990

Return of Organization Exempt From Income Tax

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

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

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For t	he 2	2020 calendar y	ear, or tax year begini	ning		, 2020, a	and endi	ing		, 20	_			
В	Check	if app	olicable:	C Name of organizationCo	mmunity Coop	erative Inc				D Emp	loyer identification number	_			
П	Addres	ss cha	ange	Doing business as	•					·	59-2602772				
$\overline{}$	Name		•	Number and street (or P.0	D. box if mail is not delive	ered to street address)		Room/sui	ite	E Telep	phone number	_			
$\overline{}$	Initial r		-	PO Box 2143		,					(239) 332-7687				
=			terminated	City or town, state or prov	vince, country, and ZIP or	foreign postal code				G Gros	ss receipts	_			
=	Ameno			Fort Myers, FL		g p				\$	6,544,68	9			
=			pending	F Name and address of pri					H(a) Is this a d		for subordinates? Yes X N	_			
_			F						H(b) Are all s			No			
	Tax-ex	empt	status: X 501((c)(3) 501(c) () (insert no.)	4947(a)(1) or	527		1 ` `		st. See instructions				
	Websi			ommunitycoopera			.		H(c) Group e						
			anization: X Corp		ociation Other		L Year of formati	ion: 198			gal domicile: FL	_			
	rt I		Summary						, <u>-</u>		g	_			
	1	_		he organization's missi	on or most significa	nt activities: The	e Organiza	tion :	is dedic	ated	to ending hunge:	r			
												_			
Governance		and homelessness in Lee County while inspiring and supporting sustained positive change is accomplished by providing nutritious meals, groceries, life coaching and social serv													
na.		the impoverished.													
Ver	2	_		if the organization	discontinued its or	perations or disposed	l of more than 2	25% of its	s net assets.			_			
တိ	3			members of the gover		•				3	10				
Activities &	4		_	endent voting members)			4	10	-			
iţi	5		•	ndividuals employed in	0 0	, , ,				5	29	-			
흦	6			olunteers (estimate if n	-					6	2,279	-			
Ă	7	'a ⊺	Total unrelated bu	usiness revenue from F	Part VIII, column (C), line 12				7a	0	-			
				siness taxable income		, ·				7b	0	_			
					,	,			Prior Year		Current Year	_			
ē	8	3 (Contributions and	d grants (Part VIII, line	1h)				2,690	.744	4,970,45	1			
	9			revenue (Part VIII, line	*				•	,526	456,61	_			
Revenue	10		-	ne (Part VIII, column (A						,879	36,31				
Š	11			Part VIII, column (A), lin						,433	972,82				
_	12			dd lines 8 through 11 (r					3,829		6,436,19				
	13			ar amounts paid (Part I)	•	` '				,121	84,55				
	14			or for members (Part IX	` '	,				,		0			
	15			ompensation, employee		1,240	,382	1,289,69	5						
Expenses	16			draising fees (Part IX, c	•	` ,			,	,		0			
en		b T	Total fundraising	expenses (Part IX, colu	ımn (D), line 25)	>	137,111								
X	17	7 (Other expenses ((Part IX, column (A), lin	es 11a-11d, 11f-24e	e)			2,064	,254	3,493,62	7			
	18			Add lines 13-17 (must e					3,356	,757	4,867,87	7			
	19) F	Revenue less exp	penses. Subtract line 1	8 from line 12 .					,825	1,568,31				
ō	ses							Begi	nning of Curre		End of Year				
ets	ğ 20) T	Total assets (Parl	t X, line 16)				-	2,289	,530	3,845,44	6			
Net Assets or	21	1 T	Total liabilities (Pa	art X, line 26)				-	196	,679	165,42	8			
			Net assets or fun	d balances. Subtract li	ne 21 from line 20				2,092	,851	3,680,01	8			
Pa	ırt II		Signature I	Block											
				hat I have examined this retur ion of preparer (other than offi				of my know	ledge and belie	f, it is					
	, 00	1	a complete. Declarat	on or proparer (earer aran em		nation of thinon proparer in	ac any imprincipal					_			
C: a				e Ink-Edwards											
Sig			Signature of o	officer						Da	ate				
He	re			e Ink-Edwards,	CEO							_			
			Type or print r		r		1				T				
_			Print/Type preparer	's name	Preparer's signature		Date		Check	if	PTIN				
Pai			Jeffrey M	Tuscan CPA			06-16-20	21	self-emp	oloyed	P00184439	_			
	par		Firm's name		Company, PA			F	irm's EIN			_			
US	e Or	าเร	Firm's address		rld Plaza La	ne Bldg 55		P	Phone no.						
					rs FL 33907					239-	333-2090	_			
May	the	RS (niecijee thie retijr	n with the preparer sho	wn above? (see in	structions)					Yes X No	١.			

Form	m 990 (2020) Community Cooperative Inc 59-2602	772 Page 2
	art 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 Organization is dedicated to ending hunger and homelessness in Lee County while in	spiring and
	supporting sustained positive change. This is accomplished by providing nutritious mea	ls,
	groceries, life coaching and social services to the impoverished.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	es 🗌 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	es 🗶 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	7.)
	The Community Café & Kitchen is an innovative delivery model for feeding the hungry in	our
	community. The café model provides breakfast and lunch dining in a compassionate, comm	
	atmosphere where people can sit down, eat a meal, and be introduced to resources that	
	individuals and families address the underlying issues causing hunger. The Community a	-
	Markets are sustainable, client choice models for long-term hunger elimination that pr	
	choice and a voice for the hungry in our community. The markets provide customers an o	
	to choose their own food off market shelves instead of receiving a box of food filled	with items
	that may not be used.	
	Code: \(\(\(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(
4b		
	Social & Education Resource Centers partner with a myriad of agencies tasked with assi	
	individuals with positive, sustainable change through direct services, referral, and fall under one roof. On-site and referral resources for job training, housing, mental h	
	substance abuse, child-care, education, financial well-being, health and wellness, and	
	coaching are available. Assistance with Medicaid and SNAP applications is provided, as	
	providing basic needs such as clothing, hygiene products and mail services for our home	
	clients. In addition to serving the basic needs of families in crisis, Community Coope	
	provides classroom opportunities for adults to learn employment and financial skills,	
	self-development and goal setting and to engage in a variety of other classes on healt	h and
	wellness topics.	
4c	: (Code:) (Expenses \$514,132 including grants of \$) (Revenue \$)
	The Meals on Wheels Home Delivered Meal Program delivers meals to Lee County residents	who are
	elderly, ill or disabled and are unable to shop or prepare their own food. This service	e provides
	daily nutrition and contact for homebound residents regardless of their ability to pay	•
4d	,	
	(Expenses \$ 144,849 including grants of \$) (Revenue \$)	
4e	Total program service expenses 4,505,127	

Checklist of Required Schedules Part IV

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes." complete Schedule C. Part II	,		.,
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	_		Х
٠	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	_		
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
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	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	441.		
4 =	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		.,
16		15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		X
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- ' '		Х
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	v	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	Х	
	If "Yes," complete Schedule G, Part III	19		х
20 a		20a		X
zu a b	The state of the s	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	· · · · · · · · · · · · · · · · · · ·			

Checklist of Required Schedules (continued) Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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?			
	If "Yes," complete Schedule L, Part I	25b		х
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 or any of these persons? If "Yes," complete Schedule L, Part II	26		х
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? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see 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? If			
	"Yes," complete Schedule L, Part IV	28a	x	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
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? If "Yes," complete Schedule R, Part I	33		х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		丄丄
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

20) Community Cooperative Inc
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

28 Effect the number of employees reported on Form W-3, Transmittal of Wage and Tax Slatements (Bod for the calendary user ending with or within the year covered by this return 29 1				Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to 466 (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A any time during the calendary save? If "No" 15 line 3b, provide an explanation on Schedule 0 3b If "Yes," has it filed a Form 890-7 for this year? If "No" 15 line 3b, provide an explanation on Schedule 0 3b If "Yes," and it is a filed a Form 890-7 for this year? If "No" 15 line 3b, provide an explanation on Schedule 0 3b If "Yes," and it is a filed a Form 890-7 for this year? 4a A any time a line and it is a filed a Form 890-7 for this year? 5b If "Yes is line for the name of the foreign country year and year an	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) All any time during the calendar year of the transport of the trans		Statements, filed for the calendar year ending with or within the year covered by this return 2a 29			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," fins a fide a form \$90.70 for this year? M'A' to time 3b, provide an explanation on Schedule O 3b If "Yes," and is fide a form \$90.70 for this year? M'A' to time 3b, provide an explanation on Schedule O 4d Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry?) 5e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e loss the organization and properties of the fine filing requirements of FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e loss the organization foreign country with the organization that it was or its a party to a prohibiled tax shelter transaction? 5e loss the organization have annual gross receipts that are normally greated and the organization solid any contributions that the many foreign 888-17 6e loss the organization have annual gross receipts that are normally greated as charitable contributions? 6e loss the "F'ves," did the organization include with every solicitation an express statement that such contributions or give swere not tax deductible? 7e loss the organization state may receive deductible contributions under section 179(c). 8e loss the properties of the propert of the product of the goods or services provided? 7e loss the organization state and the payor? 7e loss the organization state excellent the payor? 7e loss the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f loss the organization receive any funds, directl	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
b II **Yes*, **Inst a filled a form 990-Filer this year? If **No 10 ins 3b, provide an explanation on Schedule O A All any time during the calendary ear, diff the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? A VA If **Yes*, **enter the name of the foreign country Seal has a bank account, securities account, or other financial accounts (FBAR). Soe instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? So Did any texted party notify the organization that was or sa party to a prohibited tax shelter transaction? So Did shelt that the organization that was or sa party to a prohibited tax shelter transaction? So Did the organization solic that organization that van formatily greater than \$100,000, and did the organization toulide with every soliculation are express statement that such contributions or gifts were not tax deductible? So Did the organization that may receive deductible contributions under section 170(c). Did the organization text express that a normally greater than \$100,000, and did the organization tought with every soliculation are express statement that such contributions or gifts were not tax deductible contributions under section 170(c). Did the organization that may receive deductible contributions under section 170(c). Did the organization that may receive deductible contributions under section 170(c). If I'ves*, indicate the number of froms 8282 filed during the year of the year and the property for which it was required to 8 forms 8282. If I'ves*, indicate the number of Forms 8282 filed during the year and year pay premiums on a personal benefit contract? 7 to X Did the organization received a contribution of qualty did relieve that property is did the organization feed to the		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?) b If "Yes," enter the name of the foreign country **See instructions for filing requirements for FINCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction? 5b X If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Sc If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Sc If "Yes" or the 10s across receipts that are normally greater than \$100,000, and did the organization include with every solicitation and expensive scharitable contributions? 5c Sc Uses the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles contributions under section 170(c). 7b Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles. 9c Organizations receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided. 9c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 1c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 1d Did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 7g If the organization received a contribution of qualified intellectual property, did the organization fi	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
a financial account in a foreign country	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 58 Was the organization a party to a prohibited tax shelter transaction? 59 Was the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization that organization that it was or is a party to a prohibited tax shelter transaction? 50 X 51 If "Yes" on the Sor 50, did the organization that It was or is a party to a prohibited tax shelter transaction? 50 X 51 Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the normally greater than \$100,000, and did the organization relevies a payment in excess of \$75 made partly as a contributions or grid where not tax deductible as charitable contributions or grid where not tax deductible as charitable contributions or grid where not tax deductible on the state of the growth of t	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
see instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? By Mark the organization aparty to a prohibited tax shelter transaction at any time during the tax year? By Mark the organization shelt and the organization file Form 8886-17. By Mark the organization solicit any contributions that it was or is a party to a prohibited tax shelter transaction? By Mark the organization solicit any contributions that are mornally greater than \$100,000, and did the organization solicit any contributions that are normally greater than \$100,000, and did the organization solicit any contributions that are normally greater than \$100,000, and did the organization solicit any contributions that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions are press statement that such contributions or giffs were not lax deductible? By Mark the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? Could the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? To a x By Mark the organization receive and protify the dipror of the value of the goods or services provided? To but the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the payor? To a x By Mark the organization receive and principle that pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? To a x By Mark the organization cereive and contribution of qualified intellectual property, did the organization file Form 8899 as required to the payor and the payor		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	·	12a		
Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans C Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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 instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Is the organization and file Form 4720, Schedule N.	_				
Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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 instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 13a 13b 13b 13b 13c 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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 instructions and file Form 4720, Schedule N.					
Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 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 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? 18 X					
the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 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 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? 18 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 19 Is the organization and file Form 4720, Schedule N.	b	· · · · · · · · · · · · · · · · · · ·			
c Enter the amount of reserves on hand		· · · · · · · · · · · · · · · · · · ·			
Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see 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? 18 X 19 X 19 X 10 X 11 X 11 X 12 X 13 X 14 X 15 X 15 X 16 X	С				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14a		х
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?	_				
excess parachute payment(s) during the year?			-		
If "Yes," see 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?	-		15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		1 1 7 (7 3 7			
	16		16		x
	-	If "Yes," complete Form 4720, Schedule O.			

Part VI

Sec	tion 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			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		- 22	
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			- 22
	(·····································		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? • • • • • • • • • • • • • • • • • • •	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? • • • • •	11a	x	
b	Describe in 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	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • •	12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
ŭ	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	17		
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	v	
a b	Other officers or key employees of the organization	15a	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	х	
160				
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?	460		
h	with a taxable entity during the year?	16a		Х
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16h		
500	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed Florida Continue C404 as a wide a copy of this Form 990 is required to be filed Florida			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website X Another's website X Upon request Other (explain on Schedule O) Paralle and Schedule O whether (and if an hour) the appropriate mode its property description and schedule O.			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
00	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Organization (239)332-7687, 3429 MLK Blvd, Fort Myers, FL 33916			

-orm	aan	(2020)
-01111	330	120201

<u>....</u>.....

Page 7

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

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

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

		(C)								
(A)	(B)	Position				(D)	(E)	(F)		
Name and title	Average	٠,				nan one		Reportable	Reportable	Estimated amount
ivalite and une	hours		box, unless person is both an officer and a director/trustee)					compensation	compensation	of other
	per week		omeer and a director/tractice,					from the	from related	compensation
	(list any	으 =	_	0	<u>~</u>	호 고	Ţ	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	divic	stitu	Office	еу ег	ighe: nplo	Former	(VV-2/1099-WI3C)	(** 2/1000 Wilde)	related organizations
	organizations	lual t	tiona		Key employee	st co yee	*			
	below	Individual trustee or director	Institutional trustee		yee	mpe				
	dotted line)	ě	stee			Highest compensated employee				
						ed				
(1) Tracey Galloway	50.00									
CEO				х				140,192	0	0
(2) Blair Fretwell	50.00									
CFO				X				92,084	0	0
(3) Ty Roland	0.50									
Board Member/Director		х						0	0	0
(4) Jordi Tejero	0.50									
Board Member/Director		x						0	0	0_
(5) Cathy Devine	0.50									
Board Member/Director		х						0	0	0_
(6) Ryan_Carter	0.50									
Board Member/Director		х						0	0	0
(7) Betsy Alderman	0.50									
Board Member/Director		x						0	0	0_
(8) Joseph Catti	0.50									
Board Member/Director		х						0	0	0_
(9) Wayne Kirkwood	0.50									
Board Member/Immediate Past Chair		х						0	0	0
(10)Ryan_VanHorn	0.50									
Board Member/Secretary/Treasurer		х		х				0	0	0_
(11)Keith Banasiak	0.50									
Board Member/Chair		x		х				0	0	0_
(12)Charlotte Miller	0.50									
Board Member/Vice Chair		x		х				0	0	0_
<u>(13)</u>										
(14)										
	[

Fait	Section A. Officers, Directors, Trustees	s, Key Empic	yees,	ana	Hig	nesi	Com	pens	sated Employees	continuea)			
	(A) Name and title	(B) Average hours per week				rson is	nan one s both ar /trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	cc	(F) Estimated amour of other compensation from the	
		(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)	organizations (W-2/1099-MISC)	orga	from the anization ed organiz	and
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u>													
(22)													
(23)													
(24)													
<u>(25)</u>													
1b	Subtotal												
С	Total from continuation sheets to Part VII, Sect	ion A .											
d	Total (add lines 1b and 1c)								232,276	C			0
2	Total number of individuals (including but not limite	ed to those lis	ted ab	ove)	who	o rec	eived	more	e than \$100,000 of				
	reportable compensation from the organization	>											1
												Yes	No
3	Did the organization list any former officer, director	r, trustee, ke	y empl	oyee	e, or	high	est co	mpe	ensated				
	employee on line 1a? If "Yes," complete Schedule	J for such in	dividua	a/							. 3		х
4	For any individual listed on line 1a, is the sum of re	eportable con	npensa	ation	and	othe	er com	pen	sation from the				
	organization and related organizations greater that												
	individual										- 4		х
5	Did any person listed on line 1a receive or accrue								ation or individual				
04	for services rendered to the organization? If "Yes,"	' complete So	chedule	J fo	or su	ich p	erson				. 5		Х
	on B. Independent Contractors												
1	Complete this table for your five highest compensation												
	compensation from the organization. Report comp	ensation for	the cal	enda	ar ye	ar ei	nding \	with I	_	zation's tax year I			
	(A)								(B)		(C)		
	Name and business address Description of services Compensation												
2	Total number of independent contractors (including	g but not limit	ed to t	hose	liste	ed al	oove) v	who					
	received more than \$100,000 of compensation from	m the organi:	zation	Þ	•								

Part VIII State

Sta	tement	t of R	Reve	nue
-----	--------	--------	------	-----

		Check if Schedule O contains a response or	note to any line in this	s Part VIII			[
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
rants unts	1a b c	Federated campaigns)				sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations	<u> </u>				
ontribution Id Other Si	g	and similar amounts not included above Noncash contributions included in lines 1a-1f	3,763,295				
<u>ਲ</u>	h	Total. Add lines 1a-1f		4,970,451			
rvice		Meal Delivery School Lunch Program	624200 624200	230,628 225,983	230,628 225,983		
Program Service Revenue	c d e						
<u> </u>		All other program service revenue Total. Add lines 2a-2f		456,611			
	3	Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond pro	▶	8,247			8,247
	5 6a	Royalties	(ii) Personal				
	b c	Less: rental expenses 6b Rental income or (loss) Net rental income or (loss)					
		Gross amount from sales of assets (i) Securities	(ii) Other				
ent	b	other than inventory 7a 58,573 Less: cost or other basis and sales expenses 7b 49,30	7				
er Revenue	d	Gain or (loss)		28,063	28,063		
Other		events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 1,018,784				
	С	Net income or (loss) from fundraising events Gross income from gaming	3b 59,190 ▶	959,594			959,594
		Less: direct expenses	0a 				
	b	Less: cost of goods sold	Da Db				
sn		Net income or (loss) from sales of inventory . Other	Business Code 624200	13,226	13,226		
Miscellanous Revenue	b c						
Ē	е	Total. Add lines 11a-11d		13,226 6,436,192	497,900	0	967,841

59-2602772

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b, 7b, (B) Total expenses Program service Fundraising Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 84,555 84,555 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 232,276 192,269 25,600 14,407 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 749,401 99,782 56,153 905,336 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 3,573 69,506 59,856 6,077 10 82,577 7,219 71,112 4,246 11 Fees for services (nonemployees): а Legal 35,753 9,138 23,000 3,615 С d Lobbying Professional fundraising services. See Part IV, line 17 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 16,839 352 6 16,481 13 18,734 9,526 7,830 1,378 14 72,714 62,146 5,747 4,821 15 16 9,472 7,852 1,068 552 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 2,304 474 485 1,345 20 1,618 1,618 21 22 Depreciation, depletion, and amortization 157,527 132,322 15,753 9,452 23 82,975 69,699 8,297 4,979 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.) Food Supplies 2,780,159 2,780,159 а 7,348 b Program Supplies 130,846 123,498 31,938 5,870 C Repairs and Maintenance 38,804 996 Utilities 65,540 56,997 5,339 3,204 e All other expenses 49,971 25,810 80,342 4,561 Total functional expenses. Add lines 1 through 24e . . 25 4,867,877 4,505,127 225,639 137,111 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)

Balance Sheet

Part X

EEA

59-2602772

(A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 281,055 1,197,498 2 2 75,832 526,900 3 Pledges and grants receivable, net 32,103 54,608 4 Accounts receivable, net 70,410 34,560 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 Inventories for sale or use 8 80,792 162,581 9 Prepaid expenses and deferred charges 9 9,690 19,969 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,260,986 b Less: accumulated depreciation 10b 998,966 1,244,437 10c 1,262,020 11 427,344 503,009 12 Investments - other securities. See Part IV, line 11 12 67,082 83,516 13 Investments - program-related. See Part IV, line 11 13 14 14 15 785 15 785 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 2,289,530 3,845,446 17 17 129,611 120,960 18 18 19 Deferred revenue 20,000 19 7,500 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, iabilities. trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 55,719 24 28,317 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 **Total liabilities.** Add lines 17 through 25 196,679 26 165,428 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 Net assets without donor restrictions 1,841,386 3,271,213 28 Net assets with donor restrictions 251,465 28 408,805 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 2,092,851 32 3,680,018 33 Total liabilities and net assets/fund balances <u>2,289,5</u>30 3,845,446

Form **990** (2020)

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the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Schedule O.

Single Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain on

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

Com	mun	ity Cooperative Inc					59-2602772	2				
Pa	rt I	Reason for Public Charity	/ Status. (All oi	rganizations must c	omplete	this part	.) See instructions	5.				
The	orgai	nization is not a private foundation beca	use it is: (For lines	1 through 12, check only	one box.)							
1		A church, convention of churches, or a	association of churc	hes described in section	170(b)(1)	(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Sc	hedule E (Form 990 or 9	90-EZ).)							
3		A hospital or a cooperative hospital se	rvice organization o	described in section 170	(b)(1)(A)(ii	i).						
4		A medical research organization opera	ated in conjunction	with a hospital described	in section	170(b)(1)(A)(iii). Enter the					
		hospital's name, city, and state:										
5		An organization operated for the bene	fit of a college or un	niversity owned or operate	ed by a gov	vernmental	unit described in					
		section 170(b)(1)(A)(iv). (Complete P	art II.)									
6	П	A federal, state, or local government o	,	t described in section 17	0(b)(1)(A)(v).						
7	x	An organization that normally receives	•			•	the general public					
•		described in section 170(b)(1)(A)(vi).	•	or no support from a gove	,,,,,,,	01 11 0111	ano gonorai pabilo					
8	П	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	H	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
3	ш	•					•					
		or university or a non-land-grant colleg	je or agriculture (se	e instructions). Enter the	name, city	, and state	of the college of					
40	П	university:	(1) mana than 22 :	1/20/ of its support from a			sobin foca and grace					
10	Ш	An organization that normally receives	` '	• •								
		receipts from activities related to its ex	•	•	` '							
		support from gross investment income		•		,	m businesses					
	П	acquired by the organization after June			,							
11	H	An organization organized and operate	-									
12	Ш	An organization organized and operate	•	•								
		of one or more publicly supported orga										
		Check the box in lines 12a through 12					-) .				
	а	Type I. A supporting organization		•		•	,					
		the supported organization(s) the			of the dire	ectors or tru	istees of the					
		supporting organization. You mus	-									
	b	Type II. A supporting organization	•			-	. , .					
		control or management of the sup			sons that c	ontrol or ma	anage the supported					
		organization(s). You must comple										
	С	Type III functionally integrated.		•								
		its supported organization(s) (see	•	•								
	d	☐ Type III non-functionally integra		•		-						
		that is not functionally integrated.		, ,		•	and an attentiveness					
		requirement (see instructions). Yo	-									
	е	Check this box if the organization				a Type I, Ty	ype II, Type III					
		functionally integrated, or Type III		egrated supporting organ	ization.							
	f	Enter the number of supported organization										
	g	Provide the following information about	it the supported org	anization(s).								
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the or	٠ ا	(v) Amount of monetary	(vi) Amount of				
				(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)				
				, ,,			,	,				
					Yes	No						
(A)												
(B)												
												
(C)												
(D)												
(E)												
 /												
Tota	l											

990 or 990-EZ) 2020 Community Cooperative Inc 59-2602772 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,618,054	2,676,405	2,543,405	2,737,080	4,970,451	15,545,395
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	2,618,054	2,676,405	2,543,405	2,737,080	4,970,451	15,545,395
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)						163,694
	Public support. Subtract line 5 from line 4						15,381,701
	ction B. Total Support	() 0040	# \ 00.4 7	() 0040			
	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	2,618,054	2,676,405	2,543,405	2,737,080	4,970,451	15,545,395
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources					4.0 650	40.045
9	Net income from unrelated business	5,663	10,319	4,101	9,262	10,672	40,017
9	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)	16,509	517,395	721,468	762 760	1,018,784	3,037,916
11	Total support. Add lines 7 through 10	10,509	317,393	721,400	763,760	1,010,704	18,623,328
	Gross receipts from related activities, etc. (se	ee instructions)				12	1,250,174
	First five years. If the Form 990 is for the org				L		
	organization, check this box and stop here						
Se	ction C. Computation of Public Support	rt Percentage	•				
	Public support percentage for 2020 (line 6, c			column (f)) .		14	82.59 %
	Public support percentage from 2019 Sched					15	86.34 %
16a	33 1/3% support test - 2020. If the organiza	tion did not che	ck the box on I	line 13, and line	e 14 is 33 1/3%	or more, chec	k this
	box and stop here. The organization qualifie						
ŀ	33 1/3% support test - 2019. If the organiza	tion did not che	ck a box on lin	e 13 or 16a, ar	nd line 15 is 33	1/3% or more,	check
	this box and stop here. The organization qua	alifies as a publ	icly supported	organization			▶ 🔲
17a	10%-facts-and-circumstances test - 2020.	If the organizat	ion did not che	ck a box on lin	e 13, 16a, or 1	6b, and line 14	· is
	10% or more, and if the organization meets t				•	•	
	Part VI how the organization meets the facts	-and-circumsta	nces test. The	organization q	ualifies as a pu	ublicly supporte	ed
	organization						_
ŀ	0 10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization m					•	
	in Part VI how the organization meets the fac			-	•		
	organization						▶ □
18	Private foundation. If the organization did n						_
	instructions						▶ ∐

90 or 990-EZ) 2020 Community Cooperative Inc Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Sec	ction A. Public Support			•	•	•	
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	ction B. Total Support	(-) 201C	(h) 2047	(-) 2010	(-1) 2010	(-) 2020	(5) Total
	endar year (or fiscal year beginning in) ► Amounts from line 6	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9							
TUa	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
h	royalties, and income from similar sources Unrelated business taxable income (less		1				
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the organ	nization's first,	second, third, 1	fourth, or fifth to	ax year as a se	ction 501(c)(3)	
	organization, check this box and stop here						▶ 🗌
Sec	ction C. Computation of Public Suppo	rt Percentag	e				
	Public support percentage for 2020 (line 8, c					15	%
	Public support percentage from 2019 Sched					16	%
	ction D. Computation of Investment In					1 - 1	
	Investment income percentage for 2020 (line	,				17	<u>%</u>
	Investment income percentage from 2019 So					18	%
19a	33 1/3% support tests - 2020. If the organiz						_
	17 is not more than 33 1/3%, check this box	-	-	•			_
b	33 1/3% support tests - 2019. If the organiz						
	line 18 is not more than 33 1/3%, check this	-	-	-			=
20	Private foundation. If the organization did n	ot check a box	on line 14, 19	a, or 19b, chec	k this box and	see instructions	: ▶ 🗌

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Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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.
- 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).
 - Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
 - Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
 - Did a disqualified person (as defined in 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 10b below.
 - 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			
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
			
	5b		
	5c		
	E		
	6		
	7		
	,		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
A (Fo	rm 990 d	or 990-E	Z) 2020

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Pai	rt IV Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44 =		
500	detail in Part VI. ction B. Type I Supporting Organizations	11c		
<u> </u>	Citori B. Type i Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations		1.4	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	or tox		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the price year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI h</i>	ow		
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	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		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructie	ons).	
а				
b				
C		entity (see ins	$\overline{}$	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	,		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of e	ach		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	ryaniza	เเบาร			
1						
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
801	ation A. Adjusted Not Income		(A) Prior Year	(B) Current Year		
	ction A - Adjusted Net Income		(A) Phor fear	(optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
_3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection					
	of gross income or for management, conservation, or maintenance of					
	property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
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	(explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets	2				
	<u>, , , , , , , , , , , , , , , , , , , </u>	2 3				
	Acquisition indebtedness applicable to non-exempt-use assets					
3	Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d.					
3	Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	3				
4	Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035.	3 4				
3 4 5	Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3)	3 4 5				
3 4 5 6	Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035.	3 4 5 6				
3 4 5 6 7 8	Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions	3 4 5 6 7		Current Year		
3 4 5 6 7 8	Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)	3 4 5 6 7		Current Year		
3 4 5 6 7 8 Sec	Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)	3 4 5 6 7 8		Current Year		
3 4 5 6 7 8 Sec	Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) etion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A)	3 4 5 6 7 8		Current Year		
3 4 5 6 7 8 Sec	Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) etion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 0.85 of line 1.	3 4 5 6 7 8		Current Year		
3 4 5 6 7 8 Sec 1 2	Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Ction C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A)	3 4 5 6 7 8		Current Year		
3 4 5 6 7 8 Sec 1 2 3 4	Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Etion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3.	3 4 5 6 7 8 1 2 3 4		Current Year		
3 4 5 6 7 8 Sec 1 2 3 4 5	Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Etion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year	3 4 5 6 7 8 1 2 3 4		Current Year		
3 4 5 6 7 8 Sec 1 2 3 4 5	Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Ction C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to	3 4 5 6 7 8 1 2 3 4 5	ted Type III supporting			

EEA Schedule A (Form 990 or 990-EZ) 2020

Sched	rlle A (Form 990 or 990-EZ) 2020				2 772 Page
Pai	t V Type III Non-Functionally Integrated 509(a)(3)) Supporting Organiz	zations (continue	d)	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	3	
4	Amounts paid to acquire exempt-use assets	11 5		4	
5	Qualified set-aside amounts (prior IRS approval required) - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	organization is respons	ive		
_	(provide details in Part VI). See instructions.	9		8	
9	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if			\neg	
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2020. 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 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				

EEA Schedule A (Form 990 or 990-EZ) 2020

a Excess from 2016

b Excess from 2017 c Excess from 2018 d Excess from 2019

e Excess from 2020

. . . .

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. . . .

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

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

Internal Revenue Service

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

Name of the organization

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

Com	munity Cooperative Inc		59-	2602772
Pa		nds or Other Similar Funds or A	ccounts.	
	Complete if the organization answered "Yes" on			
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year	, ,		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advise	-d	
	funds are the organization's property, subject to the organization			∏ Yes ∏ No
6	Did the organization inform all grantees, donors, and donor adv	· ·		
•	only for charitable purposes and not for the benefit of the donor			
	conferring impermissible private benefit?			Yes No
Pa	rt II Conservation Easements.			111111 103 100
. "	Complete if the organization answered "Yes" or	Form 990 Part IV line 7		
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (e.g., recreation or educ		ion of a historica	ally important land area
	Protection of natural habitat	· · · =		I historic structure
		☐ Fleseival	ion of a certified	Thistoric structure
_	Preservation of open space	announcetion contribution in the forms of	a concentation	
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of	a conservation	
	easement on the last day of the tax year.			Held at the End of the Tax Year
a	rotal number of concervation caccimonts			
b	,			+
C	Number of conservation easements on a certified historic struct	* *	20	; <u> </u>
d	Number of conservation easements included in (c) acquired aft		_	
	3			
3	Number of conservation easements modified, transferred, release	ised, extinguished, or terminated by the	organization du	uring the
	tax year			
4	Number of states where property subject to conservation easer			
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it he			L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conse	ervation easeme	ents during the year
	-			
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conservat	ion easements	during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)	
				· · · · · · L Yes L No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	statement and	
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial stateme	nts that describe	es the
_	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections		or Other Si	milar Assets.
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement ar	nd balance shee	et works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance of pub	olic
	service, provide, in Part XIII the text of the footnote to its financial	al statements that describes these item	S.	
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and b	alance sheet w	orks of
	art, historical treasures, or other similar assets held for public ex	xhibition, education, or research in furth	erance of public	service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$
	(ii) Assets included in Form 990, Part X			. • \$
2	If the organization received or held works of art, historical treas-	ures, or other similar assets for financia	gain, provide tl	he
	following amounts required to be reported under FASB ASC 95	8 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			. ▶\$
h	Assats included in Form 000, Part V			- •

	ule D (Form 990) 2020 Community Coope					59-260			age 2
Pa	rt III Organizations Maintaining	Collections of A	Art, Historical 1	reasures	, or Oth	ner Similar A	ssets (c	ontinu	ıed)
3	Using the organization's acquisition, accession	and other records, o	check any of the follo	wing that ma	ke signific	ant use of its			
	collection items (check all that apply):	,	•	Ü	J				
а	Public exhibition		d ∏ Loan d	or exchange	programe				
	=			•	programs				
b	Scholarly research		e U Other	-					
С	Preservation for future generations								
4	Provide a description of the organization's colle	ctions and explain h	ow they further the o	rganization's	exempt p	urpose in Part			
	XIII.								
5	During the year, did the organization solicit or re	eceive donations of a	art, historical treasure	es, or other si	milar				
	assets to be sold to raise funds rather than to b	e maintained as part	of the organization's	collection?			. 🗌 Ye	s 🗌	No
Pa	rt IV Escrow and Custodial Arrar	igements.							
	Complete if the organization a	nswered "Yes" o	on Form 990, Pa	rt IV, line	9, or rep	oorted an am	ount on F	orm	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermediar	v for contributions or	other assets	not				
			, 				□ Ye	s 🗆	No
b	If "Yes," explain the arrangement in Part XIII an							• ⊔	
~	ii roo, explain allo arrangement ii r art xiii an	a complete are lenev	ing table.			Δ,	nount		
_	Beginning balance				. 1c	74	nount		
C	3								
d									
e					· 1e				
f	Ending balance				. 1f				
2a	Did the organization include an amount on For				•		_	=	No
_ <u>b</u>	If "Yes," explain the arrangement in Part XIII. C	heck here if the expla	anation has been pro	vided on Par	t XIII .				
Pa		1 1157 11	E 000 B		40				
	Complete if the organization a	nswered "Yes" (on Form 990, Pa	art IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three years back	(e) Fou	r years b	ack
1a	Beginning of year balance	67,082	60,187	69	,996	66,39	3	68,3	312
b	Contributions	188,887							
С	Net investment earnings, gains, and								
	losses	23,684	11,037	(4	,815)	9,41	9	4,5	577
d	Grants or scholarships	2,689	2,722		,491	4,29			995
е	Other expenditures for facilities and	_,	_,		,	-,			
	programs								
f	Administrative expenses	1 606	1 420	1	E02	1 51	_	1 1	E 0 1
	End of year balance	1,606	1,420		,503	1,519			501
g	Provide the estimated percentage of the curren	275,358	67,082		,187	69,99	o	66,3	393
2	· · · · · · · · · · · · · · · · · · ·	•	ine ig, column (a)) n	ieiu as.					
a	Board designated or quasi-endowment	%							
b	Permanent endowment 100.00 %	1							
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c should	•							
3a	Are there endowment funds not in the possessi	on of the organizatio	n that are held and a	dministered	for the				
	organization by:							Yes	No
	(i) Unrelated organizations						. 3a(i)	Х	
	(ii) Related organizations						. 3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	ons listed as required	I on Schedule R? .				. 3b		
4	Describe in Part XIII the intended uses of the o	rganization's endowr	nent funds.						
Pa	rt VI Land, Buildings, and Equip	nent.							
	Complete if the organization a		on Form 990, Pa	rt IV, line	11a. Se	e Form 990,	Part X, liı	ne 10	
	Description of property	(a) Cost or other		r other basis		Accumulated	(d) Boo		
	,	(investme	' '	other)		preciation	(-, -)		
	Land			97,696				97,6	696
b	Buildings		1	506,697		711,285		795,4	
C	Leasehold improvements			550,051		711,203		. ,,,,	
_	•	-		260 727		106 474		170 (262
d	Equipment	1	1	368,737		196,474		172,2	202

e OtherSTMD1E. 37,036 250,820 91,207 196,649 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) · · · · · · · · · ▶ 1,262,020

EEA Schedule D (Form 990) 2020

Schedule D (Form			59	-2602772	Page 3
Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on F	Form 000 Part IV lin	e 11h See Form	000 Part Y	line 12
	 (a) Description of security or category (including name of security) 	(b) Book value		(c) Method of valuation or end-of-year market v	
(1) Financial	derivatives				
(2) Closely-he	eld equity interests				
(3) Other					
	cial Interest	83,516	FMV		
(B)					
(C)					
(D) (E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	▶ 83,516			
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes" on F	Form 990, Part IV, lin	e 11c. See Form	<u> 990, Part X,</u>	line 13.
	(a) Description of investment	(b) Book value		(c) Method of valuation	
			Cost	or end-of-year market v	/alue
(1)					
(2)					
(3) (4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>			
Part IX	Other Assets.	Tarma OOO Dart IV lin	- 11 d C Town	000 Dart V	line 1E
	Complete if the organization answered "Yes" on F	-01111 990, Part IV, IIII	e 11a. See Foili		
(1)Deposit	(a) Description			(b) Bo	ook value 785
(2)	LS			1	765
(3)					
(4)					
(5)					
(6)					
(7)				<u> </u>	
(8)					
(9)	(A) word a well Ferry 2000 Perd V and (D) France (F)			<u> </u>	
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		· · · · · · · · · · · · · · · · · · ·		785
1 dit X	Complete if the organization answered "Yes" on F	Form 990. Part IV. lin	e 11e or 11f. See	e Form 990. F	Part X.
	line 25.	,			,
1.	(a) Description of liability (b) Bo	ook value			
(1) Federal i	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(~)					

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

agreement permits

Schedule D (Form 990) 2020 (Community	Cooperative	Inc

Schedu	ule D (Form 990) 2020 Community Cooperative Inc		5	9-2602772	Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial State			r Return.	
	Complete if the organization answered "Yes" on Form 990,	Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	6,489,818
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	18,852		
b	Donated services and use of facilities	2b	34,774		
С	Recoveries of prior year grants	2c	,		
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	53,626
3	Subtract line 2e from line 1			3	6,436,192
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	4a			
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, line 12.)			5	6,436,192
	rt XII Reconciliation of Expenses per Audited Financial State			per Return	
	Complete if the organization answered "Yes" on Form 990			•	
1	Total expenses and losses per audited financial statements	-	-	1	4,902,651
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				4,502,031
a	Donated services and use of facilities	2a	34,774		
b	Prior year adjustments	2b	34,774		
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d		-	
e	Add lines 2a through 2d			2e	34,774
3	Subtract line 2e from line 1			3	4,867,877
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	· · · ·			4,007,077
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a b	Other (Describe in Part XIII.)	4b		-	
-	Add lines 4a and 4b	- 1.0		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4 067 077
	t XIII Supplemental Information.			3	4,867,877
-	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li	inoc 1h	and 2h: Part V line 4: Pa	urt V line	
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			iit A, iii le	
		y additi	onai iniormation.		
01.	Endowment funds intended uses (Part V, line 4)				
The	Community Cooperative endowment efforts consists of two	fund	s; one held by a	local for	undation
_					
and	one being developed internally. In accordance with the	terms	of the agreemen	t with the	e local
four	ndation, these funds are the property of the foundation	and n	ot Community Coo	perative a	and are not
avai	ilable for distribution to Community Cooperative. The a	ssets	of the agreemen	t are held	d for the
bene	efit of Community Cooperative and a portion of the incom	e fro	m the fund is av	railable to	be
dist	tributed to Community Cooperative annually subject to the	e app	roval of the fou	indation's	Board of
Dire	ectors. Annual income from the agreement has, historical	ly, b	een reinvested b	y the resp	pective
Four	ndation at the direction of Community Cooperative.				
Once	e the annual income is reinvested, it historically was no	ot av	ailble for futur	e distribu	ition to
Comr	munity Cooperative. The agreement also incurs investment	mana	gement costs. Th	e endowmer	nt fund

EEA Schedule D (Form 990) 2020

59-2602772

EEA Schedule D (Form 990) 2020

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

Community Cooperative Inc					59-26	02772	
Part I Fundraising Activities Form 990-EZ filers are no	•	-		wered "Yes" on	Form 990, Part IV,	line 17.	
1 Indicate whether the organization rais		-	•	es. Check all that ap	ply.		
a Mail solicitations		е 🗌	Solicitation o	f non-government gra	ants		
b Internet and email solicitations f Solicitation of government grants							
c Phone solicitations g Special fundraising events							
d In-person solicitations							
2a Did the organization have a written or	~	•	•	~	_		
or key employees listed in Form 990,						es U No	
b If "Yes," list the 10 highest paid individ		ındraisers) pi	ursuant to agi	reements under whic	n the fundraiser is to be		
compensated at least \$5,000 by the c	rganization.						
		(iii) Did 6	-di b		(v) Amount paid to	(-i) A	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		ndraiser have or control of	(iv) Gross receipts from activity	(or retained by)	(vi) Amount paid to (or retained by)	
or entity (tundraiser)		contri	butions?	IIOIII activity	fundraiser listed in col. (i)	organization	
		Yes	No		· ·		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			>				
3 List all states in which the organization	is registered or lic	ensed to sol	icit contributio	ons or has been notifi	ed it is exempt from		
registration or licensing.							

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through Soup Kitchen None col. (c)) (event type) (total number) (event type) Revenue Gross receipts 985,434 33,350 1,018,784 2 Less: Contributions Gross income (line 1 minus 985,434 33,350 1,018,784 Cash prizes Noncash prizes Rent/facility costs Direct Expenses Food and beverages Entertainment Other direct expenses 59,140 50 59,190 Direct expense summary. Add lines 4 through 9 in column (d) 59,190 Net income summary. Subtract line 10 from line 3, column (d) 959,594 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes 6 Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: **a** Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:

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.

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

2020 Inspection

OMB No. 1545-0047

Communi	ty Cooperative Inc						59-2602772	
Part I	General Information on	Grants and Assis	tance					
1 Does	the organization maintain records to	substantiate the amour	nt of the grants or assista	ance, the grantees' eliq	gibility for the grants or a	ssistance, and		
the se	election criteria used to award the gr	ants or assistance?						. X Yes No
2 Desc	ribe in Part IV the organization's pro							
Part II	Grants and Other Assistan	ce to Domestic Org	anizations and Dom	nestic Governmen	ts. Complete if the or	ganization answered "	Yes" on Form 990,	
	Part IV, line 21, for any recip	ient that received mo	re than \$5,000. Part	II can be duplicated	d if additional space i	s needed.		
1 (a) N	ame and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(E)								
(5)								
(6)								
(-)								
(7)								
(8)								
(9)								
(40)								
(10)								
2 Entar	total number of section 504/s\/2\ an	d government erganizat	iona listed in the line 1 to					<u> </u>
	total number of section 501(c)(3) ar	•					· · · · · · · 【 -	
_ s ⊨nier	total number of other organizations	iisteu iii tiie iiile i table						

Part III Grants and Other Assistance to Part III can be duplicated if addition		-	organization ansv	wered "Yes" on Form 99	0, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Utility and rent assistance	209	84,555		Cost	Utility and rent assistance
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Prov	vide the information re	equired in Part I, line	e 2; Part III, colum	nn (b); and any other add	itional information.
01. Monitoring procedures (Part I, line 2	2)			
To be awarded assistance for rent or	utilities, indivi	duals must prov	ide documentati	on regarding income	levels, dependents,
and meet certain qualifications. Upor	n reviewing the in	formation provid	ded, the Organi	zation will schedule	an interview with
the individual to educate and inform	and provide ways	to help beyond	that of the dir	ect assistance.	

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open To Public Inspection

Name of t	the organization								Employe	er ident	ification	numbe	er		
Community Cooperative Inc						59-2									
Part			,			. , . ,		•	, , ,	-		-			
	Complete if the	organization a	nswered "Yes"	on For	m 990, F	Part IV, lir	ne 25a d	or 25b, or	Form 9	90-E	Z, Pa	rt V, li	ine 40	b.	
1 (a) Name of disqualified person			(b) Relationship between disqualified person and											(d) Corr	ected?
	(a) Name of disqualified person	on	or	ganization	ı			(c) De	escription of	r transa	ction			Yes	No
(1)															
(2)															
(3)															
2 E	Inter the amount of tax inc	urred by the orga	anization manage	rs or dis	qualified	persons di	uring the	year							
u	nder section 4958										▶ \$	<u>}</u>			
3 E	Enter the amount of tax, if	any, on line 2, ab	ove, reimbursed b	y the or	rganizatio	on					> \$	<u>;</u>			
Part															
	Complete if the							Ba or Forr	n 990, F	Part I	V, line	26; c	or if th	e	
	organization rep	orted an amou	unt on Form 990	0, Part	X, line 5	6, 6, or 22	2.								
(a)	(a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (c)				(f) Balance due	e due	(g) In default?		(h) Approved		(i) W	ritten			
		with organization	loan	ı	m the	principal a	amount				by board or			agreer	ment?
				organ	ization?					comm		nittee?	97		
				То	From					Yes N	No	Yes	No	Yes	No
(1)															
(2)												<u> </u>			
(3)												<u> </u>			
(4)												<u> </u>			
(5)															
Total							. ▶ \$	5							
Part			•												
	Complete if the	organization a	answered "Yes"	on Fo	rm 990,	Part IV, II	ine 27.								
(a	a) Name of interested person	(b) Relations	hip between interested	(c)) Amount of	assistance	(0	i) Type of assi	stance		(е) Purpos	se of ass	sistance	
		person a	and the organization							_					
(1)										_					
(2)										\perp					
(3)										\perp					
		1					1								

(4)

(5)

	Involving Interested Persons. ion answered "Yes" on Form 99		28b, or 28c.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	(e) Sharing of organization's revenues?		
				Yes	No		
(1) Tracey Galloway	CEO		Contributions		х		
(2) see Part V	Board Members				x		
	Board Members				Α		
(3)					-		
(4)							
(5)							
Part V Supplemental Information	on. tion for responses to questions	on Schodulo I. (soc	instructions)	·			
	·	•	e instructions).				
01. Supplemental Info	rmation for Schedu	ıle L					
During the year ended Decembe	er 31, 2020, contribution	ons and grants	included \$156,408 from	ı			
mambana of the Board							
members of the Board.							
As of December 31, 2020, the	Organization held \$2,10)1,920 (carryin	ng amount) in banks and	l			
an investment company in which	ch members of the Board	held managemen	nt positions.				
The Organizations Line of Cre	edit is also through an	entity in which	ch a Board member is				
employed.							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open to Public Inspection

Employer identification number Name of the organization Community Cooperative Inc 59-2602772 Types of Property Part I (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 2 Art - Historical treasures 3 Art - Fractional interests Books and publications 4 5 Clothing and household goods 6 Cars and other vehicles 7 8 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests 12 Securities - Miscellaneous Qualified conservation 13 contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 17 18 19 Х 1,238,626 2,155,209 | 1.74/lb 20 Drugs and medical supplies 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (26 Other ► (27 Other ► (28 Other ► (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 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? х If "Yes," describe the arrangement in Part II. b 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? Х **b** If "Yes," describe in Part II. 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.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

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 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 59-2602772 Community Cooperative Inc

01. Form 990 governing body review (Part VI, line 11)
Document is presented as an approval item at a monthly board meeting. The return is
reviewed with full Board and approved prior to filing.
02. Conflict of interest policy compliance (Part VI, line 12c)
Each Board Member completes a conflict of interest form annually that is reviewed by the
CEO and the Board Chairman. Any questions or concerns are addressed by the Board.
03. CEO, executive director, top management comp (Part VI, line 15a)
The full Board creates a compensation level that considers research and comparables and
approves based on the Organization's budget availability.
O4. Other officer or key employee compensation (Part VI, line 15b Board officers are not compensated. CEO compensation is approved by Board.
Employee salaries are determined by CEO based on job duties, comparable agency salaries
and budgeted funds availability.
05. Governing documents, etc, available to public (Part VI, line 19)
The Organization makes its governing documents, conflict of interest policy, and financial
statements available to the public upon request.
06. Significant program services not listed on prior year return (Part III, line 2)
Effective March 1, 2020, the Organization merged with and assumed the operations of Meals
on Wheels of Bonita Springs (MOW). Articles of merger were filed with the State of Florida
W 1 1 0000

Schedule O (Form 990 or 990-EZ) (2020)

Name of the organization

Employer identification number

Community Cooperative Inc	59-2602772
07. General explanation attachment	
Tracey Galloway retired effective June 14, 2021. Stefanie Ink-Edwards v	was appointed the
position of CEO and will sign the tax return, Form 990.	