



549 NW Lake Whitney Place Suite 204• Port St. Lucie, FL 34986
www.cckids.net

**Board of Directors Meeting
Communities Connected for Kids
April 23rd, 2024**

Agenda

- | | |
|------------------------------------------------------------|------------------|
| 1. Call to Order | Melanie Wiles |
| 2. March Minutes | Melanie Wiles |
| 3. Board Chair Comments | Melanie Wiles |
| 4. Approval of Policies 1004.4, 1005, 1017, 1018, and 1234 | Carol Deloach |
| 5. CEO Board Report | Carol Deloach |
| 6. External Affairs/Advocacy | Christina Kaiser |
| 7. QA Committee Report | Rusty Kline |
| 8. Finance Committee Report | Lauren Hahn |
| • Approval of the March Financials | |
| • Tax Day- 990 FY 23 | |
| 9. Board Comments | Melanie Wiles |
| 10. Public Comments | Melanie Wiles |
| 11. Adjournment | Melanie Wiles |

2024 Schedule of Meetings

Meetings are scheduled for the fourth Tuesday of the month at 3 pm. The November and December meetings usually are combined to accommodate the holiday schedule.

May 28th

August 27th

November 26^{th****}

June 25th

Septemeber 24th

December 24^{th****}

July 23rd

October 22nd



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Board of Directors Meeting
Communities Connected for Kids Headquarters
March 26th, 2024
3 pm.

March 2024 Minutes

1) Call to Order – Ms. Wiles has called the meeting to order at 3:01 p.m.

Board members include: Melanie Wiles, Mark Young, Kathryn Hensley, Dr. Angie Bailey, Steve Simon, Leslie Kroeger, Vanessa Farnes, and Kristy Conway.

Absent Board members: Pat McCoy and Michelle Miller.

Internal staff Includes: Cheri Sheffer, Nicky Smith, Carol Deloach, Christina Kaiser, Alisa Carter, Lauren Hahn, Lorrene Egan, Rusty Kline, Evan Hunsberger, Sara Toipmiller, Caryn Toole, Holly Ives, Lesa Sims, Josie Kirchner, Christine Winter, and Andi Poli.

Guest includes: N/A

2) February Minutes- Melanie Wiles reports:

Mr. Simon made a motion to approve the February Minutes, and Mr. Young seconded. The motion passed unanimously.

3) Board Chair Comments- Ms. Wiles presents:

- The Board's Annual Meeting is in May, and we will meet at the St Lucie Children's Services Council on May 28th at 1 pm.

4) Approval of Policies- Ms. Deloach presents policies 501, 1401, 1502, 1503, and 1512

- To establish the compliance program, we needed to make changes to the following policies:
- It also establishes that the Board members and all CCKids staff need a monthly background check.
- The Board's information will be sent through Streamline verify.

Ms. Hensley made the motion to approve policies 501, 1401, 1502, 1503, and 1512, and Ms. Kroeger seconded. The motion passed unanimously.

5) CEO Report- Ms. Deloach presents

- The legislation session has ended, and SB 536 and HB 1061 bills had several changes that would impact our Board and contract. As of March 8th, the House and the Senate looked like they wouldn't come to an agreement, and it would die. But someone else passed it in a health and expense bill, HB7089. That has been enacted. I see that the governor will sign this bill as it stands. The significant changes will be a contract for 1



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to 5 years, and the Department can extend it for 1-5 years. The Board will provide oversight and have fiduciary responsibility. The Board shall act in accordance with HB 7089. Board members have to participate in an annual training. If the governor signs this bill, Glen will make another presentation with Sunshine to ensure we are all comfortable handling that.

- There should be a disclosure of known conflicts from the Board. Penalties will be 20-30K paid for by the lead agency, not the Board.
- There will need to be a removal of a Board member who does not disclose conflicts of interest.
- The contractual 35% conversation has been had, but it has nothing to do with us. We are in compliance.
- The Mercer funding was not included. The department will present this to the legislature in coordination with the lead agency. If approved, the Mercer model will not go into effect until 2025/2026. The concern is what happens between now and then. We put in \$855K for back-of-the-bill funding. There have been an additional two CBCs to ask for funds as well. We projected a \$1.2M deficit for the fiscal year 2024/2025. The secretary says that if the CBCs feel they will have a deficit, they should have a conversation with them.
- Tomorrow is the day we have a negotiation with DCF. We will ask for additional dollars for the contract. We may need the Board to join us for this meeting and provide the support we need. We were limited to only bringing 5 people. We have an excellent presentation ready for them. We will leave them with 40 questions.
- We have some promising news. The money we requested is on the list and has made it through legislation. We will hopefully get these funds if the governor doesn't veto it.
- Dennis Miles, our regional director for DCF, has resigned.

6) External Affairs/Advocacy- Ms. Kaiser presents:

- Our external affairs meeting was held last week. We will schedule another meeting before next month.
- Much of the work we have been doing has been discussed with Kristy. The 2025 campaign is coming together.
- 1K is scheduled for April 27th to kick off the campaign and bring the Manicure movement to a close.
- We used some staff suggestions to put together a flyer for salons in the community. We ask that April be child abuse prevention month. We will talk to your clients about this and suggest they get a blue manicure. It goes past the one glue finger. The post has generated a lot of attention. Salons have tagged each other and said they will go blue in April.
- Jordan and I hit as many local community events as possible and did a one-finger manicure for these events.
- We had a donation of 400 Easter baskets. We distributed them to case management, and we had pictures come back. It was so special to see the kids so happy.
- We have our volunteer appreciation event on April 12th at HQ at 9 am.
- Thank you to our Board members who sponsored our 1K event. It is a legitimate community event.
- Sailfish Splash Takeover for our foster parents is being sponsored by Seacoast by Vanessa. We are so grateful for that.



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7) QA Committee Report – Mr. Kline reports:

- Our QA Subcommittee met today at 2 pm today.
- We looked at the Incident Report. There were no patterns that stuck out.
- We reviewed some odd incidents, including the kid with skull fractures. We also talked about a staff member who ran into a parent in another country, and they gave us some information they should not have. There was also an email incident in which the wrong information was sent.
- We discussed missing kids. We have 2 currently. They were siblings. We are making all efforts to get these kids back home.
- Alisa spoke about Out At A Glance. We are red in 2 areas. The measures have big swings as they are looked at from month to month.
- The life of the case and the new At A Glance performance measures were discussed. We're modeling it after At A Glance.
- Our contract monitoring has 3 scheduled for this week at different sites.
- Our next meeting is scheduled for April 23rd.

8) Finance Committee Report– Ms. Hahn reports:

- Fidelity Bond is included, and the Performance Bond is currently priced out.
- February was as expected. The overtime that we have for this month. We had \$53K in overtime. 60% was direct services to the client.
- The other area of concern is the group home expense. \$5.7M will be spent by the end of the year, which is really high for the last few years.
- We are looking at a 1.2M deficit by the end of the year.

Ms. Kroeger made a motion to approve the February finance reports, and Ms. Farnes seconded them. The motion passed unanimously.

- The financial audit will be filed by the end of the week. We are poised to meet the deadline.
- The audit committee meeting was held last week with the Audit team. We have an unmodified report, which is the best you can get.
- We are in compliance with all the requirements, internal control, and federal programs.
- We had more testing on the expenses, which fell on the staff.

Ms. Hensley made a motion to approve the Financial Audit Report, and Mr. Simon seconded them. The motion passed unanimously.

- The budget projection. The requirement is that anytime the agency has a deficit, it needs to create a non-deficit budget and get it approved by the Board.
- We took a different approach this round and went ahead with a balanced budget, showing cuts in areas that would make no business sense, hurt performance, and show non-compliance. Then, we had a very affirmed narrative explaining the problem. The department came back and agreed these expenses could not make the cuts. It shows a funding issue and not a misappropriation of the CBC.



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- This is how we came up with this \$1.2M deficit, looking at past expenses currently.
- Mr. Young says CCKids is doing an excellent job in taking that tactic to get the messaging across.

Mr. Young made a motion to approve the Revised Budget, and Mr. Simon seconded them. The motion was voted on and passed unanimously with no objection.

9) Board Comments –

- Mr. Young is so happy about the hard work, having the ITN tomorrow, and all the other tasks being done. Thank you for all the excellent work.
- Steve is also thrilled with the hard work done at CCKids and the stress he knows we may be experiencing. Thank you for all the dedication.

10) Public Comments – N/A

11) Adjournment – The meeting was adjourned at 4:04 p.



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CEO Report
April 23rd, 2024

On March 27, 2024, Cheri Sheffer, Lauren Hahn, Christine Winter, Josie Kirchner, and I went down to West Palm Beach for the ITN negotiations meeting with the DCF negotiation team. We prepared a PowerPoint presentation based on the outline provided by DCF. Stressing our solid community relationships, our positive performance, and being fiscally responsible, we stressed the need for additional funding. In the end, we were told a newly revised contract would be sent to us and all the CBCs who are in a negotiation posture. Due to this change, the Intent to Award was moved from April 15th to May 13th. To date, we have not received the revised contract document.

DCF required us to submit a budget that went with the ITN, showing how we will live within current allocations. CCKids complied with the request, submitting several cost-saving ideas, including the fact that there should be no overtime unless related to direct services to children or parents.

We are working with Nancy Wall, our DCF contract manager, to prepare the contract for the new Early Services Engagement Program. Even though the Governor has not signed the appropriations bill, we want to be ahead of the game should we make it through the Governor's review process.

DCF has also notified us, though not officially, that our grant application to expand the Nurse-Family Partnership program with Healthy Start has been approved by DCF. The release of funds is with the EOG. We are waiting for formal notification from DCF before moving forward.

On April 9th, CCKids and DCF participated in the newest version of the Contract Oversight Team (CoT) review, which used the newest discussion format. We reviewed CCKids' performance and compared it to the state's performance. We were recognized for the good work we are doing. The process was more interactive than it had been, and we were encouraged to add topics for discussion, which we did.

On April 11th, Lauren, Cheri, and I had a call with DCF financial folks to discuss our need for additional funding that we had hoped to receive from Back of the Bill. It appeared that DCF understood and validated our need. We have heard nothing further, so on April 15th, I emailed DCF to try to get an update.

The Volunteer Appreciation breakfast was very well attended. We thank Chair Wiles and Board members Kathryn Hensley, Mark Young, and Kristy Conway for joining the festivities. Christina Kaiser and Jordan Bebout did a superb job organizing the breakfast, and to Christina for her emcee skills.

Departmental reports follow:



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CHIEF OPERATING OFFICER

Cheri Sheffer

I accepted a co-chair role with the Florida Coalition for Children’s System Operations Committee. The committee has a number of subcommittees consisting of lead agency and provider agency subject matter experts, each working to identify needed efficiencies or statewide challenges in all aspects of child welfare operations. This role greatly expands our exposure to statewide best practices that may be beneficial to our own system of care.

Through this system's operations, we continue to highlight challenges related to sufficient statewide placement capacity and capability to meet the needs of children with high acuity needs.

Locally, we continue in pre-contract activities with two organizations that have expressed interest in expanding our local capacity to serve teens and sibling groups.

ST. LUCIE COUNTY

Lorrene Egan, Director of St. Lucie County

St. Lucie County case management has seen an uptick in the number of cases coming in for case management services. At the beginning of February and for quite a few months before that, we hovered about the 360 count of children being served. As of April 1st, we are currently serving 400 children for an 11% increase in caseloads. We had 2 trainees successfully complete the post-test and will be entering into the field around the middle of April. We anticipate having our last few case management positions hired for the class starting at the end of April.

During the month of March, Director Egan attended the following:

- FCC Case Management Sub-Committee
- Healthy St. Lucie
- St. Lucie DJJ Council
- DCF’s Case Management Local Process Workgroup

MARTIN COUNTY

Denise Natalizio, MS, Martin County Director

In March, County Director Natalizio participated in the following community meetings/activities: Martin County Health Improvement Plan committee and tutored students in reading at a Martin County Elementary school.



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Martin County Case Management

Fortunately, MC continues to have a very low number of families currently open, and there is one dependency case manager position vacancy. With approximately 55 children, the caseload ratios still remain low.

Level I Licensing (Relatives and Non-Relatives)

The team is working with 152 families. Our goal is to license 40% of this population, and we have been fluctuating between 43-45%.

Level II-V Licensing (traditional/therapeutic/medical)

We have a net fiscal year loss of (1) home. Our CPAs (Child Placing Agencies) have a combined 30 homes in the licensing process.

Kinship Navigator Program

We are engaging with kinship caregivers to provide support and needed resources; the team served 15 new families in March, for a total of 131 since July.

INDIAN RIVER & OKEECHOBEE COUNTY

Caryn Toole, Okeechobee, and Indian River Director

Road to Success Program:

EFC = 15 (+ 12 EFC Out of County Services)
Aftercare/PESS = 23
Under 18 minors served = 88

The Road to Success staff continue to work with our our clients from 13-23 on all aspects of available programming.

Okeechobee:

This month, County Manager Caryn Toole participated in the Health and Human Services and Department of Juvenile Justice Council meetings. Caryn attended the monthly meeting of the Okeechobee Sexual Assault Recovery Team.

The service center is currently advertising for one open DCM position.



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Indian River:

County Manager Caryn Toole is a member of the United Way of Indian River County Board of Directors. She attended her monthly board meeting. Caryn is also a member of the Samaritan Center (a transitional living program for Homeless Families) Advisory Board and attended their monthly board meeting. Caryn participated in the Healthy Start of Indian River County Community Action team studying Infant Mortality and participated in both bi-monthly meetings. This month, Caryn also participated in the IRC Children’s Services Council Grant subcommittee monthly meeting, the IRC Executive Roundtable meeting, and the IRC School and Health Advisory team meeting. Caryn also attended a School District of Indian River County Community Impact meeting.

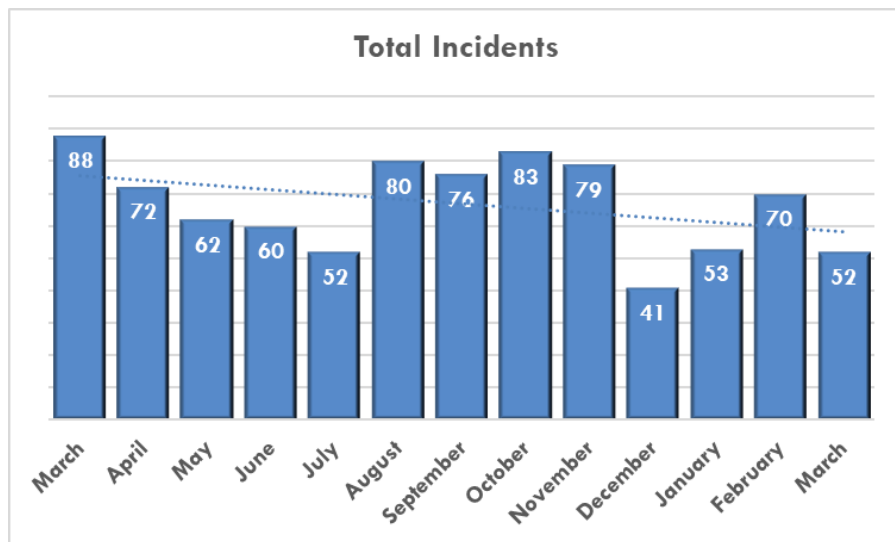
The service center is currently hiring for two open DCM positions.

QUALITY MANAGEMENT

Rusty Kline, Director of Quality Management

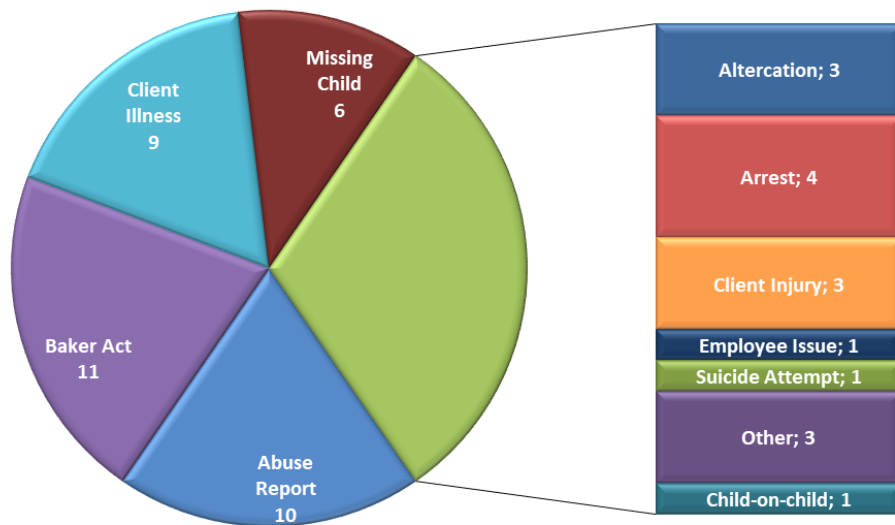
The data highlighted below represents incident reports received during the month of March 2024 and will be presented to CCKids Senior Management, County Directors, Program Directors, and Case Manager Supervisors.

52 incidents were reported during the month of March 2024. Of the 52 incidents, 7 were listed as secondary categories in conjunction with other incidents. These reports listed 33 individual children, 3 employees and 3 parents as active participants. Three of the 33 children are placed in Circuit 19 by another CBC agency and are only receiving courtesy supervision services from CCKids. Of the 33 children involved, 13 were named as participants in more than one incident report and/or incident type.



The total number of incidents reported decreased from February to March and is below the average (68) for the last 12 months.

INCIDENT REPORTS BY CATEGORY



TRAINING AND DEVELOPMENT

Nicky Smith, Director of Training and Development

The next cycle of Pre-Service Training for Protective Investigators, Case Managers, and Licensing staff starts on April 29, 2024. The training team continues to provide individual mentoring and coaching support for recent graduates working to attain their case manager certification. Upcoming in-service training opportunities include Car Seat Refresher Training, Quality Home Assessment Training, Permanency Roundtable Values Training, Safety Planning, and Motivational Interviewing.

I continue to participate in the monthly meeting with representatives from DCF training department and the FCB to discuss collaboration and share information about training issues across the state. I continue to participate in the bi-weekly steering group and the readiness and implementation teams as we plan for the rollout of the new Academy. In addition, I am participating as a subject matter expert in reviewing the case management specialty track that is currently being developed. I continue to participate in the Florida Certification Board Advisory Council and the ethics sub-committee, and we continue to meet monthly to review



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ethics complaints from across the state. Monthly meetings continue to plan the 2024 FCC Conference Planning Committee. The 2024 conference is scheduled for July 21-23, 2024 in Jacksonville.

FINANCE

Lauren Hahn, CFO

On Thursday morning, Carol, Cheri, and I had a call with Assistant Secretaries Kate Williams and Chad Barrett. **DCF awarded CCKids an additional nonrecurring \$558,000 for FY2024** in recognition of our group home costs outside of our control. This is an unprecedented move as this award is outside the risk pool and back of the bill processes. And looking into next year, DCF confirmed that other than foster care cost of living increases, there are no other increases to our core funding for FY2025. With this new information, we will revisit our internal budget not only for the remainder of FY2024, but FY2025 as well.

Financially, March had a lot going on, as evidenced in our financial statements. With the receipt of risk pool funds, we recognized those cash receipts into revenue in March (the remaining \$135,249 risk pool funds included in the last contract amendment executed in April will be recognized when received), along with non-DCF interest earnings year-to-date. Overtime was not nearly as high as in previous months, and group and foster care costs remained relatively flat. We did, however, see a reduction in our outsourced case management and adoption expenses. This has been a trend for several months now, specifically in their salaries line item, and we posted an adjustment to catch up on these reductions. This resulted in a lower than usual expense in March.

So, we currently have a surplus in March and a small surplus year-to-date, but we expect to see our usual losses in the next 3 months from operations, which will put us in a deficit by year's end. The \$558,000 additional award will offset much of that deficit, but we still need to plan where we can garner additional savings.

Now that our audit has been finalized, we move on to the preparation of our Form 990 for FY2023, which is presented here for your review and acceptance.

	CFSR items	January 2024	February 2024	March 2024	April 2024	Metric Score
	Number of Cases	36	38	39	42	
Safety	Item 2: Services to prevent removal	70.59%	72.22%	82.98%	92.68%	5
	Item 3: Risk and Safety Assessment and Management	74.70%	73.41%	74.29%	68.75%	2
Permanency	Item 4: Stability of Foster Care Placement	100.00%	N/A	0.00%	25.00%	1
	Item 5: Permanency Goal for the Child	97.74%	97.93%	97.97%	99.28%	5
	Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	78.05%	80.00%	78.26%	83.33%	4
	Item 7: Placement with Siblings	90.32%	91.43%	91.43%	93.33%	5
	Item 8: Visiting with Parents and Siblings in Foster Care	55.81%	51.02%	54.00%	70.21%	3
	Item 9: Preserving Connections	95.24%	95.65%	93.62%	88.37%	4
	Item 10: Relative Placement	75.00%	70.59%	72.22%	70.59%	3
	Item 11: Relationship of Child in Care with Parents	44.12%	38.46%	37.50%	40.54%	1
Well-Being	Item 12: Needs and Services of Child, Parents, and Foster Parents	63.36%	61.08%	61.52%	61.48%	2
	Item 13: Child and Family Involvement in Case Planning	42.96%	39.87%	39.61%	38.13%	1
	Item 14: Caseworker Visits with the Child	40.70%	41.76%	39.13%	44.21%	1
	Item 15: Caseworker Visits with Parents	44.71%	50.00%	52.17%	57.14%	1
	Item 16: Educational Needs of the Child	82.61%	79.63%	79.63%	78.85%	3
	Item 17: Physical Health of the Child	92.15%	91.35%	91.47%	91.10%	5
	Item 18: Mental/Behavioral Health of the Child	78.95%	79.52%	79.52%	75.00%	3



AT-A-GLANCE

Scorecard/Contract Performance Measures		February	March	Target	% Change
SAFETY	Children Not Abused in OOHC	0.00	13.81	9.07	▶ 13.81
	No Abuse during In-Home Services	100.00%	99.60%	98.00%	▶ -0.40%
	Children with No Recurrence of Verified Abuse within 12 Months	100.00%	96.05%	90.30%	▶ -3.95%
WELL-BEING					
WELL-BEING	Kids Seen Every 30 Days	99.99%	99.74%	99.50%	▶ -0.25%
PERMANENCY					
PERMANENCY	Placement Moves per 1000 Days in OOHC	4.04	4.18	4.50	▶ 0.14
	Kids Exiting OOHC to a Permanent Home w/In 12 Months of Removal	40.63%	17.39%	35.20%	▶ -23.23%
	Kids in OOHC 12-23 Months who Exit to a Permanent Home	66.67%	58.27%	44.00%	▶ -8.40%
	Kids Who do Not Re-enter OOHC within 12 Months of Exit*	92.70%	91.47%	94.40%	▶ -1.23%
	Percentage of Children in OOHC Placed with Relative/Non-Relatives	51.00%	52.85%	60.00%	▶ 1.85%
	Sibling Groups Placed Together in OOHC	66.97%	67.89%	65.00%	▶ 0.92%
	Number of Finalized Adoptions (YTD)	59	61	76	▶ 2

Communities Connected for Kids, Inc.
 Financial Dashboard
 as of March 31, 2024
 (unaudited and for internal purposes only)

Cash in Bank \$ 8,400,190

Total Assets \$ 11,094,918

Total Liabilities \$ 9,252,236

Total Net Assets \$ 1,842,682

Current Assets (a) \$ 7,852,843

Current Liabilities (b) \$ 5,949,439

1.32 Current Ratio [a/b]

	Current Month	Year-to-Date
Total Revenues	\$ 5,313,474	\$ 31,013,696
Total Expenses	\$ 3,299,679	\$ 30,821,092
Net Surplus (Deficit)	<u>\$ 2,013,795</u>	<u>\$ 192,604</u>

Communities Connected for Kids, Inc.
Detailed Statement of Activities
For the month ended March 31, 2024
(unaudited and for internal use only)

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Year-to-date FY 23-24
Revenue:										
DCF Contract Services	\$ 2,085,668	\$ 2,227,151	\$ 2,175,495	\$ 2,137,323	\$ 2,156,409	\$ 2,206,409	\$ 2,156,422	\$ 2,156,415	\$ 2,156,416	\$ 19,457,707
DCF Carryforward/Risk Pool	-	-	-	-	-	-	-	-	2,060,574	2,060,574
DCF Total	2,085,668	2,227,151	2,175,495	2,137,323	2,156,409	2,206,409	2,156,422	2,156,415	4,216,990	21,518,281
Integrated Health Revenue	24,725	20,255	22,184	21,397	22,031	21,731	19,364	20,641	21,637	193,964
Gain (Loss) on Sale of Investments								(20,000)		(20,000)
Other	-	-	-	8,295	465	1,285	109	7,471	46,225	63,850
Total Revenue	2,110,392	2,247,405	2,197,679	2,167,016	2,178,905	2,229,426	2,175,895	2,164,527	4,284,852	21,756,095
Expenses										
Salaries & Wages										
Salaries	614,226	614,919	599,775	627,352	616,291	632,691	646,555	624,439	652,096	5,628,345
Overtime	30,710	29,043	33,383	39,945	30,981	9,641	15,937	53,557	18,924	262,121
Total Salaries & Wages	644,936	643,961	633,158	667,297	647,273	642,332	662,492	677,996	671,021	5,890,466
Employee Benefits	173,422	173,244	172,993	194,283	177,069	186,439	168,502	181,348	181,930	1,609,231
Occupancy										
Rent	79,263	76,595	74,619	107,646	76,753	76,495	76,486	76,503	76,595	720,955
Utilities	5,823	4,746	6,309	4,683	4,540	2,817	2,400	1,736	1,882	34,935
Phone	17,977	13,363	13,578	14,578	10,777	17,730	13,286	12,916	13,376	127,581
Furniture and equipment	16,533	12,052	10,278	13,141	5,729	15,060	581	4,360	3,845	81,579
Repairs and maintenance	6,095	8,143	7,717	4,681	6,681	7,490	6,681	8,968	8,779	65,235
Total Occupancy	125,690	114,898	112,501	144,730	104,480	119,593	99,434	104,482	104,477	1,030,284
Insurance	16,025	15,083	16,025	16,025	16,025	16,414	16,517	16,517	16,517	145,149
Office/Travel/Other										
Office expense	(791)	11,805	2,687	17,547	5,222	471	13,981	6,635	3,538	61,095
Travel	2,415	19,718	16,995	23,250	19,369	21,085	19,843	21,982	18,533	163,190
Legal	-	4,220	360	175	585	1,400	950	885	3,357	11,932
Audit	-	4,800	-	3,500	8,000	-	14,000	-	6,000	36,300
Public relations	(404)	776	755	2,445	2,798	1,625	365	576	3,989	12,924
Total Office/Travel/Other	1,220	41,320	20,796	46,918	35,974	24,581	49,139	30,078	35,416	285,441
Administrative/IT services	53,630	46,123	47,371	46,290	46,306	46,510	46,461	46,569	48,614	427,874
Total Lead Agency Cos	1,014,923	1,034,629	1,002,845	1,115,542	1,027,127	1,035,869	1,042,544	1,056,990	1,057,976	9,388,445

Communities Connected for Kids, Inc.
Detailed Statement of Activities
For the month ended March 31, 2024
(unaudited and for internal use only)

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Year-to-date FY 23-24
Contracted Services										
CM/Adoption										
Case management	328,333	338,333	317,544	313,236	346,515	324,205	329,243	285,996	247,885	2,831,289
Adoption services	84,850	78,373	79,714	92,203	90,991	96,553	75,307	77,334	80,624	755,950
Total CM/Adoption	413,183	416,706	397,258	405,439	437,506	420,758	404,550	363,330	328,508	3,587,238
Prevention and intervention										
Diversion services	96,537	97,772	97,772	100,890	106,109	88,392	97,099	106,109	99,631	890,310
Foster care administration	44,015	38,582	38,084	46,063	50,000	50,000	50,000	50,000	49,820	416,564
Total Contracted Services	108,553	142,458	128,954	128,977	130,499	126,210	126,077	127,957	116,590	1,136,275
Out of Home Care										
Foster home	662,288	695,518	662,068	681,368	724,113	685,361	677,726	647,396	594,550	6,030,387
Residential group care	98,722	113,485	113,033	122,915	124,159	108,037	121,544	119,797	111,989	1,033,681
Clothing	445,300	526,270	490,361	505,381	489,365	474,772	425,063	444,181	437,200	4,237,892
Total Out of home care	85,200	1,400	1,400	600	-	-	300	300	300	89,500
Independent Living										
Room and board	68,408	31,870	39,256	26,675	26,031	17,770	22,047	22,891	23,496	278,444
Services	21,967	45,387	28,575	31,315	22,896	22,360	29,776	27,792	16,724	246,792
Total Independent Living	90,375	77,257	67,831	57,990	48,927	40,130	51,823	50,683	40,221	525,236
Client support services										
Children's mental health wraparound services	1,785	17,544	13,359	6,305	14,191	7,056	7,457	6,466	3,946	78,108
Lab services	1,379	23,463	27,752	21,950	20,720	24,918	13,448	25,067	16,088	174,784
Other services	11,624	82,189	138,559	20,244	52,052	36,839	30,196	81,674	63,309	516,687
Total Client support services	14,788	123,196	179,670	48,499	86,962	68,812	51,101	113,207	83,343	769,578
Total Operating Expense	2,411,595	2,571,755	2,517,208	2,532,296	2,500,654	2,412,980	2,370,100	2,432,553	2,325,577	22,074,719
Other expenses	1,879	1,984	1,923	1,782	1,914	1,968	1,953	1,936	1,957	17,296
Total expenses	2,413,474	2,573,739	2,519,131	2,534,078	2,502,568	2,414,949	2,372,053	2,434,490	2,327,534	22,092,015
Operating surplus (deficit)	\$ (303,082)	(326,334)	(321,453)	(367,062)	(323,663)	(185,523)	(196,158)	(269,963)	1,957,318	(335,919)
Subsidies and pass-throughs										
Subsidies and pass-through revenue	\$ 1,028,622	1,028,622	1,028,622	1,028,622	1,028,622	1,028,622	1,028,622	1,028,622	1,028,622	9,257,601
Subsidies and pass-through expense	981,537	960,722	976,026	950,691	975,099	966,930	955,416	990,513	972,145	8,729,078
Net subsidies and pass-through	47,086	67,900	52,596	77,931	53,523	61,693	73,207	38,110	56,477	528,523
Total revenue	\$ 3,139,014	3,276,027	3,226,301	3,195,638	3,207,527	3,258,048	3,204,517	3,193,149	5,313,474	31,013,696
Total expenses	3,395,011	3,534,461	3,495,157	3,484,769	3,477,667	3,381,878	3,327,468	3,425,002	3,299,679	30,821,092
Net surplus (deficit)	\$ (255,996)	(258,434)	(268,856)	(289,131)	(270,140)	(123,830)	(122,951)	(231,853)	2,013,795	\$ 192,604

Communities Connected for Kids, Inc.
Statement of Activities
For the month ended March 31, 2024
(unaudited and for internal use only)

75.00% YTD

	Mar-24			YTD			% of Actual To Total Budget	Approved Budget FY23-24
	Actual	Budget	Fav (Unfav) Variance	Actual	Budget	Fav (Unfav) Variance		
Revenue:								
Funds from DCF	\$ 4,216,990	\$ 2,276,579	\$ 1,940,410	\$ 21,518,281	\$ 20,489,214	\$ 1,029,067	78.8%	\$ 27,318,953
Integrated Health Revenue	21,637	21,250	388	193,964	191,250	2,714	76.1%	255,000
Other	46,225	1,250	44,975	43,850	11,250	32,600	292.3%	15,000
Total Revenue	4,284,852	2,299,079	1,985,773	21,756,095	20,691,714	1,064,381	86.9%	27,588,953
Expenses:								
Lead Agency / System of Care								
Salaries and wages	671,021	639,583	(31,438)	5,890,466	5,523,449	(367,017)	79.1%	7,442,198
Employee benefits	181,930	175,885	(6,045)	1,609,231	1,518,948	(90,282)	78.6%	2,046,604
Occupancy / maintenance	104,477	108,102	3,625	1,030,284	972,917	(57,368)	79.4%	1,297,222
Insurance	16,517	16,496	(21)	145,149	141,988	(3,162)	75.8%	191,475
Office/Travel/Other	35,416	30,833	(4,583)	285,330	321,500	36,170	68.9%	414,000
Administrative / management	48,614	44,217	(4,397)	426,690	397,956	(28,734)	80.4%	530,608
Total Lead Agency Costs	1,057,976	1,015,117	(42,859)	9,387,150	8,876,757	(510,393)	78.7%	11,922,108
Contracted Services								
CM/Adoption	328,508	416,113	87,605	3,587,238	3,677,906	90,668	73.2%	4,899,400
Prevention and intervention	99,631	89,417	(10,214)	890,310	804,753	(85,557)	83.0%	1,073,004
Diversion services	49,820	46,959	(2,861)	416,564	422,631	6,067	73.9%	563,508
Foster care administration	116,590	111,667	(4,924)	1,136,275	1,005,000	(131,275)	84.8%	1,340,000
Total Contracted Services	594,550	664,156	69,606	6,030,387	5,910,290	(120,097)	76.6%	7,875,912
Out of Home								
Foster home	111,989	110,411	(1,578)	1,033,681	975,890	(57,790)	79.5%	1,300,000
Residential group care	437,200	402,600	(34,600)	4,237,892	3,623,400	(614,492)	87.7%	4,831,200
Clothing	300	-	(300)	89,500	85,000	(4,500)	105.3%	85,000
Total Out of Home Care	549,489	513,011	(36,478)	5,361,073	4,684,290	(676,782)	86.2%	6,216,200
Independent Living	40,221	43,740	3,519	525,236	386,603	(138,633)	102.0%	515,000
Client Support Services	83,343	82,189	(1,154)	770,873	739,702	(31,171)	78.2%	986,269
Total Operating Expenses	2,325,577	2,318,213	(7,365)	22,074,719	20,597,643	(1,477,077)	80.2%	27,515,490
Other Expenses	1,957	2,000	43	17,296	18,000	705	72.1%	24,000
Total Expenses	2,327,534	2,320,213	(7,321)	22,092,015	20,615,643	(1,476,372)	80.2%	27,539,490
Operating Surplus (Deficit)	1,957,318	(21,133)	1,978,452	(335,919)	76,072	(411,991)	-679.1%	\$ 49,463

Communities Connected for Kids, Inc.
Statement of Activities
For the month ended March 31, 2024
(unaudited and for internal use only)

75.00% YTD

	Mar-24			YTD			% of Actual To Total Budget	Approved Budget FY23-24
	Actual	Budget	Fav (Unfav) Variance	Actual	Budget	Fav (Unfav) Variance		
Subsidies and pass-throughs								
Revenue - subsidies and pass-throughs	1,028,622	1,028,622	-	9,257,601	9,257,601	-	75.0%	12,343,468
Expense - subsidies and pass-throughs	972,145	1,028,622	56,477	8,729,078	9,257,601	528,523	70.7%	12,343,468
Net subsidies and pass-throughs	\$ 56,477	-	56,477	528,523	-	528,523		\$ -
Gross Revenue	\$ 5,313,474	\$ 3,327,702	\$ 1,985,773	\$ 31,013,696	\$ 29,949,315	\$ 1,064,381	77.7%	\$ 39,932,421
Expenses	3,299,679	3,348,835	49,156	30,821,092	29,873,244	(947,849)	77.3%	39,882,958
Surplus (Deficit)	\$ 2,013,795	\$ (21,133)	\$ 2,034,929	\$ 192,604	\$ 76,072	\$ 116,532	389.4%	\$ 49,463

Notes to the financial statements:

- (1) The revenues include almost all of the risk pool funds awarded to CCKids this past year. We are waiting to receive the final payment of \$135,249 remaining from April's amendment.
- (2) We are one month behind on cash received for earnings under the CBCIH contract. After inquiry with CBCIH transition staff, it is uncertain if
- (3) Included in Other Revenue is interest income derived from non-DCF cash in our bank accounts.
- (4) CHS case management and adoption expenses for salaries and benefits have decreased over the last 4 months due to fewer staff. An adjustment to the monthly estimates were made this month to reflect this trend.

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023

Form header section containing organization name (COMMUNITIES CONNECTED FOR KIDS, INC.), EIN (46-0908479), address (549 NW LAKE WHITNEY PLACE, PORT ST. LUCIE, FL 34986), and principal officer (CAROL DELOACH).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, revenue breakdown, and expense breakdown.

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.

Signature block form with fields for officer signature (CAROL DELOACH), preparer name, and firm information.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 37,750,877. including grants of \$ 40,689,577.) (Revenue \$)

COMMUNITIES CONNECTED FOR KIDS, INC. PROVIDES OVERSIGHT AND COORDINATION OF THE CHILD-WELFARE SYSTEM IN INDIAN RIVER, MARTIN, OKEECHOBEE AND ST. LUCIE COUNTIES. SERVICES INCLUDE THE ADMINISTRATION, INTEGRATION, COORDINATION, AND ASSURANCE OF THE DELIVERY OF EMERGENCY SHELTER, IN-HOME PROTECTIVE SERVICES, RELATIVE CARE PLACEMENTS, FOSTER CARE, FOSTER CARE SUPERVISION, INTENSIVE RESIDENTIAL TREATMENT, INDEPENDENT LIVING, FAMILY REUNIFICATION, AND ADOPTION AND APPROPRIATE RELATED SERVICES IN INDIAN RIVER, MARTIN, OKEECHOBEE AND ST. LUCIE COUNTIES. EXPENSES DO NOT INCLUDE MANAGEMENT AND GENERAL EXPENSES IN THE AMOUNT OF \$3,118,983.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 37,750,877.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 145		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (10), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

CAROL DELOACH 549 NW LAKE WHITNEY PLACE, SUITE 204 PORT ST. LUCIE, FL 3498
772-873-7800

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROL DELOACH CHIEF EXECUTIVE OFFICER	55.00 NONE			X				150,849.	NONE	20,546.
(2) LORRENE EGAN COUNTY DIRECTOR	55.00 NONE					X		123,067.	NONE	18,426.
(3) LAUREN HAHN CHIEF FINANCIAL OFFICER	55.00 NONE			X				121,064.	NONE	18,300.
(4) CHERI SHEFFER CHIEF OPERATING OFFICER	55.00 NONE			X				116,133.	NONE	18,876.
(5) DENISE NATALIZIO COUNTY DIRECTOR	55.00 NONE					X		100,349.	NONE	16,958.
(6) MELANIE WILES BOARD CHAIR	2.00 NONE	X						NONE	NONE	NONE
(7) ANGIE BAILEY DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(8) KRISTY CONWAY DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(9) KATHRYN HENSLEY DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(10) VANESSA FARNES DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(11) LESLIE KROEGER DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(12) PAT MCCOY DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(13) MICHELLE MILLER DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(14) STEVEN SIMON DIRECTOR	2.00 NONE	X						NONE	NONE	NONE

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	40,689,577.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	15,485.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			40,705,062.				
	Program Service Revenue				Business Code			
2a _____								
b _____								
c _____								
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f				NONE				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			NONE				
	4 Income from investment of tax-exempt bond proceeds .			NONE				
	5 Royalties			NONE				
	6a Gross rents	6a	(i) Real	(ii) Personal				
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c	NONE	NONE				
	d Net rental income or (loss)			NONE				
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses . .	7b						
	c Gain or (loss)	7c						
	d Net gain or (loss)			NONE				
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			NONE				
				NONE				
				NONE				
b Less: direct expenses	8b			NONE				
c Net income or (loss) from fundraising events			NONE					
9a Gross income from gaming activities. See Part IV, line 19	9a			NONE				
				NONE				
				NONE				
b Less: direct expenses	9b			NONE				
c Net income or (loss) from gaming activities			NONE					
10a Gross sales of inventory, less returns and allowances	10a			NONE				
				NONE				
				NONE				
b Less: cost of goods sold	10b			NONE				
c Net income or (loss) from sales of inventory			NONE					
Miscellaneous Revenue				Business Code				
	11a OTHER			900099	308,214.	308,214.		
	b _____							
	c _____							
	d All other revenue							
e Total. Add lines 11a-11d				308,214.				
12 Total revenue. See instructions				41,013,276.	308,214.			

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	406,420.		406,420.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	7,058,490.	5,853,735.	1,204,755.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	364,407.	264,962.	99,445.	
9 Other employee benefits	1,062,121.	835,096.	227,025.	
10 Payroll taxes	539,720.	422,055.	117,665.	
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	23,334.	23,334.		
c Accounting	39,000.		39,000.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,126,446.	569,420.	557,026.	
12 Advertising and promotion	24,440.	24,340.	100.	
13 Office expenses	79,110.	76,093.	3,017.	
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	1,711,395.	1,435,732.	275,663.	
17 Travel	219,569.	216,841.	2,728.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	35,805.	30,131.	5,674.	
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	2,799.	2,799.		
23 Insurance	180,465.		180,465.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOSTER CARE	2,730,105.	2,730,105.		
b CASE MANAGEMENT	5,006,878.	5,006,878.		
c ADOPTIONS	11,369,478.	11,369,478.		
d OUTPATIENT	726,265.	726,265.		
e All other expenses SEE SCHE O	8,163,613.	8,163,613.		
25 Total functional expenses. Add lines 1 through 24e	40,869,860.	37,750,877.	3,118,983.	NONE
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	NONE	1	NONE
	2 Savings and temporary cash investments	7,764,103.	2	4,374,338.
	3 Pledges and grants receivable, net	NONE	3	2,177,461.
	4 Accounts receivable, net	NONE	4	NONE
	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	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	227,175.	9	260,362.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 310,034.		
	b Less: accumulated depreciation	10b 310,034.	2,799.	10c
	11 Investments - publicly traded securities	NONE	11	NONE
	12 Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
	15 Other assets. See Part IV, line 11	86,741.	15	3,368,094.
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,080,818.	16	10,180,255.	
Liabilities	17 Accounts payable and accrued expenses	3,395,281.	17	3,221,376.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	174,469.	21	196,059.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,004,405.	25	5,112,741.
	26 Total liabilities. Add lines 17 through 25	6,574,155.	26	8,530,176.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	1,506,663.	27	1,650,079.
	28 Net assets with donor restrictions	NONE	28	NONE
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	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	1,506,663.	32	1,650,079.
33 Total liabilities and net assets/fund balances	8,080,818.	33	10,180,255.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	41,013,276.
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,869,860.
3	Revenue less expenses. Subtract line 2 from line 1	3	143,416.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,506,663.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,650,079.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization COMMUNITIES CONNECTED FOR KIDS, INC.	Employer identification number 46-0908479
-------------------------------------------------------------------------	-----------------------------------------------------

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990) 2022

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31,033,159.	33,070,474.	33,270,947.	35,701,709.	40,705,062.	173,781,351.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	31,033,159.	33,070,474.	33,270,947.	35,701,709.	40,705,062.	173,781,351.
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).						NONE
6 Public support. Subtract line 5 from line 4						173,781,351.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	31,033,159.	33,070,474.	33,270,947.	35,701,709.	40,705,062.	173,781,351.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						NONE
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	255,480.	261,909.	320,556.	346,476.	308,214.	1,492,635.
11 Total support. Add lines 7 through 10						175,273,986.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.15 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.04 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . .

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

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 A

CCKIDS HAS ENTERED INTO AN AGREEMENT WITH COMMUNITY BASED CARE INTEGRATED HEALTH (CBCIH) WHICH GUIDES OUR COORDINATION OF THE DELIVERY OF MEDICAID SERVICES TO THOSE YOUTH ENROLLED IN THE SUNSHINE STATE CHILD WELFARE SPECIALTY PLAN (CWSP).

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 A, PART II - OTHER INCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
OTHER						
TOTALS	-----	-----	-----	-----	-----	-----
	=====	=====	=====	=====	=====	=====

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

COMMUNITIES CONNECTED FOR KIDS, INC.

46-0908479

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization <p style="text-align: center;">COMMUNITIES CONNECTED FOR KIDS, INC.</p>	Employer identification number <p style="text-align: center;">46-0908479</p>
-------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALL UNDER \$5000 549 NW LAKE WHITNEY PLACE SUITE 204 PORT ST. LUCIE, FL 34986	\$ 15,485.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FLORIDA DCF 1317 WINEWOOD BLVD., BLDG 1 ROOM 200 TALLAHASSEE, FL 32399	\$ 40,689,577.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

COMMUNITIES CONNECTED FOR KIDS, INC.

Employer identification number

46-0908479

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

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

Name of organization <p style="text-align: center;">COMMUNITIES CONNECTED FOR KIDS, INC.</p>	Employer identification number <p style="text-align: center;">46-0908479</p>
-------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

COMMUNITIES CONNECTED FOR KIDS, INC.

46-0908479

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting art and historical treasures held for public exhibition and for financial gain.

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

Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) OTHER	50,000.
(2) DEPOSITS	76,020.
(3) LEASE RIGHT OF USE ASSET	3,242,074.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	3,368,094.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO THE DEVEREUX FOUNDATION	381,497.
(3) REFUNDABLE ADVANCE - GRANTS	1,421,549.
(4) LEASE LIABILITIES	3,309,695.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,112,741.

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 .

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

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

1	Total revenue, gains, and other support per audited financial statements		41,013,276.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	41,013,276.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	41,013,276.

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

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

1	Total expenses and losses per audited financial statements		40,869,860.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	40,869,860.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	40,869,860.

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

UNCERTAIN TAX POSITIONS

THE ORGANIZATION HAS REVIEWED AND EVALUATED THE RELEVANT TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS OF THE ORGANIZATION.

PART IV LINE 2B

THE ORGANIZATION MAINTAINS SOCIAL SECURITY CLIENT TRUST FUNDS HELD BY THE ORGANIZATION FOR CURRENT NEEDS FOR CHILDREN RECEIVING PROTECTION, SHELTER AND SUPERVISION SERVICES. THESE FUNDS ARE REQUIRED TO BE MAINTAINED IN A SEPARATE BANK ACCOUNT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

COMMUNITIES CONNECTED FOR KIDS, INC.

Employer identification number

46-0908479

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CAROL DELOACH CHIEF EXECUTIVE OFFICER	(i)	147,085.	NONE	3,764.	10,296.	10,250.	171,395.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITIES CONNECTED FOR KIDS, INC.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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FORM 990 PART VI SECTION A

ARTICLE IV, SECTION 2 OF THE BYLAWS OF COMMUNITIES CONNECTED FOR KIDS, INC. STATES THE NUMBER OF DIRECTORS SHALL BE NO LESS THAN FIVE (5) AND NO MORE THAN FIFTEEN (15). NEW DIRECTORS WILL BE ELECTED BY THE BOARD OF DIRECTORS BY A MAJORITY VOTE OF THE EXISTING DIRECTORS BOARD COMPOSITION AND RESIDENCY REQUIREMENTS WILL FOLLOW FLORIDA STATUTE AND/OR THE MASTER CONTRACT WITH DCF. IF THERE IS A SITUATION WHERE THERE IS A CONFLICT BETWEEN THE STATUTE AND THE CONTRACT THE BOARD WILL ADHERE TO THE REQUIREMENT WHICH IS THE MOST STRINGENT.

FORM 990 PART VI SECTION B LINE 11

FORM 990 IS PROVIDED IN HARD-COPY OR ELECTRONICALLY TO ALL BOARD MEMBERS IN ADVANCE OF THE FILING DEADLINE. BOARD MEMBERS ARE REQUESTED TO PROVIDE COMMENTS OR QUESTIONS BY A SPECIFIC DATE, APPROXIMATELY THREE WEEKS FROM RECEIVING THE DRAFT. THE COMMENTS ARE REVIEWED, AND RESPONSES TO ALL BOARD QUESTIONS ARE PROVIDED, AND WHERE APPROPRIATE, CHANGES TO BE MADE TO THE FORM 990. THE BOARD IS ADVISED OF THE CHANGES AND GIVEN AN OPPORTUNITY FOR FINAL REVIEW. ADDITIONALLY, ANY IMPORTANT ISSUES REGARDING THE FORM 990 ARE PRESENTED AT A DESIGNATED BOARD MEETING, WITH FOLLOW UP AS NECESSARY AFTER THE MEETING. ANY ADDITIONAL BOARD COMMENTS AND QUESTIONS ARE SOLICITED AT THIS TIME. AFTER THIS REVIEW PROCESS, THE CEO SIGNS THE FORM 990 AND SUBMITS IT TO THE IRS.

FORM 990 PART VI SECTION B LINE 12

THE BYLAWS OF THE ORGANIZATION INCLUDES THE CONFLICT OF INTEREST POLICY. THE ORGANIZATION DEFINES CONFLICTS OF INTEREST, BUT NOT LIMITED TO, AS ANY TRANSACTION BY OR WITH THE CORPORATION IN WHICH A DIRECTOR HAS A

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITIES CONNECTED FOR KIDS, INC.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
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DIRECT OR INDIRECT PERSONAL INTEREST, OR ANY TRANSACTION IN WHICH A DIRECTOR IS UNABLE TO EXERCISE IMPARTIAL JUDGMENT OR OTHERWISE ACT IN THE BEST INTERESTS OF THE CORPORATION. IN THE EVENT THAT ANY DIRECTOR HAS A CONFLICT OF INTEREST THAT MIGHT PROPERLY LIMIT SUCH DIRECTOR'S FAIR AND IMPARTIAL PARTICIPATION IN BOARD DELIBERATIONS OR DECISIONS, SUCH DIRECTOR SHALL INFORM THE BOARD AS TO THE CIRCUMSTANCES OF SUCH CONFLICT. IF THOSE CIRCUMSTANCES REQUIRE THE NONPARTICIPATION OF THE AFFECTED DIRECTOR, THE BOARD MAY NONETHELESS REQUEST FROM THE DIRECTOR ANY APPROPRIATE NON-CONFIDENTIAL INFORMATION WHICH MIGHT INFORM ITS DECISIONS. ADDITIONALLY, NO DIRECTOR SHALL CAST A VOTE, NOR TAKE PART IN THE FINAL DELIBERATION IN ANY MATTER IN WHICH HE OR SHE, MEMBERS OF HIS OR HER IMMEDIATE FAMILY OR ANY ORGANIZATION TO WHICH SUCH DIRECTOR HAS ALLEGIANCE, HAS A PERSONAL INTEREST THAT MAY BE SEEN AS COMPETING WITH THE INTEREST OF THE ORGANIZATION. ANY DIRECTOR WHO BELIEVES HE OR SHE MAY HAVE SUCH A CONFLICT OF INTEREST SHALL SO NOTIFY THE BOARD PRIOR TO DELIBERATION ON THE MATTER IN QUESTION, AND THE BOARD SHALL MAKE THE FINAL DETERMINATION AS TO WHETHER ANY DIRECTOR HAS A CONFLICT OF INTEREST IN ANY MATTER. APPOINTED DIRECTORS WILL NOT BE PRECLUDED FROM PARTICIPATING IN DELIBERATIONS OR DECISIONS, OR CASTING A VOTE ON MATTERS WHICH RELATE TO THE PROVISION OF ADMINISTRATIVE SERVICES BY THE DEVEREUX FOUNDATION, INC., OR OTHER ROUTINE BUSINESS OR SERVICE ARRANGEMENTS BETWEEN THE DEVEREUX FOUNDATION, INC. AND THE ORGANIZATION. THE MINUTES OF THE BOARD MEETING SHALL REFLECT DISCLOSURE OF ANY CONFLICT OF INTEREST AND THE RECUSAL OF THE INTERESTED DIRECTOR.

FORM 990 PART VI SECTION B LINE 13

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITIES CONNECTED FOR KIDS, INC.

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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THROUGH ITS ADMINISTRATIVE SERVICES AGREEMENT WITH DEVEREUX, THE ORGANIZATION HAS ACCESS TO AN EMPLOYEE HELPLINE, WHICH IS AN ANONYMOUS "WHISTLEBLOWER" SERVICE WHERE COMPLAINTS ARE PROCESSED BY AN INDEPENDENT THIRD-PARTY SERVICE AND SUBSEQUENTLY PROVIDED TO THE DIRECTOR OF AUDIT AND COMPLIANCE OF DEVEREUX.

FORM 990 PART VI SECTION B LINE 15

THE BOARD, LED BY THE EXECUTIVE COMMITTEE, WILL ASSURE THAT THE PERFORMANCE OF THE CHIEF EXECUTIVE OFFICER AND HIS/HER COMPENSATION IS REVIEWED AT LEAST ANNUALLY AND THAT SUCH COMPENSATION IS FAIR AND REFLECTS HIS/HER PERFORMANCE AND CONTRIBUTIONS TO THE CORPORATION. THE COMPENSATION OF KEY EMPLOYEES AND OTHER HIGHLY COMPENSATED INDIVIDUALS IS REVIEWED ANNUALLY AND COMPARED AGAINST SIMILAR ORGANIZATIONS TO ENSURE THAT SUCH COMPENSATION IS FAIR.

FORM 990 PART VI SECTION C LINE 19

COMMUNITIES CONNECTED FOR KIDS, INC. MAKES THEIR GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization

Employer identification number

COMMUNITIES CONNECTED FOR KIDS, INC.

46-0908479

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

COMMUNITIES CONNECTED FOR KIDS, INC. PROVIDES THE DELIVERY OF EMERGENCY SHELTER, IN-HOME PROTECTIVE SERVICES, RELATIVE CARE PLACEMENTS, FOSTER CARE, FOSTER CARE SUPERVISION, INTENSIVE RESIDENTIAL TREATMENT, INDEPENDENT LIVING, FAMILY REUNIFICATION, AND ADOPTION AND APPROPRIATE RELATED SERVICES IN INDIAN RIVER, MARTIN, OKEECHOBEE AND ST. LUCIE COUNTIES IN THE STATE OF FLORIDA (KNOWN AS OKEECHOBEE AND THE TREASURE COAST OF FLORIDA).

Name of the organization

Employer identification number

COMMUNITIES CONNECTED FOR KIDS, INC.

46-0908479

FORM 990, PART IX - OTHER EXPENSES

=====

DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
INDEPENDENT LIVING	323,384.	323,384		
RESIDENTIAL AND GROUP CAR	7,840,229.	7,840,229		
TOTALS	8,163,613.	8,163,613.		
	=====	=====	=====	=====