

Return of Organization Exempt From Income Tax

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

2021

Open to Public Inspection

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

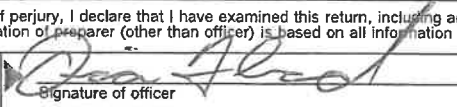
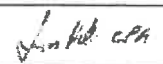
A For the 2021 calendar year, or tax year beginning 7/01, 2021, and ending 6/30, 2022

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C MONROE ASSOCIATION FOR RETARDED CITIZENS, INC P O BOX 428 KEY WEST, FL 33041		D Employer identification number 59-1031546
			E Telephone number (305) 294-9526
			G Gross receipts \$ 4,387,623.
	F Name and address of principal officer: SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. See instructions.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.MARCHOUSE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1966 M State of legal domicile: FL	

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE OUR CLIENTS WITH DEVELOPMENTAL DISABILITIES DIGNIFIED, COMPASSIONATE, PROFESSIONAL CARE IN A FAMILY ENVIRONMENT FOR THE DURATION OF THEIR NEEDS.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14	
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	88	
	6 Total number of volunteers (estimate if necessary)	6	300	
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	835,961.	882,950.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,822,044.	1,830,243.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,698.	12,277.	
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	638,375.	586,219.	
		3,319,078.	3,311,689.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
		14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,432,457.	2,606,944.	
16a Professional fundraising fees (Part IX, column (A), line 11e)				
b Total fundraising expenses (Part IX, column (D), line 25) ▶				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		944,161.	1,020,069.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,376,618.	3,627,013.	
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-57,540.	-315,324.	
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	4,762,486.	4,761,253.	
	22 Net assets or fund balances. Subtract line 21 from line 20	868,233.	1,254,853.	
		3,894,253.	3,506,400.	

Part II Signature Block

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

Sign Here	Signature of officer 		Date 2-6-23	
	DIANA FLENARD		EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature 	Date	Check <input type="checkbox"/> if PTIN self-employed
	JAMES H. HILL, JR., CPA		2/06/23	P00996443
	Firm's name ▶ OROPEZA & PARKS, CPAS			
	Firm's address ▶ 815 PEACOCK PLZ. KEY WEST, FL 33040	Firm's EIN ▶ 65-0881671 Phone no. (305) 294-1049		

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

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

TEEA0101L 09/22/21

Form 990 (2021)