

Cornelius & Leone
3601 Cardinal Point Dr
Jacksonville, FL 32257-9242

COMMUNITIES IN SCHOOLS OF
JACKSONVILLE, INC.
532 RIVERSIDE AVENUE, SUITE 3-OH
JACKSONVILLE, FL 32202

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Filing Instructions

COMMUNITIES IN SCHOOLS OF JACKSONVILLE, INC.

Exempt Organization Tax Return

Taxable Year Ended June 30, 2024

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. Your Form 990 for the tax year ended 6/30/24 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Cornelius & Leone
3601 Cardinal Point Dr
Jacksonville, FL 32257-9242

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2023, or fiscal year beginning 7/01, 2023, and ending 6/30, 24
Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**2023**

Name of filer

**COMMUNITIES IN SCHOOLS OF
JACKSONVILLE, INC.**

EIN or SSN

*****-***7895**

Name and title of officer or person subject to tax

**Leon Baxton
Chief Exec Officer****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<input checked="" type="checkbox"/> 1a Form 990 check here	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b 9,960,064
<input type="checkbox"/> 2a Form 990-EZ check here	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
<input type="checkbox"/> 3a Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b _____
<input type="checkbox"/> 4a Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
<input type="checkbox"/> 5a Form 8868 check here	b Balance due (Form 8868, line 3c)	5b _____
<input type="checkbox"/> 6a Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b _____
<input type="checkbox"/> 7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b _____
<input type="checkbox"/> 8a Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
<input type="checkbox"/> 9a Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b _____
<input type="checkbox"/> 10a Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____ (EIN) _____ and that I have examined a copy of the

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Cornelius & Leone to enter my PIN **13135** as my signature
ERO firm name
Enter five numbers, but
do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date **02/06/25****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Sonja Campbell, CPA Date **02/06/25**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990****Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

2023**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.**A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24**

B Check if applicable:	C Name of organization COMMUNITIES IN SCHOOLS OF JACKSONVILLE, INC.	D Employer identification number **-***7895
<input type="checkbox"/> Address change	Doing business as	E Telephone number 904-344-3900
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) 532 RIVERSIDE AVENUE, SUITE 3-OH	Room/suite
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code JACKSONVILLE FL 32202	G Gross receipts\$ 9,960,064
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		
F Name and address of principal officer: Leon Baxton		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: www.cisjax.org		H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1989 M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
Revenue	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	454
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	11,033,414	9,726,270
	9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	239,275	233,794	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,272,689	9,960,064	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,995,512	7,650,836
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	251,965	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,780,516	2,462,916
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8,776,028	10,113,752
	19 Revenue less expenses. Subtract line 18 from line 12	2,496,661	-153,688
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	6,630,517	6,314,573
21 Total liabilities (Part X, line 26)	1,709,715	1,547,459	
22 Net assets or fund balances. Subtract line 21 from line 20	4,920,802	4,767,114	

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 Leon Baxton	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Sonja Campbell, CPA	Preparer's signature Sonja Campbell, CPA	Date 02/06/25	Check <input type="checkbox"/> if self-employed	PTIN *****
	Firm's name Cornelius & Leone		Firm's EIN **-***7832		
	3601 Cardinal Point Dr Jacksonville, FL 32257-9242		Phone no. 904-642-1040		
	Firm's address				

May the IRS discuss this return with the preparer shown above? See instructions Yes NoFor Paperwork Reduction Act Notice, see the separate instructions.
DAAForm **990** (2023)

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 \$ **3,775,140** including grants of \$) (Revenue \$ **4,085,033**)**See Schedule O****CLIENT COPY**4b (Code:) (Expenses \$ **4,494,215** including grants of \$) (Revenue \$ **4,863,135**)**See Schedule O**4c (Code:) (Expenses \$ **719,074** including grants of \$) (Revenue \$ **778,102**)**See Schedule O**

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **8,988,429**

Form 990 (2023) COMMUNITIES IN SCHOOLS OF
Part IV Checklist of Required Schedules

-*7895

Page 3

		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	<input checked="" type="checkbox"/>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input checked="" type="checkbox"/>	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input checked="" type="checkbox"/>	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	

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? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
24b	.....	24b	
24c	.....	24c	
24d	.....	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
25b	.....	25b	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	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). a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
28b	.....	28b	X
28c	.....	28c	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a	X
35b	.....	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	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? If "Yes," complete Schedule R, Part VI	37	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	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	134	Yes	No
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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	454
2b	<input checked="" type="checkbox"/>		
3a		<input checked="" type="checkbox"/>	
3b			
4a		<input checked="" type="checkbox"/>	
4b			
5a		<input checked="" type="checkbox"/>	
5b		<input checked="" type="checkbox"/>	
5c			
6a		<input checked="" type="checkbox"/>	
6b			
7a			
7b			
7c			
7d			
7e			
7f			
7g			
7h			
8			
9a			
9b			
10a			
10b			
11a			
11b			
12a			
12b			
13a			
13b			
13c			
14a		<input checked="" type="checkbox"/>	
14b			
15		<input checked="" type="checkbox"/>	
16		<input checked="" type="checkbox"/>	
17			

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?

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8893 as required?

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note: See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

If "Yes," see instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

17 Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 29	
	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	1b 29	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a <input checked="" type="checkbox"/>	
a	The governing body?	8b <input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	9	<input checked="" type="checkbox"/>
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		

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?	10a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a <input checked="" type="checkbox"/>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a <input checked="" type="checkbox"/>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b <input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c <input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	13 <input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	14 <input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	15a <input checked="" type="checkbox"/>	
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?	15b <input checked="" type="checkbox"/>	
a	The organization's CEO, Executive Director, or top management official	16a	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization	16b	
	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?		
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

- List the states with which a copy of this Form 990 is required to be filed **None**
- 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)
- 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.
- State the name, address, and telephone number of the person who possesses the organization's books and records.
Mr. Jerome Baltazar **532 Riverside Avenue, Suite 3-OH**
Jacksonville **FL 32202** **904-344-3900**

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

 Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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			
(1) Leon Baxton Chief Exec Officer	40.00 0.00			X			185,825	0	0
(2) Tracy Arthur Board Member	2.00 0.00	X					0	0	0
(3) Hon. Martha Barrett Board Member	2.00 0.00		X				0	0	0
(4) Dr. Christopher Bernier Board Member	2.00 0.00		X				0	0	0
(5) Hon. Donna Deegan Board Member	2.00 0.00		X				0	0	0
(6) Megan Denk Board Member	2.00 0.00		X				0	0	0
(7) Hon. Eleni Derke Board Member	2.00 0.00		X				0	0	0
(8) Nancy Dreicer Secretary	2.00 0.00		X				0	0	0
(9) Linda Edwards Board Member	2.00 0.00		X				0	0	0
(10) Jesse Forst Treasurer	2.00 0.00		X				0	0	0
(11) Abena Horton Chairman	2.00 0.00		X				0	0	0

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/ 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			
(12) Arthur Adams, Jr.	2.00								
(12) Board Member	0.00	X					0	0	0
(13) Matt Kruse	2.00								
(13) Vice Chairman	0.00	X					0	0	0
(14) Janel LeGard	2.00								
(14) Board Member	0.00	X					0	0	0
(15) Athena Mann	2.00								
(15) Board Member	0.00	X					0	0	0
(16) Robert Martin	2.00								
(16) Board Member	0.00	X					0	0	0
(17) Sonny Martin	2.00								
(17) Board Member	0.00	X					0	0	0
(18) Jack Mitchell	2.00								
(18) Board Member	0.00	X					0	0	0
(19) Hon. Melissa Nelson	2.00								
(19) Board Member	0.00	X					0	0	0
1b Subtotal							185,825		
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							185,825		

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 **3**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
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	4	X
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	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 of compensation from the organization	0	

Form 990 (2023) COMMUNITIES IN SCHOOLS OF

-*7895

Page 9

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	1b Membership dues	1b					
	1c Fundraising events	1c					
	1d Related organizations	1d					
	1e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					9,726,270
	g Noncash contributions included in lines 1a-1f	1g					\$ 214,471
	h Total. Add lines 1a-1f						9,726,270
Program Service Revenue	Business Code						
			2a				
			b				
			c				
			d				
			e				
			f All other program service revenue				
			g Total. Add lines 2a-2f				
3 Investment income (including dividends, interest, and other similar amounts)		233,794	143,586		90,208		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6a Gross rents	6a	(i) Real	(ii) Personal				
b Less: rental expenses	6b						
c Rental inc. or (loss)	6c						
d Net rental income or (loss)							
7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
b Less: cost or other basis and sales exps.	7b						
c Gain or (loss)	7c						
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$	8a						
of contributions reported on line 1c). See Part IV, line 18	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
			11a				
			b				
			c				
			d All other revenue				
			e Total. Add lines 11a-11d				
12 Total revenue. See instructions		9,960,064	143,586	0	90,208		

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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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,405,636	5,951,412	328,517	125,707
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,245,200	1,013,717	191,500	39,983
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	157,113	138,087	19,026	
14	Information technology	102,849	101,819	411	619
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	59,021	47,168	10,619	1,234
20	Interest	1,070	931	139	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,235		16,235	
23	Insurance	123,875	70,608	53,267	
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	PROFESSIONAL FEES	827,546	748,093	79,453	
b	SUPPLIES	565,862	500,278	58,277	7,307
c	SPECIFIC ASSISTANCE	347,876	347,876		
d	TELEPHONE	81,995	41,817	38,537	1,641
e	All other expenses	179,474	26,623	77,377	75,474
25	Total functional expenses. Add lines 1 through 24e	10,113,752	8,988,429	873,358	251,965
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Form 990 (2023) COMMUNITIES IN SCHOOLS OF

-**7895

Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	733,612	1	185,274
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,053,488	3	1,119,886
	4 Accounts receivable, net	1,048,494	4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	15,761	9	17,870
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	170,861		
	b Less: accumulated depreciation	51,206	10c	119,655
	11 Investments—publicly traded securities	2,294,783	11	3,558,807
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,368,895	15	1,313,081
	16 Total assets. Add lines 1 through 15 (must equal line 33)	6,630,517	16	6,314,573
Liabilities	17 Accounts payable and accrued expenses	295,820	17	338,774
	18 Grants payable		18	
	19 Deferred revenue	45,000	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	1,368,895	25	1,208,685
	26 Total liabilities. Add lines 17 through 25	1,709,715	26	1,547,459
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,920,802	27	4,497,114
	28 Net assets with donor restrictions		28	270,000
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	4,920,802	32	4,767,114
	33 Total liabilities and net assets/fund balances	6,630,517	33	6,314,573

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	9,960,064
2 Total expenses (must equal Part IX, column (A), line 25)	2	10,113,752
3 Revenue less expenses. Subtract line 2 from line 1	3	-153,688
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,920,802
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	4,767,114

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	<input type="checkbox"/> <input checked="" type="checkbox"/>
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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	<input checked="" type="checkbox"/>
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.	2c	<input checked="" type="checkbox"/>
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? _____	3a	<input type="checkbox"/> <input checked="" type="checkbox"/>
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 _____	3b	

Form 990 (2023)

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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/ 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			
(20) Jay Plotkin	2.00								
(12) Board Member	0.00	X					0	0	0
(21) Dr. Ed Pratt	2.00								
(13) Board Member	0.00	X					0	0	0
(22) Rudy Rivera	2.00								
(14) Board Member	0.00	X					0	0	0
(23) Honorable Anthony Salem	2.00								
(15) Board Member	0.00	X					0	0	0
(24) Ken Sanders	2.00								
(16) Board Member	0.00	X	X				0	0	0
(25) Michael Stewart	2.00								
(17) Board Member	0.00	X					0	0	0
(26) Hon. T.K. Waters	2.00								
(18) Board Member	0.00	X					0	0	0
(27) Jerron Wheeler	2.00								
(19) Board Member	0.00	X					0	0	0
1b Subtotal									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)									

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
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	4	
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	5	

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 of compensation from the organization		

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/ 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
		Former Officer or director	Individual trustee or director	Institutional trustee	Key employee	Highest compensated employee			
(28) Taeshima White	2.00								
(12) Board Member	0.00	X					0	0	0
(29) Josh Woolsey	2.00								
(13) Immediate Past Chair	0.00	X	X				0	0	0
(14)									
(15)									
(16)									
(17)									
(18)									
(19)									

1b Subtotal

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
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	4	
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	5	

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 of compensation from the organization		

SCHEDULE A
 (Form 990)

 Department of the Treasury
 Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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

2023Open to Public
InspectionAttach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

**COMMUNITIES IN SCHOOLS OF
JACKSONVILLE, INC.**

Employer identification number

*****-***7895****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). [Redacted]

(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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)						12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")		9,008,159	8,876,254	11,033,414	9,726,270	38,644,097
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		8,711	22,155	31,618	143,586	206,070
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	9,016,870	8,898,409	11,065,032	9,869,856	38,850,167	
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.)						38,850,167

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		9,016,870	8,898,409	11,065,032	9,869,856	38,850,167
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		128,372	-339,602	211,688	90,208	90,666
c Add lines 10a and 10b		128,372	-339,602	211,688	90,208	90,666
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on			1,312			1,312
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.)	9,146,554	8,558,807	11,276,720	9,960,064	38,942,145	
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	99.76 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	99.99 %

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	<input checked="" type="checkbox"/>	
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	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

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

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.		
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.		

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).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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.		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
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.		
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.		
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.		
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.		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D – Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required— <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 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-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			

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

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SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**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

2023Open to Public
Inspection

Name of the organization

**COMMUNITIES IN SCHOOLS OF
JACKSONVILLE, INC.**

Employer identification number

****-***7895****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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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
2a	
2b	
2c	
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 \$

Schedule D (Form 990) 2023 **COMMUNITIES IN SCHOOLS OF**

-7895

Page 2

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 exhibitiond Loan or exchange programb Scholarly researche Otherc Preservation for future generations

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
1c	
1d	
1e	
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 on 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	100,000				
c Net investment earnings, gains, and losses	496				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	100,496				

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

a Board designated or quasi-endowment **100.00** %

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
3a(i)	X	
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment

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

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		170,861	51,206	119,655
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				119,655

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 COMMUNITIES IN SCHOOLS OF

-7895

Page 3

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))		

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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) ROU Asset	1,207,585
(2) Endowment	100,496
(3) Employee Loan	5,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,313,081

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) Operating Lease Liability	1,207,585
(3) Line of Credit	1,100
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,208,685

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	9,960,064
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	9,960,064
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	9,960,064

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	10,113,752
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	10,113,752
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	10,113,752

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.

Part V, Line 4 - Intended Uses for Endowment Funds

The Foundation may use the Funds only for religious, charitable, scientific, literacy and education purposes in furtherance of the charitable incentives of the Organization.

Schedule D (Form 990) 2023 **COMMUNITIES IN SCHOOLS OF**
Part XIII Supplemental Information (continued)

-*7895

Page 5

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SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**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

2023Open to Public
InspectionName of the organization **COMMUNITIES IN SCHOOLS OF
JACKSONVILLE, INC.** Employer identification number *****-***7895****Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 COMMUNITIES IN SCHOOLS OF ***-***7895 Page 2

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				
Leon Baxton 1 Chief Exec Officer	(i) 185,825	0	0	0	0	185,825	0
2	(i) 0	0	0	0	0	0	0
3	(i) 0	0	0	0	0	0	0
4	(i) 0	0	0	0	0	0	0
5	(i) 0	0	0	0	0	0	0
6	(i) 0	0	0	0	0	0	0
7	(i) 0	0	0	0	0	0	0
8	(i) 0	0	0	0	0	0	0
9	(i) 0	0	0	0	0	0	0
10	(i) 0	0	0	0	0	0	0
11	(i) 0	0	0	0	0	0	0
12	(i) 0	0	0	0	0	0	0
13	(i) 0	0	0	0	0	0	0
14	(i) 0	0	0	0	0	0	0
15	(i) 0	0	0	0	0	0	0
16	(i) 0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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SCHEDULE M
(Form 990)Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2023

Open To Public
Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization

Employer identification number

JACKSONVILLE, INC.

--7895

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	<input checked="" type="checkbox"/>		214,471	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.....				
26 Other (.....				
27 Other (.....				
28 Other (.....				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement		29		

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	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	<input checked="" type="checkbox"/>	
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	<input checked="" type="checkbox"/>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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**SCHEDULE O
(Form 990)****Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

2023Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceComplete 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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.Name of the organization **COMMUNITIES IN SCHOOLS OF
JACKSONVILLE, INC.**Employer identification number
****-****7895****Form 990 - Organization's Mission**

TO SURROUND STUDENTS AT RISK OF DROPPING OUT WITH CARING ADULTS EMBEDDED IN SCHOOLS WHO PROVIDE A COMMUNITY OF SUPPORT WITH SAFE PLACES TO LEARN AND GROW, A FOCUS ON GRADUATION TO ENSURE SUCCESSFUL FUTURES WITH A MARKETABLE SKILLS, AND OPPORTUNITIES TO GIVE BACK.

Form 990, Part III, Line 4a - First Accomplishment

CIS works both inside and outside the classroom to help students find new paths to success through case management, literacy and afterschool programs. These programs are designed to keep students on track for graduation while connecting them to resources that serve the needs of their entire family. Site coordinators are embedded directly into 37 Duval County Public Schools with low-income, disadvantaged students who have been identified as at-risk of falling behind or dropping out of school.

The Case Management Division is comprised of four programs: Student Enrichment Program, Bridge to Success Program, Achievers For Life and GEAR UP. The Student Enrichment Program (SEP), which Communities In Schools of Jacksonville has operated since its inception, follows the national CIS model that uses evidence-based practices to surround students with a community of support to help them stay in school, graduate and achieve success in life. At the high school level, additional focus is placed on college and career development.

Full-time site coordinators work individually and in group sessions with
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

COMMUNITIES IN SCHOOLS OF*****-***7895**

about 75 students at each school throughout the school year to advocate, mentor and counsel them. Home visits and parental involvement are essential parts of the program, and site coordinators connect students to needed community resources.

Hundreds of other students are reached through schoolwide services provided by the site coordinators, such as career fairs, men's and ladies' seminars, literacy programs and parent events.

In the first nine-week grading period of the 2024/25 school year, SEP provided services to a total of 863 students. These students achieved the following: GPA in 6th through 12th grade - 2.87; 99% missed less than 21 days of school; 97% has no in-school suspensions, 99% had no out-of-school suspensions; 38% male, 62% female; Race: 1% American Indian, 1% Asian, 74% Black, 7% Hispanic, 4% multi and 13% White.

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Bridge to Success Program provides site coordinators who work with students currently over-age for their grade level. The 476 students in this program achieved: GPA in 6th through 12 grade - 2.12; 84% missed less than 21 days of school; 7% had no in-school or out-of-school suspensions; 56% male, 44% female; Race: 1% Asian, 85% Black, 5% Hispanic, 2% multi and 7% White.

Achievers For Life (AFL) is a dropout prevention initiative developed and funded by the United Way of Northeast Florida, in partnership with Communities In Schools of Jacksonville, Jewish Family and Community Services, and Big Brothers Big Sisters of Northeast Florida. AFL targets sixth grade students exhibiting risk factors of school disengagement

COMMUNITIES IN SCHOOLS OF*****-***7895**

including low GPAs, low FCAT scores and excessive absences, for whom CIS provides family support, a mentor and academic assistance. Of the 1,122 students served: GPA in 6th through 8th grade - 2.69; 100% missed less than 21 days of school; 96% had no in-school suspensions; 92% had no out-of-school suspensions; Male - 48%, 52% Female; Race: 1% American Indian, 1% Asian, 70% Black, 10% Hispanic, 5% multi and 13% White.

GEAR UP, a seven-year federal program in partnership with Duval County Public Schools, works with a cohort of students starting in 7th grade and continues with these students through 12th grade plus one year of post-secondary education. Of the 867 students served in the first nine-week grading period of the 2024-25 school year: GPA in 10th grade - 2.48; 96% missed less than 21 days of school; 95% had no in-school or out-of-school suspensions; 53% Male, 47% Female; Race: 1% American Indian, 1% Asian, 68% Black, 15% Hispanic, 4% multi and 11% White.

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Form 990, Part III, Line 4b - Second Accomplishment

Communities In Schools of Jacksonville offers a quality, free, Afterschool Program in elementary, middle and high Duval County Public Schools to provide students with a safe environment where they can complete their homework under certified teacher supervision and have the opportunity to participate in enrichment activities like sports, symphony and robotics.

For students in kindergarten through eighth grade, the Afterschool Program operates Monday through Friday for three hours each day and focuses on six core areas - academic enrichment, sports and recreation, life skills, cultural enrichment, parental involvement and community service. Each

COMMUNITIES IN SCHOOLS OF*****-***7895**

afternoon, students are welcomed into a general meeting place, checked in by quality after-school staff and enjoy a nutritious snack. Students then spend up to 75 minutes each day working on academics under the supervision of a certified teacher and after-school staff members. After academics, students participate in enrichment activities such as cheerleading, dance, arts and crafts, and sports. Each of these activities is led by highly qualified after-school staff members who are background screened by Duval County Public Schools. Certain afterschool sites are able to offer unique opportunities to students.

The Jump Start Strings program, in partnership with the Jacksonville Symphony Orchestra, allows elementary school students to learn and play string instruments while being instructed by the symphony musicians. **CLIENT COPY** Participating students have a chance to perform for family and friends at the end of the school year. Other unique activities include robotics, animation and video production.

After students complete these activities, they gather together to enjoy a nutritious dinner and then are dismissed and picked up by parents or approved guardians.

Of the 2,076 students served in the first nine-week grading period of the 2024-25 school year: GPA - 2.71; 100% missed less than 21 days; 95% had no in-school or out-of-school suspensions; 23% Male, 42% Female; Race: 1% American Indian; 1% Asian/Pacific, 73% Black, 9% Hispanic, 4% multi and 12% White.

COMMUNITIES IN SCHOOLS OF*****-***7895**

CIS serves an additional 271 students in the Hope = Success Afterschool Program in 6 high schools.

Form 990, Part III, Line 4c - Third Accomplishment

Since its inception in 1999, Communities In Schools of Jacksonville's AmeriCorps Duval Reads Literacy Program has provided intensive one-on-one and small group literacy tutoring for underperforming students in elementary school who are reading at one or more grade levels below their class.

AmeriCorps members participate in a rigorous two-week training and orientation to learn how to identify students in need of literacy tutoring.

Training consists of members learning the Common Core standards and utilizing the STARS literacy curriculum to help support classroom instruction. Once the school year begins, members engage the school staff and principals to help identify students who need literacy tutoring as indicated by reading assessment scores.

Student reading achievement is measured through CIS's partnership with Duval County Public Schools (DCPS). Throughout the year, students and AmeriCorps tutors work with DCPS-provided programs Achieve3000 and i-Ready to determine their status and progress in math and reading. The data is used to identify low-level readers, create a target data baseline of student reading skills and compare the pre- and post- test scores to measure progress of students throughout the academic year. The program's goals are to provide 90 minutes each week of individual and group literacy tutoring to at least 400 underperforming readers and for 80% of these

COMMUNITIES IN SCHOOLS OF*****-***7895**

readers to achieve reading improvement with 70% being promoted to the next grade level.

The 819 students in the Literacy Program achieved the following in the first nine-week grading period of the 2024-25 school year: 99% missed less than 21 days of school; 99% had no in-school suspensions; 97% had no out-of-school suspensions; 49% Male, 51% Female; Race: 1% American Indian, 73% Black, 11% Hispanic, 4% multi, 1% Pacific and 10% White.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
 A copy of this form was provided electronically to the Board of Directors in advance of the filing of the document. Board members were given an opportunity to review the form and ask questions. The organization's Chief Financial Officer reviewed the draft Form 990 and provided input as necessary and appropriate into the final version of this form.

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Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
 The Organization continues to remind an individual if they have not signed. If the member continues to refuse to sign, actions commence to remove them from the Board.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
 Comparisons are made to historical levels internally, as well as comparisons to available information for like charities nationally. Additionally, comparisons are made to similar local non profits and to local public school teacher compensation. Then, there is input from and

COMMUNITIES IN SCHOOLS OF

-7895

discussion among the Board of Directors' Executive Committee and the Board Officers to make a final determination of salary amounts.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Comparisons are made to historical levels internally, as well as comparisons to available information for like charities nationally.

Additionally, comparisons are made to similar local non profits and to local public school teacher compensation. Then, there is input from and discussion among the Board of Directors' Executive Committee and the Board Officers to make a final determination of salary amounts.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The governing documents, conflict of interest policy and the audited financial statements are made available upon request.

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Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

2023Attachment Sequence No. **179**Go to www.irs.gov/Form4562 for instructions and the latest information.Name(s) shown on return **COMMUNITIES IN SCHOOLS OF
JACKSONVILLE, INC.**Identifying number
****-***7895**

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	16,325
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		4,081	5.0	HY	200DB	815
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L
b	12-year			12 yrs.		S/L
c	30-year			30 yrs.	MM	S/L
d	40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	17,140
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2023)
There are no amounts for Page 2

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
5-year GDS Property:										
95	12 Dell Workstations	12/26/23	18,372		X	3,674	5	HY 200DB	0	15,432
96	Laptop XPS 17 9720	7/24/23	2,034		X	407	5	HY 200DB	0	1,708
						20,406			0	17,140
						4,081				
Prior MACRS:										
71	120 Violins	6/15/09	13,000		X	6,500	5	MQ200DB	13,000	0
84	Microsoft Surface Book 2	2/03/18	2,598		X	0	5	HY 200DB	2,598	0
87	Dell Computer	3/09/22	1,762		X	0	5	MQ200DB	1,762	0
88	Office Furniture	4/26/22	77,676		X	0	7	MQ200DB	77,676	0
89	Server	11/02/21	521		X	0	5	MQ200DB	521	0
90	Leasehold Impr Net of Reimb	3/31/22	22,497		X	0	15	MQ S/L	22,497	0
91	5 Dell Computers	1/25/22	8,987		X	0	5	MQ200DB	8,987	0
92	Wiring	3/04/22	1,624		X	0	15	MQ S/L	1,624	0
94	Laptop	10/07/21	8,102		X	0	5	MQ200DB	8,102	0
			136,767			6,500			136,767	0
Other Depreciation:										
86	Educational Gaming Equipment	1/19/22	5,700		X	0	3	MO Amort	5,700	0
93	Fund Dev Software	9/13/21	7,988		X	0	3	MO Amort	7,988	0
	Total Other Depreciation		13,688			0			13,688	0
	Total ACRS and Other Depreciation		13,688			0			13,688	0
	Grand Totals		170,861			10,581			150,455	17,140
	Less: Dispositions and Transfers		0			0			0	0
	Less: Start-up/Org Expense		0			0			0	0
	Net Grand Totals		170,861			10,581			150,455	17,140

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FL Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
5-year GDS Property:								
95	12 Dell Workstations	12/26/23	18,372	3,674	0	15,432	15,432	0
96	Laptop XPS 17 9720	7/24/23	2,034	407	0	1,708	1,708	0
			<u>20,406</u>	<u>4,081</u>	<u>0</u>	<u>17,140</u>	<u>17,140</u>	<u>0</u>
Prior MACRS:								
71	120 Violins	6/15/09	13,000	6,500	13,000	0	0	0
84	Microsoft Surface Book 2	2/03/18	2,598	0	2,598	0	0	0
87	Dell Computer	3/09/22	1,762	0	1,762	0	0	0
88	Office Furniture	4/26/22	77,676	0	77,676	0	0	0
89	Server	11/02/21	521	0	521	0	0	0
90	Leasehold Impr Net of Reimb	3/31/22	22,497	22,497	745	577	0	-577
91	5 Dell Computers	1/25/22	8,987	0	8,987	0	0	0
92	Wiring	3/04/22	1,624	1,624	54	41	0	-41
94	Laptop	10/07/21	8,102	0	8,102	0	0	0
			<u>136,767</u>	<u>30,621</u>	<u>113,445</u>	<u>618</u>	<u>0</u>	<u>-618</u>
Other Depreciation:								
86	Educational Gaming Equipment	1/19/22	5,700	0	5,700	0	0	0
93	Fund Dev Software	9/13/21	7,988	0	7,988	0	0	0
Total Other Depreciation			<u>13,688</u>	<u>0</u>	<u>13,688</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation								
Grand Totals			<u>13,688</u>	<u>0</u>	<u>13,688</u>	<u>0</u>	<u>0</u>	<u>0</u>
Less: Dispositions			<u>170,861</u>	<u>34,702</u>	<u>127,133</u>	<u>17,758</u>	<u>17,140</u>	<u>-618</u>
Less: Start-up/Org Expense			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Net Grand Totals			<u>170,861</u>	<u>34,702</u>	<u>127,133</u>	<u>17,758</u>	<u>17,140</u>	<u>-618</u>

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AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
5-year GDS Property:										
95	12 Dell Workstations	12/26/23	18,372		X	3,674	5	HY 200DB	0	15,432
96	Laptop XPS 17 9720	7/24/23	2,034		X	407	5	HY 200DB	0	1,708
						20,406			0	17,140
						4,081				
Prior MACRS:										
71	120 Violins	6/15/09	13,000		X	6,500	5	MQ 200DB	13,000	0
84	Microsoft Surface Book 2	2/03/18	2,598		X	0	5	HY 200DB	2,598	0
87	Dell Computer	3/09/22	1,762		X	0	5	MQ 200DB	1,762	0
88	Office Furniture	4/26/22	77,676		X	0	7	MQ 200DB	77,676	0
89	Server	11/02/21	521		X	0	5	MQ 200DB	521	0
90	Leasehold Impr Net of Reimb	3/31/22	22,497		X	0	15	MQ S/L	22,497	0
91	5 Dell Computers	1/25/22	8,987		X	0	5	MQ 200DB	8,987	0
92	Wiring	3/04/22	1,624		X	0	15	MQ S/L	1,624	0
94	Laptop	10/07/21	8,102		X	0	5	MQ 200DB	8,102	0
			136,767			6,500			136,767	0
Grand Totals			157,173			10,581			136,767	17,140
Less: Dispositions and Transfers			0			0			0	0
Net Grand Totals			157,173			10,581			136,767	17,140

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Bonus Depreciation Report**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
71	120 Violins	6/15/09	13,000		0	0	6,500	6,500
84	Microsoft Surface Book 2	2/03/18	2,598		0	0	2,598	0
86	Educational Gaming Equipment	1/19/22	5,700		0	0	5,700	0
87	Dell Computer	3/09/22	1,762		0	0	1,762	0
88	Office Furniture	4/26/22	77,676		0	0	77,676	0
89	Server	11/02/21	521		0	0	521	0
90	Leasehold Impr Net of Reimb	3/31/22	22,497		0	0	22,497	0
91	5 Dell Computers	1/25/22	8,987		0	0	8,987	0
92	Wiring	3/04/22	1,624		0	0	1,624	0
93	Fund Dev Software	9/13/21	7,988		0	0	7,988	0
94	Laptop	10/07/21	8,102		0	0	8,102	0
95	12 Dell Workstations	12/26/23	18,372		0	14,698	0	3,674
96	Laptop XPS 17 9720	7/24/23	2,034		0	1,627	0	407
Grand Total			170,861		0	16,325	143,955	10,581

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Depreciation Adjustment Report**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<u>MACRS Adjustments:</u>						
Page 1	1	71	120 Violins	0	0	0
Page 1	1	84	Microsoft Surface Book 2	0	0	0
Page 1	1	87	Dell Computer	0	0	0
Page 1	1	88	Office Furniture	0	0	0
Page 1	1	89	Server	0	0	0
Page 1	1	90	Leasehold Impr Net of Reimb	0	0	0
Page 1	1	91	5 Dell Computers	0	0	0
Page 1	1	92	Wiring	0	0	0
Page 1	1	94	Laptop	0	0	0
Page 1	1	95	12 Dell Workstations	15,432	15,432	0
Page 1	1	96	Laptop XPS 17 9720	1,708	1,708	0
				<u>17,140</u>	<u>17,140</u>	<u>0</u>

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<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
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Prior MACRS:

71	120 Violins	6/15/09	13,000	0	0
84	Microsoft Surface Book 2	2/03/18	2,598	0	0
87	Dell Computer	3/09/22	1,762	0	0
88	Office Furniture	4/26/22	77,676	0	0
89	Server	11/02/21	521	0	0
90	Leasehold Impr Net of Reimb	3/31/22	22,497	0	0
91	5 Dell Computers	1/25/22	8,987	0	0
92	Wiring	3/04/22	1,624	0	0
94	Laptop	10/07/21	8,102	0	0
95	12 Dell Workstations	12/26/23	18,372	1,176	1,176
96	Laptop XPS 17 9720	7/24/23	2,034	130	130
			<u>157,173</u>	<u>1,306</u>	<u>1,306</u>

Other Depreciation:

86	Educational Gaming Equipment	1/19/22	5,700	0	0
93	Fund Dev Software	9/13/21	7,988	0	0
	Total Other Depreciation		<u>13,688</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>13,688</u>	<u>0</u>	<u>0</u>

Grand Totals

		<u>170,861</u>	<u>1,306</u>	<u>1,306</u>
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Asset	Description	Date In Service	Cost	FL
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Prior MACRS:

71	120 Violins	6/15/09	13,000	0
84	Microsoft Surface Book 2	2/03/18	2,598	0
87	Dell Computer	3/09/22	1,762	0
88	Office Furniture	4/26/22	77,676	0
89	Server	11/02/21	521	0
90	Leasehold Impr Net of Reimb	3/31/22	22,497	577
91	5 Dell Computers	1/25/22	8,987	0
92	Wiring	3/04/22	1,624	42
94	Laptop	10/07/21	8,102	0
95	12 Dell Workstations	12/26/23	18,372	1,176
96	Laptop XPS 17 9720	7/24/23	2,034	130
			<u>157,173</u>	<u>1,925</u>

Other Depreciation:

86	Educational Gaming Equipment	1/19/22	5,700	0
93	Fund Dev Software	9/13/21	<u>7,988</u>	<u>0</u>
	Total Other Depreciation		<u>13,688</u>	<u>0</u>

	Total ACRS and Other Depreciation		<u>13,688</u>	<u>0</u>
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Grand Totals		<u>170,861</u>	<u>1,925</u>
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Form 990		Two Year Comparison Report			2022 & 2023
		For calendar year 2023, or tax year beginning 07/01/23 , ending 06/30/24			
Name		Taxpayer Identification Number			
COMMUNITIES IN SCHOOLS OF JACKSONVILLE, INC.		**-***7895			
Revenue	1. Contributions, gifts, grants	2022	2023	Differences	
	1. 8,605,552	9,726,270	1,120,718		
	2.				
	3. 2,427,862		-2,427,862		
	4.				
	5. 243,306	233,794	-9,512		
	6.				
	7. -4,031		4,031		
	8.				
	9.				
	10.				
	11. Other revenue				
12. Total revenue. Add lines 1 through 11	11,272,689	9,960,064	-1,312,625		
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16. 6,995,512	7,650,836	655,324	
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.			
	19. Occupancy, rent, utilities, and maintenance	19. 150,282	157,113	6,831	
	20. Depreciation and Depletion	20. 17,230	16,235	-995	
	21. Other expenses	21. 1,613,004	2,389,568	676,564	
	22. Total expenses. Add lines 13 through 21	8,776,028	10,113,752	1,337,724	
	23. Excess or (Deficit). Subtract line 22 from line 12	2,496,661	-153,688	-2,650,349	
	24. Total exempt revenue	24. 11,272,689	9,960,064	-1,312,625	
Other Information	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26. 239,275	233,794	-5,481	
	27. Total assets	27. 6,630,517	6,314,573	-315,944	
	28. Total liabilities	28. 1,709,715	1,547,459	-162,256	
	29. Retained earnings	29. 4,920,802	4,767,114	-153,688	
	30. Number of voting members of governing body	30. 28	29		
	31. Number of independent voting members of governing body	31. 28	29		
	32. Number of employees	32. 443	454		
	33. Number of volunteers	33.			

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Form 990	Tax Return History					2023
Name	COMMUNITIES IN SCHOOLS OF JACKSONVILLE, INC.					Employer Identification Number ***-***7895
	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants		9,008,159	8,876,254	11,033,414	9,726,270	
Membership dues						
Program service revenue						
Capital gain or loss		33,651	-57,009	-4,031		
Investment income		137,083	-317,447	243,306	233,794	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue		2,312				
Total revenue		9,181,205	8,501,798	11,272,689	9,960,064	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		5,586,345	6,205,262	6,995,512	7,650,836	
Professional fees		26,710	130,177	150,282	157,113	
Occupancy costs		1,492	9,674	17,230	16,235	
Depreciation and depletion	12,434					
Other expenses		1,686,822	2,246,435	1,613,004	2,289,568	
Total expenses	12,434	7,301,369	8,591,548	8,776,028	10,113,752	
Excess or (Deficit)	-12,434	1,879,836	-89,750	2,496,661	-153,688	
Total exempt revenue		9,181,205	8,501,798	11,272,689	9,960,064	
Total unrelated revenue						
Total excludable revenue		173,046	-374,456	239,275	233,794	
Total Assets	2,451,739	4,510,578	2,902,428	6,630,517	6,314,573	
Total Liabilities	1,787,790	1,970,028	478,287	1,709,715	1,547,459	
Net Fund Balances	590,344	2,540,550	2,450,800	4,920,802	4,767,114	

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Federal Statements**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
RENTAL AND MAINT OF EQUIP	\$ 54,194		\$ 54,194	
MISCELLANEOUS	40,668	838	12,416	27,414
CONTRACTED SERVICES	34,593	10,689	10,098	13,806
EVENTS	34,254			34,254
COMPUTER & TECHNOLOGY	15,765	15,096	669	
Total	<u>\$ 179,474</u>	<u>\$ 26,623</u>	<u>\$ 77,377</u>	<u>\$ 75,474</u>

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Federal Statements**Schedule A, Part III, Line 1(e)**

Description	Amount
	\$ 9,726,270
Total	<u>\$ 9,726,270</u>

Schedule A, Part III, Line 2(e)

Description	Amount
Taxable Interest on Savings and Temporary Cash Investments	\$ 2,796
Taxable Dividends and Interest from Securities	140,790
Gala	
Total	<u>\$ 143,586</u>

CLIENT COPY**Schedule A, Part III, Line 10a(e)**

Description	Amount
Unrealized Gain (Loss) on Inv	\$ 112,743
Realized Gain(loss) on Inv	3
Endowment Earnings	496
Brokerage Fees	-23,034
Total	<u>\$ 90,208</u>