

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **07/01/20**, and ending **06/30/21**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
**COMMUNITY CONNECTIONS, INC**

**D** Employer identification number  
**46-0325432**

Doing business as  
**PO BOX 742**

**E** Telephone number

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**WINNER SD 57580**

City or town, state or province, country, and ZIP or foreign postal code  
**G** Gross receipts \$ **4,822,926**

**F** Name and address of principal officer:  
**CHARLES KEISER**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **CCIWINNER.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **M** State of legal domicile:

**H(c)** Group exemption number ▶

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>PROVIDE SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.</b>			
	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)	7	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	7	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	91	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	0		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	25,211	1,606,138
	9	Program service revenue (Part VIII, line 2g)	3,311,519	3,208,769
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,242	890
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,270	7,129
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,386,242	4,822,926
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)	2,779,476	2,883,368
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	564,822	687,850
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,344,298	3,571,218	
19	Revenue less expenses. Subtract line 18 from line 12	41,944	1,251,708	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	3,481,177	4,175,273
	21	Total liabilities (Part X, line 26)	1,384,338	826,726
22	Net assets or fund balances. Subtract line 21 from line 20	2,096,839	3,348,547	

**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: *Charles Keiser* Date: \_\_\_\_\_

**CHARLES KEISER** **PRESIDENT**

Type or print name and title

**Paid** Print/Type preparer's name: **DANA KAUP** Preparer's signature: *[Signature]* Date: **04/28/22** Check  if self-employed PTIN: **P00961052**

**Preparer Use Only** Firm's name: **FENENGA, DESMET & COMPANY, LLC** Firm's EIN: **20-5804965**

Firm's address: **P.O. BOX 748 WINNER, SD 57580** Phone no.: **605-842-1757**

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

For Paperwork Reduction Act Notice, see the separate instructions.