# EXTENDED TO NOVEMBER 15, 2022

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	₂ 2021 calendar year, or tax year beginning and ⊲	ending		
	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres change				
	Name change	Doing business as		43-10776	67
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 2165 HAMPTON AVENUE	Room/suite	E Telephone numbe 314-646-	
	termin- ated			G Gross receipts \$	2,555,866.
	Ameno return			H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: CINITIA DANIEL		for subordinates	? Yes X No
_	pendin	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	cluded? Yes No
		empt status: $\boxed{\mathbf{X}}$ 501(c)(3) 501(c)( ) $\blacktriangleleft$ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
		e: WWW.SAFECONNECTIONS.ORG		H(c) Group exemption	
	art I	organization: X Corporation Trust Association Other ► Summary	•		State of legal domicile: MO
4	, 1	Briefly describe the organization's mission or most significant activities: ${ m { ilde REDUC}}$			
Governance		OF RELATIONSHIP VIOLENCE AND SEXUAL ASSAU			
rn	2	Check this box if the organization discontinued its operations or dispos	ed of more	l l	
Ž	3			3	19
		Number of independent voting members of the governing body (Part VI, line 1b)			19
9	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			53 112
Activities &	6	Total number of volunteers (estimate if necessary)			
7	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	<u>D</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
	8	Contributions and grants (Part VIII, line 1h)		Prior Year 2,832,714.	Current Year 2,432,608.
Revenue	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.
Ā	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,516.	32,342.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-7,675.	26,269.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,831,555.	2,491,219.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		11,885.	2,588.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
u	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,145,446.	1,952,922.
Fynenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
9	<u>}</u> b	Total fundraising expenses (Part IX, column (D), line 25)   224,33	39.		
ú	i 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		514,889.	370,439.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,672,220.	2,325,949.
_		Revenue less expenses. Subtract line 18 from line 12		159,335.	165,270.
Net Assets or	lces		Ве	ginning of Current Year	End of Year
sset	<b>20</b>	Total assets (Part X, line 16)		2,302,748.	2,426,364.
et Ag	21	Total liabilities (Part X, line 26)		105,707.	49,120.
Ž	∄ 22 art II	Net assets or fund balances. Subtract line 21 from line 20		2,197,041.	2,377,244.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statema	unto and to the heat of my	Unavilades and halief it is
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of wh			Kilowieuge allu bellei, it is
uu	5, 001160	t, and complete. Declaration of preparer (other than officer) is based on an information of win	iicii pi epai ei	ilas ally kilowieuge.	
Sig	ın	Signature of officer		Date	
He		CYNTHIA DANLEY, CHIEF EXECUTIVE OFFICE	R		
		Type or print name and title	1		
		Print/Type preparer's name	[	Date Check	PTIN
Pai	d	ROGER G. TOENNIES, CPA	under 1	1/01/22 if self-employ	ed P00019708
Pre	parer	Firm's name SCHMERSAHL TRELOAR & COMPANY PC			43-1540459
Use	Only	Firm's address 10805 SUNSET OFFICE DRIVE, SUITE	400		
_		SAINT LOUIS, MO 63127-1028		Phone no. (3	14)966-2727
Ма	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print SAFE CONNECTIONS 43-1077667 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 2165 HAMPTON AVENUE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. ST. LOUIS, MO 63139 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) KARRIE FLOWERS • The books are in the care of ▶ 2165 HAMPTON AVENUE - ST. LOUIS, MO 63139 Telephone No. ► 314-646-7500 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or \_\_\_ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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

Form 8868 (Rev. 1-2022)

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  REDUCE THE IMPACT AND INCIDENCE OF RELATIONSHIP VIOLENCE AND SEXUAL  ASSAULT THROUGH EDUCATION, CRISIS INTERVENTION, COUNSELING, AND  SUPPORT SERVICES.
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.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	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 \$1,227,952. including grants of \$) (Revenue \$1,040,154. ]  COUNSELING - THIS PROGRAM OFFERS INDIVIDUAL COUNSELING AND SUPPORT  GROUPS FOR THOSE INCLUSIVE OF GENDER, GENDER IDENTITY, GENDER  EXPRESSION AND SEXUAL ORIENTATION WHO ARE SURVIVORS OF DOMESTIC  VIOLENCE, SEXUAL ASSAULT AND/OR CHILDHOOD SEXUAL ABUSE.
4b	(Code:)(Expenses \$233,700. including grants of \$2,588.) (Revenue \$234,972.) SAFE CONNECTIONS PROVIDES THE 24-HOUR CRISIS HELPLINE FOR ANY VICTIM OF PHYSICAL OR PSYCHOLOGICAL ABUSE AS WELL AS TO SURVIVORS OF RAPE AND CHILDHOOD SEXUAL ABUSE OR NEGLECT TO HELP CALLERS ADDRESS THEIR NEEDS FOR PSYCHOLOGICAL SUPPORT, FOR REFERRALS TO SHELTERS AND OTHER SERVICES, AND TO HELP DECREASE THEIR STRESS AT THE TIME OF THE CALL.
4c	(Code:)(Expenses \$411,099including grants of \$) (Revenue \$282,357)  COMMUNITY EDUCATION - AN EDUCATIONAL PROGRAM TO REDUCE THE INCIDENCE AND IMPACT OF VIOLENCE IN RELATIONSHIPS; PROGRAM TARGETED TO ADOLESCENTS AND YOUNG ADULTS.
4d	Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,872,751.

Form 990 (2021) SAFE CONNECTIONS
Part IV Checklist of Required Schedules

4 Section 801(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II s the organization a section 501(k)4, 501(c)(k) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98:197. If "Yes," complete Schedule C, Part III b				Yes	No
2 is the organization required to complete Schedule B Schedule of Conhibutors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f)) election in effect during the tax year? If "Yes," complete Schedule C, Part II  If the organization as escion 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98.191 If "Yes," complete Schedule C, Part II II  Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule C, Part II II  Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule C, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule C, Part II  Did the organization in amount in Part X, in part X, in provide architectures If Yes, complete Schedule C, Part II  Did the organization in amount in Part X, in part X, in provide architectures If Yes, complete Schedule C, Part II  Did the organization in amount of the related organization, hold assets in donor-restricted endowments? If Yes, complete Schedule C, Part IV  Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule C, Part IV  Did the organization report an amount for investments - other securities in Part X, line 157, that is 5% or more of its total assests reported in Part X, line 167 If Yes," complete Schedule D, Part VVIII, VIII, IX, or X, as applicable.  Did the organization report an amount for investments - other securities in Part X, line 157, that is 5% or more of its total assests reported in Part X, line 167 If Yes," complete Schedule D, Part XVIII III  Di	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization regage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  4 Section SO16(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization a sections 501(c)(6)(4), 501(c)(6), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98.19? If "Yes," complete Schedule C, Part III  6 Did the organization maintain and your door advised times 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 II  7 Did the organization receive or hold a conservation essement, including assements to preserve open space.  8 It is been repaired to the organization maintain collections of vorks of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  8 Did the organization maintain collections of vorks of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  9 Did the organization and the part X, line 12, for escrove or custodial account liability, serve as a custodian for amounts not listed in Part X, line 12, for escrove or custodial account liability, serve as a custodian for amounts or listed in Part X, line 12, for escrove or custodial account liability, serve as a custodian for amounts or listed in Part X, line 12, for escrove or custodial account liability, serve as a custodian for amounts and the organization report an amount for line setting, debt management, credit repair, or each tegotiation services?  1 If "Yes," complete Schedule D, Part X   10		If "Yes," complete Schedule A	1		
public office? If "Yes," complete Schedule C, Part I  Section 50 (16) organization. Bid the organization engage in lobbying activities, or have a section 50 (16) effection in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 2016(x), 5016(x)6) organization that receives membership dues, assessments, or similar amounts as defined in Park Pice. 38-197 If "Yes," complete Schedule C, Part II  Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part IV  Did the organization amount of ineatly or through a related organization, hold assets in donor-restricted endowments?  If "Yes," complete Schedule D, Part IV  If the organization senser to any of the following questions is "Yes," then complete Schedule D, Part VI, III III the organization assets report an amount for investments - other socurities in Part X, line 10? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - other socurities in Part X, line 10? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments - other socurities in Part X, line 10? If "Yes," complete Schedule D, Part X II  Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," co	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
4 Section 801(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II s the organization a section 501(k)4, 501(c)(k) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98:192 If "Yes," complete Schedule C, Part III 6  Did the organization maintain any cloror advised funds or any similar funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7  Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 7  Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part III 8  Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not lated in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9  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 VI 9  Did the organization services? If yes," complete Schedule D, Part VI 10  Did the organization assets and any of the following questions is "Yes," then complete Schedule D, Part VI 11  Did the organization assets are proof an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11  Did the organization seport an amount for other labilities in Part X, line 13? If "Yes," complete Schedule D, Part	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? (**I*'es,** complete Schedule C, Part II.  5 Is the organization a section 50 (10(4)), 501(6)(6), 50			3		<u> </u>
s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 96.18? If *Yes,* complete Schedule C, Part III by Did the organization martial any donor advised funds or any similar funds or accounts? If *Yes,* complete Schedule D, Part II by Did to organization receive no hold a conservation easement, including easements to by reserve open space, the environment, historic illand areas, or historic structures? If *Yes,* complete Schedule D, Part III by Did the organization maintain collections of works of art, historical treasures, or other similar assets? If *Yes,* complete Schedule D, Part III by Did the organization maintain collections of works of art, historical treasures, or other similar assets? If *Yes,* complete Schedule D, Part III by Did the organization is desired in Part X, in Part X, inc 197 in *Yes,* complete Schedule D, Part V II lift the organization is answer to any of the following questions is *Yes,* then complete Schedule D, Part SV, III, IV, or X, as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 197 if *Yes,* complete Schedule D, Part VIII by Did the organization report an amount for investments or in customation assets reported in Part X, line 197 if *Yes,* complete Schedule D, Part VIII by Did the organization report an amount for himpershers or their securities in Part X, line 197 if *Yes,* complete Schedule D, Part VIII by Did the organization report an amount for himpershers or their securities in Part X, line 197 if *Yes,* complete Schedule D, Part VIII by Did the organization report an amount for the investments - program related in Part X, line 197 if *Yes,* complete Schedule D, Part X II by Did the organization report an amount for the investments in the part X, line 197 if *Yes,* complete Schedule D, Part X II by Did the organization report an amount for the liabilities in Part X, line 197 if *Yes,* complete Schedule D, Par	4				
similar amounts as defined in Rev. Proc. 98-197 (**)**complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts? (**) "Yes,* complete Schedule D, Part II  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historical treasures, or other similar assets? (**) "Yes,* complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? (**) "Yes,* complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? (**) "Yes,* complete Schedule D, Part IV  Did the organization ricetty or through a related organization, hold assets in donor restricted endowments or in quasi endowments? (**) "Yes,* complete Schedule D, Part V.  If the organization ricetty or through a related organization, hold assets in donor restricted endowments or in quasi endowments? (**) "Yes,* complete Schedule D, Part V.  If the organization report an amount for leading questions is 'Yes,* then complete Schedule D, Part V.  If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V.  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 XIII  Did the organization report an amount for other 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 X III  Did the organization report an amount for other investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 1			4		<u> X</u>
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 II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historic structures? (if "Yes," complete Schedule D, Part II Did the organization amount in collections of works of art, historical treasures, or other similar assets? (if "Yes," complete Schedule D, Part II Did the organization of amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? (if "Yes," complete Schedule D, Part VI 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 VI II the organization assert to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, V	5				
provide advice on the distribution or investment of amounts in such funds or accounts? (**I** Yes, "complete Schedule D, Part I.**)  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? (**I** Yes, "complete Schedule D, Part II.**)  Bid the organization maintain collections of works of art, historical treasures, or other similar assets? (*I** Yes, "complete Schedule D, Part II.**)  Cheville D, Part II.**  Did the organization report an amount in Part X, line 21, for escrow or custodial account flaibility, serve as a custodian for amounts not listed in Part X, ir. (*I**) are adverted in part X, ir. (*I**) are adverted organization, hold assets in donor-restricted endowments or in quasia endowments? (*I**) are applicable.  Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V.*  If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.*  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.*  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.*  Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.*  The Object has organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X III.*  Did the organization's separate or consolidated financial statements for the tax year?  If ye are a separate in the organization assets of the separate in the organization report on Part IX, clumn (A), line 3, more than \$5,000 of			5		<u> X</u>
7 Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III.  8 Did the organization maintain collections of works of art, historical treasures, or other similar asseste? If "Yes," complete Schedule D, Part III.  9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X: or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  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.  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, If If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  11 Did the organization report an amount for investments or 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.  11 Did the organization report an amount for other isabilities 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 XII.  11 Did the organization report an amount for other liabilities 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 X.  12 Did the organization report an amount for other liabilities 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 X.  11 Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X.  12 Did the organization and shore of part X, line 16 p	6				
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Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.  b Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  12b X  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  13 Did the organization maintain an office, employees, or agents outside of the United States?  14a X  15 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  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  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  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  18 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 II  18 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  19 Did the organization report more than \$5,000 of grants or other assistance to only domestic organization or	T				v
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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	20a				Х
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 (2021) SAFE CONNECTIONS
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		ــــــ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<del>  ^-</del>
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	27		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	21		Α.
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		<del></del>
Ū	"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		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1,7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Х	
Par	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
. ui	Check if Schodula O contains a response or note to any line in this Bart V			
	Check if Schedule O contains a response of note to any line in this Part v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	INO
b		-		
C	Elici di chambel el formo viza inoladed di inici tal Elice e i inocappioable			
J	(gambling) winnings to prize winners?	1c	х	

Form 990 (2021) SAFE CONNECTIONS

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ь—
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	-
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			3,7
_	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		$\vdash$
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
0		8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	Ů		
а	Did the sponsoring organization make any taxable distributions under section 4966?	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand  Did the expanization receive any payments for indeer tenning convices during the tay year?	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
ъ 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
IJ		15		X
	excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.	13		Ė
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

SAFE CONNECTIONS 43-1077667 Page 6 Form 990 (2021) 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 Section A. Governing Body and Management Yes No 19 1a Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 19 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	<u> </u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<u> </u>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ 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)s only) available

63139

\_\_\_ Other (explain on Schedule O)

X Upon request

State the name, address, and telephone number of the person who possesses the organization's books and records

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

for public inspection. Indicate how you made these available. Check all that apply.

314-646-7500

Another's website

statements available to the public during the tax year.

2165 HAMPTON AVENUE, ST. LOUIS

Form **990** (2021)

Own website

KARRIE FLOWERS -

43-1077667

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if neither the organization r	(C)						(D)	(E)	(F)			
Name and title	(B) Average			Posi	ition	1		Reportable	Reportable	Estimated		
Name and the	hours per	box	unles	ot check more than one nless person is both an				compensation	compensation	amount of		
	week	offic	officer and a director/trust				tee)	from	from related	other		
	(list any	ector						the	organizations	compensation		
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC/	from the		
	related	ıstee	truste		e e	bens		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations below	ual tri	tional		ploye	t com	_	1099-NEC)		and related organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) NANCY E. COLEMAN	1.00											
DIRECTOR		Х						0.	0.	0.		
(2) MATTHEW HOFFMAN	1.00											
DIRECTOR		Х						0.	0.	0.		
(3) ERIC HAHN	1.00											
DIRECTOR		Х						0.	0.	0.		
(4) DAWN JOHNSON	1.00											
DIRECTOR		Х						0.	0.	0.		
(5) ANGIE ILKO	1.00											
DIRECTOR		Х						0.	0.	0.		
(6) MONICA CONNERS	1.00											
DIRECTOR		Х						0.	0.	0.		
(7) DIANE PATERSHUK	1.00											
DIRECTOR		Х						0.	0.	0.		
(8) ALLISON HAWK	1.00											
DIRECTOR		Х						0.	0.	0.		
(9) JESSICA MEFFORD-MILLER	1.00											
DIRECTOR		Х						0.	0.	0.		
(10) PAM PEIGH	1.00											
DIRECTOR		Х						0.	0.	0.		
(11) CHRISTINA RANDOLPH	1.00											
DIRECTOR		Х						0.	0.	0.		
(12) DEAN KPERE-DAIBO	1.00								_	_		
DIRECTOR		Х						0.	0.	0.		
(13) SHARON HENDERSON	1.00								_	_		
DIRECTOR		Х						0.	0.	0.		
(14) REBECCA POON	1.00								_	_		
DIRECTOR		Х						0.	0.	0.		
(15) DEBBIE VANDEVEN, CPA	1.00								_	_		
DIRECTOR		Х						0.	0.	0.		
(16) NILA TUCKSON	1.00							_		_		
VICE CHAIR		Х		Х				0.	0.	0.		
(17) DANNAE DELANO	1.00	<u>_</u> _										
CHAIR		Х		X				0.	0.	0.		

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hi	ghes	st C	compensated Employee	s (continued)				
(A) (B)					C)			(D)	(E)			(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable		l	ed	
	hours per week					is botl or/trus		compensation	compensatio		ar	nount	
	(list any	tor						from the	from related organization		Com	other pensa	
	hours for	direc				, p		organization	(W-2/1099-MIS		l .	om th	
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
	organizations	altrus	nal tr		loyee	comp		1099-NEC)			l	d relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former				org	anizati	ons
(18) GREG SMITH	1.00	드	드	6	Ž.	王卓	교						
TREASURER		х		х				0.		0.			0.
(19) MARIUS JOHNSON-MALONE	1.00												
SECRETARY		Х		Х				0.		0.			0.
(20) SUSAN KIDDER	40.00			,,				45 004		^		4 0	41
PAST CHIEF EXECUTIVE OFFICER (21) CYNTHIA DANLEY	40.00			Х				45,984.		0.		4,8	<u>41.</u>
CHIEF EXECUTIVE OFFICER	40.00			х				87,050.		0.	1	4,8	42.
CHILI IMPOSITAL OLLICIA								07,030.		<u> </u>		<u> </u>	<u> </u>
						_							
		-											
						$\vdash$							
		-											
1b Subtotal							<b></b>	133,034.		0.	1	6,2	83.
c Total from continuation sheets to Part VI							<b>•</b>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	133,034.		0.	1	6,2	<u>83.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	9			•
compensation from the organization												Yes	0 No
3 Did the organization list any <b>former</b> officer,	director trust	ا مد	(A) (	mnl	OVA	- Ωr	hio	sheet compensated emp	lovee on			162	NO
line 1a? If "Yes," complete Schedule J for s	•		•		•		_		•		3		х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	),000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedule	e J f	or sı	ıch <u>ı</u>	oers	on					5		X
Section B. Independent Contractors					4		41		100 000 -1		4: £		
1 Complete this table for your five highest countries the organization. Report compensation for the organization.										Jerisa	LION	וווכ	
(A)	ino odienadi ye	Jui C	, i i dii	<u>19 W</u>	1011	J1 VV1		(B)	our.		((	<b>C)</b>	
Name and business	address	N	ONE	3				Description of s	ervices	С		nsatio	n
2 Total number of independent contractors for	acluding but =	o+ !!-	nito-	1+~	tha	20 110	+0~	abovo) who received	oro than				
2 Total number of independent contractors (in \$100,000 of compensation from the organization)		טנ ווו	mec	ו נט	tnos (	_	ıeu	above, who received mo	וומוו טוע טוע				
\$100,000 of compensation nom the organiz						-						990	0001)

43-1077667

Form 990 (2021)
Part VIII

II	Statement of Revenue	E
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			Check if Schedule O c	ontai	ns a respo	nse (	or note to any lin	e in this Part VIII			
							-	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
ņς	1	а	Federated campaigns		1a		249,254.				
ant			Membership dues								
င်္ခ ရွ			Fundraising events				36,024.	-			
ffs,							30,0210				
g ig				btio	····	1	474,036.	-			
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contrib		· / —	<u> </u>	<del>1/1,050.</del>				
atio		T	All other contributions, gifts, g		1 1		673 201				
έş			similar amounts not included			<b>.</b>	673,294. 9,335.	-			
o d		_	Noncash contributions included in li			<u> </u>		2 422 600			
Q g		h	Total. Add lines 1a-1f					2,432,608.			
							Business Code				
Se	2	а									
ē Ķ		b									
Program Service Revenue		С									
ev		d									
Б		е									
ᇫ		f	All other program service r	eveni	ue						
		g	Total. Add lines 2a-2f				<b>&gt;</b>				
	3		Investment income (includi	ing di	ividends, i	ntere	st, and				
		other similar amounts)						22,766.			22,766.
	4		Income from investment of	f tax-e	exempt bo	nd p	roceeds				
	5		Royalties								
					(i) Rea	I	(ii) Personal				
	6	а	Gross rents	6a							
				6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)	00							
			Gross amount from sales of		(i) Securit	ies	(ii) Other				
	'	а	assets other than inventory	7a	70,49		(1) 5 11 151	1			
		<b>L</b>	•	1a	10,43						
ø.		D	Less: cost or other basis		60 01	1					
Ž			and sales expenses	7c	9,57	76					
ther Revenue			· /			0.		9,576.			9,576.
ĕ			Net gain or (loss)				<b></b>	9,570.			9,570.
‡	8		Gross income from fundraisin								
0			including \$36								
			contributions reported on I		-		00 450				
			Part IV, line 18			8a		-			
			Less: direct expenses			8b	3,733.	10 010			10 515
			Net income or (loss) from f				<b>&gt;</b>	19,717.			19,717.
	9	а	Gross income from gaming			1					
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from g	gamin	ig activitie	s	<u></u>				
	10	а	Gross sales of inventory, le	ess re	turns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from s			ry	<b>&gt;</b>				
					_		Business Code				
ons	11	а	MISC. INCOME				900099	6,552.			6,552.
Miscellaneous Revenue		b									
ella		С									
ဒ္ဌ			All other revenue								
Σ			Total. Add lines 11a-11d				<b>&gt;</b>	6,552.			
	12		Total revenue. See instruction					2,491,219.	0.	0.	58,611.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (B) Program service expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2,588. 2,588. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 119,455. 149,317. 14,931. 14,931. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,521,234. 1,216,987. 152,123. 152,124. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 159,246. 127,396. 15,925. 15,925. Other employee benefits 9 123,125. 98,500. 12,313. 12,312. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses Information technology 14 Royalties 15 46,427. 40,038. 3,867. 2,522 16 Occupancy 3,503. 3.381. 69. 53 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 20,458. 17,643. 1,704. 1,111. Depreciation, depletion, and amortization ..... 22 45,716. 39,426. 3,808. 2,482. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 78,399. 7,652. 62,068. 8,679. PROFESSIONAL SERVICES HARDWARE AND SOFTWARE 67,331. 58,066. 5,609. 3,656. 2,421. 1,578. 29,062. 25,063. SUPPLIES 2,895. 28,949. 23,159. TELEPHONE 2,895. 50,594. 38,981. 6,071.5,542. e All other expenses 2,325,949. 1,872,751. 228,859. 224,339. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2021)
Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments			699,562.	2	926,422.
	3	Pledges and grants receivable, net	544,327.	3	401,102.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disqual	ified pers				
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)		6	
Ŋ.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	B			200.	9	217.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,439,622.			
	b	Less: accumulated depreciation	10b	955,453.	491,259.	10c	484,169.
	11	Investments - publicly traded securities			567,400.	11	614,454.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	3)	2,302,748.	16	2,426,364.	
	17	Accounts payable and accrued expenses		105,707.	17	49,120.	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV c	of Schedule D		21	
Se	22	Loans and other payables to any current or form	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
iabi		controlled entity or family member of any of the	se perso	ns		22	
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	•	l			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D			105 505	25	40 100
	26			. 77	105,707.	26	49,120.
s		Organizations that follow FASB ASC 958, che	eck here	• • X			
)Ce		and complete lines 27, 28, 32, and 33.			1 001 420		2 060 040
alar	27	Net assets without donor restrictions			1,891,438.	27	2,068,948.
B	28	Net assets with donor restrictions			305,603.	28	308,296.
ŭ		Organizations that do not follow FASB ASC 9	958, che	ck here 🕨 🔛			
Ϋ́		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			2 107 041	31	277 244
ž	32	Total net assets or fund balances		1	2,197,041.	32	2,377,244.
	33	Total liabilities and net assets/fund balances			2,302,748.	33	2,426,364.

Pa	rt XI │ Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
		ı					
1	Total revenue (must equal Part VIII, column (A), line 12)		2,49				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,32	5,9 <sub>9</sub>	<u>49.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		5,2			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,19	7,0	41.		
5	Net unrealized gains (losses) on investments	5	1	4,9	33.		
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	2,37	7,2	44.		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	_X_			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	-					
	Act and OMB Circular A-133?		3a	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X			
			Form	990	(2021)		

#### **SCHEDULE A**

(Form 990)

Total

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.

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization SAFE CONNECTIONS 43-1077667 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 SAFE CONNECTIONS 43-1077

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2497619.	2572743.	2447351.	2832714.	2432608.	12783035.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2497619.	2572743.	2447351.	2832714.	2432608.	12783035.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						277,290.
6	Public support. Subtract line 5 from line 4.						12505745.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2497619.	2572743.	2447351.	2832714.	2432608.	12783035.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	18,779.	15,790.	12,073.	13,749.	22,766.	83,157.
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.)	-28,957.	8,358.	21,332.	-7,675.	26,269.	19,327.
11	<b>Total support.</b> Add lines 7 through 10						12885519.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for th					01(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	97.05 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	98.61 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>&gt;</b> X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	ifies as a publicly s	supported organiza	tion			▶□
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	r <b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		<b>&gt;</b>
b	10% -facts-and-circumstances test	- <b>2020.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	<b>&gt;</b>
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020	·				16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ition	<b>&gt;</b>
k	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

	Von	N-
	Yes	No
1		
2		
3a		
3b		
3с		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
3		
9a		
9b		
9c		
90		
10a		
10b		
 A (Forn	n aan)	2021

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c k	below, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	il in Part VI.	11c		
Sect	ion	B. Type I Supporting Organizations			
				Yes	No
1	Did tl	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		e supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		etors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) etively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did tl	he organization operate for the benefit of any supported organization other than the supported			
	orgar	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supe	rvised, or controlled the supporting organization.	2		
Sect	ion	C. Type II Supporting Organizations			
				Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	anagement of the supporting organization was vested in the same persons that controlled or managed			
	the s	upported organization(s).	1		
Sect	ion	D. All Type III Supporting Organizations			
				Yes	No
1	Did tl	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
	orgar	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year,	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	orgar	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re	eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
	incor	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Cool		orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
Seci		7			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	A - 4:	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		NI -
2		rities Test. Answer lines 2a and 2b below.		Yes	No
		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	2a		
h		these activities constituted substantially all of its activities.  he activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u> </u>		
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	_	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		he 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		
_			_		_

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

		orm 990) 2021 SAFE CONNECTI			4	3-1077667	Page 7
Pai	rt V T	ype III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)		
Sect	ion D - Di	stributions				Current Yea	r
_1_	Amounts	paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts	paid to perform activity that directly furthers exemp	ot purposes of supported				
	organiza	tions, in excess of income from activity			2		
3	Administ	rative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts	paid to acquire exempt-use assets			4		
5	Qualified	set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5		
6	Other dis	stributions (describe in Part VI). See instructions.			6		
7	Total an	nual distributions. Add lines 1 through 6.			7		
8	Distributi	ons to attentive supported organizations to which the	he organization is responsive				
		details in Part VI). See instructions.			8		
9	•	able amount for 2021 from Section C, line 6			9		
10	Line 8 ar	nount divided by line 9 amount			10		
		stribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 20	
_1_	Distribut	able amount for 2021 from Section C, line 6					
2	Underdis	tributions, if any, for years prior to 2021 (reason-					
	able cau	se required - explain in Part VI). See instructions.					
3	Excess of	listributions carryover, if any, to 2021					
a	From 20	16					
b	From 20	17					
с	From 20	18					
d	From 20	19					
е	From 202	20					
f	Total of	lines 3a through 3e					
g	Applied t	o underdistributions of prior years					
h	Applied t	o 2021 distributable amount					
i	Carryove	r from 2016 not applied (see instructions)					
j	Remaind	er. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributi	ons for 2021 from Section D,					
	line 7:	\$					
a	Applied t	o underdistributions of prior years					
		o 2021 distributable amount					
		er. Subtract lines 4a and 4b from line 4.					
5		ng underdistributions for years prior to 2021, if					
		tract lines 3g and 4a from line 2. For result greater					
	•	o, explain in <b>Part VI.</b> See instructions.					
6		ng underdistributions for 2021. Subtract lines 3h					
_		om line 1. For result greater than zero, explain in					
		See instructions.					
7		distributions carryover to 2022. Add lines 3					
•	and 4c.						
8		wn of line 7:					
	Excess fi						
	Excess fi						
	Excess fi						
	Excess fi						
<u>u</u>	∟∨∩⊆99 II	OIII LULU					

Schedule A (Form 990) 2021

e Excess from 2021

43-107766<u>7 Page 8</u> SAFE CONNECTIONS Schedule A (Form 990) 2021 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISC	ELLANEOUS	S	
2017	AMOUNT:	\$	1,541.
2018	AMOUNT:	\$	10,732.
2019	AMOUNT:	\$	713.
2020	AMOUNT:	\$	333.
2021	AMOUNT:	\$	6,552.
NET 1	FUNDRAIS:	ING I	INCOME
2017	AMOUNT:	\$	-30,498.
2018	AMOUNT:	\$	-2,374.
2019	AMOUNT:	\$	20,619.
2020	AMOUNT:	\$	-8,008.
2021	AMOUNT:	\$	19,717.

Schedule A (Form 990) 2021

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

SAFE CONNECTIONS

**Employer identification number** 43-1077667

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		r Similar Funds	or Accour	nts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor ad	vised funds	<b>(b)</b> Fur	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		held in donor advis	sed funds	
	are the organization's property, subject to the organization's	exclusive legal contro	ol?		Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	r any other purpose	conferring	
	impermissible private benefit?				
Pai	t II Conservation Easements. Complete if the org	ganization answered	'Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation o	f a historically	important land area
	Protection of natural habitat		Preservation o	f a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation con	tribution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			I .	
b					
С	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired a				
	listed in the National Register			<u>2d</u>	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or terminated by the	e organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				Yes No
6	violations, and enforcement of the conservation easements it		and onforcing con		
6	Staff and volunteer hours devoted to monitoring, inspecting,	manuling of violations	, and emorcing con	servation ease	erilerits during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	Lenforcing conserva	ation essemen	ts during the year
′	S	alling of violations, and	remoreing conserve	tion casemen	is during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents of section 170	(h)(4)(B)(i)	
Ū	and section 170(h)(4)(B)(ii)?	*			Yes No
9	In Part XIII, describe how the organization reports conservation				
_	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	<del>g</del>			
Pai	t III Organizations Maintaining Collections of	f Art, Historical 1	reasures, or O	ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement a	and balance sl	heet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educat	ion, or research in f	urtherance of	public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that	describes these iten	ns.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its reve	nue statement and	balance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in furt	herance of pu	blic 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	asures, or other simila	ar assets for financia		
	the following amounts required to be reported under FASB A	SC 958 relating to the	ese items:		
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				

Sche	dule D (Form 990) 2021 SAFE COI	NNECTIONS				43-1	07766	7 р	Page <b>2</b>
	t III Organizations Maintaining C		, Historical Tre	asures, o	r Other				<u>g</u>
3	Using the organization's acquisition, accession								
	collection items (check all that apply):	•	•	J	•				
а	Public exhibition	d	Loan or exc	hange progra	am				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	n's exem	npt purpose in Par	t XIII.		
5	During the year, did the organization solicit or		•	-					
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's co	llection?		[	Yes		□ No
Par	t IV Escrow and Custodial Arrang	gements. Complet	te if the organizatio	n answered '	'Yes" on	Form 990, Part IV	, line 9, o	r	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	s or other ass	sets not i	ncluded			
	on Form 990, Part X?					[	Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amour	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
	Ending balance								
<b>2</b> a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or cu	istodial acco	unt liabili	ty?L	Yes		∐ No
	If "Yes," explain the arrangement in Part XIII.							. L	
Par	t V Endowment Funds. Complete it						1,,,,		<del></del>
	•	(a) Current year	(b) Prior year	(c) Two year		(d) Three years back		ır years	
	Beginning of year balance	567,401.	525,191.	45	1,946.	480,144	•	431,	,183.
	Contributions	47.053	40.010	7.	2 245	20 100		4.0	0.61
	Net investment earnings, gains, and losses	47,053.	42,210.	1.	3,245.	-28,198	•	48,	,961.
	Grants or scholarships								
е	Other expenditures for facilities								
_	and programs						+		
	Administrative expenses	614 454	F.C.7. 4.0.1	F 2.1	- 101	451 046	+	400	111
	End of year balance	614,454.	567,401.		5,191.	451,946	•	480,	,144.
	Provide the estimated percentage of the curr			) held as:					
a	Board designated or quasi-endowment	100	_%						
	Permanent endowment	%							
С	· · · · · · · · · · · · · · · · · · ·	%							
0-	The percentages on lines 2a, 2b, and 2c should be a sh	•	tana dia ada anna la ababana	al a discharge to take					
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administer	ed for the	e organization		Yes	No
	by:						0 (1)	1	X
	(i) Unrelated organizations								+
	(ii) Related organizations	Real Baked	d O-b				3a(ii)		X
	If "Yes" on line 3a(ii), are the related organiza						<b>3b</b>	I	
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		ment funds.						
ı aı	Complete if the organization answered		Part IV line 11a S	ee Form QQA	Part X	line 10			
	Description of property	(a) Cost or ot		or other		ccumulated	(d) Boo	ak vale	
	Description of property	i (a) Oost of Ot			(0) (1)	Journalated	(4)	on vaiu	, -

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		115,050.		115,050.
<b>b</b> Buildings		781,437.	439,313.	342,124.
c Leasehold improvements		22,299.	22,299.	0.
<b>d</b> Equipment		472,414.	445,419.	26,995.
e Other		48,422.	48,422.	0.
Total. Add lines 1a through 1e. (Column (d) must equ	484,169.			

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 SAFE CONNEC'	TIONS	43	-1077667 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(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"		e 11d. See Form 990, Part X, line 15.	1
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11t. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (h) must equal Form 990, Part X, col. (R) line 25.)	<b>•</b>

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

Pai	rt XI	Reconciliation of Revenue per Audited Financial Statement	s With	Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	revenue, gains, and other support per audited financial statements			1	2,519,401.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a	14,933. 13,249.		
b		ed services and use of facilities	2b	13,249.		
С	Recov	veries of prior year grants	2c			
d		(Describe in Part XIII.)	2d			
е	Add li	nes <b>2a</b> through <b>2d</b>			2e	28,182.
3	Subtr	act line <b>2e</b> from line <b>1</b>			3	2,491,219.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			_
С		nes <b>4a</b> and <b>4b</b>			4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,491,219.
Ра	rt XII	Reconciliation of Expenses per Audited Financial Statemen	its Witi	n Expenses per H	eturr	1.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				0 220 100
1		expenses and losses per audited financial statements			1	2,339,198.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1	12 040		
а		ed services and use of facilities	2a	13,249.		
b		/ear adjustments	2b			
С		losses	2c			
		(Describe in Part XIII.)	2d			12 240
		nes 2a through 2d			2e	<u>13,249.</u> 2,325,949.
3		act line 2e from line 1			3	4,343,343.
4		nts included on Form 990, Part IX, line 25, but not on line 1:	امدا			
		ment expenses not included on Form 990, Part VIII, line 7b	4a 4b			
		(Describe in Part XIII.) nes <b>4a</b> and <b>4b</b>			40	0
5					4c 5	2,325,949.
	rt XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information.			3	2,323,343
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			, rait /	, III 6 2, Fait AI,

## **SCHEDULE G** (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Name of the organization

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

Inspection

Employer identification number

SAFE CO	NNECTIONS				43-1077	667
Part I Fundraising Activities. required to complete this part	Complete if the organization answer	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	ed funds through any of the followin  e Solicitat  f Solicitat  g Special  r oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did raiser ustody from activity from activity		(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Гotal			<b>•</b>			
<b>3</b> List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from req	gistration

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. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events YOUNG (add col. (a) through TOGETHER 3 PROFESSIONAL col. (c)) (event type) (event type) (total number) 31,417. 24,096. 3,961. 59,474. 1 Gross receipts 3,961. 10,747. 21,316. 36,024. 2 Less: Contributions 20,670. 2,780. 23,450. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 2,851. 757. 125. 9 Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	nedule G (Form 990) 2021 SAFE CONNECTIONS 43	-1077	7667	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	b An outside facility			<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		-	
	Name ▶			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
C	c If "Yes," enter name and address of the third party:			
	Name ►			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	;		
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990) SAFE CONNECTIONS	43-1077667 Page 4
Part IV	(Form 990) SAFE CONNECTIONS Supplemental Information (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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

SAFE CONNECTIONS

**Employer identification number** 43-1077667

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CRISIS INTERVENTION, COUNSELING, AND SUPPORT SERVICES.
FORM 990, PART VI, SECTION B, LINE 11B:
LINE 11A EXPLANATION - THE 990 IS APPROVED BY THE AUDIT COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST POLICY IS ENFORCED BY ANNUAL FORMS FILLED OUT BY THE
BOARD OF DIRECTORS AND REVIEWED BY THE EXECUTIVE COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 15A:
THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS SET BY THE EXECUTIVE
COMMITTEE OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE FOR INSPECTION ON PREMISES UPON REQUEST.
FORM 990, PART XII, LINE 2C:
NO CHANGE FROM PRIOR YEAR.

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

	70 TAGE 10							220							
Asset No.	Description	Date Acquired	Method	Life	Conv	ine No. (	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
7	BUILDING	05/31/00	SL	39.00	MM1	.7	769,950.				769,950.	388,335.		19,742.	408,077.
14	BUILDING	06/30/03	SL	15.00	1	.6	11,487.				11,487.	11,487.		0.	11,487.
	* 990 PAGE 10 TOTAL BUILDINGS						781,437.				781,437.	399,822.		19,742.	419,564.
	FURNITURE & FIXTURES														
10	FURNITURE AND FIXTURES	05/31/00	SL	7.00	1	.6	45,301.				45,301.	44,568.		0.	44,568.
16	PATIO FURNITURE	04/30/04	SL	7.00	1	.6	2,248.				2,248.	1,926.		0.	1,926.
35	JARRELL	09/14/07	SL	7.00	1	.6	873.				873.	750.		0.	750.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						48,422.				48,422.	47,244.		0.	47,244.
	MACHINERY & EQUIPMENT														
1	EQUIPMENT	VARIOUS	SL	5.00	1	.6	73,984.				73,984.	73,984.		0.	73,984.
2	EQUIPMENT	12/31/97	SL	7.00	1	.6	3,073.				3,073.	3,073.		0.	3,073.
3	SERVER	11/30/98	SL	5.00	1	.6	5,605.				5,605.	5,605.		0.	5,605.
4	EQUIPMENT	07/31/99	SL	5.00	1	.6	2,102.				2,102.	2,102.		0.	2,102.
5	EQUIPMENT	08/31/99	SL	5.00	1	.6	1,997.				1,997.	1,997.		0.	1,997.
6	EQUIPMENT	10/15/99	SL	5.00	1	.6	3,957.				3,957.	3,957.		0.	3,957.
9	OFFICE EQUIPMENT	05/31/00	SL	5.00	1	.6	133,601.				133,601.	133,601.		0.	133,601.
12	OFFICE EQUIPMENT	07/10/01	SL	5.00	1	.6	2,462.				2,462.	2,462.		0.	2,462.

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	ine No. (	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
13	OFFICE EQUIPMENT	03/26/01	SL	5.00	1	.6	5,320.				5,320.	5,320.		0.	5,320.
15	OFFICE EQUIPMENT	VARIOUS	SL	5.00	1	.6	12,244.				12,244.	12,244.		0.	12,244.
18	OFFICE EQUIPMENT	VARIOUS	SL	5.00	1	.6	20,348.				20,348.	20,348.		0.	20,348.
19	COMPUTER	09/13/05	SL	5.00	1	.6	917.				917.	732.		0.	732.
22	SOFTWARE	09/15/05	SL	3.00	1	.6	332.				332.	259.		0.	259.
23	CT INNOVATIONS	04/14/06	SL	7.00	1	.6	2,003.				2,003.	1,717.		0.	1,717.
24	SOFTWARE DEVELOPMENT	12/15/06	SL	10.00	1	.6	89,917.				89,917.	74,464.		0.	74,464.
25	ONLINE SOFTWARE DEVELOPME	11/09/06	SL	3.00	1	.6	2,500.				2,500.	1,666.		0.	1,666.
26	2 COMPUTERS	04/03/07	SL	5.00	1	.6	2,257.				2,257.	1,805.		0.	1,805.
27	HELLO DIRECT	05/31/07	SL	5.00	1	.6	1,056.				1,056.	844.		0.	844.
28	CT INNOVATIONS	06/29/07	SL	7.00	1	.6	570.				570.	487.		0.	487.
29	STRUCTURE WISE	06/30/07	SL	5.00	1	.6	1,420.				1,420.	1,136.		0.	1,136.
30	SCHILLER	06/30/07	SL	5.00	1	.6	909.				909.	728.		0.	728.
31	STRUCTURE WISE	06/30/07	SL	5.00	1	.6	1,130.				1,130.	904.		0.	904.
32	STRUCTURE WISE	07/31/07	SL	5.00		.6	2,373.				2,373.	1,900.		0.	1,900.
33	STRUCTURE WISE	07/31/07	SL	5.00	1	.6	98.				98.	79.		0.	79.
34	WTI SYSTEMS, LTD	10/15/07		5.00		.6	2,395.				2,395.	1,916.		0.	1,916.
	DESKTOP COMPUTER	07/01/08		5.00		.6	754.				754.	754.		0.	754.

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

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	OU TAGE 10							220							
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
48	PROGRAM SOFTWARE	07/01/08	SL	3.00		16	19,180.				19,180.	19,180.		0.	19,180.
49	COMPUTER EQUIPMENT * 990 PAGE 10 TOTAL	07/01/09	SL	5.00	į	16	3,662.				3,662.	3,662.		0.	3,662.
	MACHINERY & EQUIPMENT LAND						396,166.				396,166.	376,926.		0.	376,926.
8	LAND	05/31/00	L				115,050.				115,050.			0.	
	* 990 PAGE 10 TOTAL LAND						115,050.				115,050.	0.		0.	0.
	OTHER														
11	IMPROVEMENTS	05/31/00	SL	15.00		16	2,322.				2,322.	2,106.		0.	2,106.
17	LEASEHOLD IMPROVEMENTS	06/30/04	SL	15.00		16	19,183.				19,183.	17,905.		0.	17,905.
20	LEASEHOLD IMPROVEMENTS	09/15/05	SL	15.00		16	794.				794.	742.		0.	742.
21	PROGRAM SOFTWARE SOFTWARE	12/15/05	SL	3.00		16	9,763.				9,763.	6,779.		0.	6,779.
36	PROGRAM SOFTWARE SOFTWARE	02/20/07	SL	3.00		16	1,764.				1,764.	1,176.		0.	1,176.
37	PROGRAM SOFTWARE SOFTWARE	03/19/07	SL	3.00		16	7,317.				7,317.	4,878.		0.	4,878.
38	PROGRAM SOFTWARE SOFTWARE	04/26/07	SL	3.00		16	972.				972.	648.		0.	648.
39	PROGRAM SOFTWARE SOFTWARE	05/21/07	SL	3.00		16	1,170.				1,170.	781.		0.	781.
40	PROGRAM SOFTWARE SOFTWARE	06/15/07	SL	3.00		16	936.				936.	624.		0.	624.
41	PROGRAM SOFTWARE SOFTWARE	07/13/07	SL	3.00		16	792.				792.	528.		0.	528.
42	PROGRAM SOFTWARE SOFTWARE	08/30/07	SL	3.00		16	1,827.				1,827.	1,218.		0.	1,218.

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Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
PROGRAM SOFTWARE SOFTWARE	09/24/07	SL	3.00		16	3,798.				3,798.	2,533.		0.	2,533.
PROGRAM SOFTWRE SOFTWARE	10/31/07	SL	3.00		16	1,800.				1,800.	1,200.		0.	1,200.
PROGRAM SOFTWARE SOFTWARE	11/30/07	SL	3.00		16	1,870.				1,870.	44,756.		0.	44,756.
PROGRAM SOFTWARE SOFTWARE	12/28/07	SL	3.00		16	540.				540.	360.		0.	360.
* 990 PAGE 10 TOTAL OTHER						54,848.				54,848.	86,234.		0.	86,234.
* GRAND TOTAL 990 PAGE 10 DEPR					:	.,395,923.				1,395,923.	910,226.		19,742.	929,968.
	PROGRAM SOFTWARE SOFTWARE  PROGRAM SOFTWARE SOFTWARE  PROGRAM SOFTWARE SOFTWARE  * 990 PAGE 10 TOTAL OTHER  * GRAND TOTAL 990 PAGE 10	PROGRAM SOFTWARE SOFTWARE  10/31/07  PROGRAM SOFTWARE SOFTWARE  11/30/07  PROGRAM SOFTWARE SOFTWARE  12/28/07  * 990 PAGE 10 TOTAL OTHER  * GRAND TOTAL 990 PAGE 10	PROGRAM SOFTWARE SOFTWARE  PROGRAM SOFTWARE SOFTWARE  10/31/07 SL  PROGRAM SOFTWARE SOFTWARE  11/30/07 SL  PROGRAM SOFTWARE SOFTWARE  12/28/07 SL  * 990 PAGE 10 TOTAL OTHER  * GRAND TOTAL 990 PAGE 10	PROGRAM SOFTWARE SOFTWARE 10/31/07 SL 3.00  PROGRAM SOFTWARE SOFTWARE 11/30/07 SL 3.00  PROGRAM SOFTWARE SOFTWARE 11/30/07 SL 3.00  PROGRAM SOFTWARE SOFTWARE 12/28/07 SL 3.00  * 990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE 10	PROGRAM SOFTWARE SOFTWARE 10/31/07 SL 3.00  PROGRAM SOFTWARE SOFTWARE 11/30/07 SL 3.00  PROGRAM SOFTWARE SOFTWARE 11/30/07 SL 3.00  PROGRAM SOFTWARE SOFTWARE 12/28/07 SL 3.00  * 990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE 10	PROGRAM SOFTWARE SOFTWARE 10/31/07 SL 3.00 16  PROGRAM SOFTWARE SOFTWARE 11/30/07 SL 3.00 16  PROGRAM SOFTWARE SOFTWARE 11/30/07 SL 3.00 16  PROGRAM SOFTWARE SOFTWARE 12/28/07 SL 3.00 16  * 990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE 10	PROGRAM SOFTWARE SOFTWARE  10/31/07 SL 3.00 16 3,798.  PROGRAM SOFTWRE SOFTWARE  10/31/07 SL 3.00 16 1,800.  PROGRAM SOFTWARE SOFTWARE  11/30/07 SL 3.00 16 1,870.  PROGRAM SOFTWARE SOFTWARE  12/28/07 SL 3.00 16 540.  * 990 PAGE 10 TOTAL OTHER  * GRAND TOTAL 990 PAGE 10	PROGRAM SOFTWARE SOFTWARE 10/31/07 SL 3.00 16 3,798.  PROGRAM SOFTWARE SOFTWARE 10/31/07 SL 3.00 16 1,800.  PROGRAM SOFTWARE SOFTWARE 11/30/07 SL 3.00 16 1,870.  PROGRAM SOFTWARE SOFTWARE 12/28/07 SL 3.00 16 540.  * 990 PAGE 10 TOTAL OTHER 54,848.  * GRAND TOTAL 990 PAGE 10	PROGRAM SOFTWARE SOFTWARE  10/31/07 SL 3.00 16 1,800.  PROGRAM SOFTWARE SOFTWARE  11/30/07 SL 3.00 16 1,870.  PROGRAM SOFTWARE SOFTWARE  11/30/07 SL 3.00 16 540.  PROGRAM SOFTWARE SOFTWARE  12/28/07 SL 3.00 16 540.  * 990 PAGE 10 TOTAL OTHER  * GRAND TOTAL 990 PAGE 10	Date Acquired   Method   Life   C o n v   Cost Or Basis   Section 179   Expense   Reduction In Basis	Date Acquired   Method   Life   Cost Or Basis   Section 179   Reduction In Basis   Propreciation	Date Acquired   Method   Life   Cost Or Basis   Bus   Section 179   Expense   Reduction In   Basis For Depreciation   Basis For Depreciation   Program software software   10/31/07   SL   3.00   16   1,800.     1,800.     1,800.   1,800.   1,800.   1,870.     44,756.     1,870.     44,756.	Description	Description   Date Acquired   Method   Life   Cost Or Basis   Bus   Section 179   Expense   Reduction In Basis For Depreciation   Basis For Depreciation   Sec 179   Expense   Deduction