



549 NW Lake Whitney Place Suite 204• Port St. Lucie, FL 34986
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**Board of Directors Meeting
Communities Connected for Kids
March 25th, 2024**

Agenda

- | | |
|--------------------------------------|------------------|
| 1. Call to Order | Melanie Wiles |
| 2. Board Chair Comments | Melanie Wiles |
| 3. February Board Minutes Approval | Melanie Wiles |
| 4. CEO Board Report | Carol Deloach |
| 5. External Affairs/Advocacy | Christina Kaiser |
| 6. QA Committee Report | Rusty Kline |
| 8. Finance Committee Report | Lauren Hahn |
| • Approval of the January Financials | |
| • 990 Draft Report | |
| 9. Board Comments | Melanie Wiles |
| 10. Public Comments | Melanie Wiles |
| 11. Adjournment | Melanie Wiles |

2025 Schedule of Meetings

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

April 22nd

August 26th

December 23rd ***

May 27th

September 23rd

June 24th

October 28th

July 22nd

November 25th***



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Board of Directors Annual Meeting
Communities Connected for Kids Headquarters
February 25th, 2025
3 pm

February 2025 Minutes

1) Call to Order – Ms. Wiles has called the meeting to order at 3:00p

Board members include: Melanie Wiles, Vanessa Farnes, Pat McCoy, Kristy Conway, Mark Young

Absent Board members: Leslie Kroeger, Michelle Miller, Gloria Seidule, and Dr. Angie Bailey.

Internal staff Includes: Elisabeth Eugene, Carol, Deloach, Christina Kaiser, Cheri Sheffer, Lauren Hahn, Denise Natalizio, Rusty Kline, Lorrene Egan, Alisa Carter, Evan Hunsberger, Josie Kirchner, Caryn Toole, Lesa Sims,

Guests include: Christy Gillis, Robert McPartland, Nancy Wall

2) Board Chair Comments- Ms. Wiles presents:

- N/A

3) January Minutes- Melanie Wiles reports:

Ms. Farnes made a motion to approve the January 2025 Minutes, and Ms. Conway, seconded. The motion passed unanimously.

4) Approval of Policies 701 & 702- Ms. Sheffer presents:

- Our purchasing and procurement policies have been updated. HB 7089 requires us to procure any contract exceeding \$250,000.
- We are providing procurement training to our senior management team.
- We are developing a 5-year plan for our procurement of over 20 contracts.

Mr. Young, made a motion to approve Policies 701 and 702, Ms. Farnes, seconded. The motion passed unanimously.

5) CEO Report- Ms. Deloach presents

- KPMG is still pending. The CEOs disagree about what is adequate. KPMG may be adopted by the legislature anyway. The Secretary has said she will adopt this model no matter what. It has been presented to the House and Senate. There have been numerous questions from the legislature. There is no provision in the statute regarding funding, as it was removed. If KPMG goes into effect, we are unsure how that money will be allocated, and we may be required to repay unused funds. The Secretary is leaving DCF and going to ACHA to be the



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Secretary. Taylor Hatch will be joining DCF from APD as Secretary. It is up to CEOs and providers to develop alternatives that can serve as an option for the legislature.

- From February 17th to February 19th, six of us attended the Rally in Tallahassee. We spent some time meeting with legislatures and several representatives. Our ESEP program was presented, and Grace showed its success. Many said this should be done statewide. 1189 and 1151 are our unique request numbers for the House and Senate.
- There was a breakfast, and the Senate president attended, discussing his philosophy.
- Senate Bill 618 and House Bill 415. Currently, the insurance required by statute is \$1 million and \$3 million. These bills would reduce the limit to \$ 500,000 and \$1 million. It is critical that these bills pass, or some of these insurance companies will withdraw. Would any of our Board members like to co-sign a letter in support to send to McClane and Chamberlin?
- As of today, we still have nothing back from the Risk Pool. It has been delayed a few weeks.
- We are working on the Back of the Bill, and it has been stressed that we will need it.
- Several staff changes are needed. We require three new positions and salary increases for two existing positions. A behavioral health specialist, a contract person, and an independent living specialist need to be added. We also need to increase the salaries of our finance and eligibility supervisors, as we did not replace the Director of Finance position, which those two positions absorbed.

6) External Affairs/Advocacy- Ms. Kaiser presents

- Moving along with events with secured dates Tomorrow is our annual PGA baby shower. Every year they do a baby shower, and we come away with a year's worth of baby items.
- April 17th is our 1K. We have permission to use the Port St. Lucie Botanical Garden. It will be a nice draw for people.
- Our volunteer appreciation event is April 4th. Our board members are our most consistent volunteers. So please look for those invites.
- The annual report will be sent out shortly.
- The next External Affairs subcommittee meeting is scheduled for March 13th at 1:00 p.m.
- We have 2025 campaign graphic shirts.
- Jordan resigned last week.

7) QA Committee Report – Mr. Kline reports:

- The subcommittee meeting was at 2 pm today.
- We reviewed the incident reports and missing children cases. We had one, and he was 17 years old and ran from the service center. All efforts are being made to find him. He made contact with case management and his mom.
- We reduced the number of incident reports from 72 to 47 between December and January.
- There were few changes and no incidents that required reporting to the Board.
- We have CQI tomorrow and will review all the data.
- Suzie went over our accountability data. We have 16 cases. We are climbing to 54.



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- Contracts and Quality Management are continuing to monitor all our existing and new providers and assist them with their programming. We also assist with licensing and ensuring everything is in order.
- QM is working on many projects. Program priorities and data priorities are being made. There are 3 projects related to that. Program priorities are WeCare, etc.
- Next subcommittee meeting is March 25th, 2025, at 2pm.

8) Finance Report – Ms. Hahn reports:

- Insurance is a predicament within the state. We went from a \$91,000 premium to \$183,000, a 100% increase. We have real concerns about whether they will remain in the state of Florida.
- The KPMG model will be presented on how it works. DCF will try to show us how to break it down. There are two tiers. Tier 1 is roughly fixed, regardless of the fluctuations you may experience. For our first quarter, we are \$1,075 over our target, based on the KPMG model. If we didn't earn, we would owe that money back. In tier two, we are being advanced in money. The money you can keep is based on your census. That situation would require us to pay back \$689,000 based on our census coming down. Our expenses are less than that. We're looking at approximately \$140,000 in addition to the \$689,000. This does not account for staff personnel who require infrastructure to be maintained. If we don't adopt this model, what do we do in the meantime? The other model other CBCs are working on isn't mature enough to be legitimate.
- We have a \$22M risk pool application fund request and \$3M in funds to be allocated in the Risk Pool. The Back of the Bill requests are \$25M.
- There are questions about the status of funds at the state and federal levels. FFTA dollars may be available to the state. Several CFOs are tuned into what is happening with DOGE, and the state is also doing the same. Stay tuned to how this may impact us.
- We know our financial pain points in group care and foster home administration. We are getting closer to the numbers we thought we would achieve. Many of our cuts did not go into effect until October. We will see our deficit get smaller each month.
- We have an operating surplus. ESEP is having some impact on that.

Ms. Farnes made a motion to approve the January 2025 financials, and Mr. Young seconded. The motion passed unanimously.

9) Board Comments – Mark Young said, "I had contact from 2 people within the last week. I met with Corey from 4Kids. He was encouraged that CCKids brought all licensing agencies in the same room. A CarePortal request this past week came through my church, and we were able to fulfill that need. It made us very happy to be able to assist. We helped with helping bring siblings back together.

10) Public Comments – N/A

Christy Gillis from Circuit 7. She is the acting Community Director. She looks forward to working with Circuit 19 in the future.

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



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**CEO Report
February 2025**

On March 10, 2025, the Secretary position at DCF switched from Shevaun Harris to Taylor Hatch. Ms. Hatch was the Deputy DCF Secretary before moving into the Agency for Persons with Disabilities Director position. As of the writing of this report, no meeting or call with the new Secretary has been scheduled.

Since our last Board meeting, a call was held on March 11, 2025, with DCF's Marci Kirkland, Director of the CBC/ME Office of Financial Accountability, regarding the Risk Pool. DCF made the decision to allocate the proportion of the \$3 million in the pool, compared to the total request of \$22.8 million, which is 13%, and apply that percentage to each CBC's request. This is done after taking new FFTA dollars into account. For CCKids, our \$ 1.7 million, minus the \$216,193 FFTA dollars, is \$1.5 million times 13%, which awards us \$ 195,750 from the Risk Pool. DCF is aware and has verbally committed to supporting the CBC's request for Back of the Bill.

Given the requirement from HB7089 from the last session regarding the procurement of contracts, CCKids has begun crafting the Invitation to Negotiate documents. The first to be advertised are adoptions and case management for Indian River, Martin, and Okeechobee Counties. To familiarize CCKids leadership with the procurement process, Cheri Sheffer did an excellent job of designing a PowerPoint presentation and training us on the process.

On March 7th, we were notified by Mike Watkins, FCC Board Chair, that a decision had been made between the chambers to incorporate the recommendations from the KPMG Report into the CBC funding model in the GAA this year, rather than legislating them into statute. This allows for a one-year examination of the model and its impact on CBCs, as well as determining the changes needed for the next fiscal year. DCF has used the figure of \$29 million as the need. The formula would use that figure for distribution.

On March 19th, there is a call with DCF finance regarding the potential addition of needed services funding to the CBC funding need. We were tasked with reviewing the deliverables required by our DCF contract, assessing what we could not do or could do better if funding were available.

On March 11th, we received a public records request from Robin Rosenberg, Deputy Director of Florida Children's First, asking for documents relating to our various insurance coverages, premiums, and any lawsuit or claim in the past 5 years. This information was supplied within two days of her request. The request went to all CBCs.

The DCF Inspector General sent a notification to alert the CBCs that they will be conducting a review of the foster care, adoption assistance, and guardian assistance eligibility. They will be reviewing our adherence to policies and procedures and adherence to ensuring payments are made only to eligible clients. The review period begins July 1, 2023.



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I continue to participate in the Senator Simon workgroup, which is examining prevention and diversion related to children with behavioral issues. Specifically, we are examining Chapter 984, which addresses the CINS/FINS program and outlines necessary changes to enhance the services being offered. At the same time, the Circuit 19 Juvenile Justice Advisory Board is also reviewing Chapter 984.

Twenty-nine bills involving child welfare have been filed this session. SB618/HB415 addresses limited liability for lead agencies and certain providers. There has been no movement since the March 4th filing.

Departmental reports follow:

CHIEF OPERATING OFFICER

Cheri Sheffer

The number of children under our supervision continues to trend downward. As of February 28, 2025, we are serving 517 children under 18, and 29 in Extended Foster Care or Independent Living. St Lucie county constitutes about 53% of the total children served. Following a downward trend in group home use during this fiscal year, we experienced an uptick in February, fueled in part by the shelters in December through February of at least six high-acuity youth. The placement team continues to work closely with our contracted foster care agencies to match youth in group with available foster homes to ensure youth are served in the least restrictive placement in which they can be successful.

ST LUCIE COUNTY

Lorrene Egan, St Lucie County Director

St. Lucie case management caseloads were hovering around 260 at the end of February. There are at least 13 children in the pipeline who were removed and are pending transfer to case management. We have maintained one vacancy and expect to hire in April.

Our Early Services Engagement Program (ESEP) has served 88 children and 32 families since October 2024 and March 1st, 2025. 95% or 84 of the 88 children that were served have been successfully maintained in their own homes.

County Director Egan attended the following meetings in February:

- C19 Child Death Review Committee
- FCC Legal Council Committee
- C19 Local Review Team



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MARTIN COUNTY

Denise Natalizio, MS, Martin County Director

Recently, we encountered two potential "lock outs" involving youth from other states being discharged from Sandy Pines. In both instances, the parents refused to pick up their children after Sandy Pines informed them that their child was ready for discharge. Historically, Sandy Pines would contact DCF, resulting in the child entering our system as an abandoned child. This approach didn't make sense to us, considering Sandy Pines has a signed agreement with the parents upon accepting a child for treatment at their facility. In collaboration with CLS (Children's Legal Services) and DCF, we concluded that we had no jurisdiction over these children, and Sandy Pines would need to work with the parents and the sending state to resolve the issue. Josie Kirchner and I met with the executive director of Sandy Pines to clarify expectations moving forward. As a result, both children were diverted from entering care, establishing a new precedent and process. In February, I participated in the Martin County Interagency Coalition and board meetings, the MC (CHIP) Community Health Improvement Plan Council meetings, and the C19 (CADR) Child Abuse Death Review Committee.

Martin County Case Management

Fortunately, MC continues to have a very low number of families currently open. With approximately 45 children, the caseload ratios remain low.

Level I Licensing (Relatives and Non-Relatives)

The team is working with 132 families. Our goal is to license 40% of this population and we have been fluctuating between 39-43%.

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

While we have a current net loss of 4 foster homes for the 2024/2025 fiscal year, we have a net gain of 28 beds as several homes have increased their capacities. Our CPAs (Child Placing Agencies) have a combined 30 homes in the licensing process.

Kinship Navigator Program

We are engaging with kinship caregivers to provide support and needed resources; the team served 18 new families in February and 116 this fiscal year.

INDIAN RIVER & OKEECHOBEE COUNTY

Caryn Toole, Okeechobee, and Indian River Director

Road to Success Program:

EFC = 15 (+ 15 EFC Out of County Services)

Aftercare/PESS =24

Under 18 minors served =58



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

Okeechobee:

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

Indian River:

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

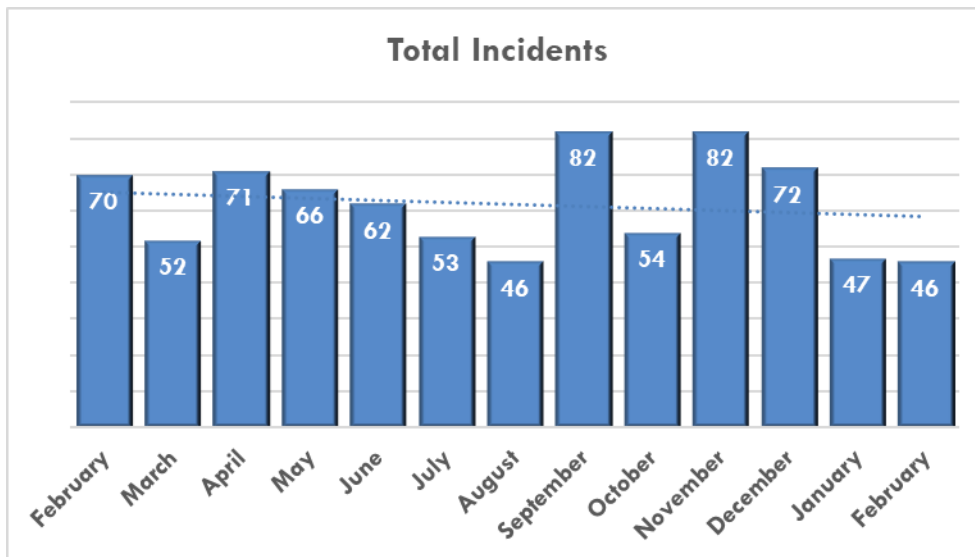
QUALITY MANAGEMENT

Rusty Kline, Director of Quality Management

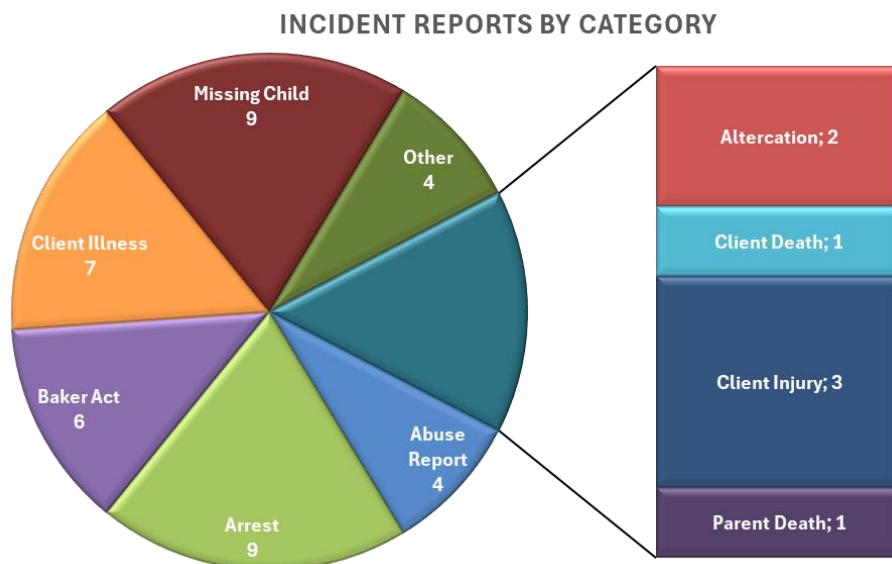
Quality Management/Risk Management:

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

46 incidents were reported during the month of February 2024. Of the 46 incidents, 5 were listed as secondary categories in conjunction with other incidents. These reports listed 28 individual children, 5 parents, one young adult client, and 2 employees as active participants. Six of the 28 children are placed in Circuit 19 by another CBC agency and are only receiving courtesy supervision services from CCKids. Of the 28 children involved, 8 were named as participants in more than one incident report and/or incident type.



The total number of incidents reported did not change significantly from January to February and is well below the average (63) for the last 12 months.





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TRAINING AND DEVELOPMENT

Nicky Smith, Director of Training and Development

The latest cycle of Pre-Service Training for Case Managers and Licensing staff started on February 3, 2025, with the trainees taking their test on April 9, 2025.. The training team is continuing to provide individual mentoring and coaching support for recent graduates who are working to attain their case manager certification. Upcoming In-service training includes topics related to Quality Home Assessments, Motivational Interviewing, Managing Compassion Fatigue and Facilitation Skills Training.

I continue to participate in monthly meetings with representatives from DCF and the Florida Certification Board to discuss collaboration and share information about training issues across the state. I continue to participate in the monthly collaborative forum as we plan for the rollout of the new Academy. I continue to participate on the Florida Certification Board Advisory Council and on the ethics sub-committee, we meet monthly to review ethics complaints from across the state. I continue to facilitate the monthly FCC Quality & Training Sub-committee and participate in the monthly FCC Systems Operations meeting. In addition, I continue to participate on the FCC 2025 Conference Planning Committee, which meets on a monthly basis.

The CCKids Compliance Committee continues to meet on a quarterly basis. There have been no incidents of FWA or incident reports that needed to be reported to Sunshine Health. The annual CCKids Compliance Training, HIPAA and FWA Training will need to be completed by the Board of Directors and CCKids staff to ensure we remain in compliance with Sunshine contract requirements. Training assignments will start in March 2025.

FINANCE

Lauren Hahn, CFO

Eight months into our fiscal year, we are starting to see real reductions in our year-to-date deficit. February showed a surplus, mostly due to the fact that February has fewer days, so payroll and room & board costs are lower.

We received notification that CCKids will receive \$225,042 from the risk pool. In a nutshell, DCF awarded every CBC that applied for the risk pool an amount equal to each request pro-rated for the \$3 million available. We will continue to pursue “Back of the Bill” funding for funds not awarded through the risk pool.

It appears that the legislature will require the use of the KPMG funding model for this year and will review the results to determine whether it will be implemented as law next year. Initial review of the model shows we will get more than we have now, but nowhere near the amount allocated to us, mostly due to decreased census numbers and deep cuts to our prevention programs.

KPMG and DCF have asked CBCs to complete an “enhancement exercise”, the purpose of which is to collect information from CBCs on opportunities to increase or enhance the level of services delivered to children and



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families among existing CBC contractual obligations with DCF impacted by current funding levels. At this time, we are not sure exactly how this information will be used by DCF and KPMG.

Stay tuned.



AT-A-GLANCE

Scorecard/Contract Performance Measures		January	February	Target	% Change
SAFETY	Children Not Abused in OOHC	8.40	0.00	9.07	▶ -8.40
	No Abuse during In-Home Services	100.00%	100.00%	95.00%	0.00%
	Children with No Recurrence of Verified Abuse within 12 Months	95.35%	96.15%	90.30%	▶ 0.81%
WELL-BEING	Kids Seen Every 30 Days	99.75%	100.00%	99.50%	▶ 0.25%
PERMANENCY	Placement Moves per 1000 Days in OOHC	3.94	4.17	4.50	▶ 0.23
	Kids Exiting OOHC to a Permanent Home w/In 12 Months of Removal	34.62%	51.52%	35.20%	▶ 16.90%
	Kids in OOHC 12-23 Months who Exit to a Permanent Home	68.59%	70.78%	44.00%	▶ 2.19%
	Kids Who do Not Re-enter OOHC within 12 Months of Exit*	92.74%	93.23%	94.40%	▶ 0.49%
	Percentage of Children in OOHC Placed with Relative/Non-Relatives	49.86%	46.88%	60.00%	▶ -2.98%
	Sibling Groups Placed Together in OOHC	65.38%	64.47%	65.00%	▶ -0.91%
	Number of Finalized Adoptions (YTD)	70	77	76	▶ 7

CFSR Desk Review Data
Qualitative Metrics

	CFSR items	September 2024	December 2024	January 2025	February 2025	March 2025
	Number of Cases	5 1: In Home 4: Foster Care	8 3: In Home 5: Foster Care	12 5: In Home 7: Foster Care	16 6: In Home 10: Foster Care	21 8: In Home 13: Foster Care
Safety	Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment Purpose of Assessment	100%	100%	100%	100%	100%
	Item 2: Services to prevent removal	80%	83%	80%	82%	79%
	Item 3: Risk and Safety Assessment and Management	80%	63%	58%	63%	62%
Permanency	Item 4: Stability of Foster Care Placement	75%	80%	86%	80%	77%
	Item 5: Permanency Goal for the Child	100%	100%	100%	100%	100%
	Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	100%	100%	86%	80%	77%
	Item 7: Placement with Siblings	100%	100%	100%	75%	80%
	Item 8: Visiting with Parents and Siblings in Foster Care	50%	60%	43%	38%	45%
	Item 9: Preserving Connections	0%	20%	14%	10%	15%
	Item 10: Relative Placement	50%	60%	71%	70%	62%
	Item 11: Relationship of Child in Care with Parents	25%	40%	33%	33%	33%
Well-Being	Item 12: Needs and Services of Child, Parents, and Foster Parents	0%	13%	17%	13%	10%
	Item 12A: Needs Assessment and Services to Children	80%	75%	67%	63%	67%
	Item 12B: Needs Assessment and Services to Parents	20%	38%	33%	31%	22%
	Item 12C: Needs Assessment and Services to Foster Parents	75%	80%	71%	67%	58%
	Item 13: Child and Family Involvement in Case Planning	40%	50%	33%	33%	25%
	Item 14: Caseworker Visits with the Child	20%	13%	33%	38%	38%
	Item 15: Caseworker Visits with Parents	40%	38%	25%	23%	17%
	Item 16: Educational Needs of the Child	50%	33%	40%	29%	44%
	Item 17: Physical Health of the Child	60%	67%	56%	58%	60%
	Item 18: Mental/Behavioral Health of the Child	100%	100%	67%	50%	25%
	Is an Immediate Child Safety Action Required?	0%	0%	0%	0%	0%

Communities Connected for Kids, Inc.
Financial Dashboard
as of February 28, 2025
(unaudited and for internal purposes only)

Cash in Bank	<u>\$ 4,236,627</u>
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Total Assets	\$ 7,735,048
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Total Liabilities	\$ 5,871,416
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Total Net Assets	\$ 1,863,632
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Current Assets (a)	\$ 4,492,974
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Current Liabilities (b)	\$ 2,568,620	1.75 Current Ratio [a/b]
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	<u>Current Month</u>	<u>Year-to-Date</u>
Total Revenues	\$ 3,378,489	\$ 26,763,965
Total Expenses	\$ 3,270,466	\$ 26,680,587
Net Surplus (Deficit)	<u>\$ 108,023</u>	<u>\$ 83,378</u>

Communities Connected for Kids, Inc.
Statement of Activities by Program
For the Month and Fiscal Year-to-Date ending February 28, 2025
(unaudited and for internal use only)

	Feb-25							
	(C) DCF Child Welfare Core Plus (ZJ002)	(D) DCF Child Welfare - Independent Living (ZJ002)	(E) Total DCF Child Welfare (ZJ002)	(F) DCF ESEP (ZJ001)	(G) Sunshine	(H) Other	(I) TOTAL All Programs	check w/ act
Revenue:								
DCF Core Services	2,025,569		2,025,569				2,025,569	-
DCF IL	-	101,887	101,887				101,887	-
DCF Other	61,303		61,303				61,303	-
ESEP	-		-	80,798			80,798	-
DCF Total	2,123,798	101,887	2,225,685	80,798	-	-	2,306,483	-
Sunshine State Health Plan	-		-		24,388		24,388	-
Other	-		-			639	639	-
Total Revenue	2,123,798	101,887	2,225,685	80,798	24,388	639	2,331,510	-
Expenses								
Lead Agency Expenses								
Salaries & Wages								
Salaries	543,408	34,570	577,977	37,084	5,838		620,900	-
Overtime	11,348	1,427	12,774	458	-		13,233	-
Total Salaries & Wages	554,755	35,996	590,752	37,542	5,838	-	634,132	-
Employee Benefits	166,469	11,210	177,679	10,206	1,677		189,561	-
Occupancy								
Rent	79,196	1,641	80,836	2,712	234		83,782	-
Utilities	1,680	52	1,732	87	7		1,826	-
Phone	8,999	440	9,439	366	44		9,849	-
Equipment rental	603	11	614	12	2		628	-
Repairs and maintenance	7,343	389	7,732	33	49		7,814	-
Total Occupancy	97,821	2,533	100,354	3,209	337	-	103,899	-
Insurance	16,354	-	16,354				16,354	-
Office/Travel/Other								
Office expense	16,907	25	16,932	53	3		16,988	-
Travel	6,537	453	6,990	168	-		7,158	-
Legal	4,589		4,589		-		4,589	-
Audit	-		-		-		-	-
PR, Conferences, Trainings	404	-	404		-		404	-
Total Office/Travel/Other	28,437	478	28,915	220	3	-	29,139	-
Administrative/IT	47,422	16	47,438	14	2		47,454	-
Total Lead Agency Costs	911,257	50,233	961,491	51,191	7,857	-	1,020,539	-

Communities Connected for Kids, Inc.
Statement of Activities by Program
For the Month and Fiscal Year-to-Date ending February 28, 2025
(unaudited and for internal use only)

	Feb-25							
	(D) DCF Child		(E) Total	(F) DCF	(G)	(H)	(I) TOTAL All	check
	(C) DCF	Welfare -	DCF Child	ESEP	Sunshine	Other	Programs	w/ act
	Child	Independent	Welfare					
	Welfare Core	Living	(ZJ002)	(ZJ001)				
	Plus (ZJ002)	(ZJ002)						
Contracted Services								-
CM/Adoption								-
Case management	270,000		270,000				270,000	-
Adoption services	69,469		69,469				69,469	-
Total CM/Adoption	339,469	-	339,469	-	-	-	339,469	-
Prevention and intervention	88,205		88,205	-			88,205	-
Diversion services	46,063		46,063				46,063	-
Foster care recruitment	170,449		170,449	-			170,449	-
Total Contracted Services	644,186	-	644,186	-	-	-	644,186	-
Out of Home Care								-
Foster home	88,131		88,131				88,131	-
Residential group care	435,840		435,840				435,840	-
Clothing	-		-				-	-
Total Out of home care	523,971	-	523,971	-	-	-	523,971	-
Independent Living								-
Room and board	(0)	15,769	15,769				15,769	-
PESS and Aftercare Services	(495)	28,431	27,937				27,937	-
Total Independent Living	(495)	44,200	43,706	-	-	-	43,706	-
Client support services								-
Children's mental health wraparound								-
services	5,747		5,747				5,747	-
Lab services	16,796	-	16,796	-			16,796	-
Other services	18,992	-	18,992	12	(800)	320	18,524	-
Total Client support services	41,536	-	41,536	12	(800)	320	41,068	-
Total Operating Expenses	2,120,455	94,433	2,214,888	51,203	7,057	320	2,273,469	-
Other Expenses	1,985		1,985				1,985	-
Total Expenses	2,122,440	94,433	2,216,873	51,203	7,057	320	2,275,454	-
Operating surplus (decifit)	1,358	7,454	8,812	29,595	17,331	319	56,056	-

Communities Connected for Kids, Inc.
Statement of Activities by Program
For the Month and Fiscal Year-to-Date ending February 28, 2025
(unaudited and for internal use only)

	Feb-25							
	(D) DCF Child		(E) Total	(F) DCF	(G)	(H)	(I) TOTAL All	check
	(C) DCF	Welfare -	DCF Child	ESEP	Sunshine	Other	Programs	w/ act
	Child	Independent	Welfare					
	Welfare Core	Living	Welfare					
	Plus (ZJ002)	(ZJ002)	(ZJ002)	(ZJ001)				
Maintenance Subsidies								-
Revenue - Adoption	863,558		863,558				863,558	-
Revenue - Level 1 Licensed Care	79,301		79,301				79,301	-
Revenue - Guardianship Assistance	63,814		63,814				63,814	-
Revenue - Child Care Subsidies	40,306		40,306				40,306	-
Total Revenue - Subsidies	1,046,979	-	1,046,979	-	-	-	1,046,979	-
Expense - Adoption	849,096		849,096				849,096	-
Expense - Level 1 Licensed Care	43,246		43,246				43,246	-
Expense - Guardianship Assistance	77,023		77,023				77,023	-
Expense - Child Care Subsidies	25,647		25,647				25,647	-
Total Expense - Subsidies	995,012	-	995,012	-	-	-	995,012	-
Net Subsidies	51,967	-	51,967	-	-	-	51,967	-
Gross Revenue	3,170,777	101,887	3,272,664	80,798	24,388	639	3,378,489	-
Expenses (incl MAS)	3,117,452	94,433	3,211,885	51,203	7,057	320	3,270,466	-
Net surplus (decifit)	53,325	7,454	60,778	29,595	17,331	319	108,023	-

Communities Connected for Kids, Inc.
Statement of Activities by Program
For the Month and Fiscal Year-to-Date ending February 28, 2025
(unaudited and for internal use only)

	YTD					
	(C) DCF Child Welfare Core Plus (ZJ002)	(D) DCF Child Welfare - Independent Living (ZJ002)	(F) DCF ESEP (ZJ001)	(G) Sunshine	(H) Other	(I) TOTAL All Programs
Revenue:						
DCF Core Services	16,307,448					16,307,448
DCF IL	-	815,095				815,095
DCF Other	305,796					305,796
ESEP	-		646,370			646,370
DCF Total	16,724,021	815,095	646,370	-	-	18,185,486
Sunshine State Health Plan	-			191,730		191,730
Other	-				10,917	10,917
Total Revenue	16,724,021	815,095	646,370	191,730	10,917	18,388,133
Expenses						
Lead Agency Expenses						
Salaries & Wages						
Salaries	4,663,092	252,116	163,712	43,697	-	5,122,617
Overtime	85,963	5,824	1,403	-	-	93,190
Total Salaries & Wages	4,749,055	257,940	165,115	43,697	-	5,215,806
Employee Benefits	1,427,276	81,448	43,559	12,905	700	1,565,888
Occupancy						
Rent	594,126	12,185	8,135	3,608		618,054
Utilities	22,131	1,157	263	60		23,611
Phone	93,391	5,861	1,905	553		101,710
Equipment rental	30,901	1,964	33	262		33,160
Repairs and maintenance	66,920	1,888	283	433		69,525
Total Occupancy	807,469	23,055	10,620	4,917	-	846,061
Insurance	153,066	-	-			153,066
Office/Travel/Other						
Office expense	83,137	271	1,306	18	(783)	83,950
Travel	92,374	4,116	643		387	97,521
Legal	12,876					12,876
Audit	53,227					53,227
PR, Conferences, Trainings	19,552	806	99			20,457
Total Office/Travel/Other	261,167	5,193	2,048	18	(396)	268,031
Administrative/IT	377,303	51	37	16		377,407
Total Lead Agency Costs	7,775,336	367,688	221,379	61,554	304	8,426,260

Communities Connected for Kids, Inc.
Statement of Activities by Program
For the Month and Fiscal Year-to-Date ending February 28, 2025
(unaudited and for internal use only)

	YTD					
	(C) DCF Child Welfare Core Plus (ZJ002)	(D) DCF Child Welfare - Independent Living (ZJ002)	(F) DCF ESEP (ZJ001)	(G) Sunshine	(H) Other	(I) TOTAL All Programs
Contracted Services						
CM/Adoption						
Case management	2,096,588					2,096,588
Adoption services	531,770					531,770
Total CM/Adoption	2,628,358	-	-	-	-	2,628,358
Prevention and intervention	644,830		8,186			653,015
Diversion services	387,938					387,938
Foster care recruitment	1,418,722					1,418,722
Total Contracted Services	5,079,847	-	8,186	-	-	5,088,033
Out of Home Care						
Foster home	790,509					790,509
Residential group care	3,617,636					3,617,636
Clothing	72,240					72,240
Total Out of home care	4,480,385	-	-	-	-	4,480,385
Independent Living						
Room and board	-	108,407				108,407
PESS and Aftercare Services	-	221,570				221,570
Total Independent Living	-	329,977	-	-	-	329,977
Client support services						
Children's mental health wraparound services	60,577					60,577
Lab services	111,352	243	570			112,165
Other services	271,170	1,572	962	(150)	7,288	280,843
Total Client support services	443,099	1,816	1,532	(150)	7,288	453,585
Total Operating Expenses	17,778,667	699,480	231,096	61,404	7,592	18,778,240
Other Expenses	15,866					15,866
Total Expenses	17,794,532	699,480	231,096	61,404	7,592	18,794,105
Operating surplus (decifit)	(1,070,511)	115,614	415,274	130,326	3,325	(405,972)

Communities Connected for Kids, Inc.
Statement of Activities by Program
For the Month and Fiscal Year-to-Date ending February 28, 2025
(unaudited and for internal use only)

	YTD					
	(C) DCF Child Welfare Core Plus (ZJ002)	(D) DCF Child Welfare - Independent Living (ZJ002)	(F) DCF ESEP (ZJ001)	(G) Sunshine	(H) Other	(I) TOTAL All Programs
Maintenance Subsidies						
Revenue - Adoption	6,908,465					6,908,465
Revenue - Level 1 Licensed Care	634,407					634,407
Revenue - Guardianship Assistance	510,514					510,514
Revenue - Child Care Subsidies	322,445					322,445
Total Revenue - Subsidies	8,375,832	-	-	-	-	8,375,832
Expense - Adoption	6,717,431					6,717,431
Expense - Level 1 Licensed Care	430,904					430,904
Expense - Guardianship Assistance	511,838					511,838
Expense - Child Care Subsidies	226,309					226,309
Total Expense - Subsidies	7,886,482	-	-	-	-	7,886,482
Net Subsidies	489,350	-	-	-	-	489,350
Gross Revenue	25,099,853	815,095	646,370	191,730	10,917	26,763,965
Expenses (incl MAS)	25,681,014	699,480	231,096	61,404	7,592	26,680,587
Net surplus (decifit)	(581,162)	115,614	415,274	130,326	3,325	83,378

Communities Connected for Kids, Inc.
Statement of Activities
For the Month and Fiscal Year-to-Date ended February 28, 2025
(unaudited and for internal use only)

	Feb-25			YTD			66.67%	YTD
	Actual	Budget	Fav (Unfav) Variance	Actual	Budget	Fav (Unfav) Variance	% of Actual To Total Budget	Approved Budget FY24-25
Revenue:								
DCF Core Services	2,025,569	2,046,148	(20,579)	16,307,448	16,369,184	(61,736)	66.4%	24,553,776
DCF IL	101,887	101,887	-	815,095	815,095	-	66.7%	1,222,642
DCF Other	61,303	45,917	15,386	305,796	367,339	(61,543)	104.5%	292,529
ESEP	80,798	80,796	2	646,370	646,367	3	66.7%	969,551
DCF Total	2,306,483	2,274,748	31,735	18,185,486	18,197,985	(12,499)	66.6%	27,296,977
Sunshine State Health Plan	24,388	24,500	(112)	191,730	196,000	(4,270)	65.2%	294,000
Other	639	1,250	(611)	10,917	10,000	917	72.8%	15,000
Total Revenue	2,331,510	2,300,498	31,012	18,388,133	18,403,985	(15,852)	66.6%	27,605,977
Expenses:								
Lead Agency / System of Care Expense								
Salaries and wages								
Salaries	620,900	630,594	9,695	5,122,617	5,044,756	(77,861)	67.7%	7,567,134
Overtime	13,233	12,500	(733)	93,190	100,000	6,810	62.1%	150,000
Total Salaries & Wages	634,132	643,094	8,962	5,215,806	5,144,756	(71,051)	67.6%	7,717,134
Employee benefits	189,561	184,875	(4,687)	1,565,888	1,478,997	(86,891)	70.6%	2,218,496
Occupancy								
Rent	83,782	79,563	(4,219)	618,054	636,501	18,447	64.7%	954,752
Utilities	1,826	3,750	1,924	23,611	30,000	6,389	52.5%	45,000
Phone	9,849	17,215	7,366	101,710	137,723	36,013	49.2%	206,584
Furniture and equipment	628	5,000	4,372	33,160	40,000	6,840	55.3%	60,000
Repairs and maintenance	7,814	7,500	(314)	69,525	60,000	(9,525)	77.3%	90,000
Total Occupancy	103,899	113,028	9,129	846,061	904,224	58,163	62.4%	1,356,336
Insurance	16,354	19,167	2,813	153,066	153,333	267	66.6%	230,000
Office/Travel/Other								
Office expense	16,988	8,411	(8,578)	83,950	67,285	(16,665)	83.2%	100,928
Travel	7,158	19,920	12,762	97,521	159,360	61,839	40.8%	239,040
Legal	4,589	1,667	(2,922)	12,876	13,333	457	64.4%	20,000
Audit	-	4,583	4,583	53,227	36,667	(16,560)	96.8%	55,000
Other (PR, Conf, Training)	404	7,500	7,096	20,457	60,000	39,543	22.7%	90,000
Total Office/Travel/Other	29,139	42,081	12,942	268,031	336,645	68,614	53.1%	504,968
Administrative / management	47,454	45,833	(1,620)	377,407	366,667	(10,740)	68.6%	550,000
Total Lead Agency Costs	1,020,539	1,048,078	27,539	8,426,260	8,384,622	(41,637)	67.0%	12,576,934

Communities Connected for Kids, Inc.
Statement of Activities
For the Month and Fiscal Year-to-Date ended February 28, 2025
(unaudited and for internal use only)

	Feb-25			YTD			66.67%	YTD
	Actual	Budget	Fav (Unfav) Variance	Actual	Budget	Fav (Unfav) Variance	% of Actual To Total Budget	Approved Budget FY24-25
Contracted Services								
Case Management/Adoption								
Case management	270,000	292,846	22,846	2,096,588	2,342,769	246,181	59.7%	3,514,153
Adoption services	69,469	75,000	5,531	531,770	600,000	68,230	59.1%	900,000
Total CM/Adoption	339,469	367,846	28,377	2,628,358	2,942,769	314,411	59.5%	4,414,153
Prevention and Intervention services	88,205	39,987	(48,218)	653,015	319,893	(333,122)	136.1%	479,840
Diversion services	46,063	50,000	3,937	387,938	400,000	12,062	64.7%	600,000
Foster care administration	170,449	147,277	(23,172)	1,418,722	1,178,217	(240,505)	80.3%	1,767,325
Total Contracted Services	644,186	605,110	(39,076)	5,088,033	4,840,879	(247,154)	70.1%	7,261,318
Out of Home								
Foster home	88,131	108,333	20,203	790,509	866,667	76,158	60.8%	1,300,000
Residential group care	435,840	378,051	(57,789)	3,617,636	3,024,408	(593,227)	79.7%	4,536,613
Clothing	-	7,917	7,917	72,240	63,333	(8,907)	76.0%	95,000
Total Out of Home Care	523,971	494,301	(29,669)	4,480,385	3,954,408	(525,976)	75.5%	5,931,613
Independent Living								
Room and board	15,769	29,167	13,398	108,407	233,333	124,926	31.0%	350,000
Services	27,937	25,833	(2,103)	221,570	206,667	(14,903)	71.5%	310,000
Total Independent Living	43,706	55,000	11,294	329,977	440,000	110,023	50.0%	660,000
Client support services								
Children's mental health wraparound service	5,747	21,108	15,361	60,577	168,867	108,290	23.9%	253,301
Lab services	16,796	17,917	1,120	112,165	143,333	31,168	52.2%	215,000
Other services	18,524	25,125	6,601	280,843	201,000	(79,843)	93.1%	301,500
Total Client support services	41,068	64,150	23,082	453,585	513,201	59,615	58.9%	769,801
Total Operating Expenses	2,273,469	2,266,639	(6,830)	18,778,240	18,133,110	(645,129)	69.0%	27,199,665
Other Expenses	1,985	2,500	515	15,866	20,000	4,135	52.9%	30,000
Total Expenses	2,275,454	2,269,139	(6,315)	18,794,105	18,153,110	(640,995)	69.0%	27,229,665
Net operating surplus (deficit)	56,056	31,359	37,327	(405,972)	250,874	(625,143)	-107.9%	376,312

Communities Connected for Kids, Inc.
Statement of Activities
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(unaudited and for internal use only)

	Feb-25			YTD			66.67%	YTD
	Actual	Budget	Fav (Unfav) Variance	Actual	Budget	Fav (Unfav) Variance	% of Actual To Total Budget	Approved Budget FY24-25
Maintenance Subsidies								
Revenue - Maintenance Adoption Subsidies	863,558	863,558	-	6,908,465	6,908,465	-	66.7%	10,362,698
Revenue - Level 1 Licensed Care	79,301	79,301	-	634,407	634,407	-	66.7%	951,611
Revenue - Guardianship Assistance Program	63,814	63,814	-	510,514	510,514	-	66.7%	765,771
Revenue - Child Care Subsidies	40,306	40,306	-	322,445	322,445	-	66.7%	483,668
Total Revenue - Subsidies	1,046,979	1,046,979	-	8,375,832	8,375,832	-	66.7%	12,563,748
Expense - Maintenance Adoption Subsidies	849,096	863,558	14,462	6,717,431	6,908,465	191,034	64.8%	10,362,698
Expense - Level 1 Licensed Care	43,246	79,301	36,055	430,904	634,407	203,503	45.3%	951,611
Expense - Guardianship Assistance Program	77,023	63,814	(13,209)	511,838	510,514	(1,324)	66.8%	765,771
Expense - Child Care Subsidies	25,647	40,306	14,659	226,309	322,445	96,136	46.8%	483,668
Total Expense - Subsidies	995,012	1,046,979	51,967	7,886,482	8,375,832	489,350	62.8%	12,563,748
Net surplus (deficit) subsidies	51,967	-	51,967	489,350	-	489,350		-
Gross Revenue	3,378,489	3,347,477	(31,012)	26,763,965	26,779,817	15,852	66.6%	40,169,725
Expenses	3,270,466	3,316,118	45,652	26,680,587	26,528,942	(151,645)	67.0%	39,793,413
Net surplus (deficit)	108,023	31,359	76,664	83,378	250,874	(167,497)	22.2%	376,312

Communities Connected for Kids, Inc.
Monthly Statement of Activities
For the Fiscal Year-to-Date ended January 31, 2025
(unaudited and for internal use only)

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Total
Revenue:									
DCF Core Services	2,046,148	2,046,148	2,046,148	2,046,148	2,046,148	2,025,569	2,025,569	2,025,569	16,307,448
DCF IL	101,887	101,887	101,887	101,887	101,887	101,887	101,887	101,887	815,095
DCF Other	24,377	24,377	24,377	24,377	24,377	61,303	61,303	61,303	305,796
ESEP	80,796	80,796	80,796	80,796	80,796	80,796	80,797	80,798	646,370
DCF Total	2,253,208	2,253,208	2,253,208	2,253,208	2,253,208	2,306,481	2,306,482	2,306,483	18,185,486
Sunshine State Health Plan	24,486	24,906	24,949	23,631	23,086	23,604	22,680	24,388	191,730
Other	-	631	3,530	247	4,569	858	444	639	10,917
Total Revenue	2,277,694	2,278,745	2,281,687	2,277,086	2,280,863	2,330,942	2,329,606	2,331,510	18,388,133
	-	-	-	-	-	-	-	-	-
Expenses:									
Lead Agency / System of Care Expense									
Salaries and wages									
Salaries	625,241	628,330	628,403	660,242	629,468	654,278	675,755	620,900	5,122,617
Overtime	12,289	10,262	10,332	13,462	9,461	11,759	12,392	13,233	93,190
Total Salaries & Wages	637,530	638,592	638,736	673,704	638,929	666,037	688,147	634,132	5,215,806
Employee benefits	179,526	180,807	207,302	188,727	207,513	205,229	207,222	189,561	1,565,888
Occupancy									
Rent	75,120	78,400	77,250	76,783	77,033	77,133	72,553	83,782	618,054
Utilities	3,304	4,112	4,191	3,964	1,465	1,625	3,124	1,826	23,611
Phone	11,706	12,927	13,164	13,394	8,243	18,244	14,182	9,849	101,710
Furniture and equipment	5,193	5,375	(3,720)	5,410	4,624	630	15,020	628	33,160
Repairs and maintenance	6,696	14,731	9,493	6,696	7,032	9,825	7,239	7,814	69,525
Total Occupancy	102,019	115,545	100,377	106,248	98,398	107,457	112,118	103,899	846,061
Insurance	16,420	16,420	16,420	16,420	36,176	18,580	16,278	16,354	153,066
Office/Travel/Other									
Office expense	19,211	2,171	24,439	6,200	194	6,517	8,230	16,988	83,950
Travel	7,989	16,763	13,058	13,051	9,345	15,273	14,884	7,158	97,521
Legal	228	1,870	1,600	3,994	142	57	397	4,589	12,876
Audit	-	-	-	7,027	12,000	21,000	13,200	-	53,227
Other (PR, Conf, Training)	3,219	1,408	155	5,980	397	3,245	5,649	404	20,457
Total Office/Travel/Other	30,647	22,212	39,252	36,252	22,077	46,092	42,360	29,139	268,031
Administrative / management	46,885	46,953	47,097	46,948	44,729	50,203	47,138	47,454	377,407
Total Lead Agency Cos	1,013,027	1,020,530	1,049,184	1,068,298	1,047,823	1,093,598	1,113,262	1,020,539	8,426,260

Communities Connected for Kids, Inc.
Monthly Statement of Activities
For the Fiscal Year-to-Date ended January 31, 2025
(unaudited and for internal use only)

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Total
Contracted Services									
Case Management/Adoption									
Case management	272,359	236,773	273,122	239,038	252,446	284,941	267,910	270,000	2,096,588
Adoption services	79,813	66,409	60,347	55,730	48,637	71,690	79,674	69,469	531,770
Total CM/Adoption	352,172	303,182	333,469	294,767	301,083	356,631	347,584	339,469	2,628,358
Prevention and Intervention services	88,813	83,970	98,823	49,914	89,216	76,488	77,587	88,205	653,015
Diversion services	54,305	53,699	49,365	46,190	46,063	46,190	46,063	46,063	387,938
Foster care administration	248,696	255,174	250,739	97,443	106,997	145,541	143,683	170,449	1,418,722
Total Contracted Services	743,985	696,025	732,396	488,314	543,359	624,850	614,917	644,186	5,088,033
Out of Home									
Foster home	96,844	97,448	99,622	106,013	99,826	106,103	96,523	88,131	790,509
Residential group care	469,549	453,517	400,738	477,141	458,568	468,245	454,037	435,840	3,617,636
Clothing	-	69,100	1,250	1,590	-	-	300	-	72,240
Total Out of Home Care	566,393	620,065	501,610	584,744	558,394	574,349	550,860	523,971	4,480,385
Independent Living									
Room and board	8,183	14,719	8,301	13,731	15,484	11,501	20,720	15,769	108,407
Services	24,293	26,217	34,817	26,217	29,657	29,657	22,777	27,937	221,570
Total Independent Living	32,475	40,935	43,117	39,948	45,140	41,158	43,497	43,706	329,977
Client support services									
Children's mental health wraparound s	8,277	14,322	9,817	9,059	2,929	5,428	4,998	5,747	60,577
Lab services	6,174	19,039	12,368	19,163	8,400	19,338	10,887	16,796	112,165
Other services	36,549	49,197	36,778	49,534	26,286	25,409	38,566	18,524	280,843
Total Client support services	51,000	82,559	58,963	77,756	37,615	50,175	54,450	41,068	453,585
Total Operating Expenses	2,406,881	2,460,113	2,385,270	2,259,060	2,232,330	2,384,130	2,376,986	2,273,469	18,778,240
Other Expenses	1,896	2,045	1,937	1,915	1,915	1,936	2,236	1,985	15,866
Total Expenses	2,408,777	2,462,158	2,387,207	2,260,975	2,234,245	2,386,066	2,379,223	2,275,454	18,794,105
Net operating surplus (deficit)	(131,083)	(183,413)	(105,520)	16,111	46,618	(55,124)	(49,617)	56,056	(405,972)
Maintenance Subsidies									
Revenue - Maintenance Adoption Subsid	863,558	863,558	863,558	863,558	863,558	863,558	863,558	863,558	\$ 6,908,465
Revenue - Level 1 Licensed Care	79,301	79,301	79,301	79,301	79,301	79,301	79,301	79,301	634,407
Revenue - Guardianship Assistance Progr	63,814	63,814	63,814	63,814	63,814	63,814	63,814	63,814	510,514
Revenue - Child Care Subsidies	40,306	40,306	40,306	40,306	40,306	40,306	40,306	40,306	322,445
Total Revenue - Subsidies	1,046,979	1,046,979	1,046,979	1,046,979	1,046,979	1,046,979	1,046,979	1,046,979	8,375,832
Expense - Maintenance Adoption Subsid	838,787	843,135	835,566	836,561	833,087	839,040	842,159	849,096	6,717,431
Expense - Level 1 Licensed Care	60,362	59,076	60,584	57,866	57,188	51,152	41,430	43,246	430,904
Expense - Guardianship Assistance Progr	57,616	59,327	51,403	64,552	67,101	68,879	65,938	77,023	511,838
Expense - Child Care Subsidies	37,903	7,077	32,447	31,083	31,020	30,920	30,213	25,647	226,309
Total Expense - Subsidies	994,668	968,614	979,999	990,062	988,395	989,991	979,740	995,012	7,886,482
Net Income - Subsidies	52,311	78,365	66,980	56,917	58,584	56,988	67,239	51,967	489,350
Gross Revenue	3,324,673	3,325,724	3,328,666	3,324,065	3,327,842	3,377,921	3,376,585	3,378,489	26,763,965
Expenses (incl MAS)	3,403,445	3,430,772	3,367,206	3,251,038	3,222,640	3,376,057	3,358,962	3,270,466	26,680,587
Net Income (loss)	(78,772)	(105,048)	(38,540)	73,027	105,201	1,864	17,622	108,023	83,378

A For the 2023 calendar year, or tax year beginning 07/01/2023 and ending 06/30/2024			
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization COMMUNITIES CONNECTED FOR KIDS, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 549 NW LAKE WHITNEY PLACE 204 City or town, state or province, country, and ZIP or foreign postal code PORT ST. LUCIE, FL 34986		D Employer identification number 46-0908479
	F Name and address of principal officer: CAROL DELOACH 549 NW LAKE WHITNEY PLACE 204, PORT ST. LUCIE, FL 34986		E Telephone number (772) 873-7800
	I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		G Gross receipts \$ 41,627,666.
	J Website: WWW.CCKIDS.NET		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions.
	K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: 2012
	M State of legal domicile: FL		
H(c) Group exemption number			

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: COMMUNITIES CONNECTED FOR KIDS, INC.'S MISSION IS TO ENHANCE THE SAFETY, PERMANENCY AND WELL-BEING FOR ALL CHILDREN IN CIRCUIT 19 OF FLORIDA THROUGH A NETWORK OF SERVICES.	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 10
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5 149
	6	Total number of volunteers (estimate if necessary)	6
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
Revenue	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b
	8	Contributions and grants (Part VIII, line 1h)	Prior Year 40,705,062. Current Year 41,310,400.
	9	Program service revenue (Part VIII, line 2g)	NONE NONE
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	NONE NONE
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	308,214. 317,266.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,013,276. 41,627,666.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE NONE
	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,431,158. 10,021,258.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE NONE
	b	Total fundraising expenses (Part IX, column (D), line 25)	NONE
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	31,438,702. 31,300,145.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	40,869,860. 41,321,403.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	143,416. 306,263.
	20	Total assets (Part X, line 16)	Beginning of Current Year 10,180,255. End of Year 9,379,961.
	21	Total liabilities (Part X, line 26)	8,530,176. 7,423,619.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,650,079. 1,956,342.

Part II Signature Block		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
Sign Here	Signature of officer CAROL DELOACH Type or print name and title	Date CEO
	Print/Type preparer's name Preparer's signature Date	Check ☐ if self-employed PTIN
Paid Preparer Use Only	Firm's name Firm's address	Firm's EIN Phone no.
	May the IRS discuss this return with the preparer shown above? See instructions. ☐ Yes ☒ No	

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 38,159,638. including grants of \$ 41,285,702.) (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
\$3,161,765.

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 38,159,638.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X
b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
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	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
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	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	50
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	1b	NONE
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	149
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
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)? . .	4a	X
b If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒ X**Section A. Governing Body and Management**

	1a	10	1b	10	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		10		10		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b Enter the number of voting members included on line 1a, above, who are independent.		10		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?						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?						X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						X
6 Did the organization have members or stockholders?						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?						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?						X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					X	
b Each committee with authority to act on behalf of the governing body?					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? If "Yes," provide the names and addresses on Schedule O.						X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		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? . . .		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed FL,

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 CAROL DELOACH 549 NW LAKE WHITNEY PLACE, SUITE 204 PORT ST. LUCIE, FL 3498
 772-873-7800

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROL DELOACH CHIEF EXECUTIVE OFFICER	50.00 NONE			X				NONE	155,023.	19,846.
(2) LORRENE EGAN COUNTY DIRECTOR	50.00 NONE					X		126,563.	NONE	17,711.
(3) LAUREN HAHN CHIEF FINANCIAL OFFICER	50.00 NONE			X				124,799.	NONE	17,587.
(4) CHERI SHEFFER CHIEF OPERATING OFFICER	50.00 NONE			X				119,543.	NONE	18,160.
(5) DENISE NATALIZIO COUNTY DIRECTOR	50.00 NONE					X		103,125.	NONE	16,253.
(6) MELANIE WILES BOARD CHAIR	3.00 NONE	X						NONE	NONE	NONE
(7) ANGIE BAILEY DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(8) KRISTY CONWAY DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(9) KATHRYN HENSLEY DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(10) VANESSA FARNES DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(11) LESLIE KROEGER DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(12) PAT MCCOY DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(13) MICHELLE MILLER DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(14) STEVEN SIMON DIRECTOR	2.00 NONE	X						NONE	NONE	NONE

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MARK YOUNG DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
1b Sub-total								474,030.	155,023.	89,557.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								474,030.	155,023.	89,557.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 4

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** 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 individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶	NONE	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	41,285,702.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	24,698.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		41,310,400.			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		NONE			
	4	Income from investment of tax-exempt bond proceeds . . .		NONE			
	5	Royalties		NONE			
			(i) Real	(ii) Personal			
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	NONE	NONE		
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses . .	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)		NONE			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	NONE			
	b	Less: direct expenses	8b	NONE			
	c	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming activities. See Part IV, line 19	9a	NONE			
	b	Less: direct expenses	9b	NONE			
	c	Net income or (loss) from gaming activities		NONE			
10a	Gross sales of inventory, less returns and allowances	10a	NONE				
b	Less: cost of goods sold	10b	NONE				
c	Net income or (loss) from sales of inventory		NONE				
Miscellaneous Revenue				Business Code			
	11a	OTHER		900099	317,266.	317,266.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			317,266.		
12	Total revenue. See instructions			41,627,666.	317,266.		

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	429,315.		429,315.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	7,414,811.	6,135,821.	1,278,990.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	381,508.	278,613.	102,895.	
9 Other employee benefits	1,226,880.	975,178.	251,702.	
10 Payroll taxes	568,744.	447,031.	121,713.	
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	24,214.	24,214.		
c Accounting	52,350.		52,350.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,030,719.	501,888.	528,831.	
12 Advertising and promotion	20,328.	20,247.	81.	
13 Office expenses	56,388.	51,311.	5,077.	
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	1,330,294.	1,145,709.	184,585.	
17 Travel	242,898.	237,242.	5,656.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	10,368.	8,370.	1,998.	
20 Interest	5,396.	4,647.	749.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	24,875.	21,423.	3,452.	
23 Insurance	194,371.		194,371.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOSTER CARE	2,158,437.	2,158,437.		
b CASE MANAGEMENT	4,856,639.	4,856,639.		
c ADOPTIONS	11,917,689.	11,917,689.		
d OUTPATIENT	746,522.	746,522.		
e All other expenses SEE SCHE O	8,628,657.	8,628,657.		
25 Total functional expenses. Add lines 1 through 24e	41,321,403.	38,159,638.	3,161,765.	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)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	NONE	1	NONE
	2 Savings and temporary cash investments	4,374,338.	2	4,646,095.
	3 Pledges and grants receivable, net	2,177,461.	3	682,481.
	4 Accounts receivable, net	NONE	4	NONE
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	260,362.	9	331,609.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 310,034.		
	b Less: accumulated depreciation	10b 310,034.	10c	
	11 Investments - publicly traded securities	NONE	11	NONE
	12 Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
	15 Other assets. See Part IV, line 11	3,368,094.	15	3,719,776.
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,180,255.	16	9,379,961.	
Liabilities	17 Accounts payable and accrued expenses	3,221,376.	17	2,759,901.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	196,059.	21	316,384.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,112,741.	25	4,347,334.
	26 Total liabilities. Add lines 17 through 25	8,530,176.	26	7,423,619.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. ☒			
	27 Net assets without donor restrictions	1,650,079.	27	1,956,342.
	28 Net assets with donor restrictions	NONE	28	NONE
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ☐			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,650,079.	32	1,956,342.
	33 Total liabilities and net assets/fund balances	10,180,255.	33	9,379,961.

Form **990** (2023)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	41,627,666.
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,321,403.
3	Revenue less expenses. Subtract line 2 from line 1	3	306,263.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,650,079.
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	1,956,342.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

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

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

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

COMMUNITIES CONNECTED FOR KIDS, INC.

Employer identification number

46-0908479

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

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

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

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

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

Schedule A (Form 990) 2023

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33,070,474.	33,270,947.	35,701,709.	40,705,062.	41,310,400.	184,058,592.
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.	33,070,474.	33,270,947.	35,701,709.	40,705,062.	41,310,400.	184,058,592.
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						184,058,592.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	33,070,474.	33,270,947.	35,701,709.	40,705,062.	41,310,400.	184,058,592.
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.)	261,909.	320,556.	346,476.	308,214.	317,266.	1,554,421.
11 Total support. Add lines 7 through 10						185,613,013.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	99.16 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.15 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization. ☒		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ☐		
b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
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
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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			

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

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

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

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

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

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Schedule A (Form 990) 2023

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

CENTENE

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

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
OTHER						
	-----	-----	-----	-----	-----	-----
TOTALS	=====	=====	=====	=====	=====	=====

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

COMMUNITIES CONNECTED FOR KIDS, INC.

46-0908479

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

COMMUNITIES CONNECTED FOR KIDS, INC.

Employer identification number

46-0908479

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALL UNDER \$5000 549 NW LAKE WHITNEY PLACE SUITE 204 PORT ST. LUCIE, FL 34986	\$ 24,698.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	FLORIDA DCF 1317 WINEWOOD BLVD., BLDG 1 ROOM 200 TALLAHASSEE, FL 32399	\$ 41,285,702.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

COMMUNITIES CONNECTED FOR KIDS, INC.

Employer identification number

46-0908479

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

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

Name of organization

COMMUNITIES CONNECTED FOR KIDS, INC.

Employer identification number

46-0908479

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

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

COMMUNITIES CONNECTED FOR KIDS, INC.

Employer identification number

46-0908479

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

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

	(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 organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. \$ _____

(ii) Assets included in Form 990, Part X. \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a 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.

Schedule D (Form 990) 2023

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☒

Part V Endowment Funds

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
 b Permanent endowment _____ %
 c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) Unrelated organizations?	3a(i)	
(ii) Related organizations?	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment

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

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

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)OTHER	NONE
(2)DEPOSITS	39,520.
(3)LEASES RIGHT OF USE ASSETS	3,680,256.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)).	3,719,776.

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
	(1) Federal income taxes	
	(2) DUE TO THE DEVEREUX FOUNDATION	493,283.
	(3) REFUNDABLE ADVANCE - GRANTS	86,015.
	(4) LEASE LIABILITIES	3,768,036.
	(5)	
	(6)	
	(7)	
	(8)	
	(9)	
	Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	4,347,334.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . ☐

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

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

1	Total revenue, gains, and other support per audited financial statements	1	41,627,666.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	41,627,666.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	41,627,666.

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

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

1	Total expenses and losses per audited financial statements	1	41,321,403.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	41,321,403.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	41,321,403.

Part XIII Supplemental Information

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information *(continued)*

UNCERTAIN TAX POSITIONS

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

PART IV LINE 2B

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITIES CONNECTED FOR KIDS, INC.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Employer identification number

46-0908479

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| ☐ 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

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

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

- | | |
|---|--|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☒ Form 990 of other organizations | ☐ Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CAROL DELOACH 1 CHIEF EXECUTIVE OFFICER	(i)							
	(ii)	151,327.	NONE	3,696.	10,593.	9,253.	174,869.	NONE
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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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)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

FORM 990 PART VI SECTION B LINE 13

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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► Attach to Form 990 or 990-EZ.

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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.

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).

Name of the organization

Employer identification number

COMMUNITIES CONNECTED FOR KIDS, INC.**46-0908479**

FORM 990, PART IX - OTHER EXPENSES

=====

DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
INDEPENDENT LIVING	288,960.	288,960		
RESIDENTIAL AND GROUP CAR	8,339,697.	8,339,697		
	-----	-----	-----	-----
TOTALS	8,628,657.	8,628,657.		
	=====	=====	=====	=====