EXTENDED TO NOVEMBER 15, 2023

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

А	For the	e 2022 calendar year, or tax year beginning	and ending		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres	KRABBECONNECT			
	Name change	Doing business as		82-29646	80
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/sui	•	
	Final return/ termin			65125241	
_	ated Amend	City or town, state or province, country, and ZIP or foreign postal code	е	G Gross receipts \$	285202.
F	returnAppliction	ROSEMOUNI, MN 33000	PNIPPI D	H(a) Is this a group re	
	tiòh pendir	F Name and address of principal officer: STACY PIKE-LANGE PO BOX 264, ROSEMOUNT, MN 55068	ENL ELD	for subordinates	
_	T		(a)(1) ar E	H(b) Are all subordinates in	
		THE UP ADDRESS OF S	(a)(1) or 5		list. See instructions
	Websit	organization: X Corporation Trust Association Other	I Vo	H(c) Group exemption 2017	N State of legal domicile: MN
	art I	Summary	L 10	ai or iorination. 2017 j	Jack of legal doffliche, 1111
	T	Briefly describe the organization's mission or most significant activities: KF	RABBECON	NECT WILL BE	THE SOURCE
Activities & Governance	1 .	OF COMPREHENSIVE INFORMATION AND ACCES	SS TO RE	SOURCES FOR	FAMILIES
rna	2	Check this box if the organization discontinued its operations or o	disposed of me	ore than 25% of its net as	ssets.
ove	3			3	10
Ğ	4	Number of independent voting members of the governing body (Part VI, line			10
es 8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	0
₽cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
			<u> </u>	Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		178198.	255296.
ē	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-28734.	-53999.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line		149464.	201297.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	0.
Ä	170	Total fundraising expenses (Part IX, column (D), line 25)		70835.	106635.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		70835.	106635.
		Revenue less expenses. Subtract line 18 from line 12		78629.	94662.
Or Or	3	Heverlae less expenses. Subtract line 10 from line 12		Beginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	<u> </u>	182188.	280117.
ASS	21	Total liabilities (Part X, line 26)		2667.	5934.
Set like	22	Net assets or fund balances. Subtract line 21 from line 20		179521.	274183.
P	art II	Signature Block	•		
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying sch	hedules and state	ements, and to the best of m	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information	n of which prepa	rer has any knowledge.	
Sig		Signature of officer		Date	
Не	re	STACY PIKE-LANGENFELD, PRESIDENT			
		Type or print name and title		I Date	DTIN
_		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Pai		JEFF BAUER		self-employ	
	parer	Firm's name SOPER, SOPER & WEINEL LLP		Firm's EIN 3	1-1222293
Use	Only	Firm's address 35 EAST SEVENTH STREET SUITE	± 505		12\ 241 5415
		CINCINNATI, OH 45202		Phone no. (5	13) 241-5417
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	KRABBECONNECT WILL BE THE SOURCE OF COMPREHENSIVE INFORMATION AND
	ACCESS TO RESOURCES FOR FAMILIES WITH KRABBE DISEASE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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 others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 16681 • including grants of \$) (Revenue \$
	PATIENT ENGAGEMENT: PROVIDING INFORMATION AND RESOURCES FOR KRABBE
	DISEASE THROUGH KRABBECONNECT WEBSITE, FACEBOOK, AND SOCIAL MEDIAL
	CHANNELS. ENGAGEMENT WITH FAMILIES AFFECTED BY THE DISEASE BY OFFERING
	SUPPORT AND CONNECTIONS FOR MANAGING CARE OF THE PATIENTS. RESOURCES
	INCLUDE CONTACT INFORMATION FOR CLINICAL EXPERTS, EXPERTS IN RESEARCH,
	<u> </u>
	CURRENT RESEARCH LITERATURE VIA THE RESOURCE LIBRARY, AND OPPORTUNITIES
	FOR CLINICAL TRIALS IN THE DISEASE SPACE. KRABBECONNECT ALSO INTERACTS
	WITH THE COMMUNITY THROUGH OUR INTERNATIONAL LIAISON, OUTREACH DIRECTOR
	AND PATIENT ENGAGEMENT MANAGER.
4b	(Code:) (Expenses \$ 12040 • including grants of \$) (Revenue \$
	PATIENT ADVOCACY AND ADVANCEMENT: BOARD MEMBERS ROUTINELY ATTEND
	CONFERENCES AND MEETINGS THAT INVOLVE THE RARE DISEASE COMMUNITY TO
	SUPPORT THE NEEDS OF THE KRABBE PATIENTS AND THEIR FAMILIES.
	KRABBECONNECT ALSO PARTICIPATES IN NETWORKING OPPORTUNITIES WITH OTHER
	ADVOCACY FOUNDATIONS JOINING TOGETHER TO HAVE A VOICE FOR THE PATIENTS.
	KRABBECONNECT MAINTAINS MEMBERSHIP WITH SEVERAL LARGE ORGANIZATIONS,
	I.E. NORD, GLOBAL GENES, ULF, WORLD LYSOSOMAL STORAGE DISEASE TO
	ENHANCE THE ADVOCACY AND EDUCATION OF KRABBE DISEASE.
	ENHANCE THE ADVOCACT AND EDUCATION OF KRADDE DISEASE.
4c	(Code:) (Expenses \$ 12255 • including grants of \$) (Revenue \$)
	RESEARCH AND DEVELOPMENT: KRABBECONNECT PRODUCED A POSTER TO DISCUSS
	THE PATIENT BURDEN OF KRABBE DISEASE. RESEARCH CONDUCTED TO COLLECT
	DATA FROM PATIENTS TO CAPTURE THE UNMET NEEDS IN THE KRABBE COMMUNITY.
	THE RESEARCH WILL SERVE AS A TOOL TO CLINICIANS, SCIENTISTS,
	RESEARCHERS, AND INDUSTRY TO HELP WITH THE ADVANCEMENT OF NEW NOVEL
	TREATMENTS IN THE KRABBE DISEASE SPACE. KRABBECONNECT IS WORKING TO
	CREATE A PATIENT REGISTRY AND PATIENT FOCUSED DRUG DEVELOPMENT MEETING
	WITH THE FDA TO SUPPORET RESEARCH AND ADVANCEMENTS IN TREATING KRABBE
	DISESASE.
	DIDUDUD •
4d	
	(Expenses \$ 1256 • including grants of \$) (Revenue \$)
4e	Total program service expenses 42232.

Form 990 (2022) KRABBECONNECT 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ü	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2022) KRABBECONNECT Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			İ
	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			İ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			İ
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		İ
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		Х
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			İ
	Schedule L, Part I	25b		Х
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%			İ
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash 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			
00	contributions? If "Yes," complete Schedule M	30		х
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	 •		
UZ.	Sahadula N. Dart II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
-		34		х
35.2	211	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	UJa		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		İ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
30	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
20		31		1
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	ĺ
Pai	Note: All Form 990 filers are required to complete Schedule 0 † V Statements Regarding Other IRS Filings and Tax Compliance	JO	22	
L	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is doctional of doctions a response of flote to any line in this fact v		Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Port -0- if n			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		10		
	(gambling) winnings to prize winners?	1c		Щ_

022) KRABBECONNECT Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		_		Yes	No
2 a	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	0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	·····- -	2b		v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		
D	If "Yes," enter the name of the foreign country	— I			
E-0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		E		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any tayable party potify the organization that it was arise a party to a prohibited tax shelter transaction?		5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic		30		
ou	any contributions that were not tax deductible as charitable contributions?		6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	·····			
~	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods are services provided to the partly as a contribution and partly for goods are services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly as a contribution a	pavor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require	d?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109	98-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	, , , , , , , , , , , , , , , , , , , ,		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990. Part VIII, line 12, for public use of club facilities 10b	-			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	\dashv			
	Gross income from members or shareholders				
	Gross income from other sources. (Do not net amounts due or paid to other sources against	\neg			
~	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	İ			
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?	Г	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				
	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				v
	excess parachute payment(s) during the year?		15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.		46		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
47	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form 990 (2022) KRABBECONNECT 82-2964680

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a		۳		
	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	and the state of t	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15		
		8a	Х	
b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
	tion Dividios (mis section b requests information about politics not required by the internal nevenue seeds.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b				
12a	and the second s	12a	Х	
b		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	125		
Ŭ	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iou	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	100		
17	11011			
18	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	is only) availe	ahle
10	for public inspection. Indicate how you made these available. Check all that apply.	orny	, availe	ADIC.
	Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
19	statements available to the public during the tax year.	u iiiidi	icial	
20				
20	State the name, address, and telephone number of the person who possesses the organization's books and records STACY PIKE-LAGENFELD - 6512524117			
	PO BOX 264 ROSEMOINT MN 55068			

Form 990 (2022) KRABBECONNECT 82-2964680 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.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

Name and title	(A)	(B)	l	<u> </u>		C)	про	ilout	(D)	(E)	(F)
Week (list any hours for related organizations below line) From the organization (W-2/1099-MISC/ 1099-NEC) From the organization of the organization (W-2/1099-MISC/ 1099-NEC) From the organization of the orga		Average	(do not check			ck more than one			Reportable	Reportable	
Compensation from the organizations below Fine Compensation from the organization from the organization (W.2/1099-MISC/ 1099-NEC) Compensation from the organization (W.2/1099-MISC/ 1099-NEC) Compensation from the organization and related organizations below Fine Compensation from the organization (W.2/1099-MISC/ 1099-NEC) Compensation from the organization of the organization (W.2/1099-MISC/ 1099-NEC) Compensation from the organization of the organization (W.2/1099-MISC/ 1099-NEC) Compensation from the organization of the organization (W.2/1099-MISC/ 1099-NEC) Compensation from the organization of the organization of the organization of the organization of the organization (W.2/1099-MISC/ 1099-NEC) Compensation from the organization (W.2/1099-MISC/ 1099-NEC) Compensation from the organization of the organizat										•	
10 ANNE RUGARI 9.00 X 24350. 0. 0 0 0 0 0 0 0 0		(list any	ector						the	organizations	compensation
10 ANNE RUGARI 9.00			or dir	ee			sated		organization		
10 ANNE RUGARI 9.00			truste	al trus		yee	mpen			1099-1120)	•
10 ANNE RUGARI 9.00 X 24350. 0. 0 0 0 0 0 0 0 0			vidual	itution	Je.	emplo	hest co oloyee	ner	,		organizations
VICE PRESIDENT/TREASURER	(4)		Indi	Inst	ij.	Key	en Hig	휸			
Carron C		9.00	-		v				2/350	0	0.
X	<u> </u>	14.00			^				24330.	0.	<u></u>
SECRETARY X		14.00	1		$ _{\mathbf{x}}$				0.	0.	0.
(4) MEGAN RENZE 2.00 LEGAL ADVISOR X 0.0.0 (5) DAVID COOPER 3.00 0.0.0 DIRECTOR X 0.0.0 (6) DAWN LANEY 2.00 0.0.0 DIRECTOR X 0.0.0 (7) HINA MALIK 2.00 0.0.0 DIRECTOR X 0.0.0 (8) CAROL OGG 2.00 0.0.0 DIRECTOR X 0.0.0 (9) MARY MEISNER 3.00 0.0.0 DIRECTOR X 0.0.0 (10) KASEY FELDT 2.00 0.0.0 DIRECTOR X 0.0.0 (11) LESA BRACKBILL 2.00 0.0.0		2.00								2.3	
X	SECRETARY		1		х				0.	0.	0.
DIRECTOR X	(4) MEGAN RENZE	2.00									
DIRECTOR X		2 2 2	Х						0.	0.	0.
Column C		3.00	,,							0	0
DIRECTOR X		2 00	X						0.	0.	0.
Carol ogg		2.00							0	0	0.
DIRECTOR X		2.00	^						0.	0.	<u> </u>
(8) CAROL OGG 2.00 DIRECTOR X (9) MARY MEISNER 3.00 DIRECTOR X (10) KASEY FELDT 2.00 DIRECTOR X (11) LESA BRACKBILL 2.00		2.00	x						0.	0.	0.
(9) MARY MEISNER DIRECTOR X 0. (10) KASEY FELDT DIRECTOR X 0. 0. 0. 0. 0. 0. 0.		2.00									
DIRECTOR X 0. 0. 0 (10) KASEY FELDT 2.00 X 0. 0. 0 DIRECTOR X 0. 0. 0 0 (11) LESA BRACKBILL 2.00 0 0 0 0 0	DIRECTOR		Х						0.	0.	0.
(10) KASEY FELDT 2.00 DIRECTOR X (11) LESA BRACKBILL 2.00	(9) MARY MEISNER	3.00									
DIRECTOR X 0. 0. 0 (11) LESA BRACKBILL 2.00			Х						0.	0.	0.
(11) LESA BRACKBILL 2.00		2.00								0	
		2 00	X						0.	0.	0.
		2.00	v						0	0	0.
	DIRECTOR		^						0.	0.	<u> </u>
			1								
			ł								
								\vdash			
			1								

Fai	Section A. Officers, Directors, Trus	itees, Key Em	ploy	/ees	, an	a Hi	<u>igne</u> :	st C	compensated Employe	es (continuea)				
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate tount o	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizatior (W-2/1099-MI: 1099-NEC	ns SC/	comp fro orga and	pensation the anization trelate	e on ed
			-											
			╀											
			_											
			<u> </u>						24350.		0.			0.
1b C	Subtotal Total from continuation sheets to Part VI								0.		0.			0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n								24350 • eceived more than \$100	.000 of reportab	0 •			0.
_	compensation from the organization						-,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	0 No
3	Did the organization list any former officer,												163	
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from			3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									dual for services		4		X
Sec	rendered to the organization? If "Yes," cometion B. Independent Contractors											5		X
1	Complete this table for your five highest co										npens	ation fi	rom	
	the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax (B)	/ear.		(C)	
	Name and business	address	NO	INC	Ξ			_	Description of s	ervices	С	omper	sation	1
2	Total number of independent contractors (i \$100,000 of compensation from the organic		ot li	mite	d to	tho	se lis	stec	d above) who received n	nore than				
	w 100,000 of compensation from the organi.	<u>∠αιι∪ι Ι</u>											200 (6	

Form 990 (2022) KRABBECO
Part VIII Statement of Revenue

			Check if Schedule O	cont	ains a	response	or note to any lin	ne in this Part VIII			
							j	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt		Revenuè excluded from tax under
									function revenue	business revenue	sections 512 - 514
इ इ	1	<u> </u>	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts	•					1b					
رة [1c	231024.				
rA			Fundraising events			\vdash	231024.				
ਕੁੰ≅						1d					
Sin			Government grants (contr			1e					
ĭĕ Æ		f	All other contributions, gifts,				24272.				
흔히			similar amounts not included			1f	24212.				
g		-	Noncash contributions included in	lines	1a-1f	1g \$		255206			
S E		h	Total. Add lines 1a-1f					255296.			
							Business Code				
ဗ	2	а									
Program Service Revenue		b									
S I		С									
e a		d									
90 E		е									
₫		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (include								
			other similar amounts)								
	4		Income from investment of								
	5		Royalties			•					
			· · · · / · · · · · · · · · · · · · · · · · · ·	<u> </u>) Real	(ii) Personal				
	6	а	Gross rents	6a	`	•	.,				
	•		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)				1				
	7		Gross amount from sales of) <u>.</u>		ecurities	(ii) Other				
	′	а			(1) 0		(ii) Othor				
			assets other than inventory	7a							
a		D	Less: cost or other basis	l							
n			and sales expenses	7b							
e e			Gain or (loss)	7с							
ther Revenue			Net gain or (loss)								
the	8	а	Gross income from fundraising	ng ev	ents (n	not					
0			including \$								
			contributions reported on				20006				
			Part IV, line 18								
			Less: direct expenses				83905.	F2000			F 2 0 0 0
			Net income or (loss) from			_		-53999.			-53999.
	9	а	Gross income from gamin								
			Part IV, line 19								
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gam	ing ac	tivities					
	10	а	Gross sales of inventory, I	less	return	s					
			and allowances			10:	3				
		b	Less: cost of goods sold				D				
			Net income or (loss) from								
s							Business Code				
Miscellaneous Revenue	11	а									
ane nu		b									
		c									
			All other revenue								
≥			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					201297.	0.	0.	-53999.
					<u> </u>						

Form 990 (2022) KRABBECONNECT Part IX Statement of Functional Expenses

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

3601	On 50 I (c)(3) and 50 I (c)(4) organizations must com	·		· · · · · · · · · · · · · · · · · · ·	
Da	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):	30950.		30950.	
	Management	30930.		30930.	
b	Legal	1200.		1200.	
	Accounting	1200.		1200.	
	Lobbying				
_	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A), amount, list line 11g expenses on Sch O.)	1000.		1000.	
12	Advertising and promotion	1943.		1943.	
13	Office expenses	15164.		15164.	
14 15	Information technology	13104.		13101.	
16	Royalties				
17	Occupancy	245.		245.	
18	Payments of travel or entertainment expenses	2131			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	25959.	13296.	12663.	
20	Interest		=3=230		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PATIENT ENGAGEMENT AND	16681.	16681.		
b	RESEARCH	12255.	12255.		
С	DUES	680.		680.	
d	INSURANCE	558.		558.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	106635.	42232.	64403.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 10 10 00				Form 990 (2022)

82-2964680 Page **11** Form 990 (2022)
Part X Balance Sheet KRABBECONNECT

Ра	rt X	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		174688.	1	276235.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of the			5	
	6	Loans and other receivables from other disqu				
ş		under section 4958(f)(1)), and persons describ	oed in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		7500.	9	3881.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, lin		12		
	13	Investments - program-related. See Part IV, lir		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must e		182188.	16	280117.
	17	Accounts payable and accrued expenses		2667.	17	5934.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complet	te Part IV of Schedule D		21	
es	22	Loans and other payables to any current or for	ormer officer, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
jab		controlled entity or family member of any of the	nese persons		22	
_	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on lir	nes 17-24). Complete Part X			
		of Schedule D		2667	25	E024
	26	Total liabilities. Add lines 17 through 25		2667.	26	5934.
Ś		Organizations that follow FASB ASC 958, or	heck here X			
ĕ		and complete lines 27, 28, 32, and 33.		115474		174710
ala	27	Net assets without donor restrictions		115474.	27	174710.
d B	28	Net assets with donor restrictions		64047.	28	99473.
Ë		Organizations that do not follow FASB ASC	958, check here			
o.		and complete lines 29 through 33.				
ets	29	Capital stock or trust principal, or current fund			29	
SS	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		170501	31	27/1102
ž	32	Total net assets or fund balances		179521.	32	274183.
	33	Total liabilities and net assets/fund balances		182188.	33	280117.

Form **990** (2022)

Form 990 (2022) KRABBECONNECT 82-2964680 Page **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			<u> 297.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			535.
3	Revenue less expenses. Subtract line 2 from line 1	3			662.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		179	521.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		274	183.
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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule (Э.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	<u> </u>	

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

KRABBECONNECT 82-2964680 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

	(Complete only if you checker	d the box on line 5	5, 7, or 8 of Part I	or if the organization				-
<u>S</u>	fails to qualify under the tests ction A. Public Support	listed below, pież	ase complete Part	. 111.)				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(a) 2020	(d) 2021	10	1 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(b) 2019	(c) 2020	(u) 2021	- (6) 2022	(I) IOIAI
•	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							
Ŭ	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
	The portion of total contributions							
Ĭ	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.							
Se	ction B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(е	2022	(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.)							
	Total support. Add lines 7 through 10							
	Gross receipts from related activities,	•	,			12		
13	First 5 years. If the Form 990 is for th	· ·	rst, second, third,	, fourth, or fifth tax	year as a section	501(c)(3	3)	
<u>S</u>	organization, check this box and stop ction C. Computation of Publ		rcentage				<u></u>	
	Public support percentage for 2022 (I			column (f))		14		9
	Public support percentage from 2021					15		9
	a 33 1/3% support test - 2022. If the o					-	neck this bo	
	stop here. The organization qualifies							, and
ŀ	33 1/3% support test - 2021. If the o							nis box
	and stop here. The organization qual	•		•			•	
178	a 10% -facts-and-circumstances tes							
	and if the organization meets the fact	_						
	meets the facts-and-circumstances te							
k	o 10% -facts-and-circumstances tes	-		*	-	17a, an	d line 15 is	10% or
	more, and if the organization meets th	_						
	organization meets the facts-and-circu	umstances test. T	he organization q	ualifies as a public	ly supported organ	nization		

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Se	ction A. Public Support	clow, picase com	piete i art ii.)				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(-,	(-,	(-,	(-7 :	(-)	(-)
	membership fees received. (Do not						
	include any "unusual grants.")		166890.	122050.	202896.	285202.	777038.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		166890.	122050.	202896.	285202.	777038.
7:	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
ı	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.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						777038.
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		166890.	122050.	202896.	285202.	777038.
ı	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		166890.	122050.	202896.	285202.	777038.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizati	on,
	check this box and stop here						<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2022 (I						100.00 %
	Public support percentage from 2021					16	100.00 %
	ction D. Computation of Inves						
	Investment income percentage for 20					17	.00 %
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2022. If the						
ı	more than 33 1/3%, check this box at 33 1/3% support tests - 2021. If the	organization did r	not check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	hox on line 14 19a	or 19b check th	is hox and see ins	structions	1 1

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
- Ou		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
6		
7		
C		
8		
9a		
01-		
9b		
9с		
40-		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	prization, describe now the powers to appoint and/or remove officers, directors, or trustees were allocated among the ported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported	-		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
		<i>y</i> 11 0 0		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec		D. All Type III Supporting Organizations	•		
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
_		cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) .			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		apported 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 th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2022 KRABBECONNECT			82-2964680 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	n Nov. 20, 1970 (e <i>xplain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

Schedule A (Form 990) 2022

emergency temporary reduction (see instructions).

instructions).

	t V Type III Non-Functionally Integrated 509	(a)(2) Supporting Orga	onizationa	- 0	2-2904000 Page 7
Pai	_	(a)(a) Supporting Orga	anizations _{(continu}	<u>ued)</u>	
	ion D - Distributions			_	Current Year
	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		١	
	organizations, in excess of income from activity	as of supported organization	20	3	
<u>3</u> 4	Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets	es of supported organization	15	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI \		5	
6	Other distributions (describe in Part VI). See instructions.	ovide details in Fait VI)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	<u> </u>	•	
Ū	(provide details in Part VI). See instructions.	no organization to respondit	•	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020 Excess from 2021				
<u>u</u>	LAUG33 IIUIII 2U2 I				

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2022

KRABBECONNECT 82-2964680 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 \$______\$ 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

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization Employer identification number

KRABBECONNECT

82-2964680

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CAROLINE LUKEN 12807 DOVER DR APPLE VALLEY, MN 55124	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PAUL ROSENAU 21656 MUSHTOWN RD PRIOR LAKE, MN 55372	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BRUCE KIRBO 206 W WATER STREET BAINBRIDGE, GA 39817	\$5380.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	LINDSEY COUPE 317 NORWOOD AVE WARWICK, RI 02888	\$11200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ST PAUL MINNESOTA FOUNDATION 101 5TH STREET EAST, SUITE 2400 ST PAUL, MN 55101	\$35000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

KRABBECONNECT

82-2964680

Part II	Noncash Property (see instructions). Use duplicate copies of Part 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			
		\$				

Schedule B (Form 990) (2022) Name of organization Employer identification number KRABBECONNECT 82-2964680 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from 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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from 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, and ZIP + 4 Relationship of transferor to transferee

(b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from

Part I

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

KRABBECONNECT

Employer identification number 82-2964680

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or	ACCOUNTS. Complete if the
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year		5	
2	Aggregate value of contributions to (during year)		46754.	
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		54473.	
5	Did the organization inform all donors and donor advisors in w	riting that the assets he	eld in donor advised fo	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes X No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that gr	ant funds can be used	d only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpose conf	
_	impermissible private benefit?			Yes X No
Pa				IV, line 7.
1	Purpose(s) of conservation easements held by the organization		1	
	Preservation of land for public use (for example, recreating	ion or education) 🖳	Preservation of a his	storically important land area
	Protection of natural habitat		Preservation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form of a	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic stru-			2c
d	Number of conservation easements included in (c) acquired at			
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the org	anization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	nd enforcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and er	forcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	ts of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		, , ,	
9	In Part XIII, describe how the organization reports conservatio			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	s financial statements	that describes the
	organization's accounting for conservation easements.	· ·		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rev	enue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for publ			
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	scribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	e statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furtherar	nce of public service,
	provide the following amounts relating to these items:	•		•
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical treat			
_	the following amounts required to be reported under FASB AS			,,
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			\$

Par	t III Organizations Maintaining C	ollections of A	rt, Histor	ical Tr	easures, c	or Other	Simila	r Asse	ts (continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ds, check ar	ny of the	following tha	t make sig	nificant u	se of its		
	collection items (check all that apply):									
а	Public exhibition	d	I 🔲 Loa	an or exc	hange progra	am				
b	Scholarly research	е	e 🔲 Oth	ner						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they	further t	he organizati	on's exem _l	ot purpos	se in Parl	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, histo	rical trea	sures, or oth	er similar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the organiza	ation's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the or	ganizatio	n answered '	'Yes" on F	orm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi		-						7	
	on Form 990, Part X?							L	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	le:						
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		1	
	Did the organization include an amount on Fe		•			•	?	L	Yes	├ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i							ana haali	() Faure	vaava baali
	•	(a) Current year	(b) Prio	year	(c) Two year	s back (a) Triree yea	ars dack	(e) Four y	rears back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1g, d	column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that a	re held a	and administe	red for the				<u>, , , , , , , , , , , , , , , , , , ,</u>
	organization by:									es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
	If "Yes" on line 3a(ii), are the related organiza								3b	
Do	Describe in Part XIII the intended uses of the		owment fun	ds.						
Pai	t VI Land, Buildings, and Equipm Complete if the organization answere		Dort IV li	00 110 9	Coo Form 000	Dort V lir	no 10			
	•				i				<u> </u>	
	Description of property	(a) Cost or o basis (investr			or other (other)		umulated eciation	'	(d) Book	value
4-	Land	`	none)	Dasis	(Guilei)	uepre	CiatiOH			
	Land									
	Buildings							-		
	Leasehold improvements		- 					+		
	Equipment Other							+		
	Other		X column	(R) line 1	10c)			\dashv		0.
old	. Add in Co Ta till ough Te. (Oolumin ju) must e	gaari onin 000, i all	,, coluinin	ا ۱۱۱۱ , رت	· • • • · · · · · · · · · · · · · · · ·					

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.	Schedule D (Form 990) 2022 KRABBECONNEC	CT	82	2-2964680 Page
(a) Description of security or Category (sectualing name of security) (b) Book value (c) Method of valuation: Cost or end of year market value (d) Closely held equity interests (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	Part VII Investments - Other Securities.			
1) Financial derivatives		on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
2 Closely held equity interests	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
2 Closely held equity interests	1) Financial derivatives			
(A)				
B	Г			
C C C C C C C C	(A)			
CD CD CD CD CD CD C	(B)			
District District	(C)			
(F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(G) (H) (F)				
(G) (H) (Dital. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (10	i			
(H)	i			
Stat. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 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-year market value (1)	i			
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-year market value (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)		on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(1)				id-of-year market value
(2) (3) (4) (4) (5) (6) (7) (8) (9) (10tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (5) (6) (7) (8) (9) Fortal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3)	(1)			•
(3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (1) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (7) (8) (9) (9) (7) (8) (9) (9) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (8) (9) (9) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19				
(4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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. (a) Description of liability (b) Book value (c) (b) Book value (c) (c) Description of liability (c) Book value (c) Book	i			
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Section Column	i			
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(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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 (2) (3)				
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(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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 (2) (3)				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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 (2) (3)				
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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 (2) (3)				
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3)		15.)		
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3)		on Form 000 Port IV line	o 110 or 11f Soo Form 000 Bort V line 0	5
(1) Federal income taxes (2) (3)	(-) December of the bullet	on Form 990, Part IV, line	e TTE OF TTI. See FORTH 990, Part X, IIIIe 2	i
(2) (3)				(b) DOOK value
(3)				
	(3)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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...

(5) (6) (7) (8)

Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Rever	ue per Return.	r ago r		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total revenue, gains, and other support per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d					
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	·				
c	Add lines 4a and 4b					
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta					
ı u	Complete if the organization answered "Yes" on Form 990, Part IV, line	-	noco per rictarii.			
1	Total expenses and losses per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•••••				
– a	Donated services and use of facilities	2a				
b	Prior year adjustments					
c	Other losses					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d		2e			
3	Subtract line 2e from line 1					
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				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5			
	rt XIII Supplemental Information.					
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		Part V, line 4; Part X, line 2; Par	t XI,		

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection Employer identification number

KRABBEC	ONNECT				82-2964	680
	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
required to complete this part. 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 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? In Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by organization			(vi) Amount paid to (or retained by) organization	
		Yes	No			
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.						

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.

		or ramarationing or or the continuous area give			<u> </u>	J
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MILLION	SUPER BOWL		(add col. (a) through
			DREAMS GALA	CHALLENGE	10	
			(event type)	(event type)	(total number)	col. (c))
Revenue			, ,,,	71 /	,	
evel	1	Gross receipts	184270.	7485.	69175.	260930.
Ä	•	G1000 1000 pt0				
	2	Less: Contributions	184270.	0.	46754.	231024.
	_	2000. Contributions				
	3	Gross income (line 1 minus line 2)		7485.	22421.	29906.
		and a mid a mine by				
	4	Cash prizes				
	-	5.15.1 p. 12.5				
	5	Noncash prizes				
es						
Direct Expenses	6	Rent/facility costs				
хф						
ct E	7	Food and beverages				
)ire	-					
_	8	Entertainment				
	9	Other direct expenses	45500	952.	35431.	83905.
	10	Direct expense summary. Add lines 4 through	- · · · · · · · · · · · · · · · · · · ·			83905.
		Net income summary. Subtract line 10 from li				-53999.
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
an Ce			(a) Birigo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))
Revenue						
ш	1	Gross revenue				
S	2	Cash prizes				
nse						
Direct Expenses	3	Noncash prizes				
ίĒ						
jrec	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	└── No	└── No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		er the state(s) in which the organization condu				
		he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes Mo
b	If "	No," explain:				
		ere any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	year?	Yes No
b	IT "	Yes," explain:				

Sch	nedule G (Form 990) 2022	KRABBECONNECT 82-	29646	80 Page 3	3
11	Does the organization conduct ga	ming activities with nonmembers?	Y	es No	<u> </u>
		eficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Y	es 🔲 No	0
13	Indicate the percentage of gaming				
a	The organization's facility		13a	Ç	%
				Ç	%
		e person who prepares the organization's gaming/special events books and records:			
	Name				
	Address				_
				D.	
15a	a Does the organization have a con-	tract with a third party from whom the organization receives gaming revenue?	📖 Ү	es L No	o
	If "Voc " optor the amount of game	ing revenue received by the organization			
L	of gaming revenue retained by the	ing revenue received by the organization \$ and the amount			
,	If "Yes," enter name and address	· · · · · · · · · · · · · · · · · · ·			
•	in res, entername and address	of the tille party.			
	Name				
					_
	Address				
					_
16	Gaming manager information:				
	Name				_
	Gaming manager compensation	\$			
	Description of services provided				
	Description of services provided				—
					_
					_
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
a	a Is the organization required under	state law to make charitable distributions from the gaming proceeds to			
			L Y	es LLINO	0
k		required under state law to be distributed to other exempt organizations or spent in the			
П	organization's own exempt activiti	<u> </u>		0.01.101	_
Pa		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, line	es 9, 9b, 10b,	,
_	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See instructions.			_
					_
					_
					_
					_
					_
					_

Schedule G	G (Form 990)	KRABBECONNECT	82-2964680 Page 4
Part IV	(Form 990) Supplemental Info	mation (continued)	

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

KRABBECONNECT

Employer identification number 82-2964680

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:				
WITH KRABBE DISEASE.				
FORM 990, PART VI, SECTION B, LINE 11B:				
FORM 990 IS SUBMITTED TO THE FULL BOARD FOR THEIR REVIEW AND DISCUSSION AT				
A MEETING PRIOR TO SUBMISSION OF THE FINAL RETURN TO THE INTERNAL REVENUE				
SERVICE.				
FORM 990, PART VI, SECTION B, LINE 12C:				
KRABBECONNECT GOVERNENCE DOCUMENTS, WHICH INCLUDE A CONFLICT OF INTEREST				
POLICY, ARE REVIEWED AT AN ANNUAL BOARD MEETING AND RETREAT. EACH MEMBER				
IS REQUIRED TO SIGN AN AGREEMENT THAT THEY WILL DISCLOSE ANY PERCEIVED,				
REAL, OR POTENTIAL CONFLICTS THAT OCCUR DURING THE YEAR TO THE BOARD.				
FORM 990, PART VI, SECTION C, LINE 19:				
KRABBECONNECT'S GOVERNING DOCUMENTS ARE MADE AVAIALBLE TO THE GENERAL				
PUBLIC AND MAY BE OBTAINED BY WRITTEN REQUEST.				