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.

OMB No. 1545-0047

A F	or th	e 2022 cal	endar year, or tax year beginning	07/01/2022	and ending			06/3	0/2023				
_			C Name of organization				D Em	ployer ide	entification	number			
ВС	heck if a	applicable:	COMMUNITIES CONNECTED	FOR KIDS, INC.									
X	Addre	ss change	Doing business as	·			46	-09084	479				
	Name	change	Number and street (or P.O. box if ma		E Telephone number								
	Initial	-	549 NW LAKE WHITNEY F	OT.ACE		204	(7	(772)873-7800					
	ł	eturn/terminated	City or town, state or province, coun			201		oss receipt					
	Ameno	led return	PORT ST. LUCIE, FL 34					•		276			
	Applic	ation pending	F Name and address of principal officer				H(a) Is this a group		1,013,	$\overline{}$			
]					T 240	subordinates?		\vdash	<u> </u>			
_	_		549 NW LAKE WHITNEY F				H(b) Are all subord						
		empt status:	22 00:(0)(0)) (insert no.) 4947	(a)(1) or	527	1		See instruction	ns.			
_	Webs		W.CCKIDS.NET				H(c) Group exem	•					
$\overline{}$		of organization		Association Other	LY	ear of forma	tion: 2012 M	State of le	egal domicil	e: FL			
Pa	art I	Summ	ary										
	1	Briefly des	scribe the organization's mission or	most significant activities:C	ITINUMMC	ES CONN	ECTED FOR	KIDS	, INC.	<u>'S</u>			
Se		MISSIO	N IS TO ENHANCE THE S	AFETY, PERMANENCY	AND WELL	-BEING	FOR ALL						
nan		CHILDR	EN IN CIRCUIT 19 OF F	LORIDA THROUGH A N	ETWORK O	F SERVI	CES.						
Governance	2	Check this	s box if the organization d	liscontinued its operations of	or disposed	of more t	than 25% of	its net	assets.				
ô	3	Number of	f voting members of the governing	body (Part VI, line 1a)				3		10			
ა ბ	4		f independent voting members of tl					4		10			
Activities &	5		ber of individuals employed in cale					5		145			
₹.	6		ber of volunteers (estimate if necess					6					
Ä	7a		lated business revenue from Part VI					7a					
			ated business taxable income from F					7b					
				, , , ,			Prior Year		Current	Year			
	8	Contributi	ons and grants (Part VIII, line 1h)				35,701,70)9.	40.70	5,062.			
Revenue	9		service revenue (Part VIII, line 2g)					ONE		NONE			
e ve	10 Investment income (Part VIII, column (A), lines							ONE		NONE			
ď	11		enue (Part VIII, column (A), lines 5,				346,4		30	8,214.			
	12		nue - add lines 8 through 11 (must				36,048,18			3,276.			
	13		d similar amounts paid (Part IX, colu					ONE		NONE			
	14		aid to or for members (Part IX, colur					ONE		NONE			
	15		other compensation, employee bene				8,378,34		0 43	1,158.			
Expenses			nal fundraising fees (Part IX, column					ONE		NONE			
ben			raising expenses (Part IX, column (I		NONE	• •	11/1	JIVE		INOINE			
$\overline{\mathbf{x}}$			• • • • •	·· · · —			27 402 40	7-	21 42	0 700			
	17		enses (Part IX, column (A), lines 11				27,492,48			8,702.			
			enses. Add lines 13-17 (must equal				35,870,83			9,860.			
<u>- 0</u>	19	Revenue	ess expenses. Subtract line 18 from	iline 12	<u></u>		177,35			3,416.			
Net Assets or Fund Balances						Begir	nning of Current		End of Y				
sse	20		ts (Part X, line 16)			• • -	8,080,81			0,255.			
nd A	21		lities (Part X, line 26)			• •	6,574,15	_		0,176.			
			s or fund balances. Subtract line 21	from line 20	<u> </u>		1,506,66	53.	1,65	0,079.			
	rt II		ture Block										
Und	der pe e, corr	nalties of pe ect, and com	rjury, I declare that I have examined thin plete. Declaration of preparer (other than	s return, including accompanying officer) is based on all information	schedules and a of which prepa	statements, a rer has any k	and to the best o nowledge.	i my knov	vledge and	belief, it is			
		DocuSigned	by:										
Sia	ın	Carol De						29/202	24				
Sign Here		Signature ₂ 9	11.42 micer				Date						
110			DELOACH	CE)								
			nt name and title										
Paic	1	Print/Type	preparer's name	Preparer's signature	Date		Check	if PTIN	i				
	ı parer						self-employ	ed					
	only	Firm's nam	ne				Firm's EIN						
	City	Firm's add	ress				Phone no.						
May	y the	IRS discu	ss this return with the preparer	shown above? See instruct	ions				Yes	X No			
For	Pape	rwork Red	uction Act Notice, see the separate	e instructions.					Form 99	90 (2022)			

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For	n 990 (2022)	Page 2
Pa	Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III 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	Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•		Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocati 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.	

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Part IV **Checklist of Required Schedules** No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 Χ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II................................. Χ 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? If "Yes," complete Schedule C, Part III 5 Χ 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? If "Yes," complete Schedule D, Part I 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 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 9 Χ 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Χ 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? If "Yes," 11a X b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more Χ 11b 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? If "Yes," complete Schedule D, Part VIII........... 11c Χ d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets Χ 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Χ f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. 12a Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ Χ 13 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... 14a Х b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Χ 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ 20a Χ **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Χ

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COMMUNITIES CONNECTED FOR KIDS, INC.

Form 9	90 (2022)		F	Page 4
Part	V 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			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	Λ.	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		37
28	persons? <i>If "Yes," complete Schedule L, Part III</i>	21		X
20	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
25 -	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			- 21
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Par	t 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						
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		-			
4a	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)?						
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).	F		37			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-			
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	62		v			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b					
7	gifts were not tax deductible?	OD.					
7							
а	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?	7a		Х			
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
·	required to file Form 8282?	7c		X			
Ч	If "Yes," indicate the number of Forms 8282 filed during the year						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х			
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х			
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		Х			
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?	8					
9	Sponsoring organizations maintaining donor advised funds.						
	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
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:						
а	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	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						
	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		-			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		177			
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.	4.0		37			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
4-	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17					
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17					

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Form **990** (2022)

Form 990 (2022) COMMUNITIES CONNECTED FOR KIDS, INC. 46-0908479

Page 6 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

Sect	ion A. Governing Body and Management			[22]
0000	1011 A. COVETTINING DOUG WITH MICHAGEMENT		Yes	No
4-	Enter the number of voting members of the governing body at the end of the tax year 10			
Id	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O.</i>	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	_	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	-
13	Did the organization have a written whistleblower policy?	13	X	-
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	v	
a	The organization's CEO, Executive Director, or top management official	15a 15b	X	
b	Other officers or key employees of the organization	130	Λ	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedFL,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (sec	tion 5	(01(c)
. •	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O)	. (500		J (0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inter	est r	olicy
	and financial statements available to the public during the tax year.		JUL 1	- Joy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ds		

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

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

- 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) CAROL DELOACH	55.00									
CHIEF EXECUTIVE OFFICER	NONE			х				150,849.	NONE	20,546.
(2) LORRENE EGAN	55.00									
COUNTY DIRECTOR	NONE					Х		123,067.	NONE	18,426.
(3) LAUREN HAHN	55.00									
CHIEF FINANCIAL OFFICER	NONE			Х				121,064.	NONE	18,300.
(4) CHERI SHEFFER	55.00									
CHIEF OPERATING OFFICER	NONE			Х				116,133.	NONE	18,876.
(5) DENISE NATALIZIO	55.00									
COUNTY DIRECTOR	NONE					Х		100,349.	NONE	16,958.
(6) MELANIE WILES	2.00									
BOARD CHAIR	NONE	Х						NONE	NONE	NONE
(7) ANGIE BAILEY	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) KRISTY CONWAY	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) KATHRYN HENSLEY	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(10) VANESSA FARNES	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) LESLIE KROEGER	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(12) PAT MCCOY	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(13) MICHELLE MILLER	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(14) STEVEN SIMON	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
										Form 990 (2022)

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Form 990 (2022) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (B) (C) (D) Name and title Reportable Reportable Estimated Average Position (do not check more than one hours per compensation compensation from amount of week (list any box, unless person is both an other from related officer and a director/trustee) hours for compensation the organizations Officer Individual trustee or director Highest compensated employee related Institutional trustee from the organization (W-2/1099-MISC) organizations organization employee (W-2/1099-MISC) below dotted and related organizations 15) MARK YOUNG 2.00 DIRECTOR NONE Χ NONE NONE NONE 1b Sub-total 611,462. NONE 93,106. NONE NONE c Total from continuation sheets to Part VII, Section A NONE 611,462. NONE 93,106. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated 3 Х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual Х **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization NONE

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COMMUNITIES CONNECTED FOR KIDS, INC.

Form 990 (2022) Statement of Revenue Part VIII

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

		Check if Schedule O contains a res	onse or note to ar	ny line in this Part $ackslash$	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 11	1				
פַ פַ	С	Fundraising events 10	:				
ifts ar /	d	Related organizations 10	ı				
פֿיַּ	е	Government grants (contributions) 16	40,689,577.				
Sir	f	All other contributions, gifts, grants,					
utic er		and similar amounts not included above . 1f	15,485.				
ള	g	Noncash contributions included in					
ξğ		lines 1a-1f	\$				
g g	h	Total. Add lines 1a-1f		40,705,062.			
			Business Code				
ဗ	2a						
e <u>Z</u>	b						
Sun	c						
am	d						
Program Service Revenue	e						
P	f	All other program service revenue					
_	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividence					
		other similar amounts)		NONE			
	4	Income from investment of tax-exempt bo	nd proceeds .	NONE			
	5	Royalties	•	NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	·	ONE NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
<u>o</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b					
ě	С	Gain or (loss) 7c					
2	d	Net gain or (loss)		NONE			
Other	8a	Gross income from fundraising					
Ó		events (not including \$					
		of contributions reported on line					
		·	a NONE				
	b	'	b NONE				
	С	Net income or (loss) from fundraising ever	nts	NONE			
	9a	Gross income from gaming					
			a NONE				
	b	Less: direct expenses	b NONE				
	С	Net income or (loss) from gaming activiti	es.,	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 1)a NONE				
	b)b NONE				
	С	Net income or (loss) from sales of inventory		NONE			
ns			Business Code				
ieo ne	11a	OTHER	900099	308,214.	308,214.		
llan	b		_				
ice Rev	С		_				-
Miscellaneous Revenue	d	All other revenue					
		Total Add lines 11a-11d		308,214.			
JSA	12	Total revenue. See instructions		41,013,276.	308,214.		Form 990 (2022)

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JSA 2E1051 1.000 7093HP A86H V22-7.11 CCK Form 990 (2022)

COMMUNITIES CONNECTED FOR KIDS, INC.

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,	(A)			(D)				
	9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses				
			expenses	general expenses	expenses				
'	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE							
•		IVOIVE							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE							
•	Grants and other assistance to foreign	110112							
3	organizations, foreign governments, and								
	foreign individuals. See Part IV, lines 15 and 16	NONE							
4	Benefits paid to or for members	NONE							
	Compensation of current officers, directors,								
J	trustees, and key employees	406,420.		406,420.					
6	Compensation not included above to disqualified			20072201					
Ü	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.					
	Pension plan accruals and contributions (include	364,407.	264,962.	99,445.					
3	section 401(k) and 403(b) employer contributions)	, , , , , ,	,,,,,,,	,					
a	Other employee benefits	1,062,121.	835,096.	227,025.					
	Payroll taxes	539,720.	422,055.	117,665.					
	Fees for services (nonemployees):	,	,	,					
	Management	NONE							
	Legal	23,334.	23,334.						
	Accounting	39,000.	,	39,000.					
	Lobbying	NONE		,					
	Professional fundraising services. See Part IV, line 17	NONE							
	Investment management fees	NONE							
	Other. (If line 11g amount exceeds 10% of line 25, column								
Ū	(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.					
	Office expenses	79,110.	76,093.	3,017.					
	Information technology	NONE							
	Royalties	NONE							
	Occupancy	1,711,395.	1,435,732.	275,663.					
	Travel	219,569.	216,841.	2,728.					
	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.)								
а	FOSTER CARE	2,730,105.	2,730,105.						
b	CASE MANAGEMENT	5,006,878.	5,006,878.						
С	ADOPTIONS	11,369,478.	11,369,478.						
	OUTPATIENT	726,265.	726,265.						
е	All other expenses SEE SCHE O	8,163,613.	8,163,613.						
	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 if								
	following SOP 98-2 (ASC 958-720)								

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Page **11** Form 990 (2022)

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X	<u></u>	
			(A) Beginning of year		(B) End of year
	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		NONE
ets	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
⋖	9	Prepaid expenses and deferred charges	227,175.	9	260,362.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 310,034.			
		Less: accumulated depreciation	2,799.		
	11	Investments - publicly traded securities	NONE		NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		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.
	17	Accounts payable and accrued expenses	3,395,281.	17	3,221,376.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE NONE		NONE NONE
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	174,469.		196,059.
(0		Loans and other payables to any current or former officer, director,	1/4,409.	21	190,039.
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iiq		controlled entity or family member of any of these persons	NONE	22	NONE
L:	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	1,01,12		1,01,2
		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.
seo		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	· · ·		
lar	27	Net assets without donor restrictions	1,506,663.	27	1,650,079.
Ä	28	Net assets with donor restrictions	NONE	28	NONE
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et '	32	Total net assets or fund balances	1,506,663.	32	1,650,079.
Z	33	Total liabilities and net assets/fund balances	8,080,818.	33	10,180,255.
_					Form 990 (2022)

10,180,255. Form **990** (2022)

JSA

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COMMUNITIES CONNECTED FOR KIDS, INC.

Form 99	90 (2022)				Pa	ge 12
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	4.	1,0	13,	<u> 276</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2				860.
3	Revenue less expenses. Subtract line 2 from line 1	3				416
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	- :			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	-	1,6	50,	079.
Part				•		
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were com					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	rsiaht	of			
_	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he			
Ju	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		I	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	_		3b	Х	

Form **990** (2022)

SCHEDULE A (Form 990)

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 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

CON	/MUI	NITIES CONNECTED FOR	R KIDS, INC.				46-0	908479
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	is.
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						
5		An organization operated to		a college or universit	y owne	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	. ,					
6		A federal, state, or local go	•			•		
7	X	An organization that norma			pport fr	om a go	vernmental unit or fro	om the general public
_		described in section 170(b)			D (II)			
8		A community trust describe						land one of a ellere
9		An agricultural research org	=			-	-	-
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state o	i the college of
10		university: An organization that norma	Ily receives (1) me	oro than 331/2% of its	cupport	from cor	atributions momborsh	in face and gross
		receipts from activities rela support from gross investm	ted to its exempt facent income and un	unctions, subject to c nrelated business tax	ertain ex able inco	ceptions ome (les	s; and (2) no more than s section 511 tax) from	n 331/3 % of its
		acquired by the organizatio						
11		An organization organized	•	•	•			
12		An organization organized a	•	•				
		one or more publicly suppo the box on lines 12a through	=			-		
_	Г	¬		,, ,,	0 0		•	
а	_	Type I. A supporting orgatine supported organization	•	•			. , ,	
		supporting organization.				ajority of	the directors of truste	es of the
b	Г	Type II. A supporting org	-			with its	supported organizati	on(s) by having
		control or management of	•					
		organization(s). You must						
С		Type III functionally integ	grated. A supporti	ng organization opera	ited in c	onnectio	n with, and functiona	lly integrated with,
	_	its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.	
d		Type III non-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	ution requirement and	d an attentiveness
		requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check this box if the orga	anization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type	I, Type III
		functionally integrated, or		ionally integrated sup	porting o	organizat	ion.	
f		ter the number of supported						
g		ovide the following information						())
	(I) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	` '	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

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

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Schedule A (Form 990) 2022 Page 2

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.)

Sec	tion A. Public Support	io to quamij ai		.о.о. 20.0, р		,	
	ndar 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.
	tion B. Total Support						173,701,331.
	ndar 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. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup						
14	Public support percentage for 2022 (li					14	99.15 %
15	Public support percentage from 2021					15	99.04 %
	331/3% support test - 2022. If the organization q	ualifies as a pub	licly supported	organization			
	331/3% support test - 2021. If the organization of this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		
	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets organization	n meets the facts-and-c	cts-and-circumst ircumstances te	ances test, che st. The organiz	eck this box ar zation qualifies	nd stop here. E as a publicly s	explain in upported
b 18	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization Part VI how the organization meets organization	zation meets the sthe facts-and on did not check	e facts-and-circ -circumstances t 	umstances test, est. The organi 13, 16a, 16b	check this boxization qualifies, 17a, or 17b,	and stop here as a publicly s	Explain upported and see
	instructions						<u> </u>

Schedule A (Form 990) 2022

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Page 3

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.)

C	tion A Dublic Support	any under the	tests listed be	now, picase c	ompicie i ait i	1.)	
	tion A. Public Support	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2019	(6) 2020	(u) 2021	(e) 2022	(I) I Olai
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						+
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		-				1
D	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		420040	4) 0000	(1) 0004	() 0000	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10 a	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						
	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.)		<u> </u>				
14	First 5 years. If the Form 990 is for	•			•		` ` ` `
	organization, check this box and stop here.						
	tion C. Computation of Public Supp			(4))		. .	
15	Public support percentage for 2022 (line 8,					15	%
16	Public support percentage from 2021 Sche					16	%
	tion D. Computation of Investment					F I	
17	Investment income percentage for 2022 (lir		•			17	%
18	Investment income percentage from 2021 S					18	%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3%, check this	-	-	•			
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3 %, check		-	•			
20	Private foundation If the organization of	tid not check	a hox on line 1	14 19a or 19h	check this ho	y and see inst	ructions

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Schedule A (Form 990) 2022 Page **4**

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
----------------	------------	----------------------

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

		Yes	No
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	3b		
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	3с		
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COMMUNITIES CONNECTED FOR KIDS, INC.

Schedule A (Form 990) 2022 Page 5 Part IV Supporting Organizations (continued) Yes No 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? 11a 11b **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? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). C Yes No Activities Test. Answer lines 2a and 2b below. 2 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

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Schedule A (Form 990) 2022 Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations	3	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on	Nov. 20, 1970 (explain	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izations n	nust complete Sectio	ns A through E.
Se	ection 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		8		
	ection 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		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3		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		
	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection 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		4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).	lly integra	ted Type III supportino	g organization

Part V

46-0908479

Schedule A (Form 990) 2022 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	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 resp	onsive		
	(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				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	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				

Schedule A (Form 990) 2022

6

Part VI. See instructions.

Breakdown of line 7: Excess from 2018 Excess from 2019 Excess from 2020 Excess from 2021 Excess from 2022

and 4c.

greater than zero, explain in Part VI. See instructions.

Excess distributions carryover to 2023. Add lines 3j

Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in COMMUNITIES CONNECTED FOR KIDS, INC.

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Schedule A (Form 990 or 990-EZ) 2022

Page 8 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).

Schedule A (Form 990 or 990-EZ) 2022

COMMUNITIES CONNECTED FOR KIDS, INC.

46-0908479

Schedule A (Form 990 or 990-EZ) 2022

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.)

TOTALS							
OTHER							
DESCRIPTION		2018	2019	2020	2021	2022	TOTAL
SCHEDULE A, PAR	r II - OTHER	R INCOME					

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

COMMUNITIES CONNECTED FOR KIDS, INC.

Communities connected for Kids, Inc.

Filers of:

Section:

Form 990 or 990-EZ

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

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

4947(a)(1) nonexempt charitable trust treated as a 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.

527 political organization

501(c)(3) exempt private foundation

501(c)(3) taxable private foundation

General Rule

Form 990-PF

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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page 2 Name of organization **Employer identification number** COMMUNITIES CONNECTED FOR KIDS, INC. 46-0908479 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Χ 1 N/APerson **Payroll** 15,485. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Χ N/APerson **Payroll** 40,689,577. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No.

Person Payroll

Noncash
(Complete Part II for noncash contributions.)

\$

Schedule B (Form 990) (2022) Page **3**

Name of organization

COMMUNITIES CONNECTED FOR KIDS, INC.

Employer identification number
46-0908479

art II Nonca	ash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \\\$	

Schedule B (Form 990) (2022) Page **4**

Name of or	rganization			Employer identification number			
	COMMUNITIES CONNECTED			46-0908479			
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions.	the year from any o ons completing Part e year. (Enter this in	one contributor. Co III, enter the total of formation once. Se	omplete columns (a) through (e) and f exclusively religious, charitable, etc.,			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfo	_	nip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) Na							
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfo	_	nip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	Transferee's name, address, a	er of gift Relationsh	nip of transferor to transferee				

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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.

202

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Nam	e of the organization		Employer identification number
COI	MMUNITIES CONNECTED FOR KIDS, INC.		46-0908479
Pá	art I Organizations Maintaining Donor Adv		Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control?	Yes . No
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		Yes No
Pa	Conservation Easements.	\\ \cdots = 1	
_	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example	,	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
2	Preservation of open space	old a qualified concernation contribution in	the form of a concernation
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	eid a quaimed conservation contribution in	Held at the End of the Tax Year
_			2a
a b	Total number of conservation easements Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c)		20
ŭ	a historic structure listed in the National Register		2d
3	Number of conservation easements modified, tra		
	tax year		g
4	Number of states where property subject to conse	rvation easement is located	
5	Does the organization have a written policy reg		ion, handling of
	violations, and enforcement of the conservation ea	sements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing c	onservation easements during the year
8	Does each conservation easement reported on line 2		
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the text		nancial statements that describes the
P:	organization's accounting for conservation easeme		r Similar Assets
	Complete if the organization answered		Olimai Assets.
 1a	If the organization elected, as permitted under FA		e statement and halance sheet works
ıa	of art, historical treasures, or other similar asse	ts held for public exhibition, education,	or research in furtherance of public
_	service, provide in Part XIII the text of the footnote		
b	If the organization elected, as permitted under Fart, historical treasures, or other similar assets he		
	provide the following amounts relating to these iter		earch in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
	following amounts required to be reported under F		3 .
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

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

		MUNITIES CON						090847	
Pa	rt Organizations Maintain	ing Collections	of Art, Histo	rical Trea	sures	s, or Other	Similar Assets	(continue	ed)
3	Using the organization's acquisition	on, accession, and	d other recor	ds, check a	any of	f the follov	ving that make si	gnificant ı	use of its
	collection items (check all that app	ly):		_					
а	Public exhibition		d	Loan or	excha	ange progra	m		
b	Scholarly research		е	Other _					
С	Preservation for future gene	rations							
4	Provide a description of the orga	nization's collection	ons and expla	ain how the	ey fur	ther the or	ganization's exem	pt purpos	se in Par
	XIII.								
5	During the year, did the organization	on solicit or receive	e donations o	f art, histor	ical tre	easures, or	other similar		
	assets to be sold to raise funds rath	ner than to be mai	ntained as pa	rt of the or	ganiza	ation's colle	ction?	Yes	No.
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	ation answered "	Yes" on For	m 990, Pa	rt IV,	line 9, or r	eported an amo	unt on Fo	orm
	990, Part X, line 21.								
1 a	Is the organization an agent, trus								
	included on Form 990, Part X?							Yes	X No
b	If "Yes," explain the arrangement i	n Part XIII and co	mplete the fo	llowing table	e: _				
							Amou	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an am							X Yes	No
	If "Yes," explain the arrangement i	n Part XIII. Check	here if the e	xplanation h	as bee	en provided	on Part XIII		. X
Pa	rt V Endowment Funds.								
	Complete if the organiza	ation answered "	Yes" on For						
		(a) Current year	(b) Pric	r year	(c) Two	years back	(d) Three years back	(e) Four	years back
1 a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage	of the current year	ar end balanc	e (line 1g, c	olumn	(a)) held as	s:		
а	Board designated or quasi-endown		_ %						
b	Permanent endowment								
С	Term endowment%								
	The percentages on lines 2a, 2b, a								
3a	Are there endowment funds not in	the possession of	f the organiza	ation that ar	e held	d and admi	nistered for the		
	organization by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the relate	•	•			?		3b	
4	Describe in Part XIII the intended		zation's endo	wment fund	S.				
Pa	rt VI Land, Buildings, and Equal Complete if the organiz	u ipment. ation answered '	'Ves" on Fo	m 000 Pa	art I\/	lina 11a	See Form 990 F	art Y lin	۵ 10
	Description of property		t or other basis	(b) Cost or o			cumulated	(d) Book va	
		(inv	vestment)	(othe			reciation	, ====	-
1 a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
<u>e</u>	Other								
Tota	I. Add lines 1a through 1e. (Column	n (d) must equal Fo	orm 990, Part	X, column ((B), lin	e 10c.)			

Schedule D (Form 990) 2022 COMMUNITIES CONNECTED FOR KIDS, INC.

Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990	0, 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 valuati Cost or end-of-year mark	ion:
(1) Financi	al derivatives			
	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(I) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F			
Part VIII	Investments - Program Related.			
Part VIII	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(4)			Coor of the of year man	or varao
(1)			+	
(2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	escription		(b) Book value
(1) OTHER				50,000.
(2) DEPOS				76,020.
	RIGHT OF USE ASSET			3,242,074.
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u>				
(8) (9)				
	umn (b) must equal Form 990, Part X, col. (B)	line 15.)		3,368,094.
Part X	Other Liabilities.	/		3,300,051.
	Complete if the organization answered line 25.	d "Yes" on Form 990	0, Part IV, line 11e or 11f. See Fori	m 990, Part X,
1.	(a) Descrip	otion of liability		(b) Book value
(1) Fede	ral income taxes			
	O THE DEVEREUX FOUNDATION			381,497.
(3)REFUN	DABLE ADVANCE - GRANTS			1,421,549.
	LIABILITIES			3,309,695.
(5)				
(6)				
(7)				
(8)				
(9)	som /h) marrat agreed Forms OCO Paril V and /DV / OC			E 110 E41
i otal. (Colur	mn (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 . JSA 2E1270 1.000

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Scheau	le D (Form 990) 2022 COMMUNITIES CONNECTED FOR KIDS, INC.	46-	09084/9 Page •
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	۱.	
1	Total revenue, gains, and other support per audited financial statements	1	41,013,276.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	41,013,276.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	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	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.	
1	Total expenses and losses per audited financial statements	1	40,869,860.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	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.
	XIII Supplemental Information.		line 4. Dest V. line
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P : XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
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)

Compensation InformationFor 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.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

COMMUNITIES CONNECTED FOR KIDS, INC.

Employer identification number

46-0908479

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant X Form 990 of other organizations Approval by the board or compensation committee			
4 a b c	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: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? 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.	4a 4b 4c		X X X
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

COMMUNITIES CONNECTED FOR KIDS, INC. 46-0908479

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)

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

gov/form990. Inspection

46-0908479

COMMUNITIES CONNECTED FOR KIDS, INC.

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)

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

COMMUNITIES CONNECTED FOR KIDS, INC

46-0908479

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.

Schedule O (Form 990 or 990-EZ) 2022 Page **2**

Name of the organization

COMMUNITIES CONNECTED FOR KIDS, INC.

Employer identification number
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).

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Schedule O (Form 990 or 990-EZ) 2022				Page 2					
Name of the organization	Employer identificati	Employer identification number							
COMMUNITIES CONNECTED	46-090847	9							
FORM 990, PART IX - OTHER EXPENSES									
=======================================									
	(A)	(B)	(C)	(D)					
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING					
DESCRIPTION	EXPENSES	SERVICE EXP.	AND GENERAL	EXPENSES					
INDEPENDENT LIVING	323,384.	323,384							
RESIDENTIAL AND GROUP CAR	7,840,229.	7,840,229							
TOTALS	8,163,613.	8,163,613.							
	==========	=========	==========	==========					