431900	0	0	0
616200	0	0	0
10900	0	0	0
1600	0	0	0
19700	0	0	0
900	0	0	0
635900	0	0	0
0	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
00000000	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	100

**Underpayment of Estimated Tax on Florida
Corporate Income/Franchise Tax**

1019 F-2220
R. 01/19
Rule 12C-1.051, F.A.C.
Effective 01/19

For Tax Year: Beginning <u>JULY 1, 2021</u> Ending <u>JUNE 30, 2022</u>	Federal Employer Identification Number (FEIN): <u>59-1221966</u> Name: <u>REDLANDS CHRISTIAN MIGRANT ASSOCIATION,</u> Address: <u>402 W. MAIN STREET</u> City/State/ZIP: <u>IMMOKALEE, FL 34142-3933</u>
--	---

1. Total income/franchise tax due for the year (enter from Florida Form F-1120, Line 13)	6,162.			
2. 90% of Line 1	5,546.			
Enter in Columns 1 through 4 the installment dates. (See Installment Dates in the instructions)	Computation of Underpayments			
	Due Dates of Installments			
	(1st) 11/01/21	(2nd) 12/31/21	(3rd) 03/31/22	(4th) 06/30/22
3. Enter 25% of Line 2 in Columns 1 through 4	1,386.50	1,386.50	1,386.50	1,386.50
4. (a) Amount paid for each period			4,400.00	1,500.00
(b) Overpayment credit from prior year				
(c) Overpayment of previous installment				3,013.50
5. Total of Lines 4(a), 4(b), and 4(c)			4,400.00	4,513.50
6. Underpayment (Line 3 less Line 5) or overpayment (Line 5 less Line 3). An overpayment on Line 6 in excess of all prior underpayments is to be applied as a credit against the next installment. (See Line 4c)	1,386.50	1,386.50	-3,013.50	-3,127.00

Exception that avoids penalty and interest

7. Total cumulative amount paid (or credited) from the beginning of the taxable year through the installment date indicated.			4,400.00	5,900.00
8(a). Tax on prior year's income using current year's rates:	25% of tax 1,453.25	50% of tax 2,906.50	75% of tax 4,359.75	100% of tax 5,813.00
8(b). Cumulative donations made to nonprofit scholarship-funding organizations (SFOs) for the taxable year. Certificate of contribution must be issued for the taxable year.				
8(c). Line 8(a) less Line 8(b). This is the prior year exception adjusted for the credit for contributions to SFOs per sections (s.) 1002.395(5)(g) and 220.1875, Florida Statutes (F.S.)	1,453.25	2,906.50	4,359.75	5,813.00

Check below if the exception applies for each underpaid installment (Line 7 must equal or exceed Line 8(c))

Attach a schedule showing the computation. If the exception does not apply, complete Lines 9 through 14 to determine the amount of the penalty and interest.

Exception: 1st Installment 2nd Installment 3rd Installment 4th Installment

If Line 6 shows an underpayment and the exception does not apply, compute the underpayment penalty and interest by completing the portion(s) of this schedule applicable to the installments. Enter same installment dates used above	Computation of Penalty and Interest			
	Due Dates of Installments			
	(1st) 11/01/21	(2nd) 12/31/21	(3rd) 03/31/22	(4th) 06/30/22
9. Amount of underpayment				
10. Enter the date of payment or the due date of the corresponding Florida Corporate Income/Franchise Tax return, whichever is earlier.				
11. Number of days from due date of installment to the dates shown on Line 10				
12. Penalty on underpayment (12% per year on the amount of underpayment on Line 9 for the number of days shown on Line 11)	SEE ATTACHED WORKSHEET A			Total Penalty 109.00
13. Interest on underpayments. In general, interest will be the appropriate interest rate on the amount of underpayment on Line 9 for the number of days shown on Line 11	SEE ATTACHED WORKSHEET B			Total Interest 63.00
14. Total of amounts shown on Lines 12 and 13. If this Florida Form F-2220 is being filed with your return, the amounts shown as penalty and interest should be entered on appropriate line of Florida Form F-1120				172.00

