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Form	990	J

Initial return

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

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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 Name change CONNECTIONS WORK 23-1969810 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 19 N. 6TH STREET, 4TH FLOOR 484-260-3860 City or town, state or province, country, and ZID or foreign postal and .

	Final returr	$\sqrt{13}$ No off Sikel, 4in FLOOK		484-260-	3860					
	termi ated	ⁿ⁻ City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,980,897.						
	Amer returr	READING, PA 19001		H(a) Is this a group re	eturn					
	Appli tion	F Name and address of principal officer: ALEAIA FORSLEI	for subordinates	? Yes X No						
	pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No									
<u> 1</u>	Tax-exempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions									
	Website: WWW.CONNECTIONSWORK.ORG H(c) Group exemption number									
KF	orm o		. Year o	of formation: 1975	A State of legal domicile: PA					
Pa	art I	Summary								
•	1	Briefly describe the organization's mission or most significant activities: PROVIDES								
Ű		COMMUNITY REINTEGRATION TO INDIVIDUALS IN TH	IE J	USTICE SYST	EM					
Governance	2	Check this box if the organization discontinued its operations or disposed of	more	than 25% of its net ass						
٥ ٨	3	Number of voting members of the governing body (Part VI, line 1a)			12					
	4	Number of independent voting members of the governing body (Part VI, line 1b)			12					
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			51					
Viti	6	Total number of volunteers (estimate if necessary)	6	578						
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.					
				Prior Year	Current Year					
ē	8	Contributions and grants (Part VIII, line 1h)		1,712,764.	1,996,194.					
ent	9	Program service revenue (Part VIII, line 2g)		779,843.	942,809.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,479.	<u>22,131.</u> 4,066.						
-	11		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,494,879.	2,965,200.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1,732,703.	2,182,207.					
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,752,703.	2,102,207.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 150,069.		0.	0.					
ц.		• • • • • • • • • • • • • • • • • • • •		809,818.	891,450.					
-	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,542,521.	3,073,657.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-47,642.	-108,457.					
or es	19	Revenue less expenses. Subtract line 18 from line 12		jinning of Current Year	End of Year					
ets o	20	Total assets (Part X, line 16)	001	1,714,742.	1,573,960.					
Assets Balanc	20			631,423.	528,997.					
Vet /	21	Net assets or fund balances. Subtract line 21 from line 20		1,083,319.	1,044,963.					
Pa	art II			_,,.						
		-								

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer				Date				
Here	ALEXIA PURSLEY, TREASURER								
	Type or print name and title								
	Print/Type preparer's name	Preparer's sign	ature	Date		Check	PTIN		
Paid	LINDA S HIMEBACK, CPA	LINDA S	HIMEBACK,	CP 05/	30/24	if self-employed	P000426	18	
Preparer	Firm's name HERBEIN + COMPANY	, INC.			Firm's	s EIN 23-	2415973		
Use Only	Firm's address 2763 CENTURY BOUL	EVARD							
	READING, PA 19610				Phon	e no. (610) 378-1	175	
May the IRS discuss this return with the preparer shown above? See instructions X Yes No									
LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

Form	990 (2023) CONNECTIONS WORK	23-1969810 Pa	age 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	CONNECTIONS WORK IMPROVES LIVES AND CREATES SAFER, MORE		
	COMMUNITIES BY PROVIDING SERVICES, SUPPORT AND COMMUNITY		
	TO INDIVIDUALS INVOLVED IN THE JUSTICE SYSTEM AND TO THE	IR FAMILIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the		_
	prior Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O.		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 🛛	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, and	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1, 251, 832. including grants of \$) (Rever	nue\$ 206,09	8.)
	REENTRY SERVICES - CONNECTIONS WORK PROVIDES OPPORTUNITI	ES TO RETURNIN	G
	CITIZENS TO SUPPORT THEIR SUCCESSFUL TRANSITION FROM JAI	L OR PRISON TO	
	THE BERKS COUNTY COMMUNITY, AND FOR THOSE WITH PAST SYST	EM JUSTICE	
	INVOLVEMENT. REENTRY SERVICES ARE PROVIDED BOTH PRE-AND	POST-RELEASE	
	AND INCLUDE: CASE MANAGEMENT, WORKFORCE DEVELOPMENT, MEN	TORING,	
	FINANCIAL LITERACY, FAMILY REUNIFICATION, AND ASSISTANCE	SECURING BASI	С
	NEEDS. ADDITIONALLY, CONNECTIONS WORK WORKS TO EDUCATE	EMPLOYERS ABOU	T
	THE BENEFITS OF HIRING RETURNING CITIZENS AND PROVIDES O	NGOING	
	EMPLOYMENT SUPPORT. IN 2023, CONNECTIONS WORK PROVIDED R	EENTRY SERVICE	S
	TO 1,773 RETURNING CITIZENS THROUGH OVER 10,555 CONTACTS	WITH PROGRAM	
	CASE MANAGERS. CONNECTIONS WORK ALSO SERVES AS THE OFFI		
	THE PARDON PROJECT OF BERKS COUNTY, A PROGRAM THAT SEEKS		
4b	(Code:) (Expenses \$ 565,889 • including grants of \$) (Rever)
	REBUILDING REENTRANTS AND READING (R3): CONNECTIONS WORK		/
	THE READING MUHLENBERG CAREER AND TECHNOLOGY CENTER (RMC		
	CAREER AND TECHNOLOGY CENTER (BCTC), AND THE GOGGLEWORKS	• •	
		REER AND	
	TECHNICAL EDUCATION AT RMCTC AND BCTC, HANDS ON LEARNING		
	WOODSHOP AT THE GOGGLEWORKS AND AN EMPLOYMENT FOCUSED CO		
	CURRICULUM DELIVERED BY CONNECTIONS WORK STAFF. IN 2023		
		TES OF THE	
	PROGRAM HAVE PROVEN HIGH LEVELS OF SUCCESS 82% ARE CURRE		
	AND 96% HAVE NOT RECIDIVATED.		
4c	(Code:) (Expenses \$754,907. including grants of \$) (Rever	692 91	1.)
40	PRETRIAL & DIVERSION: PRETRIAL OFFICERS CONDUCT POST-ARR	EST INTERVIEWS	<u> </u>
	AND ASSESSMENTS OF CRIMINAL DEFENDANTS AND FURNISH THE V		
	ASSESSMENTS TO THE JUDICIARY, EITHER PRIOR TO BAIL BEING		
	PRELIMINARY HEARING. CONNECTIONS WORK ALSO ASSISTS WITH		
	MANAGEMENT BY MONITORING THE PRETRIAL POPULATION AND PRO		
	ASSESSMENTS TO THE COURT FOR DEFENDANTS WHO ARE DEEMED L		
	ONLY INCARCERATED DUE TO THEIR INABILITY TO PAY MONETARY		<u>15</u>
	2023, CONNECTIONS WORK PROVIDED 1,756 DEFENDANT ASSESSME		
	COURTS. CONNECTIONS WORK ALSO PROVIDES SUPERVISED RELEAS		
	DEFENDANTS WHO WOULD OTHERWISE REMAIN IN JAIL UNTIL THE		
	DISPOSITION OF THEIR CASE. CONNECTIONS WORK ALSO OVERSEE		
	DIVERSION PROGRAM. THE GOAL OF THIS PROGRAM IS TO ACT AS	A LIAISON	
4d	Other program services (Describe on Schedule O.)	42.000	
	(Expenses \$ 88,870 • including grants of \$) (Revenue \$	43,800.)	
4e	Total program service expenses2,661,498.		
		Form 990	(2023)
332002	SEE SCHEDULE O FOR CONTINUATION (S	j)	
905	528 757874 03434.001 2023.03050 CONNECTIONS WC	JRK 03	3434

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 Form 990 (2023)
 CONNECTIONS
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 Part IV
 Checklist of Required Schedules

			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			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	7		
8				х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			- 23
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
••	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	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10	- 22	
19		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
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			Vee	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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,			
	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			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X 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
	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	0-1		
00	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?			
07	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	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	30	27	<u> </u>
	Chaoly if Schooly lo Coontains a reasonance or note to any line in this Dart V			
	Check in Schedule O contains a response of note to any line in this Part V		Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 52		103	
b	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			
v	(gambling) winnings to prize winners?	1c	х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 51								
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		4a		X			
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBA	R).						
				5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		<u> </u>			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organizatior	n solicit			37			
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts							
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided	to the payor?	7a		_X_			
				7b		<u> </u>			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required							
	to file Form 8282?	I I		7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		<u> </u>			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X			
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		m 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
_	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c				v			
				14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					77			
	excess parachute payment(s) during the year?			15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.					v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		X			
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity of the trust o								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.			F	000	(0000)			
332005	12-21-23			Form	990	(2023)			

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1a E If b E 2 D 3 D 3 D 4 D 5 D 6 D	Inter the number of voting members of the governing body at the end of the tax year there are material differences in voting rights among members of the governing body, or if the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Inter the number of voting members included on line 1a, above, who are independent bid any officer, director, trustee, or key employee have a family relationship or a business relationship fficer, director, trustee, or key employee?	See instructions.	12 12	Yes	
1a E If b E 2 D 3 D 3 D 4 D 5 D 6 D	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management Inter the number of voting members of the governing body at the end of the tax year there are material differences in voting rights among members of the governing body, or if the governing ody delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Inter the number of voting members included on line 1a, above, who are independent bid any officer, director, trustee, or key employee have a family relationship or a business relationship fficer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the f officers, directors, trustees, or key employees to a management company or other person?	1a 1b b with any other e direct supervision	12 12	Yes	T
1a E If b E 2 D 3 D 3 D 4 D 5 D 6 D	Inter the number of voting members of the governing body at the end of the tax year there are material differences in voting rights among members of the governing body, or if the governing ody delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Inter the number of voting members included on line 1a, above, who are independent of any officer, director, trustee, or key employee have a family relationship or a business relationship fficer, director, trustee, or key employee?	1a 1b with any other	12 12	Yes	T
1a E If b E 2 D 3 D 3 D 4 D 5 D 6 D	Inter the number of voting members of the governing body at the end of the tax year there are material differences in voting rights among members of the governing body, or if the governing ody delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Inter the number of voting members included on line 1a, above, who are independent of any officer, director, trustee, or key employee have a family relationship or a business relationship fficer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the f officers, directors, trustees, or key employees to a management company or other person?	1b	12	Yes	Т
lf b 2 D 3 D 3 D 4 D 5 D 6 D	there are material differences in voting rights among members of the governing body, or if the governing ody delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Inter the number of voting members included on line 1a, above, who are independent bid any officer, director, trustee, or key employee have a family relationship or a business relationship fficer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the f officers, directors, trustees, or key employees to a management company or other person?	1b	12	Yes	- L
lf b 2 D 3 D 3 D 4 D 5 D 6 D	there are material differences in voting rights among members of the governing body, or if the governing ody delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Inter the number of voting members included on line 1a, above, who are independent bid any officer, director, trustee, or key employee have a family relationship or a business relationship fficer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the f officers, directors, trustees, or key employees to a management company or other person?	1b	12		$^{+}$
b b 2 0 3 0 3 0 4 5 0 6 0	ody delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Inter the number of voting members included on line 1a, above, who are independent	o with any other e direct supervision			
b E 2 D 3 D 4 D 5 D 6 D	Inter the number of voting members included on line 1a, above, who are independent id any officer, director, trustee, or key employee have a family relationship or a business relationship fficer, director, trustee, or key employee? id the organization delegate control over management duties customarily performed by or under the f officers, directors, trustees, or key employees to a management company or other person? id the organization make any significant changes to its governing documents since the prior Form 9	o with any other e direct supervision			
2 D 3 D 3 D 4 D 5 D 6 D	Vid any officer, director, trustee, or key employee have a family relationship or a business relationship fficer, director, trustee, or key employee? Vid the organization delegate control over management duties customarily performed by or under the f officers, directors, trustees, or key employees to a management company or other person?	o with any other e direct supervision			
0 3 D 0 4 D 5 D 6 D	fficer, director, trustee, or key employee? bid the organization delegate control over management duties customarily performed by or under the f officers, directors, trustees, or key employees to a management company or other person? bid the organization make any significant changes to its governing documents since the prior Form 9	e direct supervision	2		
3 D o 4 D 5 D 6 D	bid the organization delegate control over management duties customarily performed by or under the fofficers, directors, trustees, or key employees to a management company or other person?	e direct supervision	1 2		Ŧ
o 4 D 5 D 6 D	f officers, directors, trustees, or key employees to a management company or other person?		· –	──	+
4 D 5 D 6 D	id the organization make any significant changes to its governing documents since the prior Form 9				
5 D 6 D				──	+
6 D				──	+
	id the organization become aware during the year of a significant diversion of the organization's ass	ets?	5	<u> </u>	4
	hid the organization have members or stockholders?		. 6	\vdash	\downarrow
7a D	id the organization have members, stockholders, or other persons who had the power to elect or ap	point one or			
n	nore members of the governing body?		. 7a		\downarrow
	re any governance decisions of the organization reserved to (or subject to approval by) members, st				
р	ersons other than the governing body?		. 7b		
8 D	id the organization contemporaneously document the meetings held or written actions undertaken during the yea	ar by the following:			Τ
аT	he governing body?		8a	Х	Τ
	ach committee with authority to act on behalf of the governing body?			Х	T
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				T
	rganization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		
	on B. Policies (This Section B requests information about policies not required by the Internal Re				_
				Yes	T
0 a C	oid the organization have local chapters, branches, or affiliates?		10a		T
	"Yes," did the organization have written policies and procedures governing the activities of such ch				1
	nd branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
	las the organization provided a complete copy of this Form 990 to all members of its governing body				1
	escribe on Schedule O the process, if any, used by the organization to review this Form 990.	, serereg are .e			t
	bid the organization have a written conflict of interest policy? If "No." go to line 13		12a	х	T
	/ere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				t
	bit the organization regularly and consistently monitor and enforce compliance with the policy? $ f " \rangle$		120		†
		,	12c	x	
	n Schedule O how this was done			37	+
	bid the organization have a written whistleblower policy?			X	╉
	bid the organization have a written document retention and destruction policy?		14		t
	bid the process for determining compensation of the following persons include a review and approvation of the statistic of the statistic and approvation of the statistic of the	li by independent			I
•	ersons, comparability data, and contemporaneous substantiation of the deliberation and decision?		45	v	ł
	he organization's CEO, Executive Director, or top management official			X	+
	Other officers or key employees of the organization		. <u>15b</u>	-	╉
	"Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				1
	id the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			ł
	axable entity during the year?		. <u>16a</u>	-	+
	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				I
	i joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				ł
	xempt status with respect to such arrangements?		. 16 b		
	on C. Disclosure				_
	ist the states with which a copy of this Form 990 is required to be filed PA				_
1 8 S	ection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (section 501(c)	(3)s only)	availa	ıŁ
fo	or public inspection. Indicate how you made these available. Check all that apply.				
l		n on Schedule O)			
1 9 D	escribe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy,	and finan	cial	
S	tatements available to the public during the tax year.				
	tate the name, address, and telephone number of the person who possesses the organization's boo	oks and records			
Ţ	HE ORGANIZATION - 484-260-3860				
1	9 N. 6TH STREET, 4TH FLOOR, READING, PA 19601				
32006 1	2-21-23		Forr	n 990) (
	7				

Form 990 (20	023) CONNECTIONS WORK	23-1969810	Page 7					
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.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		officer and a director/trustee)		tee)	from	from related	other		
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		98	bens		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	ual tr	tional		n ploye	t com	~	1099-NEC)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PEGGY KERSHNER	40.00				×	1 0	ш			
CO-EXECUTIVE DIRECTOR		1		x				114,653.	Ο.	8,282.
(2) NIKKI SCHNOVEL	40.00									
CO-EXECUTIVE DIRECTOR		1		X				114,470.	Ο.	2,389.
(3) THOMAS RENTSCHLER, ESQ.	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) BRIAN PINTO, CFRE	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) MATT SPEZIALETTI, CFA, CFP	1.00									
TREASURER THROUGH JUNE		Х		Х				0.	0.	0.
(6) ALEXIA PURSLEY	1.00									
SECRETARY THRU MAY; TREASURER AS OF JUNE		Х		Х				0.	0.	0.
(7) SHARON MAST	1.00									
DIRECTOR; SECRETARY AS OF JUNE		Х		Х				0.	0.	0.
(8) ABHI AMATYA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JOE O'NEILL	1.00									
BOARD MEMBER AS OF FEBRUARY		Х						0.	0.	0.
(10) KARISSA RODRIGUEZ, ESQ.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) YAMIL SANCHEZ RIVERA, ED.D.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) JEANNIE SAVAGE	1.00									
BOARD MEMBER THROUGH DECEMBER		Х						0.	0.	0.
(13) LAWRENCE SNOW	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) LEONETTE STOCKER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) PETER TERRANOVA	1.00									
BOARD MEMBER THROUGH FEBRUARY		Х						0.	0.	0.
(16) RONALD L. VELEZ	1.00									
BOARD MEMBER		Х						0.	0.	0.

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	rm 990 (2023) CONNECTIONS WORK 23-1								698	310	Pa	ge 8		
Par	Jection A. Onicers, Directors, Trus		oloye	ees,			ghes	t C		, ,				
	(A) Name and title	(B) Average hours per week (list any	box, offic	not cl , unles	Posi heck i ss per	more rson i	than c s both r/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Estii amo	(F) matec ount o ther	f
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	I	fror orgar	m the nizatic relate	on d
)	×	1.0							
	Subtotal								229,123.		0.	10	,67	1.
d d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	, Section A							229,123.		0.	10	,67	
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				2
3	Did the organization list any former officer,	-			•	-		Ŭ	• •		ſ			No v
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		x x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	ccrue compen	Isatio	on fr	om	any	unre	late	ed organization or individ	dual for services		5		x
Sec	tion B. Independent Contractors			51 00		5010	011 -							
1	Complete this table for your five highest con the organization. Report compensation for t										ensat			
	(A) (B) Name and business address NONE Description of services Co								(C) ompens					
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	to t	thos C		ted	above) who received mo	ore than				

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and Other Similar Amoun	b c d f f <u>g</u> h	Fundraising events Related organizations Government grants (contrib All other contributions, gifts, g similar amounts not included a Noncash contributions included in lin	outions) irants, and above	1a 1b 1c 1d 1e 1	e or note to any lir 544 , 992 . 26 , 500 .	ie in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax undo sections 512 - 1
and Other Similar Amoun	b c d f f <u>g</u> h	Membership dues	outions) rants, and above	1b 1c 1d 1e 1			Related or exempt	Unrelated	Revenue exclu from tax und
and Other Similar Amoun	b c d f f <u>g</u> h	Membership dues	outions) rants, and above	1b 1c 1d 1e 1					
and Other Similar Amoun	b c d f f <u>g</u> h	Membership dues	outions) rants, and above	1b 1c 1d 1e 1		-			1
	c d f f <u>h</u> 2a	Fundraising events Related organizations Government grants (contrib All other contributions, gifts, g similar amounts not included a Noncash contributions included in lin	outions) Irants, and above	1c 1d 1e 1	26,500.				
	d e f g h 2 a	Related organizations Government grants (contrib All other contributions, gifts, g similar amounts not included a Noncash contributions included in lin	outions) Irants, and above	1d 1e 1	20,500.				
	e f g h 2 a	Government grants (contrib All other contributions, gifts, g similar amounts not included a Noncash contributions included in lin	outions) Irants, and above	1e 1		4			
	f g h 2 a	All other contributions, gifts, g similar amounts not included a Noncash contributions included in lin	rants, and above			-			
	g h 2 a	similar amounts not included a Noncash contributions included in lin	above		<u>,266,636.</u>	-			
	<u>h</u> 2 a	Noncash contributions included in lin			150 066				
	<u>h</u> 2 a			1f	158,066.	-			
	2 a	Total. Add lines 1a-1f		1g \$	4,350.	1 000 104			
Revenue	_					1,996,194.			
Revenue	_				Business Code	010 001	010 001		
Revenue	b	COUNTY RELEASE			624100	819,821.	819,821.		
Reven		FEE FOR SERVIC			624100	79,188.	79,188.		
Be	C	PROFESSIONAL 1	IKAIN	TNG	624100	43,800.	43,800.		
	d								
	e	<u></u>							<u> </u>
		All other program service re				942,809.			
3		Total. Add lines 2a-2f				542,005.			
3	5	•	•			21,388.			21,38
4	1	Income from investment of				21,5001			
5		Royalties							
				i) Real	(ii) Personal				
6	6 a	Gross rents	6a 9	,753	•				
			6b	. 0					
				,753	•				
		Net rental income or (loss)		-		9,753.			9,75
7		Gross amount from sales of		Securities					
		assets other than inventory	7a	743	•				
	b	Less: cost or other basis							
<u>p</u>		and sales expenses	7b	0	•				
anua	с	Gain or (loss)	7c	743	•				
Ner l		Net gain or (loss)				743.			74
		Gross income from fundraising							
3		including \$ 26,	,500.	of					
		contributions reported on li							
		Part IV, line 18		8	a 10,010.				
	b	Less: direct expenses			ы 15,697.				
	с	Net income or (loss) from fu	undraisin	g events		-5,687.			-5,68
9	Эа	Gross income from gaming	activitie	s. See					
		Part IV, line 19		9	а	_			
	b	Less: direct expenses		9	b				
		Net income or (loss) from g							
10) a	Gross sales of inventory, lea							
		and allowances			Da	-			
		Less: cost of goods sold							
+	с	Net income or (loss) from sa	ales of in	ventory					
	4 -				Business Code				
9 ¹¹	1a ⊾								
11 Revenue	b								
Be	с С	All other revenue							
		Total. Add lines 11a-11d							
12	•		 1s						

¹⁰ 2023.03050 CONNECTIONS WORK

Form 990 (2023)		CONNEC	TIONS	W
Part IX	Staten	nent of	Functional	Expense	es

CONNECTIONS WORK

	Check if Schedule O contains a respons	e or note to any line in t (A)		(C)	 (ח)
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1 Gra	ants and other assistance to domestic organizations				
an	d domestic governments. See Part IV, line 21 🛛 📃				
2 Gr	ants and other assistance to domestic				
ind	dividuals. See Part IV, line 22				
B Gr	rants and other assistance to foreign				
	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,	000 704	100 000		10.00
	ustees, and key employees	239,794.	166,033.	61,467.	12,294
	mpensation not included above to disqualified				
	rsons (as defined under section 4958(f)(1)) and				
	rsons described in section 4958(c)(3)(B)	1 (05 100	1 501 606	10.046	04 25
	her salaries and wages	1,685,182.	1,581,686.	19,246.	84,25
	nsion plan accruals and contributions (include	10 021	10 150	24	1 7 2
	ction 401(k) and 403(b) employer contributions)	19,931. 92,069.	18,159. 82,862.	34.	1,73 7,24 7,26
	her employee benefits	145,231.	132,160.	5,809.	7,24
	ayroll taxes	145,231.	152,100.	5,009.	7,20
	ees for services (nonemployees):				
	anagement				
	gal	34,382.		34,382.	
	counting	54,502.		54,502.	
	bbying				
	ofessional fundraising services. See Part IV, line 17	3,385.		3,385.	
	vestment management fees	5,505.		5,505.	
-	ther. (If line 11g amount exceeds 10% of line 25,	60,485.		60,485.	
	lumn (A), amount, list line 11g expenses on Sch 0.)	42,864.	6,858.	8,573.	27,43
		61,438.	60,010.	264.	1,16
	fice expenses	128,114.	123,247.	2010	4,86
		120,114.	125,247.		4,00
	byalties	123,664.	101,404.	22,260.	
		41,139.	39,240.	398.	1,50
	avel	±1,155.	55,240.		1,50
	r any federal, state, or local public officials				
	onferences, conventions, and meetings	18,350.	17,148.	1,037.	16
		10,330.	± / , ± = U •	<u> </u>	±0.
	ayments to affiliates				
	epreciation, depletion, and amortization	42,936.	39,072.	1,717.	2,14
		24,294.	21,654.	2,640.	
	her expenses. Itemize expenses not covered	21/2/10		2,010.	
ab	ove. (List miscellaneous expenses on line 24e. If				
lin	e 24e amount exceeds 10% of line 25, column (A), nount, list line 24e expenses on Schedule 0.)				
	ONTRACTUAL AGREEMENTS	132,069.	132,069.		
	EENTRY EXPENSES	117,198.	117,198.		
	EPAIRS AND MAINTENANCE	23,343.	,,	23,343.	
	OMMUNITY OUTREACH	22,698.	22,698.		
	l other expenses	15,091.	, , , , , , , , ,	15,091.	
	tal functional expenses. Add lines 1 through 24e	3,073,657.	2,661,498.	262,090.	150,06
	int costs. Complete this line only if the organization	-,,-,-,-,	_,_,_,_,_,		
	ported in column (B) joint costs from a combined				
	ucational campaign and fundraising solicitation.				
	eck here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2023)

CONNECTIONS WORK

Form 990 (2023)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to anv	line in this Part X			
			o to any		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			300.	1	1,764.
	2	Savings and temporary cash investments			534,352.	2	425,951.
	3	Pledges and grants receivable, net			172,640.	3	185,331.
	4	Accounts receivable, net			1,375.	4	10,198.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				5,883.	9	10,760.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	304,456.			
	b	Less: accumulated depreciation	10b	186,504.	142,322.	10c	117,952.
	11	Investments - publicly traded securities			262,372.	11	335,834.
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			595,498.	15	486,170.
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	1,714,742.	16	1,573,960.
	17	Accounts payable and accrued expenses		42,975.	17	53,121.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV of	Schedule D		21	
Se	22	Loans and other payables to any current or form	ner office	r, director,			
liti		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
Liabilities		controlled entity or family member of any of thes	se persor	וs		22	
	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). (Complete Part X			475 076
		of Schedule D		·····	588,448.		475,876.
	26	Total liabilities. Add lines 17 through 25	<u></u>	v	631,423.	26	528,997.
s		Organizations that follow FASB ASC 958, che	ck here	X			
ЭС		and complete lines 27, 28, 32, and 33.			052 051		025 004
alaı	27				<u>853,851.</u> 229,468.	27	<u>925,894.</u> 119,069.
ЧB	28	Net assets with donor restrictions			229,400.	28	119,009.
ŝ		Organizations that do not follow FASB ASC 9	58, cnec	Kinere			
or F	20	and complete lines 29 through 33.				20	
ets	29	Capital stock or trust principal, or current funds				29 20	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or ec				30 31	
et⊿	31	Retained earnings, endowment, accumulated in			1,083,319.	31 32	1,044,963.
ž	32 33	Total net assets or fund balances			1,714,742.	32 33	1,573,960.
	00	Total liabilities and net assets/fund balances				33	<u> </u>

Form **990** (2023)

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Form	990 (2023) CONNECTIONS WORK	23-19	69810	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,965		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,073		
3	Revenue less expenses. Subtract line 2 from line 1	3	-108		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,083		
5	Net unrealized gains (losses) on investments	5	70	,10)1.
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	1,044	.,96	53.
Pa	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	0.			
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	e 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	e 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 Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

L	OMB No. 1545-0047
	2023
	Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	ne of t	the organization						Employer	dentification number	
		CONN	ECTIONS WO	RK		23-1969810				
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The	organ	ization is not a private found								
1		A church, convention of ch					()(A)(i)			
			-				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2		A school described in sect								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental ur	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C		o ,	•	, 0				
6				antal unit described in	anation 17	70/L\/4\/A\	(.)			
6		A federal, state, or local gov	-							
7		An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g								
		university:		· · · · · ·			,	U		
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from o	ontribution	ne momborch	in food and	d gross receipts from	-
10										
		activities related to its exem								
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.	
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section 5	509(a)(3). (Check the box on	
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
а		Type I. A supporting orga							aivina	
		the supported organization	-	-	•	-				
					majonty 0				ipporting	
		organization. You must o								
b		Type II. A supporting org	-				•		-	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported	
		_ organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,	
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	vintegrated. A supp	orting organization oper	ated in cor	nnection w	vith its suppor	ted organiz	zation(s)	
		that is not functionally int	earated. The organiz	ation generally must sat	isfv a distr	ibution rec	uirement and	an attentiv	/eness	
		requirement (see instructi			•		-			
~		Check this box if the orga	,	•						
e							турет, турет	і, туре ш		
	- .	functionally integrated, or								-
		er the number of supported c	•							_
g		vide the following information i) Name of supported	i about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(u) Amount of	monoton	(vi) Amount of other	_
	(organization		(described on lines 1-10	in your governi		(v) Amount of support (see in	-	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)	
										-
										-
										_
Tota	1									_

<u> </u>	(F	~~~~	
Schedule A	(⊢orm	990	2020

CONNECTIONS WORK

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	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	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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructiv	ons)		•	12	•
	First 5 years. If the Form 990 is for th					501(c)(3)	
	organization, check this box and stop	phere			·		
Sec	ction C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2023 (I	ine 6, column (f), c	divided by line 11, o	column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
16 a	33 1/3% support test - 2023. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2022. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	ganization did not o	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop h	ere. Explain in Parl	t VI how the organi	zation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	blicly supported	organization		
b	10% -facts-and-circumstances test	- 2022. If the org	ganization did not o	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	ne organization qu	alifies as a publicl	y supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s
						Schedule A	(Form 990) 2023

Schedule A (Form 990) 2023

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

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

Section A. Public Support <u>(a)</u> 2019 (d) 2022 Calendar year (or fiscal year beginning in) (b) 2020 (c) 2021 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 253,189 1,070,898 1,700,183 1,712,764 1,996,194 6,733,228. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 2,299,925 756,679. 831,476. 790,798. 952,819. 5,631,697. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organ-4 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 2,531,659. 2,553,114 1,827,577, 2,503,562. 2,949,013, 12,364,925. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 19,765 43,874 29,370 19,825, 36,985. 149,819. 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 0. 43,874 c Add lines 7a and 7b 19,765 29,370 19,825, 36,985 149 ,819 12,215,106. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 Amounts from line 6 2,553,114 1,827,577 2,531,659 2,503,562 2,949,013 12,364,925. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 6,995 5,753 4,064 9,810, 57,763. 31,141. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 6,995 5,753 4,064 9,810. 31,141 57,763. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 2,560,109. 1,833,330. 2,535,723. 2,513,372. 12,422,688. 2 980 154 **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.33 % 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 98.59 16 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .46 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 % 17 18 Investment income percentage from 2022 Schedule A, Part III, line 17 .28 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23

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CONNECTIONS WORK

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

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.)

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17

Schedule A (Form 990) 2023	CONNECTIONS	WORK
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No

Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Image: Control indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? Image: Control indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? Image: Control indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? Image: Control indirectly controls, either alone or together with persons described on lines 11b above? Image: Control indirectly control indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? Image: Control indirectly controls, either alone or together with persons described on line 11a above? Image: Control indirectly controls, either alone or together with persons described on line 11a, 11b, or 11c, provide Image: Control indirectly controls, either alone or together with persons described on line 11a above? c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide Image: Control indirectly controls, either alone or together alone or to

			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? <i>If "No," describe in</i> Part VI <i>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</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised or controlled the supporting organization	2		1

superv	isea. or con	trollea the supp	Jorung organi	zalion.
Section C	. Type II S	Supporting	Organizat	ions

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 I

	Section D	. All Type III Supporting Organizations	
--	-----------	---	--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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		

Section E. Type III Functionally Integrated Supporting Organizations

nstructions	S).
15	truction

- a 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 instruction <u>s).</u>
---	--	---	--

18

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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Yes No

Sche	edule A (Form 990) 2023 CONNECTIONS WORK			23-1969810 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar		0
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			·
Sect	tion 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	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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	tion 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

332026 12-21-23

20 2023.03050	CONNECTIONS	WORK

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
U	(provide details in Part VI). See instructions.	ie organization is responsive		8	
9	Distributable amount for 2023 from Section C, line 6			9	
	i -			10	
10	Line 8 amount divided by line 9 amount	(;)	(::)	10	(:::)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
;	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
-	line 7: \$				
	Applied to underdistributions of prior years Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023
Dout VI	A I .	

	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a line 1: Part IV. Section D. lines 2 and 3: Part IV.	e explanations required by Part II, line 10; Part I 4, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Secti 7, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, 7, n E, lines 2, 5, and 6. Also complete this part for	on B, lines 1 and 2; Part IV, Section C, line 1: Part V. Section B, line 1e: Part V.
2028 12-21-2	3		Schedule A (Form 990) 20

** PUBLIC DISCLOSURE COPY **

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

23-1969810

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

CONNECTIONS WORK

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

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

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

General Rule

X 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

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 for an *exclusively* set in the set of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set

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)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$544,992.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>11,500.</u>	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		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$10,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2023)

CONNECTIONS WORK

Name of organization

Employer identification number

23-1969810

Page **2**

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
7		\$10,000.	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				
8_		\$236,265.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
9_		\$131,983.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
11		\$365,549.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u>12</u> 323452 12-26		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)				

Name of organization

Schedule B (Form 990) (2023)

CONNECTIONS WORK

Employer identification number

23-1969810

Page 2

Schedule B (Form 990) (2023)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 13</u>		\$ <u>123,535.</u> (c)	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
(a) No.	(b) Name, address, and ZIP + 4	(C) Total contributions	Type of contribution
14		\$211,828.	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
<u> 15</u>		\$ <u>117,475.</u>	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
16		\$5,000.	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
		\$5,000.	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
<u>18</u> 323452 12-26		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

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

CONNECTIONS WORK

Name of organization

Part I

Employer identification number

23-1969810

Schedule B (Form 990) (2023)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>19</u>		\$ <u>5,000.</u>	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
(a) No	(b) Name, address, and ZIP + 4	(C)	(d) Type of contribution
		Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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323452 12-26-23

Schedule B (Form 990) (2023)

CONNECTIONS WORK

Name of organization

Part I

Employer identification number

23-1969810

2023.03050 CONNECTIONS WORK

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<u>CONNEC</u>	CTIONS WORK		23-1969810
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if 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
		 \$	

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03434.01

Employer identification number

23-1969810

Name of organization

Schedule	B (Form 990) (2023)		Page 4				
Name of c	organization		Employer identification number				
CONNE	CTIONS WORK		23-1969810				
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) t	ns to organizations described in secti	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious, ch	aritable, etc., contributions of \$1,000 or les	s for the year. (Enter this info. once.)				
(a) No.	Use duplicate copies of Part III if additional sp	bace is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, an	d ZI P + 4	Relationship of transferor to transferee				
			· · · · ·				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
<u> </u>			[
			[
		(e) Transfer of gift					
	Transferee's name, address, an	d ZI P + 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					
		d 7 ID + 4	Polationship of transforms to transforms				
	Transferee's name, address, an	u ∠ır' + 4	Relationship of transferor to transferee				
	1						

323454 12-26-23

Schedule B (Form 990) (2023)

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SCHEDULE D		Financial Statemer			0	MB No. 15	<u>45-0047</u>
orm 990)		zation answered "Yes" on Form 9 11a, 11b, 11c, 11d, 11e, 11f, 12a, o				ZUZ	23
epartment of the Treasury Iternal Revenue Service		ach to Form 990. for instructions and the latest info	rmation.			Open to Inspecti	
lame of the organization				Emp	loyer ider	ntification	
-	CONNECTIONS WORK			-	23-	19698	10
	ations Maintaining Donor Advised		ds or Ac	count	ts. Com	nplete if th	е
organizatio	n answered "Yes" on Form 990, Part IV, line						
	_	(a) Donor advised funds	(b) Func	is and otr	ner accou	nts
	nd of year						
	f contributions to (during year)						
	- · · · · · · · · · · · · · · · · · · ·		_				
	end of year						
-	on inform all donors and donor advisors in wr	-				-	
	n's property, subject to the organization's ex				∟	Yes	N
	on inform all grantees, donors, and donor adv						
for charitable purp	oses and not for the benefit of the donor or o	donor advisor, or for any other purpo	ose conferri	ng		_	
impermissible prive Part II Conserve						Yes	N
	ation Easements. Complete if the organization		50, i uitiv,				
Preservation	of land for public use (for example, recreation f natural habitat				•		
Preservation Protection o Preservation Complete lines 2a	of land for public use (for example, recreation f natural habitat of open space through 2d if the organization held a qualifie	on or education) Preservatio	n of a certi	fied hist	toric struc	cture nent on th	e last
 Preservation Protection o Preservation Complete lines 2a day of the tax year 	of land for public use (for example, recreation f natural habitat of open space through 2d if the organization held a qualifie	d conservation contribution in the fo	n of a certi orm of a co	fied hist	toric struc	cture	e last
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 Preservation Protection o Preservation Complete lines 2a day of the tax year a Total number of co b Total acreage restriction c Number of conserving d Number of conserving on a historic struct 	of land for public use (for example, recreation f natural habitat of open space through 2d if the organization held a qualifie conservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included on line 2c acquire cure listed in the National Register	on or education) Preservation Preservation contribution in the formation contribution in the formation included on line 2a and after July 25, 2006, and not	n of a certi	fied hist nservati 2a 2b 2c 2d	toric struc	cture nent on th e End of th	e last
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 Preservation Protection o Protection o Preservation Complete lines 2a day of the tax year a Total number of co b Total acreage restriction b Total acreage restriction c Number of conserving d Number of conserving a Number of conserving S Number of states of the state	of land for public use (for example, recreation f natural habitat of open space through 2d if the organization held a qualifie ponservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included on line 2c acquire rure listed in the National Register vation easements modified, transferred, releat where property subject to conservation ease tion have a written policy regarding the perior	on or education) Preservation Preservation Preservation contribution in the forestructure included on line 2a ed after July 25, 2006, and not eased, extinguished, or terminated by ment is located dic monitoring, inspection, handling olds?	n of a certi	fied hist nservati 2a 2b 2c 2d zation c	toric struction easem Held at the	eture <u>hent on th</u> End of th tax	e last e Tax Ye
 Preservation Protection o Protection o Preservation Complete lines 2a day of the tax year a Total number of co b Total acreage restriction c Number of conserving on a historic struct 3 Number of conserving a Number of states with the organization of the organization of the organization 6 Staff and voluntee 	of land for public use (for example, recreation f natural habitat of open space through 2d if the organization held a qualifie ponservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included on line 2c acquire rure listed in the National Register vation easements modified, transferred, releat where property subject to conservation ease tion have a written policy regarding the perio porcement of the conservation easements it h	on or education) Preservation Preservation Preservation d conservation contribution in the for ture included on line 2a preservation contribution in the for ed after July 25, 2006, and not ased, extinguished, or terminated by ment is located dic monitoring, inspection, handling holds?	n of a certi	fied hist nservati 2a 2b 2c 2d 2d n easer	during the	e tax	e last e Tax Ye
 Preservation Protection o Protection o Preservation Complete lines 2a day of the tax year a Total number of code b Total acreage restriction b Total acreage restriction c Number of conserving d Number of conserving a Number of conserving Number of states with the service of service of states with the service o	of land for public use (for example, recreation f natural habitat of open space through 2d if the organization held a qualifie ponservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included on line 2c acquire rure listed in the National Register vation easements modified, transferred, releat where property subject to conservation ease tion have a written policy regarding the perio procement of the conservation easements it her r hours devoted to monitoring, inspecting, handling vation easement reported on line 2d above s	on or education) Preservation Preservation d conservation contribution in the for education in the for ed	n of a certi orm of a con the organi of conservatio ervation eas	fied hist nservati 2a 2b 2c 2d zation c	during the	ture	e last e Tax Ye
 Preservation Protection o Protection o Preservation 2 Complete lines 2a day of the tax year a Total number of code b Total acreage restriction b Total acreage restriction c Number of conserving d Number of conserving a Number of conserving 3 Number of conserving 4 Number of states with the second states with the second state sec	of land for public use (for example, recreation f natural habitat of open space through 2d if the organization held a qualifie ponservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included on line 2c acquire rure listed in the National Register vation easements modified, transferred, releat where property subject to conservation ease tion have a written policy regarding the perio procement of the conservation easements it h r hours devoted to monitoring, inspecting, handlir vation easement reported on line 2d above s (4)(B)(ii)?	on or education) Preservation Preservation Preservation Contribution in the forest the set of the s	n of a certi orm of a con the organi of conservatio ervation eas	fied hist nservati 2a 2b 2c 2d zation c	Juring the	e tax	e last e Tax Ye
 Preservation Protection o Protection o Preservation Preservation Complete lines 2a day of the tax year a Total number of code b Total acreage restriction c Number of conserving d Number of conserving a Number of conserving Number of conserving Number of conserving a Number of states with the second state of th	of land for public use (for example, recreation f natural habitat of open space through 2d if the organization held a qualifie ponservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included on line 2c acquire rure listed in the National Register vation easements modified, transferred, releat where property subject to conservation ease tion have a written policy regarding the perio procement of the conservation easements it her r hours devoted to monitoring, inspecting, handling vation easement reported on line 2d above s	on or education) Preservation Preservation Preservation Contribution in the forest of the section contribution in the forest of the section contribution in the forest of the section of t	n of a certi orm of a col the organi of conservation eas 70(h)(4)(B)(i)	fied hist nservati 2a 2b 2c 2d zation c	during the	ture	e last e Tax Ye

Ра	TIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	
	convice provide in Dart XIII the text of the featness to its financial statements that describes these items	

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LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023					
b	Assets included in Form 990, Part X	\$					
а	Revenue included on Form 990, Part VIII, line 1	\$					
	the following amounts required to be reported under FASB ASC 958 relating to these items:						
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	le					
	(ii) Assets included in Form 990, Part X	\$					
	(i) Revenue included on Form 990, Part VIII, line 1	\$					
	provide the following amounts relating to these items.						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	ublic service,					
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of							
	service, provide in Part Alli the text of the foothote to its inancial statements that describes these items.						

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30 2023.03050 CONNECTIONS WORK

Sche		IONS WORK						23-19	69810) Ра	age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	orical Tre	asures, o	r Othe	r Similaı	r Assets	(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	s, check	any of the f	ollowing that	t make si	gnificant u	use of its			
	collection items (check all that apply).										
а	Public exhibition	d	I 🗌 I	_oan or exc	hange progra	am					
b	Scholarly research	e	. 🗌 (Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	how the	ey further th	e organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical treas	sures, or othe	er similar	assets		_		_
_	to be sold to raise funds rather than to be m		<u>u</u>		llection?				Yes		No
Par	t IV Escrow and Custodial Arran		te if the o	organizatior	n answered "	Yes" on	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								7		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:					A		
									Amount	[
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f Oo	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII						• • • • • • • • • • • • • • • • • • • •	L] NO]
Par											1
	Complete	(a) Current year		rior year	(c) Two yea		(d) Three y	/ears back	(e) Four	vears	back
1a	Beginning of year balance			,			()		()	,	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held ar	nd administer	ed for th	e				
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organized								3b		
4	Describe in Part XIII the intended uses of the		wment fu	inds.							
Par	t VI Land, Buildings, and Equipn					-					
	Complete if the organization answere										
	Description of property	(a) Cost or o basis (investr		• •	or other (other)		ccumulate preciation	ed	(d) Bool	< value	э
1a	Land										
b	Buildings										
с	Leasehold improvements				4,111.		23,03			L,08	
d	Equipment			24	0,345.	-	163,4'	73.	70	5,81	72.
	Other										
Total	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. line 10</u>	<u>)c. column</u>	<u>(B))</u>				11'	7,9	52.

Schedule D (Form 990) 2023

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Part VII	Investme	ents ·	- Other Securities	
Schedule D) (Form 990) 2	2023	CONNECTIONS	WORK

Complete if the organization answered "Yes"	on Form 990, Part IV, line	-	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
			or your 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"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) UNEMPLOYMENT RESERVE ACCO			28,481
(2) RIGHT-OF-USE ASSETS - OPE	RATING LEASES		457,689
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol (B))		486,170
Part X Other Liabilities			•
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(1) PEGERATING LEASE LIABILITY			475,876
(3)			_, 0, 0, 0
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	<u>ы. (В))</u>		475,876

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

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Sche	dule D (Form 990) 2023 CONNECTIONS WORK	23-	1969810 Page 4		
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements	1	3,031,916.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	70,101.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	70,101. 2,961,815.
3	Subtract line 2e from line 1			3	2,961,815.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	3,385.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	3,385.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,965,200.	
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	3,070,272.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2 a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,070,272.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	3,385.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	3,385.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,073,657.
Pa	rt XIII Supplemental Information				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THE

ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS, IF ANY, AS REQUIRED.

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Schedule D (Form 990) 2023

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on I				r 19 ,	or if the	2023
	C	organization entered more than \$15 Attach to Form 990 o						LULU Open to Public
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc				ı.		Inspection
Name of the organization								entification number
Part I Fundrais		IONS WORK					23-1969	
	complete this part	Complete if the organization answe t.	rea "Y	es" or	1 Form 990, Part IV, I	ne i	7. Form 990-E2	Thers are not
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations F Special fundraising events								
key employees list	ed in Form 990, Pa highest paid indiv	or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua organization.	ofessi	onal fi	undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration
or licensing.								

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

Schedule G (Form 990) 2023

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CONNECTIONS WORK

23-1969810 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	1		• ·	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL		NONE	(add col. (a) through
			BREAKFAST			col. (c))
d)			(event type)	(event type)	(total number)	
Revenue						
eve	1	Gross receipts	36,510.			36,510.
α.						
	2	Less: Contributions	26,500.			26,500.
	3	Gross income (line 1 minus line 2)	10,010.			10,010.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
Den	6	Rent/facility costs	13,117.			13,117.
Щ						
ect	7	Food and beverages				
Ē						
	8	Entertainment				
	9	Other direct expenses	2,580.			2,580.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			15,697.
_	11	-5,687.				
Pa	nrt I		answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Ð			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enu				bingo/progressive bingo	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	col. (a) through col. (c))
Revenue						
ш	1	Gross revenue				

s	2	Cash prizes												
Direct Expenses	3	Noncash prizes												
rect E>	4	Rent/facility costs												
ā		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	n line 1, colu	umn (d)									
9	En	ter the state(s) in which the organization condu	ıcts ç	gaming activ	vities:									
	ls t	he organization licensed to conduct gaming ac No," explain:	ctiviti	ies in each o	of these s	state	s?						Yes	No No
-														
10a	We	ere any of the organization's gaming licenses re	evoke	ed, suspend	led, or te	rmin	ated durin	ig the tax y	/ear?				Yes	No

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b If "Yes," explain:

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	CONNECTIONS WORK	23-19	69810	Page 3
11	Does the organization conduct g	aming activities with nonmembers?		Yes	No
12	Is the organization a grantor, ber	neficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?)		Yes	No No
13	Indicate the percentage of gamir				
a	The organization's facility			13a	%
b	An outside facility		L	13b	%
14	Enter the name and address of the	he person who prepares the organization's gaming/special events books and record	ls:		
	Name				
	Address				
			,		
158	Does the organization have a col	ntract with a third party from whom the organization receives gaming revenue? \dots	I	Yes	└── No
F	If "Voc " optor the amount of gar	ning revenue received by the organization \$ and the am	ount		
	of gaming revenue retained by th		ount		
	If "Yes," enter name and address				
		sor the time party.			
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
a	Is the organization required unde	er state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?			Yes	No
b	Enter the amount of distributions	s required under state law to be distributed to other exempt organizations or spent i	n the		
De	organization's own exempt activ				
Pa		rmation. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	, and Part I	III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, a	as applicable. Also provide any additional information. See instructions.			
_					
3320	83 09-13-23		Schedul	e G (Form	990) 2023
		36			

Part IV	Supplemental Information	(continued)		
				Schedule G (Form 990)

332084 04-01-23

SCHEDULE O (Form 990)

Name of the organization

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.



CONNECTIONS WORK

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

RAISE AWARENESS OF THE PARDON PROCESS, BUT ALSO TO MATCH TRAINED

VOLUNTEER PARDON COACHES WITH APPLICANTS SEEKING A PARDON TO ASSIST

THEM IN COMPLETING THEIR PARDON APPLICATIONS, GIVING THEM A HIGHER

LIKELIHOOD OF OBTAINING A PARDON.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

BETWEEN VARIOUS CRIMINAL JUSTICE ENTITIES TO DECREASE THE INCARCERATION

RATE OF NON-VIOLENT MENTALLY ILL DEFENDANTS, WHILE ENSURING COMMUNITY

SAFETY.

FORM 990, PART III, LINE 4D, **OTHER PROGRAM SERVICES:** COMMUNITY OUTREACH: THE COMMUNITY OUTREACH TEAM (COT) IS RESPONSIBLE FOR THREE AREAS: 1. VOLUNTEERS: THE TEAM MANAGES THE RECRUITMENT AND OVERSIGHT OF ALL AGENCY VOLUNTEERS THAT SUPPORT OUR VARIOUS PROGRAMS AND REENTRY INITIATIVES, INCLUDING OUR FAMILY CONNECTIONS EVENTS HOLIDAY GIFT PROJECT, MOTHER'S/FATHER'S VOICE PROGRAM, RETURNING CITIZENS CAREER FAIRS, AND MOCK INTERVIEWING. 2. MARKETING: THEY ARE RESPONSIBLE FOR THE OVERSIGHT AND PRODUCTION OF OUR AGENCY'S MARKETING MATERIAL INCLUDING SOCIAL MEDIA, NEWSLETTERS, AND APPEALS. 3. EVENTS: THE TEAM OVERSEES CONNECTIONS WORK EVENTS AND INITIATIVES INCLUDING THE ANNUAL AWARDS BREAKFAST, TWO CAREER FAIRS, FRIENDS OF CONNECTIONS WORK SOCIAL, RAFFLES, AND OUTSIDE AGENCY SPONSORED EVENTS. IN 2023, OUR VOLUNTEERS HELPED US SERVE 725 CHILDREN IN OUR HOLIDAY GIFT PROJECT 812 CHILDREN WITH MOTHER'S/FATHER'S VOICE, AND ASSISTED OVER 350 JOB SEEKERS AT OUR RETURNING CITIZENS CAREER FAIRS.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization CONNECTIONS WORK	Employer identification number 23-1969810
EXPENSES \$ 88,870. INCLUDING GRANTS OF \$ 0. REVENUE \$	43,800.
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE 990 AND BCO-10 IS EMAILED TO THE CO-EXECUTIV	TE DIDECHODE AND
EACH MEMBER OF THE BOARD OF DIRECTORS FOR REVIEW. EACH MEM	
OF DIRECTORS THEN EMAILS THEIR APPROVAL OF THE 990 TO THE	CO-EXECUTIVE
DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED AN	INUALLY AND
REVIEWED BY THE CO-EXECUTIVE DIRECTORS AND BOARD PRESIDENT	, WHO MONITOR THE
REPORTED DISCLOSURES DURING THE YEAR.	
FORM 990, PART VI, SECTION B, LINE 15A:	
COMPENSATION PROCESS FOR TOP OFFICIAL WHEN DETERMINING THE	COMPENSATION
PACKAGE FOR THE CO-EXECUTIVE DIRECTORS: THE EXECUTIVE COMM	IITTEE OF THE
BOARD OF DIRECTORS GATHERED SALARY INFORMATION FOR COMPARA	ABLE POSITIONS IN
NON-PROFIT ORGANIZATIONS BY REVIEWING THEIR 990S, AS WELL	AS SALARY
INFORMATION FOR MANAGEMENT POSITIONS WITHIN THE BERKS COUN	ITY, PA
GOVERNMENT. THE INFORMATION WAS REVIEWED BY THE EXECUTIVE	COMMITTEE AND THE
COMPENSATION PACKAGES WERE PRESENTED TO THE FULL BOARD OF	DIRECTORS FOR
REVIEW AND APPROVAL. THE INFORMATION AND DELIBERATIONS WER	RE
CONTEMPERANEOUSLY DOCUMENTED BY THE BOARD SECRETARY.	
FORM 990, PART VI, SECTION C, LINE 18:	
DOCUMENTS ARE AVAILABLE UPON REQUEST.	

DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

332212 11-14-23

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization CONNECTIONS WORK	Employer identification number 23-1969810
THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE IN T	HE ANNUAL REPORT
AND THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLIC	Y ARE AVAILABLE
FOR PUBLIC INSPECTION, UPON REQUEST.	
332212 11-14-23 40	Schedule O (Form 990) 2023

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(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

_	e Form 7004 to request an extension of time to me incom	e lax relun	115.			
Part I -	Identification					
Type or	pe orName of exempt organization, employer, or other filer, see instructions.Takes			Taxpaye	Taxpayer identification number (TIN)	
Print						
	CONNECTIONS WORK				23-19698	10
File by the due date fe			ions.			
filing your return. See	19 N. 6TH STREET, 4TH FLOOP	2				
	structions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
	READING, PA 19601	-				
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)			01
Applica	tion Is For	Return	Application Is For			Return
		Code				Code
Form 99	00 or Form 990-EZ	01	Form 4720 (other than individual)			09
	'20 (individual)	03	Form 5227			10
Form 99		04	Form 6069			11
	00-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	00-T (trust other than above)	06	Form 5330 (individual)			13
	00-T (corporation)	07	Form 5330 (other than individual)			14
Form 10		08				
	you enter your Return Code, complete either Part II or Par		including signature is applicable o	only for an	extension of	
	file Form 5330.	em. r aren		ing for an		
	application is for an extension of time to file Form 5330, y	iou must ei	nter the following information			
	11 79		5			
	Mussels					
	an Number an Year Ending (MM/DD/YYYY)					
	Automatic Extension of Time To File for Exempt Organ	izatione (s	ee instructions)			
	pooks are in the care of THE ORGANIZATION					
ITIE		<u>4</u> тн	FLOOR - READING, F	DA 196	501	
Tolor	phone No. 484-260-3860	, 111				
	organization does not have an office or place of business	in the Uni				
 If this 	s is for a Group Return, enter the organization's four-digit	Group Eve	motion Number (GEN)	lf this is fo	r the whole group	. L
	box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for					
				e une exen	ipt organization re	
נו ע	the organization named above. The extension is for the organization's return for:					
	calendar year 20 23 or					~~
L	tax year beginning	, 20	, and ending		. , , , , ,	20
•				<u> </u>		
2 If	2 If the tax year entered in line 1 is for less than 12 months, check reason:					
	Change in accounting period					
	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			0
	ny nonrefundable credits. See instructions.			<u>3a</u>	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069					•
	stimated tax payments made. Include any prior year overp			3b	\$	0.
сB	alance due. Subtract line 3b from line 3a. Include your pa	ayment with	n this form, if required, by			-
u	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Mail to: Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 401 North St Rm 207 Harrisburg, PA 17120 See <u>www.dos.pa.gov/charities f</u> or more information	Charitable Organization Registration Statement BCO-10 (rev. 11/2023) Fee: See instructions			
Certificate number: 1658 (N/A if initial registration) Fiscal year ended: 12/31/2023 MM DD YYYY	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:			
EIN: <u>23-1969810</u>	Organization does not solicit contributions in Pennsylvania			
1. Legal name of organization: <u>CONNECTIONS WORK</u>	X			
X Check if name change and give previous name BI 2. All other names used to solicit contributions:	ERKS CONNECTIONS/PRETRIAL SERVICES			
 3. Contact person: <u>NICOLLE SCHNOVEL</u> 4. Principal address of organization: 	Contact's e-mail: <u>NSCHNOVEL@CONNECTION</u> SWORK.			
19 N. 6TH STREET, 4TH FLOOR				
READING				
PA 19601				
County: BERKS	Phone number: <u>484-260-3860</u>			
800 number:	Fax number:			
Email (if different than Contact's email):				
Website: WWW.CONNECTIONSWORK.ORG				
Item 5 to be complete	ed by initial registrants only			
5. Type of organization (e.g. non-profit corporation, unincorpondent NONPROFIT CORPORATION	orated association, etc.):			
Where established: READING , PA	Date established:* 04/01/1975			
*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.				

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

Not Applicable

CONNECTIONS WORK, MAIN OFFICE

19 N. 6TH STREET, 4TH FLOOR, READING, PA 19601

484-260-3860

7. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust

\$162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.

§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities

§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.

X Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

Items 8 and 9 are required	to be completed by initial registrants only
8. Date organization first solicited contributions from I	² ennsylvania residents:
	MM DD YYYY
Other	
9. If organization solicited Pennsylvania residents and \$25,000 in any given fiscal year, provide the date th than \$25,000.	received gross* contributions totaling more than ne organization first received contributions totaling more
	MM DD YYYY
Other	
	and outside Pennsylvania before any deductions or expenses.

Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) X Yes No No If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: $09/13/2004$ Month Day Year		23-1969810
A. If "Yes," under which IRS code section: <u>501(C)(3)</u> and attach a copy of the IRS exemption letter if not previously submitted. B. Has the organization is tax-exempt status ever been denied, revoked or modified? □ Yes □ No (ft 'Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted; Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently (field 900, 990EZ, 990PF or 990N and including 990, 990EZ or 990PF or 990N and applicable schedules, for its most recently field 900, 990EZ, 990PF or 990N and include all schedules. If 'No," attach a copy of the most recently field 900, 990EZ, 990PF or 990N and include all schedules. If 'No," attach an explanation of why the organization is exempt trom filing an IRS 990 return. An organization that is a 1900, 900EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23.) Marner in which contributions are solicited (e.g. direct mail, telephone, internet, social media, etc.):	10	
copy of the IRS exemption letter if not previously submitted. B. Has the organization's tax-exempt status ever been denied, revoked or modified?		
(If Yes,* attach a copy of the denial, revocation or modification and subsequent reinstatement, Tany, and if not previously submitted.) 4. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? Yes I ho (If Yes,* attach a copy of the most recently completed fiscal year? Yes I ho (If 'Yes,* attach a copy of the most recently completed fiscal year? Yes I ho (If 'Yes,* attach a copy of the most recently completed fiscal year? Yes I ho (If 'Yes,* attach a copy of the most recently completed fiscal year? Yes I ho (If 'Yes,* attach a copy of the most recently completed fiscal year? Yes I ho (If 'Yes,* attach a copy of the most recently completed fiscal year? Yes I ho (If 'Yes,* attach a copy of the most recently completed fiscal year? Yes I ho (If 'Yes,* attach a copy of the most recently completed fiscal year? Yes I ho (If 'Yes,* attach a copy of the most recently completed fiscal year? Yes I ho (If 'Yes,* attach a copy of the most recently completed fiscal year? Yes I ho (If 'Yes,* attach a copy of the most recently completed fiscal year? Yes I have the a Pennsylvania public disclosure form (BCO-23). 2. Mamer in which contributions are solicited (e.g. direct mail, telephone, internet, social media, etc.): Dees not solicit contributions DIRECT MAIL , EMAIL , INTERNET AND NEWSLETTERS 3. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence. THE ORGANIZATION PROVIDES SERVICES, SUPPORT AND COMUNITY REINTERATION TO INDIVIDUALS INVOLVED IN THE JUSTICE SYSTEM AND TO THEIR FAMILIES. The organization registered to solicit contributions in any other state or municipality? Yes I NO (If 'Yes,* ist all states and municipalities. Attach a separate she		
schedules, for its most recently completed fiscal yea? Yes Ne Networks in the second of the se		
If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that if is not required to file an IRS 990 return or an organization that files a 990N, 930EZ or 990PF, must file a Pennsylvania public disclosure form (BCO 23).) 2. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, social media, etc.): Does not solicit contributions DIRECT MAIL, EMAIL, INTERNET AND NEWSLETTERS 3. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence. THE ORGANIZATION PROVIDES SERVICES, SUPPORT AND COMMUNITY REINTEGRATION TO INDIVIDUALS INVOLVED IN THE JUSTICE SYSTEM AND TO THEIR FAMILIES.	1.	
Does not solicit contributions DIRECT MAIL, EMAIL, INTERNET AND NEWSLETTERS		If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a
DIRECT MAIL, EMAIL, INTERNET AND NEWSLETTERS	2.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, social media, etc.):
describing whether such programs are planned or in existence. THE ORGANIZATION PROVIDES SERVICES, SUPPORT AND COMMUNITY REINTEGRATION TO INDIVIDUALS INVOLVED IN THE JUSTICE SYSTEM AND TO THEIR FAMILIES. Is the organization registered to solicit contributions in any other state or municipality? Yes No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.) Image: state or state or municipality? Image: state or state or compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents:		
JUSTICE SYSTEM AND TO THEIR FAMILIES. 4. Is the organization registered to solicit contributions in any other state or municipality? Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.) Solution Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) X Yes No If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: <u>09/13/2004</u> Year Solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary) Not Applicable	3.	
4. Is the organization registered to solicit contributions in any other state or municipality? ↓ Yes No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.) 5. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) Yes No If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: 09/13/2004 S. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary) Not Applicable		THE ORGANIZATION PROVIDES SERVICES, SUPPORT AND COMMUNITY REINTEGRATION TO INDIVIDUALS INVOLVED IN THE
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If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents:	5.	Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check
solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary) Not Applicable		residents: 09/13/2004
	6.	solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all
SEE STATEMENT 1		Not Applicable
		SEE STATEMENT 1
e 3 of 6 375803 12-19-23 Form BCO-10 (rev. 11/2		

15590528 757874 03434.001

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

	Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization:
	(Attach a separate sheet if necessary)
ĺ	Not Applicable
	N/A
	If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined
	registration covering all of its Pennsylvania affiliates?
	See note "Affiliate and Parent Organization") Yes No X Not Applicable
	f "Yes," give all names and certificate numbers of the affiliate organizations:
	(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)
	s the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration
	on the registering charity's behalf? (See note "Affiliate and Parent Organization")
	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes X No Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization.
	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes X No Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return
	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes X No Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization.
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	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes X No Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)
	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes X No Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Pennsylvania certificate number
	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes X No Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Pennsylvania certificate number Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers.
	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes X No Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Pennsylvania certificate number Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)
	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes X No Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Pennsylvania certificate number Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)
	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes X No Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Pennsylvania certificate number Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

BOARD OF DIRECTORS

19 N. 6TH STREET, 4TH FLOOR READING, PA 19601

B. Have final responsibility for the custody of contributions:

BOARD OF DIRECTORS

19 N. 6TH STREET, 4TH FLOOR READING, PA 19601

C. Have final responsibility for final distribution of contributions:

BOARD OF DIRECTORS

19 N. 6TH STREET, 4TH FLOOR READING, PA 19601

D. Are responsible for custody of financial records:

BOARD OF DIRECTORS

19 N. 6TH STREET, 4TH FLOOR READING, PA 19601

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A.	Any other officer, director, trustee, or employee?		Yes	Х	No
----	--	--	-----	---	----

- B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes X No
- C. Any officers, agents or employees of any supplier or vendor providing goods or services? **

Yes X No

**(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

- 24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:
 - A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction?
 - B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?
 - C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?
 Yes X No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

5

Page 5 of 6

Form BCO-10 (rev. 11/2023)

2023.03050 CONNECTIONS WORK

Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer	Date	
Type or print name and title of Chief Fiscal Officer	-	
Signature of Other Authorized Officer	Date	
Type or print name and title of Other Authorized Officer	-	

Checklist for registration:				
X	Completed registration statement properly signed and dated.			
X	A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer			
	Public Disclosure Form BCO-23 (if required)			
X	Applicable Financial Statements (audited, reviewed, compiled or internally prepared)			
X	Registration fee and any late filing fees			
	Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.			
See Instructions for more information on completing this form and attachments.				

CONNECTIONS WORK			23-1969810
FORM BCO-10	ALL PROFESSIONAL SO	LICITORS	STATEMENT 1
NAME AND ADDRESS			PHONE NUMBER
N/A			
CONTRACT BEGIN DATE	CONTRACT END DATE	SOLICIT DATE	

FORM BCO-10	PROFESSIONAL FUNDRAISING	G COUNSELS	STATEMENT 2
NAME AND ADDRESS			PHONE NUMBER
CONTRACT BEGIN DATE	CONTRACT END DATE SERV	/ICE DATE	

FORM BCO-10	OFFICERS,	DIRECTORS,	TRUSTEES	AND	EXECUTIVES	STATEMENT	3
							-

NAME	ΔND	ADDRESS
NAMC	AND	ADDKESS

PEGGY KERSHNER 19 N. 6TH STREET, 4TH FLOOR READING, PA 19601

NAME AND ADDRESS

NIKKI SCHNOVEL 19 N. 6TH STREET, 4TH FLOOR READING, PA 19601

NAME AND ADDRESS

THOMAS RENTSCHLER, ESQ. 19 N. 6TH STREET, 4TH FLOOR READING, PA 19601 TITLE

CO-EXECUTIVE DIRECTOR

TITLE

CO-EXECUTIVE DIRECTOR

TITLE

PRESIDENT

NAME AND ADDRESS

BRIAN PINTO, CFRE 19 N. 6TH STREET, 4TH FLOOR READING, PA 19601

NAME AND ADDRESS

MATT SPEZIALETTI, CFA, CFP 19 N. 6TH STREET, 4TH FLOOR READING, PA 19601

NAME AND ADDRESS

ALEXIA PURSLEY

19 N. 6TH STREET, 4TH FLOOR READING, PA 19601

NAME AND ADDRESS

SHARON MAST

19 N. 6TH STREET, 4TH FLOOR READING, PA 19601

NAME AND ADDRESS

ABHI AMATYA 19 N. 6TH STREET, 4TH FLOOR READING, PA 19601

NAME AND ADDRESS

JOE O'NEILL 19 N. 6TH STREET, 4TH FLOOR READING, PA 19601

NAME AND ADDRESS

KARISSA RODRIGUEZ, ESQ. 19 N. 6TH STREET, 4TH FLOOR READING, PA 19601

NAME AND ADDRESS

YAMIL SANCHEZ RIVERA, ED.D. 19 N. 6TH STREET, 4TH FLOOR READING, PA 19601

NAME AND ADDRESS

JEANNIE SAVAGE

19 N. 6TH STREET, 4TH FLOOR READING, PA 19601 TITLE

VICE PRESIDENT

TITLE

TREASURER THROUGH JUNE

TITLE

SECRETARY THRU MAY, TREASURER

TITLE

DIRECTOR; SECRETARY AS OF JUNE

TITLE

BOARD MEMBER

TITLE

BOARD MEMBER AS OF FEBRUARY

TITLE

BOARD MEMBER

TITLE

BOARD MEMBER

TITLE

BOARD MEMBER THROUGH DECEMBER

NAME AND ADDRESS

LAWRENCE SNOW 19 N. 6TH STREET, 4TH FLOOR READING, PA 19601

NAME AND ADDRESS

LEONETTE STOCKER 19 N. 6TH STREET, 4TH FLOOR READING, PA 19601

NAME AND ADDRESS

PETER TERRANOVA

19 N. 6TH STREET, 4TH FLOOR READING, PA 19601

NAME AND ADDRESS

RONALD L. VELEZ 19 N. 6TH STREET, 4TH FLOOR READING, PA 19601 TITLE

BOARD MEMBER

TITLE

BOARD MEMBER

TITLE

BOARD MEMBER THROUGH FEBRUARY

TITLE

BOARD MEMBER

23-1969810