Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (Code (except private foundations)
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Depar	tment of	the Treasury	Do not ente	er social security numbers or	this form as it may b	e made	public.		Open to Pu	blic
		ue Service	Go to w	ww.irs.gov/Form990 for instr	uctions and the lates	t inform	ation.		Inspection	n
A F	For the	2023 calend	lar year, or tax year begir	nning	, 2023, a	and end	ing		, 20	
B	Check if a	applicable:	C Name of organization Cr	eated Gainesville I	nc			D Emplo	yer identification nur	nber
Ā	Address c	change	Doing business as						82-1946648	
1	Name cha	ange	Number and street (or P.O. bo	ox if mail is not delivered to street addres	s)	Room/su	iite	E Teleph	one number	
=	nitial retu	-	2925 NW 39th 2	Avenue					(352)870-84	481
=		rn/terminated		, country, and ZIP or foreign postal code		1		G Gross		
=	Amended		Gainesville, H					\$		5,311
=		n pending	F Name and address of principa				H(a) Is this a g			
	sppiloalio	in perioding	Same as C abox	•			H(b) Are all s			
		nt status. X			or 527		1			, 🗌 110
					or _ 527		1 .		. See instructions	
	Nebsite:		ps://www.createdg				H(c) Group e			
		-		ociation Other	L Year of format	tion: 20	12 M S	tate of lega	al domicile: FL	
Pa	1	Summar								
	1		0	ion or most significant activities						
a				ted by sex traffick						
ũ		hope and	to equip women w	ith the tools neede	d for independe	ence,	a sustai	inable	future, ar	ıd
Governance		-	opportunity.							
0 Vē	2	Check this be	ox 📋 if the organization of	liscontinued its operations or di						
Ú	3	Number of v	oting members of the gove	erning body (Part VI, line 1a)				3		8
ŝ	4	Number of ir	ndependent voting member	s of the governing body (Part)	/I, line 1b)			4		8
itie	5	Total numbe	r of individuals employed ir	n calendar year 2023 (Part V, li	ne 2a)			5		26
Activities &	6	Total numbe	r of volunteers (estimate if	necessary)				6		37
	7a	Total unrelat	ed business revenue from	Part VIII, column (C), line 12				7a		0
	b	Net unrelate	d business taxable income	e from Form 990-T, Part I, line 1	1			7b		0
							Prior Year		Current Yea	r
ər	8	Contributions	s and grants (Part VIII, line	1h)			723	,065	46	3,727
	9									0
Revenue	10			A), lines 3, 4, and 7d)			1	,793		1,208
Se v	11			nes 5, 6d, 8c, 9c, 10c, and 11e)				,165		(293)
Ľ.	12			(must equal Part VIII, column (A				,023	46	4,642
	13			IX, column (A), lines 1-3)						
								,591		4,569
	14	•		X, column (A), line 4) \ldots			- 4 -	1.0.0		<u> </u>
ŝ	15			e benefits (Part IX, column (A),			545	,100	53	7,057
xpenses				column (A), line 11e)						0
Юel			ising expenses (Part IX, co		17,040					
ũ	17			nes 11a-11d, 11f-24e)				,560	23	1,641
	18	•		equal Part IX, column (A), line	,		825	,251	77	3,267
	19	Revenue les	s expenses. Subtract line	18 from line 12			(99	,228)	(30	8,625)
Por	3	•				Begi	inning of Curre	nt Year	End of Year	
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)				428	,418	12	2,360
Ass	21	Total liabilitie	es (Part X, line 26)							2,567
Let	22	Net assets o	or fund balances. Subtract	line 21 from line 20			428	,418	11	9,793
Ра	rt II	Signatu	re Block							
				Irn, including accompanying schedules a		t of my kno	wledge and beli	ef, it is		
true,	correct, a	and complete. Dec	claration of preparer (other than of	icer) is based on all information of which	preparer has any knowledge.			1		
		Jenn	ifer Radder							
Sig	n	Signature of offic	cer					Date	9	
Her	e	Jenn	ifer Radder, Admi	n & Ops Director						
	•	Type or print nar								
			eparer's name	Preparer's signature	Date		Check	;r	PTIN	
Paie	d				09-10-20	124		□ "		
		-	H. Kattell	and Company D I	pa-10-20		self-emp	noyed	P01278226	
	parer									
USE	e Only	Firm's addres				F	Phone no.			
				.11e FL 32601		I			95-6565	<u> </u>
Мау	the IRS	5 discuss this	return with the preparer sh	nown above? See instructions					X Yes	<u>No</u>

Form	n 990 (2023) Created Gainesville Inc	82-1946648	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	Created Gainesville is committed to reaching and restoring lives impacted by	sex traffic	king and
	sexual exploitation. Our aim is to offer hope and to equip women with the to	ols needed	for
	independence, a sustainable future, and greater opportunity.		
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	<u>x</u> 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	<u>x</u> 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		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other advantages of the section (c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other advantages of the section (c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other advantages of the section (c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other advantages of the section (c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other advantages of the section (c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other advantages of the section (c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other advantages of the section (c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other advantages of the section (c)(3) and 501(c)(4) organization (c)(4) orga	iers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$687,370 including grants of \$4,569) (Revenue	\$)
	We have reached women locally who have a history of sex trafficking and explo		
	streets, clubs, jail outreach, and referral program. Women commit to reclaimit through long-term care. We provided Prevention and Awareness presentations in		
	offer a safe home to be used as residence.		ity and
	offer a safe nome to be used as residence.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
<u>,</u> .			
4d	Other program services (Describe on Schedule O.)	`	
40	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses 687,370		

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

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Pa	rt IV Checklist of Required Schedules (continued)			T
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		v
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		x
2- 1 0	\$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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
-	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part.II	26		х
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).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	290		
h	"Yes," complete Schedule L, Part IV.			X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		v
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M			x
25 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
50	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 J.			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)?	35a		х
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	35b	-	1
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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • • • • •		
1-	Enter the number reported in her 2 of Form 1006 Enter 0 if not enabled	0	Yes	No
1a h	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
b c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	U		
G	reportable gaming (gambling) winnings to prize winners?	1c		
			-	(0000)

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Par	Tt 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 2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		
ь	and services provided to the payor?	7a		x
b		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		v
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans	_		
C 145	Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year?	140		v
14a b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q</i>	14a 14b		x
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140	-	
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		•
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			-
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

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Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,	and fo	or a "l	Vo″
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See il	nstruc	ctions.
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction 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 8			
	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 in line 1a, above, who are independent 1b 8	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 7-	Did the organization have members or stockholders?	6		x
7a		70		v
h	one or more members of the governing body?	7a		x
b		7b		v
8	stockholders, or persons other than the governing body?	70		x
0	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
-	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion 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		х
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	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a L	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	x	
160	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	16a		v
b	with a taxable entity during the year?	104		x
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16b		
Sec	organization's exempt status with respect to such arrangements?	100		
17	List the states with which a copy of this Form 990 is required to be filed Florida			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Image: The second se			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Created Gainesville (352)870-8481, 2925 NW 39th Avenue, Gainesville, FL 32605			

Form 990 (2023) Created Gainesvil								82-1946	
Part VII Compensation of Officers, Dire Independent Contractors	ectors, Tru	istee	es, Ko	ey	En	nployee	es, Highest Co	mpensated Ei	mployees, and
Check if Schedule O contains a resp	onse or not	e to a	anv lin	ne ir	n th	nis Part V	//		П
Section A. Officers, Directors, Trustees, K									
1a Complete this table for all persons required to be list					-				
organization's tax year.									
 List all of the organization's current officers, director 	ors, trustees (wheth	er indi	ividu	Jals	s or organ	izations), regardle	ss of amount of	
compensation. Enter -0- in columns (D), (E), and (F) if no	compensatior	n was	paid.						
 List all of the organization's current key employees 	, if any. See	the ins	structio	ons	for	definition	of "key employee.		
 List the organization's five current highest compen 	sated employ	ees (o	other t	han	an	officer, d	irector, trustee, or	key employee)	
who received reportable compensation (box 5 of Form W-	-2, box 6 of F	orm 1	099-M	ISC	, ar	nd/or box	1 of Form 1099-NE	C) of more than	
\$100,000 from the organization and any related organizat	ions.								
List all of the organization's former officers, key em		-					oyees who receive	d more than	
\$100,000 of reportable compensation from the organization	-		-						
List all of the organization's former directors or tru						-		trustee of the	
organization, more than \$10,000 of reportable compensat	ion from the o	rganiz	ation	and	any	y related o	organizations.		
See instructions for the order in which to list the persons a	bove.								
Check this box if neither the organization nor any rela	ted organizat	ion co	mpens	sate	d a	ny current	officer, director, or	trustee.	
				(C					
(A)	(B)	(do i	not chec	Posit k mo		nan one	(D)	(E)	(F)
Name and title	Average	box	, unless	perso	on is	s both an	Reportable	Reportable	Estimated amount
	hours per week	offic	er and a	a dire	ctor/	/trustee)	compensation from the	compensation from related	of other compensation
	(list any	9 5	5	Q	হ	<u>e <u></u> <u></u> <u></u> <u></u></u>	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for	dire	stituti	Officer	ey en	Highes employ	1099-NEC)	1099-NEC)	related organizations
	related organizations	or director	nstitutional trustee		Key employee	t con			
	below	ustee	trust		ee	npent			
	dotted line)		ee			Highest compensated employee			
(1)Alison Ungaro	40.00						54 530		
Executive Director (2)Dreneigh Cobb	5.00			X			54,732	0	0
Board Member		x					0	0	0
(3)Connie Pierre-Antoine	5.00						Ŭ	v	v
Board Member		x					0	0	0
(4)LaTisha Mincy	5.00								
Board Member		х					0	0	0
(5)Brandon West	5.00								
Board Member		х					0	0	0
(6) Tyran Butler	<u>5.00</u>								
Board Member	F 00	х					0	0	0
[7]Kathy Sarantos Treasurer	<u> </u>	x		x			0	0	0
(8)Michele Emery	5.00			^			0	0	0
Secretary		x		x			0	0	0
(9) Priscilla Brown	5.00								
Board Chair		x		x			0	0	0
(10)									
<u>(11)</u>									
(12)			\vdash	+					
<u></u>									
(13)									
(14)			\vdash	_					
	<u> </u>								
EEA			· · · · ·					·	Form 990 (2023)

	90 (2023) Created Gainesvil										2-1946		P	age 8
Part	VII Section A. Officers, Directors, T	rustees,	Key E	Emp			es, an	d F	lighest Comp	ensated	Empl	oyees	(cont	inued)
	(A) Name and title	(B) Average hours per week (list any	box, offic	(C) Position (do not check more than or box, unless person is both officer and a director/truste					(D) Reportable compensation from the organization (W-2/ 1092-MISC/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/	ble ation ited is (W-2/	cor fi	(F) ated amount of other mpensati rom the	ion
		hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE		-	nization ; d organiz	
<u>(15)</u>														
(16)														
<u>(17)</u>														
(18) (19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal	 :an A	•••	•••	•••	•••		•						
d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)		•••	•••	•••	••	•••	•	54,732		0			0
2	Total number of individuals (including but n									nan \$100,		1		Ū
	reportable compensation from the organization	tion					-							0
													Yes	No
3	Did the organization list any former officer, direc employee on line 1a? If "Yes," complete Schedul		-				-					2		
4	For any individual listed on line 1a, is the sum of re										• • • •	3		x
	organization and related organizations greater th													
	individual			•••								4		x
5	Did any person listed on line 1a receive or accrue			-			-					_		
Secti	for services rendered to the organization? If "Yes on B. Independent Contractors	s," complete	Schea	lule .	J for	' suc	n pers	on		• • • • •		5		x
1	Complete this table for your five highest cor	mpensated	d inder	bend	lent	cor	ntracto	ors t	that received mo	ore than \$	100.00	0 of		
	compensation from the organization. Repor	-	-										tax y	ear.
	(A)								(B)			(C)		
	Name and business addres	S							Description of servic	es		Compens	ation	
	Total number of independent contracts of the		14 000	im:	od *	- 4L-	000	oto	h abaya) wita					
2	Total number of independent contractors (in received more than \$100,000 of compensation)	-						Siec						

Form 9		23) Created Gainesvi	<u> 11e</u>	Inc			82-19466	48 Page 9
Part	VIII	Statement of Revenue						
		Check if Schedule O contains a res	pons	e or note to any	line in this Part V	<u>/III</u>		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					
<i>(</i>)	b	Membership dues	1b					
ants	c	Fundraising events	1c					
นี้ ยี	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions)	1e	50,164				
ns, o limil	f	All other contributions, gifts, grants,						
utio ler S		and similar amounts not included above	1f	413,563				
oth Oth	g							
Con			1g					
	h	Total. Add lines 1a-1f	• • •		463,727			
	20			Business Code				
e	2a							
Program Service Revenue	C C							
Jram Serv Revenue	d							
grar Rev	e							
Š	-	All other program service revenue						
-		Total. Add lines 2a-2f						
	3	Investment income (including dividends, inte						
		other similar amounts)			1,208			1,208
	4	Income from investment of tax-exempt bond	proce	eeds				
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
		Rental income or (loss) 6c						
	d	Net rental income or (loss)	• • •					
	7a	Gross amount from (i) Securitie	s	(ii) Other				
		sales of assets						
		other than inventory 7a						
	a	Less: cost or other basis						
an n		and sales expenses 7b Gain or (loss) 7c						
eve		Net gain or (loss)		•••••				
Other Revenue		Gross income from fundraising						
Othe	- Ou	events (not including \$						
Ũ		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	C	Net income or (loss) from fundraising events	s					
	9a	Gross income from gaming						
		activities. See Part IV, line 19	9a					
		Less: direct expenses	9b					
	C	Net income or (loss) from gaming activities	<u>· ·</u>	•••••				
	10a	Gross sales of inventory, less						
	.	returns and allowances	10a					
		Less: cost of goods sold	10b					
	C	Net income or (loss) from sales of inventory	•••		(293)) (293)	
	44-			Business Code				
ous	11a							
Miscellanous Revenue	b							
Scel	c d							
Ϊ		Total. Add lines 11a-11d		L				
	12				464,642	(293) 0	1,208
	-						· · · · ·	_/

Part IX

Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic 2 4,569 4,569 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 Compensation of current officers, directors, 5 trustees, and key employees 54,732 5,473 47,617 1,642 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 44,486 7 Other salaries and wages 387,031 13,346 444,863 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 10 32,592 1,124 37,462 3,746 11 Fees for services (nonemployees): а b Legal..... 3,538 3,538 . . . 2,255 2,255 С d Professional fundraising services. See Part IV, line 17. . е f Other. (If line 11g amount exceeds 10% of line 25, column a (A), amount, list line 11g expenses on Schedule O.) 36,761 36,511 250 12 Advertising and promotion 138 138 13 Office expenses 9,398 7,519 1,598 281 14 Information technology 13,386 10,709 2,276 401 15 Royalties 16 Occupancy 94,592 87,561 7,031 17 13,634 13,634 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 2,203 2,203 20 Payments to affiliates . . . 21 . . . 22 Depreciation, depletion, and amortization 3,480 3,132 348 Insurance 23 8,202 6,562 1,394 246 Other expenses. Itemize expenses not covered 24 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.) Food Supplies а 6,019 6,019 b Program Activities 28,314 28,314 Program Supplies 9,721 9,721 С d е All other expenses 25 Total functional expenses. Add lines 1 through 24e. . 773,267 687,370 68,857 17,040 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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

Form	990 (20			82	2-19	46648 Pag	e 11
Part	t 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	
	1	Cash - non-interest-bearing		10,973	1	94,3	99
	2	Savings and temporary cash investments		386,126	2		
	3	Pledges and grants receivable, net			3		-
	4	Accounts receivable, net	4	1	.22		
	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	1		7		-
Assets	8	Inventories for sale or use			8		
Ass	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment: cost or other					
			34,799				
	b	Less: accumulated depreciation	6,960	31,319	10c	27,8	39
	11	Investments - publicly traded securities	-		11		
	12	Investments - other securities. See Part IV, line 11	1		12		
	13	Investments - program-related. See Part IV, line 11			13		
	14		14				
	15	Other assets. See Part IV, line 11	15				
	16	Total assets. Add lines 1 through 15 (must equal line 33)		428,418	16	122,3	60
	17	Accounts payable and accrued expenses			17	2,5	
	18	Grants payable	18	-	-		
	19	Deferred revenue		19		-	
	20	Tax-exempt bond liabilities	20		-		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21		-		
Ś	22	Loans and other payables to any current or former officer, director,					
itie		trustee, key employee, creator or founder, substantial contributor, or 35%					
Liabilities		controlled entity or family member of any of these persons			22		
1	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			25		
	26	Total liabilities. Add lines 17 through 25		0	26	2,5	67
		Organizations that follow FASB ASC 958, check here					
ú		and complete lines 27, 28, 32, and 33.					
če	27	Net assets without donor restrictions		428,418	27	119,7	93
alaı	28	Net assets with donor restrictions			28		
d B		Organizations that do not follow FASB ASC 958, check here					
-un-		and complete lines 29 through 33.					
ŗ	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equipment fund			30		
Ass	31	Retained earnings, endowment, accumulated income, or other funds			31		
Net Assets or Fund Balances	32	Total net assets or fund balances	-	428,418	32	119,7	93
	33	Total liabilities and net assets/fund balances		428,418	33	122,3	60
EEA						Form 990 (20	023)

EEA

Form **990** (2023)

	1 990 (2023) Created Gainesville Inc	82-194	6648		Pa	age 12	
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		• • •		••		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			464,	642	
2	Total expenses (must equal Part IX, column (A), line 25)	2			773,	267	
3	Revenue less expenses. Subtract line 2 from line 1	3		()	308,	625)	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			428,	418	
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				0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10			119,	793	
Pa	rt XII Financial Statements and Reporting					_	
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u> .	<u></u>		•••		
					Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Ccrual 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?		•	2a		х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both.						
	Separate basis Consolidated basis Both consolidated and separate basis	r					
b	Were the organization's financial statements audited by an independent accountant?		•	2b		x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
	separate basis, consolidated basis, or both.						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	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?		•	2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on						
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			_			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		• -	3a		x	
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			
EEA				Form	990 ((2023)	
	*						

SCHE	DULE	Α
(Form	990)	

ec.	HEDULE A	Dublic Charity Status and Dublic Support					OMB No. 1545-0047		
	m 990)		Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						
Depai	rtment of the Treasu	v	Attach to Form 990 or Form 990-EZ.						
	al Revenue Service			m990 for instructions a		nation.	Open to Public Inspection		
Name	e of the organizatio		5			Employer identification			
Crea	ated Gainesv	ille Inc				82-194664	8		
Pa			rity Status. (A	II organizations mus	t complete this p				
				nes 1 through 12, check o		,			
1	<u> </u>	•	•	hurches described in se	. ,				
2	=			h Schedule E (Form 990					
3				ion described in section					
4	<u> </u>		0	tion with a hospital descr		b)(1)(A)(iii). Enter the			
		me, city, and state:	, , , .						
5		· · · -	enefit of a college o	r university owned or ope	rated by a governme	ental unit described in			
		(b)(1)(A)(iv). (Comple	•	, , ,	, ,				
6				I unit described in sectio	n 170(b)(1)(A)(v).				
7	Ξ .		0	art of its support from a g		rom the general public			
		section 170(b)(1)(A)							
8	A community	trust described in se	ection 170(b)(1)(A)	(vi). (Complete Part II.)					
9				ction 170(b)(1)(A)(ix) or	erated in conjunctio	n with a land-grant col	lege		
				(see instructions). Enter			C C		
	university:	Ũ	0 0	· · · ·					
10	receipts from support from acquired by	activities related to it gross investment inco the organization after	s exempt functions ome and unrelated June 30, 1975. Se	33 1/3% of its support fro subject to certain except business taxable income e section 509(a)(2). (Co	ions; and (2) no mor (less section 511 tax nplete Part III.)	e than 33 1/3% of its) from businesses	S		
11	= *	e 1		to test for public safety.					
12			-	or the benefit of, to perform					
			-	ed in section 509(a)(1)			3). Check		
	_	-		pe of supporting organiza		-			
а				ervised, or controlled by i			ving		
		• • • •		rly appoint or elect a maj		or trustees of the			
	_			rt IV, Sections A and B					
b				controlled in connection			•		
				ation vested in the same p	ersons that control o	r manage the supporte	d		
		tion(s). You must co							
C				rganization operated in c			with,		
				ou must complete Part					
c				ing organization operated			()		
				n generally must satisfy a		ent and an attentivenes	S		
				ete Part IV, Sections A					
e				en determination from the		i, i ype II, i ype III			
-		, , , ,,		integrated supporting or	ganization.				
f		er of supported organ	•	••••			•••		
<u>g</u>		owing information abo							
	(i) Name of suppo	rted organization	(ii) EIN	(iii) Type of organization	(iv) Is the organization	(v) Amount of monetary	(vi) Amount of		

f	Enter the number of supported organ	izations						
ç	Provide the following information abo	ut the supported or	ganization(s).				-	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

Par	ule A (Form 990) 2023 Created Gas t II Support Schedule for Organiza			ions 170(b)(1)(A)(iv) and	82-194664 170(b)(1)(A)	
	(Complete only if you checked th						
	Part III. If the organization fails to						
Sect	ion A. Public Support	yquality artao					
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and	(4) 2010	(6) 2020	(0) 2021	(d) 2022	(0) 2020	
'	membership fees received. (Do not						
	include any "unusual grants.")	179,693	379,545	606 592	722 065	462 727	2 252 61
2	Tax revenues levied for the	1/9,093	3/9,545	606,582	723,065	463,727	2,352,61
2							
	organization's benefit and either paid						
2	to or expended on its behalf						
3							
	furnished by a governmental unit to the						
	organization without charge	1.20.000					0.050.00
4	Total. Add lines 1 through 3	179,693	379,545	606,582	723,065	463,727	2,352,61
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)						200,76
6	Public support. Subtract line 5 from line 4.						2,151,85
	ion B. Total Support	()				()	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	179,693	379,545	606,582	723,065	463,727	2,352,61
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources			385	1,793	1,208	3,38
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						2,355,998
12	Gross receipts from related activities, etc.					12	87
13	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop her	e					[
Sect	ion C. Computation of Public Support	rt Percentage	e				
14	Public support percentage for 2023 (line 6	6, column (f), di	vided by line 1	1, column (f))		14	91.34 %
15	Public support percentage from 2022 Sch	edule A, Part I	I, line 14			15	89.92 %
16a	33 1/3% support test - 2023. If the organ	ization did not	check the box	on line 13, and	l line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qua	lifies as a publi	cly supported	organization.			
b		-		-			
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 202			-			
	10% or more, and if the organization mee	•					
	Part VI how the organization meets the fa						
	organization			-	-		_
b							-
b	15 is 10% or more, and if the organization	-					
						-	
	in Part VI how the organization meets the			-	-		
40	organization						
18	Private foundation. If the organization di	a not check a b	oux on line 13,	10a, 10b, 1/a,	or 170. Check	This pox and s	see
10	instructions						

Schedu	le A (Form 990) 2023 Created Ga	inesville I	nc			82-1946648	Page 3
Part	III Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked th	e box on line	10 of Part I of	or if the organ	nization failed	to qualify und	er Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part II	.)	
Secti	on A. Public Support				•		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees					. ,	
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
J	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid						
	-						
F	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
•	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	raanization's fir	st second thi	rd fourth or fif	th tax year as a	a section $501(c)$	(3)
14	organization, check this box and stop he	•			-		· · · · · · · · · · · · · · · · · · ·
Secti	on C. Computation of Public Support					<u></u>	••••
15	Public support percentage for 2023 (line 8	-		3 column (f))		15	%
16			•			16	%
	Public support percentage from 2022 Sch			<u></u>	<u></u>		<u> </u>
	on D. Computation of Investment Inc			vilino 12 octor	mn (f))	17	0/
17	Investment income percentage for 2023 (•		17	%
18	Investment income percentage from 2022					18 1/20	%
19a	33 1/3% support tests - 2023. If the organization of the organiz						
	17 is not more than 33 1/3%, check this b		-			• •	
b	33 1/3% support tests - 2022. If the organizat						
	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization di	u not check a b	oux on line 14.	19a. or 19b. c	neck this box a	na see instructi	ons 🖂

Page 4

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing 1 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. 1 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). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a 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. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a 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. 4b Did the organization support any foreign supported organization that does not have an IRS determination С 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. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? 5b С Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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. 6 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). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990). 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disgualified 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. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С 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. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a 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.) 10b

	le A (Form 990) 2023 Created Gainesville Inc 82-1946648		P	age
Part	IV Supporting Organizations (continued)			
			Yes	N
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
ecti	on B. Type I Supporting Organizations			
			Yes	Ν
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ecti	ion C. Type II Supporting Organizations			
			Yes	Ν
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ecti	ion D. All Type III Supporting Organizations	· ·		
			Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
		2		
2	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	∌ Inst	ructio	ns
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction supported a government entity (see instruction)).	ctions)		

Created Gainegville Inc

2 Activities Test. Answer lines 2a and 2b below.

Schedule A (Form 990) 2023

- 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.*

Schedule A (Form 990) 2023

2b

3a

3b

Yes

No

82-1946648

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Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aan	82-194 izations	6648 Page
1	Check here if the organization satisfied the Integral Part Test as a qualifying			lain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi			
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
Secti	on B - Minimum Asset Amount	-	(A) Prior Year	(B) Current Yea
-				(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):	4		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	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		_
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	llv ir	tegrated Type III suppor	ting organization

(see instructions)

Schedule A (Form 990) 2023

Schedul	e A (Form 990) 2023 Created Gainesville Inc V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organiz	82-194	46648 Page 7
	on D - Distributions	b) oupporting organiz		Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	· · · ·	d	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organiz	ations 3	
4	Amounts paid to acquire exempt-use assets	··	4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part V	/I) 5	
6	Other distributions (describe in Part VI). See instructions.	<u>.</u>	6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	n the organization is respo	nsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			V
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
C	From 2020			
d	From 2021			
е	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: \$			
а	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, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			
EEA				Schedule A (Form 990) 2023

Schedule A (F	orm 990) 2023 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

2023

Name of the organization	Employer identification number
Created Gainesville Inc	82-1946648
Organization type (check one)	

Filers of:	Section:
Form 990 or 990-EZ	■ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$12,200	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$15,661	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$10,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)

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

Employer identification number

82-1946648

Schedule B (Form 990) (2023) Name of organization

Part I

Created Gainesville Inc

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u> </u>	PersonxPayrollINoncashI(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

EEA

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Employer identification number

82-1946648

Schedule B (Form 990) (2023)
Name of organization

Created Gainesville Inc

SCHEDULE D	
(Form 990)	

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.

OMB No. 1545-0047

Allaci	to i onin 330.
Go to www.irs.gov/Form990 for	instructions and the latest information.

Open to Public Inspection

Employer identification number

Creat	ced Gainesville Inc	82-1946648
Pa	rt 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
		Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds ca	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	conferring impermissible private benefit?	
Par		
I UI	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).	
1		on of a historically important land area
		on of a historically important land area
		on 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 f	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
С		2c
d	Number of conservation easements included on line 2c, acquired after July 25, 2006, and not	
	on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated	by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling	g of
	violations, and enforcement of the conservation easements it holds?	
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 cons	ervation 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)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and ex	pense 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	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures	s, 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 staten	nent and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement	
	art, historical treasures, or other similar assets held for public exhibition, education, or research ir	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	¢
2	(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 fir	ianciai gairi, provide líte
-	following amounts required to be reported under FASB ASC 958 relating to these items:	¢
a L	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

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Schedule D (Form 990) 2023

Schedu	e D (Form 990) 2023 Created Gaines			82-1946		Page 2
Par	III Organizations Maintaining	Collections of Art, His	storical Treasures	s, or Other Similar As	sets (col	ntinued)
3	Using the organization's acquisition, access	sion, and other records, check	any of the following that	make significant use of its		
	collection items (check all that apply):					
а	Public exhibition	d	Loan or exchange	orogram		
b	Scholarly research	е	Other	-		
c	Preservation for future generations	-				
4	Provide a description of the organization's of	collections and explain how the	w further the organization	n's exempt numose in Part		
-	XIII.		y futurer the organizatio			
5	During the year, did the organization solicit	or receive depations of art his	torical traceuros, or othe	ar cimilar		
5	assets to be sold to raise funds rather than				Yes	No
Dar	IV Escrow and Custodial Arra		e organizations collectio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
rai			m 000 Dort IV/ line	0 or reported on om		orm
	Complete if the organization	ranswered fes on For	111 990, Fait IV, III	e 9, or reported an am		onn
	990, Part X, line 21.					
1a	Is the organization an agent, trustee, custod				—	Π
					. ∐ Yes	∐ No
b	If "Yes," explain the arrangement in Part XI	II and complete the following ta	able.			
					ount	
С	Beginning balance			. <u>1</u> ¢		
d	Additions during the year					
е	Distributions during the year					
f	Ending balance					
2a	Did the organization include an amount on F					No No
b	If "Yes," explain the arrangement in Part XI	II. Check here if the explanation	n has been provided on	Part XIII		
Par						
	Complete if the organization	answered "Yes" on For	m 990, Part IV, line	e 10.		
		(a) Current year (b) F	rior year (c) Two year	rs back (d) Three years back	(e) Four y	ears back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the cur	rrent year end balance (line 1g	, column (a)) held as:			
а	Board designated or quasi-endowment	%				
b	Permanent endowment %	6				
С	Term endowment %					
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.				
3a	Are there endowment funds not in the poss		are held and administer	ed for the		
	organization by:				•	Yes No
	(i) Unrelated organizations?	· · · · · · · · · · · · · · · ·			. 3a(i)	
	(ii) Related organizations?					
b	If "Yes" on line 3a(ii), are the related organi					
4	Describe in Part XIII the intended uses of the					
Par						
	Complete if the organization	-	m 990. Part IV. line	e 11a. See Form 990.	Part X, lii	ne 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book	
	Description of property	(investment)	(other)	depreciation	(u) DOOK	value
1a	Land	· · · ·	, ,	•		
b	Buildings					
C d	Leasehold improvements		24 700	C 0C0		07 0 20
d	Equipment		34,799	6,960		27,839
e Total	Other					27 0 20
	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X, line				27,839
EEA				Sche	edule D (For	m 990) 2023

Schedule D (Fo	orm 990) 2023 Created Gainesvill	.e Inc	82-	1946648	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, lin	ne 12.
	(a) Description of security or category (including name of security)	(b) Book val		thod of valuation: I-of-year market value	
(1) Financial	derivatives				
(2) Closely-h	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	nn (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, lin	ie 13.
	(a) Description of investment	(b) Book val		thod of valuation: I-of-year market value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	nn (b) must equal Form 990, Part X, line 13, col. (B)) .				
Part IX	Other Assets Complete if the organization answered	'Ves" on Form 990 Part	IV line 11d See Form	000 Part X lin	o 15
	(a) Desc			(b) Book val	
(1)					ue
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, line 15 col. (B)).				
Part X	Other Liabilities		IV line 11e er 11f Sec		
	Complete if the organization answered line 25.			e Folili 990, Pa	ιι Λ ,
1.	(a) Description of liability	(b) Book value			
(1) Federal	income taxes				

(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25 col. (B)) .	

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.

Schedu		2-1946648	Page 4
Part		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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Part		r Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	
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.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047
2023
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Created Gainesville Inc

Employer identification number 82–1946648

01. Form 990 governing body review (Part VI, line 11)

The Executive director, with the help of other team members, reviews each line of the Form

990 and verifies the data for accuracy. The Board of Directors is provided a copy of the

Form 990 before it is filed.

02. Conflict of interest policy compliance (Part VI, line 12c)

Created Gainesville has a written conflict of interest policy for both staff and the board

of directors. The policy is reviewed on an annual basis and with every new onboarding

member. The Conflict of Interest and Business Ethics policy is located in the Employee

Handbook.

03. CEO, executive director, top management comp (Part VI, line 15a)

Executive Director and/or other top management official compensation is determined on an

annual basis by a review and approval of the Board of Directors. Data searches are

performed for comparable compensation in similiar positions and qualifications. Meeting

minutes are used to record deliberations and decisions.

04. Other officer or key employee compensation (Part VI, line 15b

Executive Director and/or other top managment official compensation is determined on an annual basis by a review and approval of the Board of Directors. Data searches are performed for comparable compensation in similiar positions and qualifications. Meeting minutes are used to record deliberations and decisions.

05. Governing documents, etc, available to public (Part VI, line 19)

Copies of the Organization's governing documents are distributed to all board and staff

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
Created Gainesville Inc	82-1946648
members. These documents are available to the public upon request. Previ	ous Form 990
reports and annual reports can be found on the Created Gainesville website	e as well as
Sunbiz.gov.	