Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A	For the	2022 calend	dar year, or tax year beginning ${ m Jul} \ 1$, 2022, and endin		111 30	, 20 25		
В	Check if	applicable:	C Name of organization COMMUNITIES IN SCHOOLS OF ROME-FLOYD CO	OUNTY, INC.	26-05	er identification number		
	Address	change	Doing business as					
Name change		nange	Number and street (of P.O. box if that is not delivered to state and	Room/suite	E Telephone number (706) 802-5740			
☐ Initial ret		urn	SIS BROAD SIREEI	200 (706) 802-5740				
	Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code		C Crops v	eceipts \$ 256,526.		
	Amende	d return	ROME, GA 30161			subordinates? Yes X No		
	Application pending		F Name and address of principal officer:	H(a) is this a gr	oup return for	sincluded? Yes No		
			GREGORY WOOTEN, 519 BROAD ST, ROME, GA 30165			. See instructions.		
1	lay-evenut status. IM anticipal 1 (2016)							
J	Website: N/A					2007 M State of legal domicile: GA		
K Form of organization: X Corporation Irust Association Guidi								
Part I Summary								
nance	1	Briefly describe the organization's mission or most significant activities: COMMUNITIES IN SCHOOLS SURROUNDS STUDENTS						
		WITH A COMMUNITY OF SUPPORT, EMPOWERING THEM TO STAY IN SCHOOL & ACHIEVE IN LIFE. IT IS THE ONLY						
		DROPOUT PREVENTION ORGANIZATION PROVEN TO BOTH LOWER DROPOUT RATES & INCREASE GRADUATION RAT						
Ver	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.						
Activities & Governance	3	Number of	f voting members of the governing body (Part VI, line 1a).		4	11		
	4	Number of	f independent voting members of the governing body (Part VI, line 1b		5	1		
	5	Total num	ber of individuals employed in calendar year 2022 (Part V, line 2a)		6	450		
	6	Total num	ber of volunteers (estimate if necessary)	4	7a	42.		
	7a	Total unre	lated business revenue from Part VIII, column (C), line 12		7b	0.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11				Current Year		
Revenue					,346.	256,484.		
	8	Contribution	ervice revenue (Part VIII, line 2g)		/===			
	9	Program s			7.	42.		
	10	Investmen	at income (Part VIII, column (A), lines 3, 4, and 7d)					
	11	Other reve	nue (Part VIII, columni (A), lines 3, bd, bc, bc, bc, and 119 innue nue nue nue nue nue nue nue nue nue	191	,353.	256,526.		
	12	Grants and similar amounts paid (Part IX, column (A), lines 1–3)						
	13	Benefits paid to or for members (Part IX, column (A), line 4)						
	14	Benefits b	ther compensation, employee benefits (Part IX, column (A), lines 5–10)	139,513.		157,686.		
ses	15	Professional fundraising fees (Part IX, column (A), line 11e)						
Net Assets or Expenses	16a	Total fund	otessional fundraising fees (Fart IX, column (D), line 25)					
	b	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		66,814.		80,433.		
	17	Total exp	Fotal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . 206, 327		,327.	238,119.		
	18	Povenue I	ess expenses. Subtract line 18 from line 12	-14,974.		18,407.		
	19	nevenue	ess experises: educate into	Beginning of Current Year		End of Year		
	20	Total asse	ets (Part X, line 16)	24	,500.	42,609.		
	21		lities (Part X, line 26)	1	,194.	897.		
Net /	22	Net assets	s or fund balances. Subtract line 21 from line 20	23	,306.	41,712.		
I I	aut II	Cianati	re Block					
this return including accompanying schedules and statements, and to the best of my kr								
tru	ue, correc	ct, and comple	y, I declare that I have examined this return, including accompanying control of the preparer (other than officer) is based on all information of which preparer.					
					0/21/2	023		
Si	gn	Signature of officer Date						
	ere	RUF	TUS G WOOTEN, EXECUTIVE DIRECTOR					
			t name and title	and the second s	1 -	- DTIN		
	م: ما	Print/Typ	preparer's name	Date	Check [self-emp	if PTIN		
	aid	KIMBE	RLY HART-POOLE, CPA VIOLENTALIANO	10/23/2023	1	1202000		
	repar	Cirm's no	ame BOWEN & ASSOCIATES CPAS PC			16-3261946		
	se On	I Firm's ac	dress 251 TECHNOLOGY PKWY NW, ROME, GA 30165	Pho	ne no. (70	06) 235-2269 . ☒ Yes ☐ No		
May the IRS discuss this return with the preparer shown above? See instructions								