Return of Organization Exempt From Income Tax

OMB No. 1545-0047

21

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

Department of the Treasury

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

Open to Public

2

Inter	mal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the lates			Inspection
Α	For the	e 2021 calen	dar year, or tax year beginning ${\tt Oct 1}$, 2021, and endi	i ng Se	p 30	, 20 22
в	Check if	f applicable:	C Name of organization THE GLADES INITIATIVE, INC.		D Emple	oyer identification number
	Address	s change	Doing business as	01-01	733180	
	Name cl	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepł	none number
	Initial ret	turn	149 S.E. AVENUE D		(561)996-3310
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amende	ed return	BELLE GLADE, FL 33430-4096		G Gross	receipts \$2,182,822.
	Applicat	tion pending	F Name and address of principal officer:			or subordinates? 🗌 Yes 🛛 No
			KARIS ENGLE, 149 S.E. Avenue D, Belle Glade, FL 33430-4	1096 H(b) Are all su	ubordinat	es included? 🗌 Yes 🗌 No
I	Tax-exe	empt status:	▼ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	lf "No," a	ittach a li	st. See instructions.
J	Website	e:► www.g	ladesinitiative.org	H(c) Group ex	emption	number 🕨
к	Form of	organization: 🗙	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	nation: 2002	M State	of legal domicile: FL
Ρ	art I	Summa				
	1	Briefly des	cribe the organization's mission or most significant activities: The	mission of	The G	lades Initiative
e		is to i	mprove the coordination and effectiveness of	the health	and	
าลท		human s	ervice delivery system in the Glades area of	Palm Beach	Coun	ty.
/eri	2	Check this	box \blacktriangleright if the organization discontinued its operations or dispose	d of more than a	25% of	its net assets.
ő	3	Number of	voting members of the governing body (Part VI, line 1a)		3	9
80	4	Number of	independent voting members of the governing body (Part VI, line 1	b)	4	9
Activities & Governance	5	Total numb	per of individuals employed in calendar year 2021 (Part V, line 2a)		5	14
ť	6	Total numb	per of volunteers (estimate if necessary)		6	57
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year		Current Year
e	8	Contributio	ons and grants (Part VIII, line 1h)	2,207,	381.	2,146,705.
Revenue	9	Program se	ervice revenue (Part VIII, line 2g)	21,	606.	34,895.
Seve 2	10	Investment	t income (Part VIII, column (A), lines 3, 4, and 7d)	1,	569.	1,222.
ш	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	83,	495.	
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,314,	051.	2,182,822.
	13	Grants and	I similar amounts paid (Part IX, column (A), lines 1–3)	118,	574.	84,535.
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)			
Se	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)	513,	122.	564,223.
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)			
xpe	b	Total fundr	aising expenses (Part IX, column (D), line 25) ►21,863.			
ш	17	Other expe	enses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,300,	111.	993,155.
	18	-	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,931,	807.	1,641,913.
	19	Revenue le	ess expenses. Subtract line 18 from line 12	382,	244.	540,909.
Net Assets or Fund Balances				Beginning of Curr		End of Year
sset	20		ts (Part X, line 16)	2,852,		3,397,973.
atAs	21		ties (Part X, line 26)		392.	43,828.
-			or fund balances. Subtract line 21 from line 20	2,813,	236.	3,354,145.
Pa	art II	Signatu	re Block			

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

			01	/25/2023	
Sign	Signature of officer		Date	e	
Here	KARIS ENGLE, President/	(CEO			
	Type or print name and title		-		
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗙 if	PTIN
Preparer	Kathleen M. Shafer CPA	Kathleen M. Shafer CPA	01/25/2023	self-employed	P01439276
Use Only	Firm's name F KATHLEEN M SHAF	'ER CPA	Firm'	s EIN ► 82-0	958092
	Firm's address ► 1850 FOREST HILL	BLVD 204, WEST PALM BEACH,	FL 33406 Phon	eno. (561)9	63-1003
May the IRS	discuss this return with the preparer s	shown above? See instructions			🗙 Yes 🗌 No
For Paperwo	rk Reduction Act Notice, see the separa	te instructions. BAA	REV 07/25/22 PRO		Form 990 (2021)

Form 9	90 (2021) 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: The mission of The Glades Initiative is to improve the coordination and effectiveness of the health and human service delivery system in the Glades area of Palm Beach County.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. 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 \$ 1,545,186. including grants of \$ 85,535.) (Revenue \$ 2,182,822.) The work of the Glades Initiative targets both service providers and residents of the Glades communities by investigating service delivery barriers to health and human services, developing strategies to overcome those obstacles and implementing effective strategies. Some of our services target providers through increased collaboration and communication, such as culturally appropriate trainings, medical interpreter training, networking meetings for identified needs, the Glades Area Resource Guide, Glades Community Updates, a weekly email communication, web-based community calendar and advocacy, while other services benefit residents directly, through our bilingual Community Resource Educators, who assist residents, with limited English, low literacy, and limited or no access to computers in receiving services. Glades Initiative expects to increase access to services and information, reduce the barriers to health and human services, impact more effective service provision, and increase services to residents, resulting in a healthier more productive community. For more detailed program information see attached Schedule O.

4b	(Code:) (Expenses \$	including g	rants of \$) (Revenue \$)
4-			la a baalla aa a			
4C	(Code:) (Expenses \$	including g	rants of \$) (Revenue \$)
4d	Other program	services (Describe on Sc	hedule ()			
-iu	(Expenses \$	including g	rants of \$) (Revenue \$)	
4e		service expenses ►		, (,	

Form 99	0 (2021)		I	Page 3
Part	V 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)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		×
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		×
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		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		×
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
с	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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 er mano? If "Vea" complete Schedule 5. Date Land IV.			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		×
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
	If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . 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>	20b	~	

Form 99	90 (2021)			Page 4
Part	V Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
24a	employees? If "Yes," complete Schedule J	23		×
b 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?	24a 24b 24c		×
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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>	24d 25a		×
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		×
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		×
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		×
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b C	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> 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>	28b 28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30	×	×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		×
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		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		×
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		×
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	37	×	×
Part			 	. 🗆
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	-	Yes	No

Part W Statements Regarding Other IRS Filings and Tax Compliance (continued). Yes No 28 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 14 14 28 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 28 14 30 Did the one is reported on line 2a, did the organization in all employment tax returns? 3a 30 Did the one is reported on line 2a, did the organization in all employment tax returns? 3a 4 At any time during the calendary year, did the organization nave an interest in, or a signature or other authority over, a financial account y flash are bar a bank account, securities account, or other financial accounts (FBA) 4a 5 Was the organization nave and the origen accurity P 5b 5x 5 Was the organization nave are not tax deductribus accharathes on the origen accurity P 5c 5x 5 Was the organization nave are not tax deductribus accharathes continuon on a party to a prohibited tas scherat transaction 7 5c 5x 6 Does the organization neave are not tax deductribue accharathes continuon on any organization receive a payment in exerces of \$75 made party as a continuon on a party to a prohibited tas acharathes account party for which it was required to the paverof 10 moles of the scontas 202. 7a	Form 99				Page 5
Statements, filed for the calendar year ending with or within the year covered by this return [2] 14 If all least one is reported on line 2a, dith we organization file all required deteral employment tax returns? 20 Note: If the sum of lines 1 and 2a is greater than 250, you may be required to <i>e</i> - <i>ille</i> . See instructions. 20 All and the during the calendary year, dith barses gross income of \$1.000 or more during the year? 30 All and the during the calendary year, dith barses during the 2a, you were an interest in or a signature or other authority over. 30 See instructions for filing requirements for FinEEN Form 114, Paport of Foreign Bank and Financial Accounts (FBAR). 4 See instructions for thing requirements for FinEEN Form 114, Paport of Foreign Bank and Financial Accounts (FBAR). 56 See instructions for thing requirements for FinEEN Form 114, Paport of Foreign Bank and Financial Accounts (FBAR). 56 So Des the organization have arnual gross receipts that a party to a prohibited tax shelther transaction? 56 B Des the organization have arnual gross receipts that are normally greater than \$100,000, and did the organization shells are provide the years (Ontations an express statement that such contributions? 56 C Organizations that my receive deductible contributions and a party to a provide an exploration and party to gross and services provided to the payor? 76 C organizations that my receive deductible contributions and party to grossonal property f	Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
b fit at least one is reported on line 2a, did the organization file all required federal employment fax returns? 2b x Note: If the sum of lines is and 2a is greater than 250, your one during the year? 3a x b If Yas," has it filed 3 common 90-1 for this year? // Yor it of the 2b, provide an explanation on Schedule O 3a x b If Yas," has it filed 3 common 90-1 for this year? // Yor it of the 2b, provide an explanation on Schedule O 3a x b If Yas," enter the name of the foreign country (but its as bark account, securities account, or other intancial accountry is provided to tax shelt transaction at any time during the tax year? x b Usable comparization party to a prohibited tax shelt 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 shelt transaction? x b Did any taxable party notify the organization incle ornt 880-17 x x c Did any taxable party notify the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible acchartal-tax shelter transaction? x f Yas," indicate the number of forms 282 filed during the year 7a x f Yas," indicate the number of forms 282 filed during the year 7a x </th <th>2a</th> <th></th> <th></th> <th></th> <th></th>	2a				
Note: If the sum of lines 1 and 2 as is greater than 250, you may be required to <i>e-file</i> . See instructions. Image: Second 2000 (Second 2000) (S	b		2b	x	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	-				
b If "Yes," has it field a Form 990-T for this year? If "Wo" to line 3b, provide an explanation on Schedule O. 3b. a At any time during the called ary seri, dift bit organization have an interest in, or a signature or other authority over, a financial account? 3b. 4a. × b If "Yes," enter the name of the foreign country P. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a. × 5b Was the organization aparty to a prohibited tax shatter transaction at any time during the tax year? 5a. × 5c Does the organization hat it was or a party to a prohibited tax shatter transaction? 5b. × c Try See, "faith conganization include with very solicitation an express statement that such contributions? 5b. × 6b Y Organization neckey expanyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a. × 7b If "Yes," idicitate organization notify the donor of the value of the organization necessal proceed to while it were solitation to a party so a provide? 7b. 7a. × 7b Did the organization necesse a payment in excess of \$75 made party as a contribution and party for goods and services statement that such onthacts? 7a. × 7a X	3a		3a		×
4a At any time during the calendar year, did the organization have an interest in, or a signature or other atthonatia account? were a fanancial account? 4a x If "Yes," enter the name of the foreign country such as a back account, securities account, or other financial account? 5a x If "Yes," enter the name of the foreign country such as a back account; securities account, or other financial accounts (FBAR). 5a x Xs the organization approximation that it was or is a party to a prohibited tax shelter transaction? 5c 5b Did any taxable party not prohibited tax shelter transaction? 5c x 5b × 5c C 5c 5c C C 5c C C C 5c C C C 5c	b		3b		
a financial account in a foreign country (such as bark account, securities account, or other financial accounts (* BAR). 4a × 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 (*BAR). 5a × 5b Did any taxable park notify the organization fail twas or is a party to a prohibited tax shelter transaction? 5b × 6a × * * * 7b Organization solid any contributions that were not tax deductible as charitable contributions? * * 7 Organization shat may receive deductible contributions and express statement that such contributions of and services provided to the payor? * * 7 Organization shat may receive deductible contributions under section 170(c). * * * 8 If 'Yes," indicate the number of Forms 8282 filed during the year 7d * * 9 Did the organization notify the donor of the value of the goalization file form 8892 are reguired? * * * 9 Did the organization necelve a payment in excess of \$75 made parity as a contribution and parity for goads and services provided to the payor? * * * 0 Did the organization mether wear selection 100 fullies the anglike personal property for which it was required to file form 2829? * *	4a				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Eank and Financial Accounts (FEAF)). See See instructions for filing requirements for FinCEN Form 3806 and any time during the tax year? See b) Did any taxable party notify the organization file form 8866-17 See c) The set organization space receipts that are normally greater than \$1500,000, and did the organization include with every solicitation an express statement that such contributions? See d) M 'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? See 0 Does the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided the payor? Ta X b) Did the organization necleve any anyment in excess of \$75 made partly as a contribution contract? Te X b) Did the organization necleve any more in excess of \$75 made partly as a contribution contract? Te X b) Did the organization necleve any funct, directly or indirectly, on a personal benefit contract? Te X f) Did the organization necleve any funct, directly or indirectly, on a personal benefit contract? Te X f) Did the organization necleve any funct, directly or indirectly on advised fund. Did the sponsoring organization make a distribution on advised fund. Did the sponsoring organization meaker adistribution of a divised funds. <th></th> <th></th> <th>4a</th> <th></th> <th>×</th>			4a		×
5a Was the organization a party to a prohibiled tax shelter transaction at any time during the tax yea? 5a X b Did any taxable party notify the organization that is was or is a party to a prohibiled tax shelter transaction? 5a X c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? So X c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X 7 Organization societ any contributions that were not tax deductible activation societ any error to a data tax were not tax deductible? 6b 6b 7 Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7d 7d 7d b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d 7d 7d 7d If "Yes," indicat the number of Form 8282 filed during the year 7d 7d 7e X 7d He organization neceive a paymentime, directly or indirectly, to pay premiums on a personal benefit contract? 7f X 7d He organization neceive a contribution of qualified intellectual propery, did the organization files form 1899 as require? 7d Ze	b				
b Did any taxable party notify the organization that it was or is a party to a prohibiled tax shelt transaction? 5b x 6 Dids on the Sao r5b, did the organization file Form 8806-17 5c 5c 6 Dids the organization solitot any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible contributions and party for goods and services provided to the payor? 6b 7 Organization soft may receive deductible contributions under section 1706(). 0 7b 7 Urganization soft may receive deductible contributions under section 1706(). 0 7b 8 If "Yees," did the organization notify the donor of the value of the goods or services provided? 7b 7 If "Yees," did the organization notify the donor of the value of the goods or services provided? 7c 8 If "Yees," indicate the number of Forms 8282 filed during the year 7cd 7 Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7f 7 If the organization receive any funds, directly or indirectly or nal paresonal benefit contract? 7f 7 If the organization make axy taxable distributions under section 4966? 9a 9 Did the sponsoring organization make any taxabl	52		52		×
c in "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a boes the organization solicit any contributions that were not tax deductible as charitable contributions? 5c 6a be in "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive adouctible contributions under section 170(c). 6b 8 Did the organization cecive a payment in excess of 55° made party as a contribution and party for goods and services provided to the payor? 7a x b f1 "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282? 7d 7d 7d 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f x 7 Did the organization neceive any funds, directly or indirectly on and receive, on a personal benefit contract? 7f x f1 the organization receive a contribution of qualified intellectual property, did the organization file Form 8282 7g x f1 the organization receive a contribution of qualified intellectual property, did the organization file Form 8289 as required? 7h x 8 Sporesoring organization make any taxable distributions under section 4966?	_				
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 14a Did the organization receive any payments for indoor tanning services during the tax year?		the organization is licensed to issue qualified health plans			
 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? 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? 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? 					
 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? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 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? 					×
 excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 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? IT 			14b		
 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 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? 	15		15		
 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 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? 			10		
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? 17	16		16		
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? 17					
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
If "Yes," complete Form 6069.			17		
		If "Yes," complete Form 6069.			

Form 99	90 (2021)			Page 6
Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b bell response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🗙
Secti	ion 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 .1aIf 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.1a	9		
b 2	Enter the number of voting members included on line 1a, above, who are independent . 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship will any other officer, director, trustee, or key employee?	9 h 2		×
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?	ct3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	? 4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
6	Did the organization have members or stockholders?	6		×
7a	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?	nt 7 a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) member stockholders, or persons other than the governing body?	s, 7 b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin	g		

	the year by the following:
а	The governing body?
	Each committee with authority to act on behalf of the governing body?
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at

	 1					<u> </u>		0																		
	 the c	organ	izatior	n's n	naili	ing a	lddre	ess?	lf "Ye	es,'	" pr	rovide	the r	names	s and	lado	lresses	on	Sch	edu	le O					
9	Is the	ere a	ny offi	cer,	dire	ecto	r, tru	stee,	or k	ey	em	ployee	e liste	ed in	Part	VII, S	Section	۱A, ۱	whc	o car	nnot	be	e rea	iche	ed at	

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		×
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	×	
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	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b		×
	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		×
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

- List the states with which a copy of this Form 990 is required to be filed > 17
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website X Another's website X Upon request Other (explain on Schedule O)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records > 20 The Glades Initiative, Inc., 149 S.E. Avenue D, Belle Glade, FL 33430 (561)996-3310

X

8a

8b

9

×

×

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(0	C)							
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)		
Name and title	Average hours	box,	unles	ss pe	erson	is both	n an	Reportable compensation	Reportable compensation	Estimated amount of other		
	per week	office	-		-	or/trust	· ·	from the	from related	compensation		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations		
(1)Joe Kyles	1.00											
Chair		×		×				0.	0.	0.		
(2) Irene Figueroa	1.00											
Vice Chair		×		×				0.	0.	0.		
(3) Salesia Smith Gordon Treasurer	1.00	×		×				0.	0.	0.		
(4) Steve Prielozny Secretary	1.00	×		×				0.	0.	0.		
(5) Laura Barry Board Member	1.00	×						0.	0.	0.		
(6) Fenel Conserve Board Member	1.00	×						0.	0.	0.		
(7) Julie Swindler Board Member	1.00	×						0.	0.	0.		
(8) Derrek Moore Board Member	1.00	×						0.	0.	0.		
(9)Charlene Ford Board Member	1.00	×						0.	0.	0.		
(10)Karis Engle CEO / President	45.00				×			127,502.	0.	17,472.		
<u>(11)</u>		-										
(12)		-										
(13)		-										
(14)		-										
						<u> </u>				– – – – – – – – – –		

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Em	ploy	yee	s, an	d⊦	lighest Compe	ensated Emplo	yees (continued)
	(A) Name and title	(B) Average hours per week	box,	unles	Pos neck ss pe d a d	rson	e than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(15)			-								
(16)			-								
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
	Subtotal					L			127,502.	0.	17,472.
С	Total from continuation sheets to Part	-									
d 2	Total (add lines 1b and 1c) . Total number of individuals (including but								127,502.	0. 0 than \$100,000	17,472.
	reportable compensation from the organ				/ 1101		1	, ,			
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> of the second se										Yes No 3 ×
4	For any individual listed on line 1a, is the organization and related organizations individual .	e sum of re greater th	portal an \$ ⁻	ole 150,	con 000	npei)? <i>I</i> :	nsatio f "Yes	n a s, "	nd other compe complete Schee	nsation from the dule J for such	
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsa	tion	froi	m any	' un	related organiza	tion or individual	4 × 5 ×
Secti	on B. Independent Contractors										
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of										

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

Form 9		,								Page 9
Part	: VIII	Statement of Rev								
		Check if Schedule	О со	ntains a re	espor	ise or note to a	ny line in this Pa	art VIII		<u> </u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts, ts	1a	Federated campaigr	ns.		1a	363,840.				
un	b	Membership dues			1b					
Đ Š	С	Fundraising events			1c					
ifts ar ⊿	d	Related organization			1d					
nii G	е	Government grants			1e	191,980.	-			
Sil	f	All other contribution and similar amounts no								
Contributions, Gifts, Grants, and Other Similar Amounts	~	Noncash contributio			1f	1,590,885.	-			
it it	g	lines 1a–1f			1.0	¢ 626 251				
Con	h	Total. Add lines 1a-			1g		2,146,705.			
<u> </u>			· · · ·	· · ·	• •	Business Code	2,140,705.			
e	2a	Program Servio	ce F	lees		900099	430.	430.	0.	0.
Program Service Revenue	b	Background Sci				900099	34,465.	34,465.	0.	0.
jram Ser Revenue	c									
E e	d									
Bag	е									
Pro	f	All other program se								
	g	Total. Add lines 2a-	2f.			🕨	34,895.			
	3	Investment income	•	•						
		other similar amount					1,222.	0.	0.	1,222.
	4	Income from investm			•					
	5	Royalties								
	_		_	(i) Rea	I	(ii) Personal	_			
	6a	Gross rents	6a				-			
	b	Less: rental expenses	6b				-			
	C L	Rental income or (loss)	6c							
	d Zo	Gross amount from	(1055	i) (i) Securi	 ties	(ii) Other				
	7a	sales of assets			1163		-			
		other than inventory	7a							
Ð	b	Less: cost or other basis								
2		and sales expenses .	7b							
eve	с	Gain or (loss)	7c				1			
r R	d	Net gain or (loss)				🕨				
Other Reve	8a	Gross income fror	n fu	ndraising						
Ò		events (not including								
		of contributions rep								
	_	1c). See Part IV, line			8a		-			
	b	Less: direct expense			8b					
	C Oc	Net income or (loss) Gross income fi			g eve	ents 🕨				
	9a	activities. See Part I		0 0	9a					
	b	Less: direct expense			9b		-			
		Net income or (loss)				es ►				
		Gross sales of in								
	-	returns and allowand			10a					
	b	Less: cost of goods	sold		10b					
	С	Net income or (loss)			vento	ory 🕨				
S						Business Code				
eor	11a									
an	b									
Miscellaneous Revenue	С									
Alis(d									
2	e	Total. Add lines 11a							-	
	12	Total revenue. See	Instr	uctions		🕨	2,182,822.	34,895.	0.	1,222.

Part IX Statement of Functional Expenses

\ ~ ~ ~ ~	tingludg amounts reported or lines Ch. 71	(A)	(R)	(C)	(D)
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .				· ·
2	Grants and other assistance to domestic	35,535.	35,535.		
2	individuals. See Part IV, line 22	49,000.	49,000.		
3	Grants and other assistance to foreign	49,000.	49,000.		
0	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	130,402.	91,282.	28,688.	10,432
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	337,007.	220 157	10 110	6 740
8	Pension plan accruals and contributions (include	337,007.	320,157.	10,110.	6,740
-	section 401(k) and 403(b) employer contributions)	17,722.	15,595.	1,471.	656
9	Other employee benefits	36,942.	32,509.	3,066.	1,36
10	Payroll taxes	42,150.	37,092.	3,498.	1,56
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	7,130.	1,426.	5,704.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
		29,160.	23,365.	4,997.	798
12	Advertising and promotion	20.011	07.010	2 001	
13 14	Office expenses	30,011.	27,010.	3,001.	(
15	Royalties				
16		15,240.	14,478.	762.	
17		10,210.	11,170.	, 02.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	5,349.	5,349.	0.	(
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	32,832.	29,549.	3,283.	(
23	Insurance	17,763.	15,987.	1,776.	(
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.)				
а	Background Checks	25,836.	25,836.	0.	(
b	Communications	6,199.	4,959.	930.	310
c	Bldg & Equip Maintenance	8,876.	7,988.	888.	(
d	Program Expense	801,823.	801,823.	0.	(
e	All other expenses	12,936.	6,246.	6,690.	(
25	Total functional expenses. Add lines 1 through 24e	1,641,913.	1,545,186.	74,864.	21,863
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)				

Form 990 (2021)

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par			· · · · · <u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	1,883,528.	1	2,351,450.
	2	Savings and temporary cash investments	105,547.	2	105,559.
	3	Pledges and grants receivable, net	36,875.	3	57,324.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		Ē	
	6	Loans and other receivables from other disqualified persons (as defined		5	
	0	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
its	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	13,132.	9	13,457.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,002,841.			
	b	Less: accumulated depreciation 10b 134,158.	812,046.	10c	868,683.
	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		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,500.	15	1,500.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,852,628.	16	3,397,973.
	17	Accounts payable and accrued expenses	39,392.	17	43,828.
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
lid		controlled entity or family member of any of these persons		22	
Li ⁸	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	39,392.	26	43,828.
lces		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
ılaı	27	Net assets without donor restrictions	2,559,639.	27	3,100,113.
ñ	28	Net assets with donor restrictions	253,597.	28	254,032.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► □ and complete lines 29 through 33.			
P	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSI	31	Retained earnings, endowment, accumulated income, or other funds		31	
ĭΑ	32	Total net assets or fund balances	2,813,236.	32	3,354,145.
ž	33	Total liabilities and net assets/fund balances	2,852,628.	33	3,397,973.

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Form **990** (2021)

orm 99	90 (2021)			Pa	ige 12
Par	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)	1	2,1	82,8	22.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,6	41,9	13.
3	Revenue less expenses. Subtract line 2 from line 1	3	5	40,9	09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,8	13,2	36.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	3,3	54,1	45.
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: 🗌 Cash 🛛 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain o	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled o	or 📃		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were auc	lited on	a		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ow		of		
	the audit, review, or compilation of its financial statements and selection of an independent account	ant?.	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, e	explain o	n 📃		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in th	e		
	Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un		e		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits .	3b		
	REV 07/25/22 PRO		For	m 990	(2021
					•

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

(
Department of the Treasury Internal Revenue Service

(C)

(D)

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

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

	2021
	Open to Public Inspection
- 43	

Name	of the organization					Employer identification	number
THE	GLADES INITIATIVE, INC					01-0733180	
Par	rt I Reason for Public Char	rity Status. (All	l organizations mus	t comple	ete this p	oart.) See instruction	ons.
The o	organization is not a private founda		· •		-	,	
1	A church, convention of church					0(b)(1)(A)(i).	
2	A school described in section				,		
3	A hospital or a cooperative hos		•				iii) Entor the
4	hospital's name, city, and state						ing. Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	he benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6	A federal, state, or local govern	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).	
7	X An organization that normally described in section 170(b)(1)			port from	a goveri	nmental unit or from	the general public
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organi or university or a non-land-gra university:						
10	An organization that normally r receipts from activities related support from gross investment acquired by the organization a	to its exempt fur income and uni	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a le (less se	and (2) no more than action 511 tax) from	33 ¹ /3% of its
11	An organization organized and	operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).	
12	\Box An organization organized and						
	one or more publicly supported	0					
-	the box on lines 12a through 12 \Box					•	
а	Type I. A supporting organ the supported organization supporting organization. Y	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	Type II. A supporting organ control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С	Type III functionally integ its supported organization(ally integrated with,
d	Type III non-functionally integration to that is not functionally integration requirement (see instruction)	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	• • • • • • • • • • • • • • • • • • • •
е	Check this box if the organ functionally integrated, or 1						e II, Type III
f	Enter the number of supported of	0					
g	¥		e ()	-			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization Ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							

(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 Gifts, grants, contributions, and 1 membership fees received. (Do not include any "unusual grants.") . . 1,480,590. 1,034,735. 1,878,063. 2,207,383. 2,146,705. 8,747,476. Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge 1,480,590. 1,034,735. 1,878,063. 2,207,383. 2,146,705. 8,747,476. Total. Add lines 1 through 3. 4 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) **Public support.** Subtract line 5 from line 4 6 8,747,476. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1,480,590. 1,034,735. 1,878,063. 2,207,383. 2,146,705. 8,747,476. 7 Amounts from line 4 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources 883. 3,384. 1,846. 1,567 1,222. 8,902. Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 71,267. 83,495. 154,762. **Total support.** Add lines 7 through 10 11 8,911,140. Gross receipts from related activities, etc. (see instructions) 12 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 14 98.16% 15 15 97.81% 331/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a box and **stop here.** The organization qualifies as a publicly supported organization X 331/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check b 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 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line h 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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

Schedule A (Form 990) 2021

Part II

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.)

Secti	on A. Public Support						
Calen	dar 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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		1				I
	dar 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						
С	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.)						
44	First 5 years. If the Form 990 is for the	orgonization?	a first second	third fourth	or fifth toy yo	or oo o ooo	tion = EO1(a)(2)
14	organization, check this box and stop her	•					
Saati	on C. Computation of Public Suppor		· · · · ·	<u>· · · · · ·</u>			•
15	Public support percentage for 2021 (line 8	-		12 oolumn (fl)		15	%
15 16	Public support percentage for 2021 (line of Public support percentage from 2020 Sch					15	%
	on D. Computation of Investment Inc					10	70
17	Investment income percentage for 2021 (I			v line 13 colu	imn (f))	17	%
18	Investment income percentage from 2021 (in			•	.,,	18	%
то 19а	33 ¹ / ₃ % support tests-2021. If the organi					-	
198	17 is not more than $33^{1}/_{3}$ %, check this box a						
b	33 ¹ / ₃ % support tests – 2020. If the organize	-	-	-		-	
U U	line 18 is not more than $33^{1/3}$ %, check this b						
20	Private foundation. If the organization did	-	-	-			
20	Fivate roundation. If the organization did	a not check a	bux on line 14	, 19a, UI 19D, (DIRECK LINS DOX	and see Insi	

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

2a

2b

3a

3b

Yes No

Yes No

1

2

1

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	. 490
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
		<u> </u>		

Schedule A (Form 990) 2021

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

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Schedule A (Form 990) 2021

Schedu	le A (Form 990) 2021			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted 2	2
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations 3	3
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	<i>VI</i>) 5	5
6	Other distributions (describe in Part VI). See instructions.		6	
	Total annual distributions. Add lines 1 through 6.		7	,
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	0
Sect	ion 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			
<u>i</u>	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</i> Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

REV 07/25/22 PRO

Schedule A (Form 990) 2021

Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Pt II Ln 10: Other Income Part II, Line 10 Description: PPP Forgiveness 2019:
71267. 2020: 83495.

Schedule B (Form 990)

Schedu	le of	Contri	butors

OMB No. 1545-0047

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

20	2	1
20	2	1

Department of the Treasury Internal Revenue Service Name of the organization

THE GLADES I

Employer identification number

01-0733180

INITIATIVE,	INC.		

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. REV 07/25/22 PRO BAA

lame of organizatio	n	E	Employer identification number		
THE GLADES I	INITIATIVE, INC.	(01-0733180		
Part I Con	tributors (see instructions). Use duplicate co	opies of Part I if additional space i	s needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>1</u>		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$\$	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$ <u>326,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_4		\$ 142,053.	Person ⊠ Payroll □ Noncash □		

(Complete Part II for noncash contributions.)

(d) Type of contribution

X

×

 \square

Person

Payroll

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(c) Total contributions

(c)

Total contributions

\$

\$

467,018.

49,930.

Page **2**

(b) Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(a) No.

5

(a)

Nó.

6

Schedule B (Form 990) (2021)

Name of organization

Page 2
Employer identification number

THE GLADES INITIATIVE, INC.

01-0733180

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.7		 \$50,000.	Person X Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		••••••• \$ <u>77,375.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$74,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollDoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person□Payroll□Noncash□(Complete Part II for noncash contributions.)

Food 5 \$ 467,018. 09/30/2022 (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.) \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.) _____ \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.) \$ (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) -----\$____ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.) _____ \$____

(d)

Date received

THE GLADES INITIATIVE, INC.

Schedule B (Form 990) (2021)

Name of organization

(a) No.

from

Part I

(b)

Description of noncash property given

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

(c)

FMV (or estimate)

(See instructions.)

Schedule B (F	Form 990) (2021)				Page 4			
Name of org	ganization			Employer identification	number			
	DES INITIATIVE, INC.			01-0733180				
Part III	Exclusively religious, charitable, (10) that total more than \$1,000 for the following line entry. For organiz contributions of \$1,000 or less for	or the year from any or ations completing Part the year. (Enter this inf	one contributor. III, enter the tot ormation once. S	Complete columns (a) through (a) al of <i>exclusively</i> religious, charital	e) and			
	Use duplicate copies of Part III if a	dditional space is need	ed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is	s held			
	Transferee's name, address,	(e) Transfe and ZIP + 4	-	onship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	ft (d) Description of how gift is				
_	Transferee's name, address,	(e) Transfe and ZIP + 4	-	onship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is	s held			
	(e) Transfer of gift							
_	Transferee's name, address,			onship of transferor to transferee				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use o	(d) Description of how gift is	s held				
	Transferee's name, address,	(e) Transfe and ZIP + 4		onship of transferor to transferee				

SCHE	DULE D	Supplementa	OMB No. 1545-00	47				
(Form 990)		Complete if the org	2021					
			Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					
	ent of the Treasury Revenue Service		Attach to Form 990. 90 for instructions and the late	est information.		Open to Publi Inspection	C	
	f the organization				oyer iden	tification number		
THE	GLADES IN:	ITIATIVE, INC.		01-0	073318	30		
Par	t I Organi	izations Maintaining Donor Advi			Accou	nts.		
	Compl	ete if the organization answered ""						
			(a) Donor advised funds	5	(b) Fund	ds and other accounts		
1		at end of year						
2		ue of contributions to (during year) .						
3 4		ue of grants from (during year)						
- 1 5		ization inform all donors and donor a	dvisors in writing that the a	assets held in	donor a	dvised		
•		organization's property, subject to the					No	
6	Did the organi	zation inform all grantees, donors, ar	d donor advisors in writing	that grant fund	s can b	e used		
		able purposes and not for the benefit						
	9 1	permissible private benefit?				· · 🗌 Yes 🗌	No	
Par		rvation Easements.						
		ete if the organization answered "						
1		conservation easements held by the c						
		of land for public use (for example, recrea	,		-	important land area	i	
		of natural habitat		ervation of a ce	rtified hi	istoric structure		
2		n of open space s 2a through 2d if the organization hel	d a qualified conservation co	ontribution in th	e form c	of a conservation		
-		he last day of the tax year.				eld at the End of the Tax	Voar	
а					2a		Tear	
b		restricted by conservation easements			2b			
c	-	nservation easements on a certified hi			2c			
d		onservation easements included in (
	historic structu	ure listed in the National Register .			2d			
3	Number of co	nservation easements modified, trans	ferred, released, extinguishe	d, or terminate	d by the	e organization during	g the	
	tax year ►							
4	Number of sta	tes where property subject to conserv	vation easement is located	• 				
5		anization have a written policy reg						
						· · · Yes	No	
6	Staff and volun	teer hours devoted to monitoring, inspec	ting, handling of violations, and	d enforcing cons	ervation	easements during the	yea	
7	Amount of ove	enses incurred in monitoring, inspecting	, handling of violations, and a	onforcing conco	nuction o	accomente durina the		
7	► \$	enses incurred in monitoring, inspecting	g, nanuling of violations, and e	enforcing conse	rvation e	asements during the	yea	
8	·	nservation easement reported on line 2	P(d) above satisfy the require	ments of sectio	n 170(h)	(4)(B)(i)		
•		70(h)(4)(B)(ii)?					No	
9		scribe how the organization reports co				statement and		
		, and include, if applicable, the text of		tion's financial	stateme	ents that describes the	ıe	
	organization's	accounting for conservation easemer	nts.					
Part		izations Maintaining Collections			r Simila	ar Assets.		
		ete if the organization answered "						
1a		tion elected, as permitted under FAS						
		al treasures, or other similar assets le in Part XIII the text of the footnote t					JDIIC	
h							(0 0	
b		tion elected, as permitted under FAS reasures, or other similar assets held						
		lowing amounts relating to these item		on, or research			*100	
		cluded on Form 990, Part VIII, line 1			►	\$		
	(ii) Assets inclu	uded in Form 990, Part X				Ψ \$		
2	If the organiza	ation received or held works of art,	historical treasures. or othe	r similar asset	s for fin	ancial gain, provide	the	
	•	unts required to be reported under FA				J. , P		
а	Revenue inclu	ded on Form 990, Part VIII, line 1			►	\$		
b	Assets include	ed in Form 990, Part X			►	\$		

Schedu	e D (Form 990) 2021								Page 2
Part	III Organizations Maintaining	Collections of	Art, Histo	orical T	reasures,	, or Ot	her Similar As	sets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply):		ther record	ls, check	any of the	e follov	ving that make s	gnificant ι	ise of its
а	Public exhibition		d 🗌	Loan c	or exchang	e progi	am		
b	Scholarly research		e [
с	Preservation for future generations			_					
4	Provide a description of the organizat		and explai	n how th	ey further	the org	anization's exem	npt purpos	e in Part
5	During the year, did the organization	solicit or receive	donations	of art. h	nistorical tr	easure	s. or other simila	r	
	assets to be sold to raise funds rather							🗌 Yes	🗌 No
Part	V Escrow and Custodial Arra	angements.			•				
	Complete if the organization 990, Part X, line 21.		" on Form	ו 990, P	art IV, line	e 9, or	reported an arr	ount on f	orm
1 a	Is the organization an agent, trustee, included on Form 990, Part X?							_	□ No
b	If "Yes," explain the arrangement in Pa								
5	in res, explain the analysinent in r			owing ta			Ar	nount	
с	Beginning balance					10		nount	
d	Additions during the year					10			
e	Distributions during the year					16			
f	Ending balance					11			
	Did the organization include an amoun								
2a b	If "Yes," explain the arrangement in Pa								
Par				Janation	inas been	provide			
T al	Complete if the organization	answered "Yes	" on Form	1990 P	art IV line	10			
		(a) Current year	(b) Prior	1	(c) Two year		(d) Three years back	(e) Four ye	ars hack
10	Beginning of year balance	(a) Ourrent year		year		5 Dack	(d) Thee years back		ars back
1a ⊾									
b	Contributions								
С									
لم									
d	Grants or scholarships								
е	Other expenditures for facilities and								
f	Administrative expenses								
g	End of year balance	h		//:	1	N I= = I = I			
2	Provide the estimated percentage of t	=	nd balance	(line ig,	column (a)) neid	as:		
a	Board designated or quasi-endowmer		%						
b	Permanent endowment	%							
С	Term endowment ►%		000/						
0-	The percentages on lines 2a, 2b, and				امامير المراحا	م م م	uninintered for the	-	
Ja	Are there endowment funds not in the	e possession of th	ne organiza	ation tha	t are neid	and ad	ministered for th		
	organization by:								es No
	(i) Unrelated organizations							3a(i)	
	(<i>)</i>							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	0	•			• •		3b	
4	Describe in Part XIII the intended uses	v	on's endov	vment fu	nds.				
Part									
	Complete if the organization								
	Description of property	(a) Cost or o (investr		• •	r other basis her)	• •	Accumulated epreciation	(d) Book	/alue
1a	Land		0.	6	51,865.			61	,865.
b	Buildings			83	34,870.		53,111.	781	,759.
С	Leasehold improvements								
d	Equipment			10	06,106.		81,047.	25	5,059.
е	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X,	column	(B), line 10	ic.) .		868	8,683.

Investments-Other Securities. Part VII 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 (b) Book value (c) Method of valuation: (including name of security) 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. (Column (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. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . Other Assets. Part IX 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) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Other Liabilities. Part X 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 Schedule D (Form 990) 2021

	le D (Form 990) 2021				Page 4
Part				Returr	ı.
	Complete if the organization answered "Yes" on Form 990), Part IV	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statement	s		1	2,182,822.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	. 2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	2,182,822.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .				
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	2,182,822.
Part				er Retu	ırn.
	Complete if the organization answered "Yes" on Form 990), Part IV	/, line 12a.		
1	Total expenses and losses per audited financial statements			1	1,641,913.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	. 2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,641,913.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,			5	1,641,913.
Part	XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa				

Schedule D (Form 990) 2021 Page 5								
Part XIII	Supplemental Information (continued)							

SCHEDULE I	
(Form 990)	

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.



Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number 01-0733180

Part I General Information on Grants and Assistance

THE GLADES INITIATIVE, INC.

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?	🗌 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
(1) Dot & Ruby's Helping Hands							
200 SW 5th St Belle Glade FL 33430	80-0167886			9,027.	USDA	Food	Food for needy
(2) The Gospel Prayer Band Church Of Jesus Christ							
420 Dr Martin Luther King Jr Blvd South Bay FL 33493	65-0571285			13,372.	Food	Food	Food for needy
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section3 Enter total number of other of							

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

REV 07/25/22 PRO Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Do Part III can be duplicated if additional	rt 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
1 Christmas in July	7	49,000.							
2									
3									
4									
5									
6									
7									
Part IV Supplemental Information. Provide	the information r	required in Part I, lin	ie 2; Part III, columi	n (b); and any other addit	ional information.				
BAA	REV 07/25/22 F	PRO			Schedule I (Form 990) 2021				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2021

	11 330)							2021
	ment of the Treasury I Revenue Service	Attach to Form	n 990.	ons answered "Yes" on Forn 90 for instructions and the la		Open to Public Inspection		
Name	of the organization					Employer id	dentificat	ion number
THE	GLADES INI	TIATIVE, INC.				01-073	3180	
Par	tl Types o	f Property	-					
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash con amounts repo Form 990, Part	orted on		(d) thod of determining th contribution amounts
1	Art—Works of	art						
2	Art-Historical	treasures						
3	Art-Fractiona	l interests						
4	Books and put	olications						
5	Clothing and h goods	ousehold				600.	FMV	
6	Cars and othe	r vehicles						
7	Boats and plar	nes						
8	Intellectual pro	perty						
9	Securities-Pu	blicly traded						
10	Securities-Cl	osely held stock .						
11		artnership, LLC, .ts						
12	Securities-Mi	iscellaneous						
13	Qualified cons	ervation						

13	Qualified conservation contribution—Historic structures			
14	Qualified conservation contribution—Other			
15	Real estate-Residential			
16	Real estate—Commercial			
17	Real estate-Other			
18	Collectibles			
19	Food inventory		536,913.	FMV
20	Drugs and medical supplies		52,506.	
21	Taxidermy			
22	Historical artifacts			
23	Scientific specimens			
24	Archeological artifacts			
25	Other▶ (Software)		45,452.	Cost
26	Other ► (Internet Service)		780.	Cost
27	Other ► ()			
28	Other► ()			

Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through
	28, that it must hold for at least three years from the date of the initial contribution, and which isn't required
	to be used for exempt purposes for the entire holding period?
h	If "Yes " describe the arrangement in Part II

	Does the organization have a gift acceptance policy that requires the review of any nonstandard
	contributions?
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

contributions? **b** If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

30a

31

32a

×

Yes No

Х

×

29

Schedule M (Form 990) 2021 Page		
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received,	
	or a combination of both. Also complete this part for any additional information.	

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.



Internal Revenue Service Name of the organization

Department of the Treasury

THE GLADES INITIATIVE, INC.

Employer identification number 01-0733180

Pt VI, Line 11b: Governing body reviews. Pt VI, Line 12c: The Board of Directors signs a conflict of interest disclosure annually. Pt VI, Line 15a: Compensation determined using compensation comparison tool provided by an independent 3rd party and discussed and determined by both a committee and the board. Pt VI, Line 18: Form 990 is available at guidestar.org and upon request. Pt VI, Line 19: All documents available upon request. Pt XII, Line 2c: The Board of Directors assumes responsibility for oversight. Pt VI, Line 8b: The Board of Directors documents the meeting minutes. Other: Program Services Accomplishments 2021-22: Our programs at The Glades Initiative revolve around increasing access to health and human services by removing the barriers that both residents and providers encounter within the system of care. We do this through increasing communication, collaboration, and by connecting residents to services. Our mission is to improve the coordination and effectiveness of the health and human service in the Glades area of Palm Beach County. Connecting the Glades : Our Community Resource Educators assisted over 3,796 uninsured and underserved Glades residents with access to various health and human services. This past year, even withg all the challenges that COVID-19 brought to our service delivery, we assisted 2,795 of our low income residents with the online application process for DCF Services such as: Medicaid/Medicare, SNAP (Food Stamps). Most of the residents served at The Glades Initiative (95%) face barriers receiving services because of limited English language skills, low literacy levels and lack of access to computers and internet. We also provided hundreds of residents with enrollment assistance for Health Care District programs and Kid Care. With

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
THE GLADES INITIATIVE, INC.	01-0733180

the pandemic pushing people to virtual sevices online, our clients, who were already facing challenges to complete applications, were faced with even more challenges since they are not digitally conected. More than 2,772 other services and referrals were provided for translation, interpretation, Emergency Utility payment applications & PBC Human Services. Our clients this year received well over \$1.5 million of SNAP (Food Stamps) dollars, which totals almost \$2.76 million in Gross Domestic Product (GDP). The USDA calculates that each SNAP dollar generates GDP @ \$1.84. With health coverage and hundreds of visits to the doctor covered by Medicaid, Palm Beach County Health Care District or Kid Care health insurance applications processed by our bilingual staff at The Glades Initiative, we have assisted out clients in accessing services valuing over \$9 million. The Glades Initative staff participated in over 42 outreaches to more than 2,759 of our most vulnerable residents to provide them with information about local services. Food Security: Our strategies involve numerous community partners working collectively to address food security issues in the Glades and develop and implement solutions to these issues. The Glades Area Food Bank: Our Glades Area Food Bank is targeted to serve Glades food insecure families. This past year, The Glades Area Food Bank served 7 partner agencies. The 6 food pantries served fed 104,827 extended family members (duplicated) with 36,028 food bags to Glades area households. In addition, our one hot meal partner served 42,961 meals (total 78,989 food services). We distributed food valued at \$1,063,717. The Food Pantry at The Glades Initiative: 55,581 food insecure residents (dup)benefitted from our Food Pantry's week distribution this past year. The pandemic dramatically increased the need in our community. We distributed 609,177 pounds of food this past year to 17,068 households (dup). We served an average of 340 households each week, and distributed an average of 12,200 lbs. of food weekly. Economic Stability Program: This program supported 74 residents who want to work and increase their household income.

lame of the organization	Employer identification number
THE GLADES INITIATIVE, INC.	01-0733180
Ne successfully achieved 46 clients who increased and mainta	ined household income.

homes, aging in place with dignity. An additional 29 seniors also received home delivered groceries each week. Nutrition Education Classes- Cooking Matters : Our Nutrition Education program is a 6-week nutrition class targeted to low-income residents that teaches kids, teens and families how to prepare healthy meals on a budget. It builds residents' skills in food affordable shopping, increasing healthy food choices and preparing healthy meals. Even with COVID-19 affecting our trainings this year, we had 37 participants in three 6-session classes, two held at Covenant Villlas and Lighthouse Cafe. A total of 446 participants have graduated from the class since it was first started in 2014. Medical Interpreter Training: With the ultimate goal of reducing the barriers of language and culture for health and human services staff providing services to residents with Limited English Proficiency (LEP), we offer a 40-hour Medical Interpreter Training. This year, we had 12 graduates complete the five-day training. In the last seven years, this program has graduated 181 participants. Glades Communications: The Glades Initiative serves as a point of communication for health and human service providers and community residents. One of our most popular communication tools with over 2,369 subscribers is our weekly email newsletter, "The Glades Community Updates," a compilation of available services, meetings, events and information going on throughout the community. You can subscribe on our website at www.gladesinitiative.org. The Glades Area Resource Guide: Health and Human Services: We held off publishing (bi-annually) the Glades Area Resource Guide, and spent time updating available resources. The guide is comprehensive, up-to-date listing of over 175 service providers in the Glades. The last printing produced 750 hard copies distributed, with hundreds more downloaded digitally. We will print a new guide in 2023.

REV 07/25/22 PRO

Schedule O (Form 990) 2021	Page 2				
Name of the organization THE GLADES INITIATIVE, INC.	Employer identification number 01-0733180				
THE GLADES INTITATIVE, INC. 01-0755100					
The Online Calendar: Our online community calendar is one of the most effective					
cools for keeping up with not only health and human service activities but most					
events happening in the Glades Community. Glades Initiative Trainings: Most years,					
The Glades Initiative facilitates and coordinates numerous meetings and training					
sessions related to relevant topics in the health and human services system of					
care in the Glades. This past year, we scaled back due to limited in person gatherings.					
We had 33 participants in our Financial Literacy Trainings. Backgro	und Screening :				
The Glades Initiative offers Level II (federal and state) backgroun	d screening				
for organizations that have this requirement of their employees wor	king with				
vulnerable populations. In this fiscal year, background screenings	have been				
provided to 498 people. Since its inception in 2012, 3,947 people h	ave been screened.				
By offering services locally, local providers saved over \$592,050	in mileage				
and wage expenses (\$150/each).					