Public Inspection Copy of Form 990



PUBLIC DISCLOSURE COPY

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.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change KINNECT INC. Name change 20-2727509 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1427 E. 36TH STREET 4203F 216-692-1161 13,980,353. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return CLEVELAND, OH 44114 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SHANNON DEINHART for subordinates? Yes X No SAME AS C ABOVE _ Yes 「 **H(b)** Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.KINNECTOHIO.ORG/ H(c) Group exemption number K Form of organization: X Corporation Other L Year of formation: 2005 M State of legal domicile: OH Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of voting members of the governing body (Part VI, line 1a) 3 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 389,288. 328,778. Contributions and grants (Part VIII, line 1h) 8 13,511,563. 611,249. Program service revenue (Part VIII, line 2g) 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 37,463. 25,126. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 13,938,314 13,965,153 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 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) 4,435,770. 5,172,923. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 9,451,136. 8,856,857. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 14,029,780. 13,886,906. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 51,408.-64,627. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 2,465,653. 2,724,181 Total assets (Part X, line 16) 1,470,552. 1,793,707 21 Total liabilities (Part X, line 26) 三年 995,101, 930,474Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign SHANNON DEINHART, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00226559 CHRISTOPHER B. ANDERSON Paid self-employed

X Yes

Firm's EIN 34-0677006

Phone no. (216) 363-0100

May the IRS discuss this return with the preparer shown above? See instructions

MALONEY + NOVOTNY LLC

Firm's address 1111 SUPERIOR AVE, SUITE 700

CLEVELAND, OH 44114-2540

Firm's name

Preparer

Use Only

Form 990 (2023) KINNECT INC. 20-2727509 Page 2
Part III | Statement of Program Service Accomplishments

I a	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2,703,716. including grants of \$) (Revenue \$2,499,317.)
	KINNECT TO FAMILY - THE OHIO DEPARTMENT OF JOB AND FAMILY SERVICES IS
	PARTNERING WITH KINNECT TO IMPLEMENT KINNECT TO FAMILY. THIS PROGRAM IS
	A SHORT-TERM INTENSIVE INTERVENTION TO INCREASE THE NUMBER OF CHILDREN
	PLACED WITH RELATIVES WHEN THEY ENTER THE FOSTER CARE SYSTEM. IT ALSO
	ENSURES NATURAL AND COMMUNITY SUPPORTS ARE IN PLACE TO PROMOTE
	STABILITY FOR THE CHILD. THE PROGRAM MODEL FEATURES TWO MAJOR ELEMENTS:
	FAMILY FINDING AND FAMILY SUPPORT INTERVENTIONS.
	10 000 151
4b	(Code:) (Expenses \$10,929,151. including grants of \$) (Revenue \$10,799,931.)
	OHIOKAN IS A FLEXIBLE AND RESPONSIVE KINSHIP AND ADOPTION NAVIGATOR
	PROGRAM DESIGNED TO SUPPORT CHILDREN, YOUTH AND THEIR FAMILIES.
	BUILDING ON THE PREMISE THAT FAMILIES ARE INHERENTLY CAPABLE OF FINDING
	SOLUTIONS TO THE CIRCUMSTANCES AND CHALLENGES THEY FACE, THE OHIOKAN
	PROGRAM WILL TAKE AN INCLUSIVE, ENGAGING, AND GENUINE APPROACH TO
	STRENGTHENING FAMILIES AND THEIR NETWORKS.
	(Code:) (Expenses \$ 208,396 • including grants of \$) (Revenue \$ 298,000 •)
4c	(Code:) (Expenses \$208,396 • including grants of \$) (Revenue \$298,000 •) YOUTH-CENTERED PERMANENCY ROUND TABLES (YCPRT'S) ARE AN INTENSIVE
	INTERVENTION TO BUILD A LIFELONG PERSONAL SUPPORT NETWORK FOR YOUTH WHO
	ARE ON TRACK TO "AGE-OUT" OF FOSTER CARE. KINNECT LEADS THE
	STANDARDIZATION AND EVALUATION OF PRACTICE ACROSS THE 11 OHIO COUNTIES
	CURRENTLY IMPLEMENTING, AND IS BUILDING THE FRAMEWORK TO EXPAND TO
	ADDITIONAL COUNTIES.
	Otherway and the (Decelle of Other 14 O.)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 18,373 • including grants of \$) (Revenue \$ 28,367 •)
4e	Total program service expenses 13,859,636.
	Form 990 (2023)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
_	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,	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	├°		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			₩.
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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		X
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		<u> X</u>
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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				
	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 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 assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	. <u> </u>		_ _ _
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''-		
10		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	- 22	\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Pa	t IV Checklist of Required Schedules (continued)			age -
	· positional designation of the second secon		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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?	24d		
	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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L. Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			<u> </u>
20				
_	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	00-		x
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		┢≏
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		_ v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		├^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			_V
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		├ ^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 30			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Par	<u> </u>			agc •
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		163	140
		78		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		, X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			1
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	48	,	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		58		Х
			,	Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		;	
	any contributions that were not tax deductible as charitable contributions?	6a	ı	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6k	,	$oxed{oxed}$
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 and services provided to the pay	or? 7 2	1	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7t	,	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	70	;	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76	,	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	1	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79	ц	+
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0	?? 7	1	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?			+-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9t	<u>, </u>	-
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	\dashv		
b	amounts due or received from them.)			
19a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	2	
		12	4	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13	a	-
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b				
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14	а	Х
		—		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	<u> </u>	Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	;	Х
	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	,	1

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If "Yes," complete Form 6069.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during 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	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed OH			
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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	SHANNON DEINHART - 216-692-1161			
	1427 E. 36TH STREET, STE 4203F, CLEVELAND, OH 44114			

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	rector		from	from related	other				
	(list any hours for			the organization	organizations (W-2/1099-MISC/	compensation from the				
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	nd mc		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related
	below	vidual	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	ibu	Inst	Officer	Key	High	Former			
(1) SHANNON DEINHART	40.00	1								
EXECUTIVE DIRECTOR				Х				144,471.	0.	0.
(2) SUSAN HUGHES	2.00	1								
SECRETARY		Х		Х				0.	0.	0.
(3) MEGAN FELLINGER	2.00	J								
TREASURER		Х		Х				0.	0.	0.
(4) KIMBERLY BELL	2.00	l								_
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) JONATHON HENRY	2.00	l								
DIRECTOR		Х						0.	0.	0.
(6) ARLENE TOWARNICKE	2.00	l								
DIRECTOR		Х						0.	0.	0.
(7) AMY KILBANE	2.00	l								
DIRECTOR		Х						0.	0.	0.
(8) GRANT KEATING	2.00	ļ		l						•
PRESIDENT	0.00	Х	_	Х				0.	0.	0.
(9) DAVID BOONE, JR.	2.00								•	•
DIRECTOR	2 00	Х				_		0.	0.	0.
(10) RON POLLOCK	2.00	٠,,								0
DIRECTOR	2 00	Х						0.	0.	0.
(11) NANCY ROLOCK	2.00	٠,,							0	•
DIRECTOR	2 00	Х						0.	0.	0.
(12) DENISE COATS	2.00	٠,,							0	0
DIRECTOR		Х						0.	0.	0.
		1								
						_				
		1								
		<u> </u>					-			
		1								
		1								
			\vdash			\vdash				
		1								
	I			Ц			L	L	I	000

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	<u>an</u> d	l Hig	<u>jhe</u> s	t Co	ompensated Employee	s (continued)	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week	box,	not ch unles	ss per	more son is	than c s both r/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
1b Subtotal	I							144,471.	0.	0.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								144,471.	0.	0.

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
KAYE IMPLEMENTATION & EVALUATION LLC		
3623 N PROCTOR ST., TACOMA, WA 98407	EVALUATION	1,125,546.
JETPACK GROUP LIMITED, 3615 SUPERIOR AVE.	MARKETING AND	
STE. 3103A, CLEVELAND, OH 44114	COMMUNICATIONS	814,735.
CHAPIN HILL	INDEPENDENT	
PO BOX 85290, CHICAGO, IL 60689	CONSULTANT SERVICES	659,203.
HUMAN SERVICES RESEARCH INSTITUTE, 2336	TECH.SYSTEMS	
MASSACHUSETTS AVE., CAMBRIDGE, MA 02140	MAINT. & DEVELOPMENT	255,200.
FIT TECHNOLOGIES, 1375 EUCLID AVE. STE.	MANAGED I.T.	
500, CLEVELAND, OH 44115	SERVICES	252,164.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 5		
		- 000

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Form 990 (2023) KINNECT
Part VIII Statement of Revenue

			Check if Schedule O contains a	response (or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	•			1b					
S S			Fundraising events	1c	39,448.				
fts,				1d	05,110.				
ij gi			Related organizations		220,383.				
ons,			Government grants (contributions)	1e	220,303.				
utic		T	All other contributions, gifts, grants, and	I I	69 947				
ë			similar amounts not included above	1f	68,947.				
o d		_	Noncash contributions included in lines 1a-1f	1g \$		328,778.			
Oa		n	Total. Add lines 1a-1f		Business Code	320,770.			
			COMPAGE C EEE THOOME			12 507 249	12507240		
<u>ic</u> e	2	_	CONTRACT & FEE INCOME		900099	13,597,248.	13597248.		
er Je		b	TRAINING & CONSULTING INCOM	<u> </u>	900099	14,001.	14,001.		
n S		С							
irar 3ev		d							
Program Service Revenue		е							
Δ.			All other program service revenue						
_		g	Total. Add lines 2a-2f			13,611,249.			
	3		Investment income (including divide	ends, intere	st, and				
	4		Income from investment of tax-exer	npt bond p	roceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) 5	Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
ne			and sales expenses 7b						
her Revenue		С	Gain or (loss) 7c						
Re			Net gain or (loss)	<u></u>					
ē			Gross income from fundraising events (
₹			including \$ 39,448	of					
			contributions reported on line 1c). S	See					
			Part IV, line 18	8a	25,960.				
		b	Less: direct expenses		15,200.				
			Net income or (loss) from fundraising			10,760.			10,760.
			Gross income from gaming activitie	-					
			Part IV, line 19	9a					
		b	Less: direct expenses						
			Net income or (loss) from gaming a						
			Gross sales of inventory, less return						
			and allowances						
		b	Less: cost of goods sold	I					
			Net income or (loss) from sales of ir						
			, ,	,	Business Code				
sno	11	а	MISCELLANEOUS		900099	14,366.	14,366.		
Miscellaneous Revenue		b				,	,		
ella vei		c							
SC.			All other revenue						
Σ			Total. Add lines 11a-11d			14,366.			
	12		Total revenue. See instructions			13,965,153.	13625615.	0.	10,760.

332009 12-21-23

Form 990 (2023) KINNECT INC. Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nolete column (A).	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	444 454	440 505	4 -44	
	trustees, and key employees	144,471.	142,707.	1,764.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 225 522	2 242 552	40.015	
7	Other salaries and wages	3,997,580.	3,948,763.	48,817.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	700 400	704 640	2 040	
9	Other employee benefits	708,489.	704,649.	3,840.	
10	Payroll taxes	322,383.	321,279.	1,104.	
11	Fees for services (nonemployees):				
a	Management	74 100	74 000	21	
b	Legal	74,120.	74,099.	21.	
	3				
	, , , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	5,048,459.	5,047,031.	1,428.	
40	column (A), amount, list line 11g expenses on Sch 0.)	963,833.	937,627.	27.	26,179.
12	Advertising and promotion	40,095.	32,131.	7,225.	739.
13 14	Office expenses Information technology	727,793.	715,208.	12,555.	30.
15	Royalties	121,133.	713,200.	12,333.	30.
16	Occupancy	65,359.	59,804.	5,555.	
17	Traval	210,404.	203,213.	7,191.	
18	Payments of travel or entertainment expenses			.,====	
.5	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	42,945.	41,058.	42.	1,845.
21	Payments to affiliates	,	,	-	,
22	Depreciation, depletion, and amortization	15,511.		15,511.	
23	Insurance	25,896.	24,174.	1,361.	361.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),	·			
~	amount, list line 24e expenses on Schedule 0.) KINSHIP PAYMENTS AND ST	880,340.	880,340.		
a b	PROFESSIONAL DEVELOPMEN	478,739.	473,392.	5,347.	
C	DUES & SUBSCRIPTIONS	134,634.	124,546.	7,145.	2,943.
d	TELEPHONE	64,879.	61,716.	3,133.	30.
	All other expenses	83,850.	67,899.	10,939.	5,012.
25	Total functional expenses. Add lines 1 through 24e	14,029,780.	13,859,636.	133,005.	37,139.
26	Joint costs. Complete this line only if the organization	,, , , , , , , , , , , , , , , , ,	,,		2.,200
_5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

15470919 138919 13022.0

20-2727509 Page **11** Form 990 (2023)

Part X | Balance Sheet KINNECT INC.

rt 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			805,264.	1	593,395.
2					2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			1,571,398.	4	2,086,034
5	Loans and other receivables from any curren	t or former	officer, director,			
	trustee, key employee, creator or founder, su	ıbstantial co	ntributor, or 35%			
	controlled entity or family member of any of t	hese perso	ns		5	
6	Loans and other receivables from other disqu	ualified pers	ons (as defined			
			Г		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a		1 1				
	basis. Complete Part VI of Schedule D		306,903.			
b			i	52,839.	10c	37,328
11					11	
12					12	
13				26 150	13	
14		36,152.		7,424.		
15				0 465 653		0 504 101
				2,465,653.		2,724,181
				1,434,400.		1,786,283.
					21	
22						
			Г			
			[24	
25						
	(0	•		36 152.	25	7,424.
26						1,793,707
20				2/2/0/0020	20	271337131
		oricok rici c				
27				772,741.	27	882,362.
				222,360.		48,112.
				,		,
		o 000, 0o.				
29	·	nds			29	
			T T			
			Г			
				995,101.		930,474.
33	Total liabilities and net assets/fund balances			2,465,653.	33	2,724,181.
	1 2 3 4 5 5 6 7 8 9 10a b 11 12 13 14	Check if Schedule O contains a response or Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Coans and other receivables from any curren trustee, key employee, creator or founder, sucontrolled entity or family member of any of the Loans and other receivables from other disquinder section 4958(f)(1)), and persons descrived and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, ling Investments - program-related. See Part IV, ling Investments - program-related. See Part IV, ling Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must effect of trustee) and other payables to any current or for trustee, key employee, creator or founder, sucontrolled entity or family member of any of the Secured mortgages and notes payable to unrelated. Descriptions and other liabilities not included on ling Secured mortgages and notes payable to unrelated. Other liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, and complete lines 29 through 33. Capital stock or trust principal, or current fur Paid-in or capital surplus, or land, building, of Retained earnings, endowment, accumulated.	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former of trustee, key employee, creator or founder, substantial co controlled entity or family member of any of these persor of Loans and other receivables from other disqualified persunder section 4958(f)(1)), and persons described in section Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10a 10b 11 11 10b 11 1	Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing	Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 8 05 , 264 . 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(o)(5)(B) 7 Notes and loans receivable, net 8 Inventries for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 269 , 575 . 11 Investments - publicly traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets. 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 2 , 465 , 653 . 17 Accounts payable and accrued expenses 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability. Complete Part IV of Schedule D 10 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 12 Secured mortgages and notes payable to unrelated third parties 14 Unsecured notes and loans payable to unrelated third parties 15 Other liabilities (including federal income tax, payables to related third parties 16 Total including federal income tax, payables to related third parties 17 Active of the 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 18 Secured mortgages and notes payable to unrelated third parties 19 Other liabilities (including federal income tax, payables t	Check if Schedule O contains a response or note to any line in this Part X Beginning of year

Pai	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	13,96		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,02		
3	Revenue less expenses. Subtract line 2 from line 1	3		4,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	99.	5,1	01.
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	93	0,4	74.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		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:				
	X 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	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	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

KINNECT INC. 20-2727509 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization	tion
fails to qualify under the tests listed below, please complete Part III.)	

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2123569.	424,348.	675,024.	389,288.	328,778.	3941007.
2	Tax revenues levied for the organ-		•	•			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2123569.	424,348.	675,024.	389,288.	328,778.	3941007.
	The portion of total contributions		,		, , ,		
Ū	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)						226,203.
6	Public support. Subtract line 5 from line 4.						3714804.
	etion B. Total Support						37110011
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2123569.	424,348.	675,024.	389,288.	328,778.	3941007.
	Gross income from interest.	21233031	121/3101	07370210	303 / 2001	32077700	33110070
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	282.					282.
0	Net income from unrelated business	2021					2021
9	activities, whether or not the						
		157,521.	9,464.		7,768.	10 760	185,513.
40	business is regularly carried on	131,321.	7,404.		7,700•	10,700.	103,313.
10	Other income. Do not include gain						
	or loss from the sale of capital	575.	8,281.	1,596.	29,695.	14,366.	54,513.
44	assets (Explain in Part VI.)	373.	0,201.	1,390.	29,095.	14,300.	4181315.
	Total support. Add lines 7 through 10					12 45	,860,657.
	Gross receipts from related activities,	•	,	iourth or fifth town		•	,000,037.
ıs	First 5 years. If the Form 990 is for the	-					
Sec	organization, check this box and stop ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2023 (li			volumn (f))		14	88.84 %
	Public support percentage from 2022					15	93.91 %
	33 1/3% support test - 2023. If the c						
IUa	stop here. The organization qualifies	-			14 13 33 1/3/0 01 111		77
h	33 1/3% support test - 2022. If the contract of the contract o		-				
IJ	and stop here. The organization qual						
17^							
11 d	10% -facts-and-circumstances test and if the organization meets the facts	_					
	·			=		_	
L	meets the facts-and-circumstances te	-	•	*	-	7a, and line 15 is:	
O	10% -facts-and-circumstances test	_					1U/0 UI
	more, and if the organization meets the				-		
10	organization meets the facts-and-circu			. ,	•		H
10	Private foundation. If the organization	in alu not check a l	JUA UIT IIITE TO, TO	ı, 100, 17a, 01 17D	, check this box ar		(Form 990) 2023

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

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

Se	ction A. Public Support						
Cale	ndar 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 per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Schedule A (Form 990) 2023 KINNECT INC. 20-2727509 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

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

		Yes	No
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Pai	t IV Supporting Organizations (continued)			
			Yes	No
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 line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	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,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	non c. Type ii Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	ſ		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Vos " describe in Part VI the selection of the experimental in this regard	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	10 1717005 Tage 0
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	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		
Sect	ion 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-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

KINNECT INC. 20-2727509 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number
KINNECT INC.
20-2727509

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$\$ 15,401.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.

Schedule B (Form 990) (2023) Page **3**

Name of organization

Employer identification number

KINNECT INC.

20-2727509

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
23453 12-26-	23		Schedule B (Form 990) (202

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** KINNECT INC. 20-2727509 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

KINNECT INC.

Employer identification number 20-2727509

Par	t I Organizations Maintaining Donor Advised Fu	nds or Other Si	milar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			•
		(a) Donor advised	d 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	g that the assets hel	d in donor advised fund	ds
	are the organization's property, subject to the organization's exclusive	sive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisor	rs in writing that gra	nt funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or done	or advisor, or for any	other purpose conferr	ing
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the organization	ation answered "Yes	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (ch	eck all that apply).	1	
	Preservation of land for public use (for example, recreation o	r education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribu	tion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included on line 2c acquired a			
_	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, released	l, extinguished, or te	erminated by the organi	zation during the tax
	year			
4	Number of states where property subject to conservation easemer			
5	Does the organization have a written policy regarding the periodic violations, and enforcement of the conservation easements it holds	_		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handl		d enforcing conservation	
Ū	otan and voidined hours devoted to monitoring, inspecting, handi	ing or violations, and	a critorolling conscivation	in casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling o	of violations, and enf	orcing conservation ea	sements during the year
•	7 mount of oxportoco mountou in monitoring, mopocarig, namaling o	r violationo, and on	oromig correct valient ca	someric daming the year
8	Does each conservation easement reported on line 2d above satist	fv 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 eas			
	balance sheet, and include, if applicable, the text of the footnote to		•	
	organization's accounting for conservation easements.	J		
Par		Historical Trea	sures, or Other S	imilar 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 reve	nue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for public ex	hibition, education,	or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its financial s	tatements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue	statement and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhib	oition, education, or	research in furtherance	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasures			
	the following amounts required to be reported under FASB ASC 95	58 relating to these i	tems:	
а	Revenue included on Form 990, Part VIII, line 1			\$
<u>b</u>	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for F	orm 990.		Schedule D (Form 990) 2023

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment

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

	· · · · · · · · · · · · · · · · · · ·	<i>'</i>	, ,		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a Land					
b Buildings					
c Leasehold improvements		205,181.	205,181.	0.	
d Equipment					
e Other		101,722.	64,394.	37,328.	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))					

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 KINNECT INC.		20	-2/2/509 Page 3
Part VII Investments - Other Securities Complete if the organization answered "Yes" o	n Form 990 Part IV line	11h See Form 990 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1) Financial derivatives	(b) Book value	(e) metred of valuation: eggt of one	or your market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
-	Description	,	(b) Book value
(1)	•		. ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			7 404
(2) OPERATING LEASE LIABILITY			7,424.
(3)			
(4)			
(5) (c)			
<u>(6)</u>			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(D))		7,424.
 Liability for uncertain tax positions. In Part XIII, provide t 			
, , , , , , , , , , , , , , , , , , , ,		•	

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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

Schedule D (Form 990) 2023

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statement	its W	/ith Revenu	e per Re	turn		
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total r	revenue, gains, and other support per audited financial statements				1	13,980,3	53 <u>.</u>
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net ur	nrealized gains (losses) on investments	2a	1				
b	Donate	ed services and use of facilities	2b	,				
С	Recov	reries of prior year grants	2c					
d	Other	(Describe in Part XIII.)	2d	<u>ı 1</u>	5,200.			
е		nes 2a through 2d				2e	15,20	00.
3		act line 2e from line 1				3	13,965,1	53.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1	1				
а		ment expenses not included on Form 990, Part VIII, line 7b		1				
b	Other	(Describe in Part XIII.)	4b)				•
С		nes 4a and 4b				4c	10 065 11	0.
5	Total r	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		Mith France		5	13,965,1	<u>53.</u>
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemer	nts v	with Expen	ses per H	eturr	1	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					14 044 04	2.0
1		expenses and losses per audited financial statements				1	14,044,98	80.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1.	1				
а		ed services and use of facilities						
b		/ear adjustments						
C		losses			5 200			
d		(Describe in Part XIII.)		•	5,200.		15 0/	20
		nes 2a through 2d				2e	15,20 14,029,78	<u> </u>
3		act line 2e from line 1				3	14,029,70	50.
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1	1				
a		ment expenses not included on Form 990, Part VIII, line 7b		1				
b		(Describe in Part XIII.)				4-		0.
с 5		nes 4a and 4b				4c 5	14,029,78	
	rt XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information				3	14,025,70	.
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V line	s 1h and 2h· F	Part V line 4	· Part X	(line 2: Part XI	
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			art v, iirio -	, 1 (11)	, iii 0 2, 1 di t 7(i,	
	La ana	is, and i arrivin, into 24 and 15.7 not complete time part to provide any addition	10114111	mormation.				
PAI	RT X	I, LINE 2D - OTHER ADJUSTMENTS:						
FUI	NDRA:	ISING EXPENSES INCLUDED WITH EXPENSES ON	N F	INANCIA	L STAT	EME	NTS BUT	
INC	CLUD:	ED WITH REVENUE ON FORM 990					15,200) .
PAI	RT X	II, LINE 2D - OTHER ADJUSTMENTS:						
		TATNA BUDDNABA INALUDDD LITHU BUDDNABA AN		T111 110 T 1				
F.OI	NDRA.	ISING EXPENSES INCLUDED WITH EXPENSES ON	N F	INANCIA	L STAT	EMEN	NTS BUT	
T 1 T /								
T1/1	OT TID						1 5 200	
	CLUD	ED WITH REVENUE ON FORM 990					15,200).
	CLUD	ED WITH REVENUE ON FORM 990					15,200).
	CLUD	ED WITH REVENUE ON FORM 990					15,200).
	CLUD	ED WITH REVENUE ON FORM 990					15,200).
	CLUD	ED WITH REVENUE ON FORM 990					15,200).
	CLUD	ED WITH REVENUE ON FORM 990					15,200).

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization KINNECT	INC.					20-2727	ntification number
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1		
required to complete this part Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includantes)	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Total 3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c		 utions	or has been notified	it is	exempt from re	gistration

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

Schedule G (Form 990) 2023

Pa			e organization answered	"Yes" on Form 990, Part	t IV, line 18, or reported	more than \$15,000					
		of fundraising event contributions and gro	(a) Event #1	EZ, lines 1 and 6b. List e	(c) Other events NONE	(d) Total events					
				SCRABBLE		(add col. (a) through col. (c))					
ne Ine			(event type)	(event type)	(total number)						
Revenue	1	Gross receipts	52,215.	13,193.		65,408.					
	2	Less: Contributions	28,985.	10,463.		39,448.					
	3	Gross income (line 1 minus line 2)	23,230.	2,730.		25,960.					
	4	Cash prizes									
တ္သ	5	Noncash prizes									
Direct Expenses	6	Rent/facility costs	6,284.	1,076.		7,360.					
	7	Food and beverages	6,001.			6,001.					
		Entertainment									
		Other direct expenses		286.		1,839.					
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				15,200. 10,760.					
Pa	rt I	III Gaming. Complete if the organization a				207.000					
		\$15,000 on Form 990-EZ, line 6a.	T	I I							
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))					
Rev	1	Gross revenue									
se	2	Cash prizes									
rect Expenses	3	Noncash prizes									
Direct	4	Rent/facility costs									
	5	Other direct expenses									
	6	Volunteer labor	Yes % No	Yes % No	Yes % No						
	7	Direct expense summary. Add lines 2 through	5 in column (d)								
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)								
9	En	nter the state(s) in which the organization condu	cts gaming activities:								
		the organization licensed to conduct gaming ac "No," explain:		states?		Yes No					
100	\\\\	ore any of the organization's gaming licenses as	woked suspended or to	rminated during the tax	(025)	Yes No					
		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No if "Yes," explain:									

Schedule G (Form 990) 2023

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Schedule G (Form 990) 2023 KINNECT INC.	0-2/2/509 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	70
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	nt
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatany diatributions:	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	10
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	
	d Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	



SCHEDULE O (Form 990)

Department of the Treasury

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

KINNECT INC.

Employer identification number 20-2727509

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: KINNECT INC. HAS ONE FUNDAMENTAL GOAL TO HELP PLACE CHILDREN IN FOSTER CARE WITH A PERMANENT FAMILY. PERMANENCY IS WHAT OUR CHILDREN DESERVE, AND IT IS WHAT THEY NEED IN ORDER TO HEAL AND GROW FROM THE TRAUMA THEY HAVE EXPERIENCED DUE TO ABUSE OR NEGLECT. KINNECT INC. IS A COLLABORATIVE ORGANIZATION. WE WORK CLOSELY WITH COUNTIES AROUND OHIO WHO HAVE CUSTODY OF CHILDREN IN FOSTER CARE. WE ALSO WORK WITH PRIVATE NONPROFIT AGENCIES, COURT SYSTEMS, MENTAL HEALTH AGENCIES, AND OUR COLLEAGUES FROM AROUND THE COUNTRY TO WORK ON BEHALF OF FAMILIES AND CHILDREN. OUR ROLE IS TO HELP AGENCIES INCREASE THEIR PERMANENCY OUTCOMES. WE HELP BUILD PROGRAMS, WE ADVOCATE FOR IMPROVEMENTS TO THE WE PROVIDE TRAINING AND COACHING, FOSTER CARE SYSTEM, AND WE ARE WORKING TO LEAD A MOVEMENT OF AGENCIES AND INDIVIDUALS WHO ARE COMMITTED TO ENSURING THAT ALL CHILDREN ACHIEVE PERMANENCY. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: KINNECT INC. HAS ONE FUNDAMENTAL GOAL TO HELP PLACE CHILDREN IN FOSTER CARE WITH A PERMANENT FAMILY. PERMANENCY IS WHAT OUR CHILDREN DESERVE AND IT IS WHAT THEY NEED IN ORDER TO HEAL AND GROW FROM THE TRAUMA THEY HAVE EXPERIENCED DUE TO ABUSE OR NEGLECT. KINNECT INC. IS A COLLABORATIVE ORGANIZATION. WE WORK CLOSELY WITH COUNTIES AROUND OHIO WHO HAVE CUSTODY OF CHILDREN IN FOSTER CARE. WE ALSO WORK WITH PRIVATE COURT SYSTEMS, MENTAL HEALTH AGENCIES, NONPROFIT AGENCIES, AND OUR COLLEAGUES FROM AROUND THE COUNTRY TO WORK ON BEHALF OF FAMILIES AND

LHA 332211 11-14-23

OUTCOMES.

CHILDREN. OUR ROLE IS TO HELP AGENCIES INCREASE THEIR PERMANENCY

WE HELP BUILD PROGRAMS,

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

WE ADVOCATE FOR IMPROVEMENTS

TO THE

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization

KINNECT INC.

Employer identification number 20-2727509

FOSTER CARE SYSTEM, WE PROVIDE TRAINING AND COACHING, AND WE ARE

WORKING TO LEAD A MOVEMENT OF AGENCIES AND INDIVIDUALS WHO ARE

COMMITTED TO ENSURING THAT ALL CHILDREN ACHIEVE PERMANENCY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TRAINING AND OTHER INCOME

EXPENSES \$ 18,373. INCLUDING GRANTS OF \$ 0. REVENUE \$ 28,367.

FORM 990, PART VI, SECTION B, LINE 11B:

REVIEW OF FORM 990 - THE MEMBERS OF THE BOARD OF DIRECTORS REVIEW A COPY OF THE 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

MONITORING AND ENFORCEMENT OF CONFLICT POLICY - CONFLICTS OF INTEREST OF

ANY BOARD MEMBERS OR KEY EMPLOYEES ARE DISCLOSED ANNUALLY AND HANDLED IN

ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION REVIEW AND APPROVAL - THE BOARD REVIEWS AND APPROVES THE

COMPENSATION OF THE EXECUTIVE DIRECTOR AND COMPARES IT WITH SIMILAR

NOT-FOR-PROFIT ORGANIZATIONS USING GUIDESTAR RESEARCH.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABILITY OF DOCUMENTS - THE ORGANIZATION DOES NOT MAKE ITS GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE

TO THE PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** KINNECT INC. 20-2727509 CONSULTING AND CONTRACT SERVICES: PROGRAM SERVICE EXPENSES 5,047,031. 1,428. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 5,048,459. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 5,048,459.