Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Αŀ	or the	e 2022 calendar year, or tax year beginning and	enaing		
B	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre chang Name				
	chang	Doing business as		**-***81	<u>68</u>
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 3481 Greer Rd	Room/suite	E Telephone numbe 65052349	
	⊥return. termir ated			G Gross receipts \$	938,843.
	□Amen			H(a) Is this a group re	
	return ☐Applic			for subordinates	
	tion pendi				
_			🗀 503	H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	7 / /	list. See instructions
	Websi		T	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 2015	M State of legal domicile: CA
Pä	art I	Summary			<u> </u>
Ф	1	Briefly describe the organization's mission or most significant activities: The			
Activities & Governance		organization aimed at providing consumer	$\overline{}$		
ř	2	Check this box if the organization discontinued its operations or dispos	sed of more		
ŏ	3			3	5
<u>ح</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			5
es S	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	2
ξį	6	Total number of volunteers (estimate if necessary)		6	0
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	·	0.	0.
	9	Program service revenue (Part VIII, line 2g)		370,500.	935,025.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		169.	3,818.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		41,045.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		411,714.	938,843.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	97,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		273,871.	305,976.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<u>e</u>	. в	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		64,659.	71,903.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		338,530.	475,379.
	1	Revenue less expenses. Subtract line 18 from line 12		73,184.	463,464.
or or	3			ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		1,106,421.	1,563,617.
ASS	21	Total liabilities (Part X, line 26)		7,860.	1,592.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		1,098,561.	1,562,025.
Pa	art II	Signature Block			
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her		Larry Magid, President			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	X PTIN
Paid	i	W. Bruce Wellings W. Bruce Welling	as lo	05/05/23 if self-employ	—
	parer	Firm's name WELLINGS & CO	<u> </u>		*-***5519
	Only	Firm's address 695 OAK GROVE AVE, SUITE 100		o Ent	
		MENLO PARK, CA 94025		Phone no (6	50) 321-0622
May	/ the II	RS discuss this return with the preparer shown above? See instructions		Ti nono no. (O	X Yes No
ivia	y u iC II	to discuss this retain with the proparer shown above: See instructions			21 1es NO

rai	otatement of Frogram Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Organization is a nonprofit organization aimed at providing
	consumer information about Internet safety, privacy and security. The
	organization operates a website (ConnectSafely.org) with tips, advice
	articles and a series of guides for parents. The Organization also
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
_	
3	
	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 \$ 409,154. including grants of \$ 97,500.) (Revenue \$ 935,025.)
	The Organization is a nonprofit organization aimed at providing
	consumer information about Internet safety, privacy and security. The
	organization operates a website (ConnectSafely.org) with tips, advice
	articles and a series of guides for parents. The Organization also
	provides educational support to schools and other nonprofits and
	participates in safety, privacy and security events around the world.
	participates in safety, privacy and security events around the world.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 409,154.
	Form 990 (2022)

Form 990 (2022) ConnectSafely, Inc Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u></u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		77	
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			_V
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	ا ا		_v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			_v
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
1-	Schedule D, Parts XI and XII	12a		├^
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		├^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	42	
13		15	Х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10	- 43	
10		16		X
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		 ^
17		17		X
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		 ^
10		18		X
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		 ^
ıσ	,	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a 20b		 ^
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۲.	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	desired gerentinent out ratery, column (-), interest personal and it personal interest and it		000	

Form 990 (**-***8168	Page 4
Part IV	Checklist of Required Schedules	(continuec		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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
	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	١		
	any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	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			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	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)2. If "Yes." a product School and P. Bert V. line 3.	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50	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	👅		_
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				-
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form 990 (2022) ConnectSafely, Inc
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,				
	, , , , , , , , , , , , , , , , , , , ,	2a 2		7.7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?)	2b	Х	37
3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth				Х
	financial account in a foreign country (such as a bank account, securities account, or other financial account, which is a second of the foreign country).	ount)?	4a		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCFN Form 114. Report of Foreign Bank and Financial Acceptable 114.	ounto (ERAD)			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According to property to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	2	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
-	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions				
	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 service	es provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was r				
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	the the			
_			8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90		
а		0a			
b		0b			
11	Section 501(c)(12) organizations. Enter:	<u></u>			
		1a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
		1b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	41?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2b			
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	1			
		3b			
С		3c			37
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule (14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration support (s) during the year?		45		х
	excess parachute payment(s) during the year? If "Vos." soo the instructions and file Form 4720. Schodule N.		15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	como?	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in If "Yes," complete Form 4720, Schedule O.		16		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activi	ties			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

ConnectSafely, Inc Form 990 (2022) 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 No Yes 5 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent 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 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 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 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 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: a The governing body? Х 8a **b** 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization 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 Х taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 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

section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1 (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records Maureen Kochan - 650 - 523 - 4950

3481 Greer Rd, Palo Alto, CA 94303

COMMICCIDATION, THE	Connec	ctSafely	, Inc
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Form 990 (2022)

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Page 7

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per	more rson i	than of strus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Lawrence Magid	40.00							1.66.001	•	
President	40.00	Х		Х				166,031.	0.	0.
(2) Maureen Kochan Vice President	40.00	Х		х				117,996.	0.	0.
(3) Warren Blumenfeld	1.00	Λ		^	7			111,990.	0.	0.
Director & Treasurer	1.00	Х	١.,	Х				0.	0.	0.
(4) David Needle	1.00	22						•		<u> </u>
Director & Secretary	1.00	X	7	x				0.	0.	0.
(5) Dr Annie Hempstead	1.00			7						
Director		х				1		0.	0.	0.

232007 12-13-22 Form **990** (2022)

(A) Name and title	(B) Average hours per	box,	not cl , unles	ss per	ition more son i	than o	an	(D) Reportable compensation	(E) Reportable compensation		Estir	F) nated unt o	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer p p	Key employee	Highest compensated snat-		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC 1099-NEC)	;/	ompe	n the ization elate	e on ed
									3				
										_			
										\perp			
										_			
										+			
1b Subtotal c Total from continuation sheets to Part VII	, Section A							284,027.		0.			0.
d Total (add lines 1b and 1c)			<u> </u>					284,027.		0.			0.
Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wn	o re	celved more than \$100,	UUU of reportable				2
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mple	oye	e, or	hig	hest compensated emp	loyee on		Y	es	No
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su										:	3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4 :	х	
5 Did any person listed on line 1a receive or a					,			3			5		Х
rendered to the organization? If "Yes," composed in the organization of the organizati													
1 Complete this table for your five highest cor the organization. Report compensation for t		-							· · · · · · · · · · · · · · · · · · ·	nsatior	from	l	
(A)					1011	<u> </u>		(B)			(C)		
Name and business	address	NC	ONE	<u> </u>				Description of s	ervices	Con	pens	ation	
							\dashv						
Total number of independent contractors (ir \$100,000 of compensation from the organize)		ot lin	nitec	l to t	thos (ted	above) who received mo	ore than		QC		

Form 990 (2022) ConnectSafely, Inc
Part VIII Statement of Revenue

		Check if Schedule O contain	s a response	or note to anv 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
S S	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
2 8		Fundraising events						
ifts		Related organizations						
nila		Government grants (contribution						
Sir		All other contributions, gifts, grants,						
uti Je	•	similar amounts not included above						
e E		Noncash contributions included in lines 1a-						
o d	_		υ <u>[19]Ψ</u>					
<u> </u>		Totali Add IIIIos Ta II		Business Code				
	2 2	Donations		611710	935,025.	935,025.		
ļiče	2 a b			011710	333,0231	33370231		
ser.								
m S	C C							
gra Re	d							
Program Service Revenue	•	All other program service revenu						
_					935,025.			
-	<u>g</u> 3	Total. Add lines 2a-2f			755,025.			
	3				3,818.			3,818.
	4				3,010.			3,010.
	4 5	Income from investment of tax-e						
	3	Royalties	(i) Real	(ii) Personal				
	6 -	Cross rents	(i) Heal	(ii) i cisoriai				
		Gross rents 6a 6h						
	D	Less: rental expenses 6b						
	C 	Rental income or (loss) 6c						
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
	<i>i</i> a		(i) Occurrics	(ii) Other				
	L	assets other than inventory 7a						
ø.	Ь	Less: cost or other basis and sales expenses 7b						
ğ								
Revenue		Gain or (loss) 7c						
		Net gain or (loss)						
Other	оа	including \$	of of					
٥		contributions reported on line 10						
		· ·	·					
	h	Part IV, line 18 Less: direct expenses						
		Net income or (loss) from fundra						
		Gross income from gaming activ						
	Эа	Part IV, line 19	I					
	h	Less: direct expenses	I					
		Net income or (loss) from gaming						
		Gross sales of inventory, less ret						
	10 a	and allowances	II.					
	h	Less: cost of goods sold	I .					
		Net income or (loss) from sales of		•				
		Net income of (loss) from sales of	inventory	Business Code				
sno	11 a							
nec	b		_					
Miscellaneous Revenue	c							
ŠČ	d	All other revenue						
Σ	e	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			938,843.	935,025.	0.	3,818.

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 (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses 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 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 97,500. individuals. See Part IV, lines 15 and 16 97,500. Benefits paid to or for members Compensation of current officers, directors, 284,027. 56,805. 227,222. 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 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 21,949. 17,559. 4,390. 10 Payroll taxes Fees for services (nonemployees): Management 982. 982. Legal 3,304. 3,304. 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.) 3,627 3,627. Advertising and promotion 12 576. 576. Office expenses 13 12,214. 12,214. Information technology 14 15 Royalties 16 Occupancy 3,628. 3,628. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 906. 906. Depreciation, depletion, and amortization 22 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.) 24,891. 24,891. Subcontractors Reimbursements 12,792. 12,792. Communications Allowanc 3,000. 3,000. 1,484. 1,484. Online services 4,499.4.331. 168. All other expenses 475,379. 409,154. 66,225. 0. 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 (2022) Part X Balance Sheet

Pal	LA	balance Sneet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,106,375.	1	347,659.
	2	Savings and temporary cash investments		2	1,021,707.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs		A			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	·
As	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	8,464.			
	b	Less: accumulated depreciation	10b	4,887.	46.	10c	3,577. 190,674.
	11	Investments - publicly traded securities				11	190,674.
	12	Investments - other securities. See Part IV, line	11			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			1,106,421.	16	1,563,617.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
iab		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on line	s 17-24)	Complete Part X	7 060		1 500
		of Schedule D			7,860.		1,592.
	26	Total liabilities. Add lines 17 through 25			7,860.	26	1,592.
ဟု		Organizations that follow FASB ASC 958, ch	eck her	e 🗀			
JCe		and complete lines 27, 28, 32, and 33.					
a <u>a</u>	27			·····		27	
Ä	28	Net assets with donor restrictions				28	
ڃ		Organizations that do not follow FASB ASC 9	958, cne	eck here X			
P		and complete lines 29 through 33.			0	00	0
ţ	29	Capital stock or trust principal, or current funds			<u>0.</u> 252,637.	29	252,637.
SSE	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			845,924. 1,098,561.	31	1,309,388.
ž	32	Total net assets or fund balances			1,106,421.	32	1,562,025. 1,563,617.
	33	Total liabilities and net assets/fund balances			1,100,441.	33	1,303,017.

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		938	3,8	<u>43.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		47!	5,3	79.
3	Revenue less expenses. Subtract line 2 from line 1	3		463	3,4	64.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,098	3,5	61.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1	,562	2,0	25.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	,			
	consolidated basis, or both:					
	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,	ı			
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule (Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule Q and describe any steps taken to undergo such audits			3h		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

	Conn	ectSafely,	Inc				*	*-***8168
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The organ	ization is not a private found							
1 🗂	A church, convention of ch					1)(A)(i).		
2	A school described in sect					-76-76-7		
3 🗆	A hospital or a cooperative		•		VhV1VAVii	ii)		
4	A medical research organiz					•	Enter	the hospital's name
4	city, and state:	ation operated in cor	njunotion with a nospital	acscribed	III Sectio	// 170(D)(1)(A)(III	J. Linton	the hospital s hame,
5	An organization operated for	or the benefit of a col	llogo or university ewned	or operat	od by a go	wornmontal unit	doccribo	od in
3 <u> </u>	section 170(b)(1)(A)(iv).		nege of university owned	or operat	ed by a go	overninental unit	describe	yu III
<u>د</u>		•			70/L\/4\/A\	(.)		
6 <u> </u>	A federal, state, or local go	ŭ						
7 X	An organization that norma		ntial part of its support fr	om a gove	ernmental	unit or from the g	general p	oublic described in
. —	section 170(b)(1)(A)(vi). (C							
8 📙	A community trust describe			-				
9 📖	An agricultural research org							
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the	college	or
	university:							
10	An organization that norma							
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its s	upport fr	rom gross investment
	income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organ	ization a	fter June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11 🖳	An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).		
12	An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to carry	out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	rsection	509(a)(2).	See section 509	(a)(3). C	Check the box on
	lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12	g.	
а	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typic	cally by	giving
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	ctors or trustees	of the su	pporting
	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s)	, by hav	ring
	control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage t	the supp	oorted
	organization(s). You mus	t complete Part IV,	Sections A and C.					
с 🗌	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally in	ntegrate	d with,
	its supported organization							
d	Type III non-functionally						l organiz	zation(s)
	that is not functionally int							
	requirement (see instruct							
е	Check this box if the orga		7	•			vpe III	
	functionally integrated, or					31 · , 31 · ,	,,	
f Ent	er the number of supported o		, 5	5 5				
	vide the following information		d organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of mo	onetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instr	uctions)	support (see instructions)
			above (see instructions))					
Total								
Total						I		l

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	296,725.	449,592.	373,813.	370,500.	935,025.	2425655.
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	296,725.	449,592.	373,813.	370,500.	935,025.	2425655.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					·	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						2425655.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	296,725.	449,592.	373,813.	370,500.	935,025.	2425655.
	Gross income from interest.	-			-	-	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	483.	481.	5,883.	169.	3,818.	10,834.
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	1					
	assets (Explain in Part VI.)			39,810.	41,045.		80,855.
11	Total support. Add lines 7 through 10						80,855. 2517344.
	Gross receipts from related activities,	etc. (see instruction	ins)			12	
	First 5 years. If the Form 990 is for the			ourth, or fifth tax v	ear as a section 5	01(c)(3)	
	organization, check this box and stor						
Sec	tion C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	96.36 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	76.36 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies						7.7
b	33 1/3% support test - 2021. 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 thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	•	• •				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	•		
b	10% -facts-and-circumstances test	~		• • •	-	7a, and line 15 is 1	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-	•	• • •		
	<u> </u>		,				

Schedule A (Form 990) 2022 ConnectSafely, Inc 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.)

Sec	etion A. Public Support	ciow, picase comp	nete i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			, ,	, ,		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		4				
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	O					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	J			•	(/ (/)	· —
800	check this box and stop here						<u></u>
	ction C. Computation of Publi			. (7)		T .= I	
	Public support percentage for 2022 (I			.,,		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Inves		-			16	<u>%</u>
	•			10 (0)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2			on line 14 and line		18	7 is not
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	=	-	•			
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19:	or 19h check th	is hox and see ins	tructions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
01.		
3b		
3с		
4a		
4b		
4c		
70		
5a		
5b		
5с		
6		
7		
8		
O		
9a		
9b		
9с		
10a		
.oa		
10b		
 . /=	- 000	

Par	Part IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described on lines 1	11b and		
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described on line 11a above?	11b		
	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or			
•	detail in Part VI.	11c		
Sect	Section B. Type I Supporting Organizations			
			Yes	No
4	1 Did the governing body, members of the governing body, officers acting in their official capacity, or m	nambarahin at ana ar	162	NO
1	more supported organizations have the power to regularly appoint or elect at least a majority of the or			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported of			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were a			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the	tax year. 1		
	7 11 0			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain	ı in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that oper			
	supervised, or controlled the supporting organization.	2		
Sect	Section C. Type II Supporting Organizations			
			Yes	No
1	1 Were a majority of the organization's directors or trustees during the tax year also a majority of the dir	rectors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how or	control		
	or management of the supporting organization was vested in the same persons that controlled or mana	aged		
	the supported organization(s).	1		
Sect	Section D. All Type III Supporting Organizations			
			Yes	No
1	1 Did the organization provide to each of its supported organizations, by the last day of the fifth month	of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during	the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) cop	ies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously processes the second of the extent of t	provided? 1		
2	2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the sup	pported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in P	Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization	ion(s).		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization	n's		
	supported organizations played in this regard.	3		
Sect	Section E. Type III Functionally Integrated Supporting Organizations			
1	1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the	e vear (see instructions).		
а				
b	b The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С		overnmental entity (see instruction	ns).	
2		, ,	Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purp	poses of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI ide	entify		
	those supported organizations and explain how these activities directly furthered their exempt purp			
	how the organization was responsive to those supported organizations, and how the organization deter-			
	that these activities constituted substantially all of its activities.	2a		
b		lvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," e	explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engage	•		
	these activities but for the organization's involvement.	2b		
		or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this			

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	inizations		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must co		-		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c /			
	Total (add lines 1a, 1b, and 1c)	1d			
	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-functionally in	integra	ated Type III supporting orga	unization (see	

Schedule A (Form 990) 2022

instructions).

	dule A (Form 990) 2022 ConnectSafely	, Inc		*	*-***8168	Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)	T	
Sect	on D - Distributions				Current Yea	r
1_	Amounts paid to supported organizations to accomplish exe	empt purposes		1_		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	1	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pi	rovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which t	the organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	T		10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 20	
1_	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
С	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i_	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
С	Excess from 2020					

Schedule A (Form 990) 2022

d Excess from 2021 e Excess from 2022

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

ConnectSafely, Inc

Employer identification number **-***8168

Pai	rt I	Organizations Maintaining Donor Advised		s or Accounts.	Complete if the
		organization answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(h) Funds and	other accounts
	Total	number at and of year	(a) Donor advised funds	(b) Fullus allu	Other accounts
1		number at end of year			
2 3		egate value of contributions to (during year) egate value of grants from (during year)			
4		egate value of grants from (during year)			
5		he organization inform all donors and donor advisors in v	writing that the assets held in donor adv	sed funds	
3		ne organization's property, subject to the organization's	_		Yes No
6		he organization inform all grantees, donors, and donor a			res no
Ü		naritable purposes and not for the benefit of the donor o			
		• •			Yes No
Pa		Conservation Easements. Complete if the org			
1	Purp	ose(s) of conservation easements held by the organization			
		Preservation of land for public use (for example, recrea		of a historically import	ant land area
		Protection of natural habitat	Preservation	of a certified historic s	tructure
		Preservation of open space			
2	Com	plete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation ea	sement on the last
	day	of the tax year.		Held a	t the End of the Tax Year
а	Tota	number of conservation easements		2a	
b	Tota	acreage restricted by conservation easements		2b	
С	Num	ber of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Num	ber of conservation easements included in (c) acquired a	after July 25,2006, and not on a		
	histo	ric structure listed in the National Register		2d	
3	Num	ber of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during	the tax
	year				
4		ber of states where property subject to conservation eas		_	
5	Does	the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
		tions, and enforcement of the conservation easements it			Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements	during the year
-	<u> </u>			-4:	
7	Amo	unt of expenses incurred in monitoring, inspecting, hand	ning of violations, and emorcing conserv	ation easements durir	ig trie year
8	Does	e each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170)(b)(4)(B)(i)	
Ü		section 170(h)(4)(B)(ii)?			Yes No
9	In Pa	rt XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement and	res no
Ŭ		nce sheet, and include, if applicable, the text of the footn			he
		nization's accounting for conservation easements.	ioto to the organization o imanolal otator	ionio inai accombes i	
Pai	rt III	Organizations Maintaining Collections of	Art, Historical Treasures, or C	ther Similar Ass	ets.
		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	and balance sheet wo	orks
	of ar	t, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in	furtherance of public	
	servi	ce, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ms.	
b	If the	organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works	of
	art, h	istorical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public ser	vice,
		de the following amounts relating to these items:			
	(i) F	Revenue included on Form 990, Part VIII, line 1		\$ <u>_</u>	
2	If the	organization received or held works of art, historical trea			
	the f	ollowing amounts required to be reported under FASB A	SC 958 relating to these items:		
а		nue included on Form 990, Part VIII, line 1		\$	
b		ts included in Form 990, Part X			

8,464.

Schedule D (Form 990) 2022

4,887.

e Other

b Buildingsc Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)

Schedule D (Form 990) 2022 ConnectSafe1	v. Inc	**_	-***8168 Page 3
Part VII Investments - Other Securities.	7/ 1110		O T O O T age
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11d See Form 990 Part X line 15	
-	Description	Tra. Gee Form Goo, Fare X, into To.	(b) Book value
(1)	, cooription		(b) Book value
(1)			
(3)	. 7		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	, , , , , , , , , , , , , , , , , , , ,	, , , , , , ,	(b) Book value
(1) Federal income taxes			
(2) Payroll tax liabilities			1,592
(3)			
(4)			
(5)			

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Payroll tax liabilities	1,592.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (h) must equal Form 990, Part X, col. (B) line 25.)	1,592.

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

Pa	rt XI	Reconciliation of Revenue per Audited Financial Stat	ements With Reve	nue per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b		ted services and use of facilities			
С		veries of prior year grants			
d		(Describe in Part XIII.)	1 4 . 1		
е	Add li	nes 2a through 2d		2e	
3	Subtr	act line 2e from line 1		3	
4		ints included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial Sta		nses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total	expenses and losses per audited financial statements		1	
2	Amou	ints included on line 1 but not on Form 990, Part IX, line 25:			
а	Donat	ted services and use of facilities	2a		
b	Prior	year adjustments	2b		
С	Other	losses	2c		
d	Other	(Describe in Part XIII.)	2d		
е	Add li	nes 2a through 2d		2e	
3	Subtr	act line 2e from line 1		3	
4		ints included on Form 990, Part IX, line 25, 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.)	<u>4b</u>		
С	Add li	nes 4a and 4b		4c	
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18	3.)	5	
		Supplemental Information.			
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4		; Part V, line 4; Part X, line 2; Part	XI,
lines	2d and	l 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information.		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

Go to ${\it www.irs.gov/Form990}$ for instructions and the latest information.

Open to Public

Inspection **Employer identification number**

01	nnectSafely,	Inc			**-***816	
Pa	rt I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	es" on
	Form 990, Part IV					
1				ds to substantiate the amount of its gra		
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance? X	Yes No
2		ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and other assistance outside	de the
2	United States.	ho following Part	L line 3 table ca	n be duplicated if additional space is n	andad)	
3	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	(a) Hogion	offices	emplovees.	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	agents, and independent contractors	gram services, investments, grants to	describe specific type	for and
			contractors	recipients located in the region)	of service(s) in the region	investments in the region
			in the region			une region
			S			
3 a	Subtotal	0	0			0.
b	Total from continuation					
	sheets to Part I	0	0			0.
С	Totals (add lines 3a					
			_			

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

	To support an international organization with similiar goals	97,500.	Wire	0.	Cash
	organization with	97,500.	Wire	0.	Cash
		97,500.	Wire	0.	Cash
UK	similiar goals	97,500.	Wire	0.	Cash
C					
				s listed above that are recognized as charities by the foreign country, recognized as a tax r for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

3 Enter total number of other organizations or entities .

Part III				tes. Complete i	f the organization answered "Yes" o	n Form 990, Part	: IV, line 16.	
(a)	Part III can be duplicated if a	dditional space is needed (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
						assistance		appraisal, other)
					70			
			3					

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Yes X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Yes X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Yes X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) Yes X No

Schedule F (Form 990) 2022

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

ConnectSafely, Inc
Part I Questions Regarding Compensation

Employer identification number **-**8168

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MISocompensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Lawrence Magid	(i)	166,031.	0.	0.	0.	0.		0.
President	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
1	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

ConnectSafely, Inc Employer identification number **-***8168

Form 990, Part I, Line 1, Description of Organization Mission:
safety, privacy and security. The organization operates a website
(ConnectSafely.org) with tips, advice articles and a series of guides
for parents. The Organization also provides educational support to
schools and other nonprofits and participates in safety, privacy and
security events around the world.
Form 990, Part III, Line 1, Description of Organization Mission:
provides educational support to schools and other nonprofits and
participates in safety, privacy and security events around the world.
Form 990, Part VI, Section B, line 11b:
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FILED 990 IS PROVIDED
TO THE BOARD MEMBERS.
Form 990, Part VI, Section C, Line 19:
FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE AT
WWW.connectSafely.org AND UPON REQUEST

2022 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	C o Lin	e 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 Services													
1	Mac Mini	03/02/15	200DB	5.00	HY17	1,152.			576.	576.	575.		0.	575.
2	MacBook Air	03/18/15		5.00					673.	672.	671.		0.	671.
	IMac	04/13/17		5.00					765.	765.	721.		44.	765.
									765.		721.			
	All In One PC	01/31/22								1,632.			326.	326.
5	iPad	02/04/22	200DB	5.00	HY19	B 1,625.				1,625.			325.	325.
6	Office Chair	11/23/22	200DB	7.00	НҮ19	c 435.				435.			62.	62.
7	iPad Air	12/29/22	200DB	5.00	НҮ19	B 745.				745.			149.	149.
	* 990 Page 10 Total Program					0.464			2 014	6.450	1 067		906.	0.073
	Services * Grand Total 990 Page 10					8,464.			2,014.	6,450.	1,967.		906.	2,873.
	Depr					8,464.			2,014.	6,450.	1,967.		906.	2,873.
	Current Year Activity													
	carrent rear meervier													
	Beginning balance					4,027.			2,014.	2,013.	1,967.			2,011.
	Acquisitions					4,437.			0.	4,437.	0.			862.
	Dispositions/Retired					0.			0.	0.	0.			0.
	Ending balance					8,464.			2,014.	6,450.	1,967.			2,873.
	Ending accum depr										4,887.			
	Ending book value										3,577.			

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Business or activity to which this form relates

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number

Coı	nnectSafely, Inc			For	m 990 P	age 10		**-***8168
	rt Election To Expense Certain Proper	rty Under Section 17	'9 Note: If yo	ou have any lis	ted property,	complete Part	V before yo	ou complete Part I.
1 1	Maximum amount (see instructions)						1	1,080,000.
2	Total cost of section 179 property place							
	Threshold cost of section 179 property							2,700,000.
	Reduction in limitation. Subtract line 3			0			4	
5 [Dollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter -0	0 If married filin	g separately, see ir	nstructions		5	
6	(a) Description of pro	operty		(b) Cost (busine	ess use only)	(c) Elected	cost	
								•
7 l	isted property. Enter the amount from	line 29			7			
	Total elected cost of section 179 prope							
	Γentative deduction. Enter the smaller							
	Carryover of disallowed deduction from					A		
	Business income limitation. Enter the s						11	
	Section 179 expense deduction. Add li				11	<u></u>	12	
	Carryover of disallowed deduction to 2				13			
	: Don't use Part II or Part III below for							
	rt II Special Depreciation Allowa		•	`				
	Special depreciation allowance for qua	lified property (oth	er than listed	d property) pla	ced in service	during		
	he tax year							
	Property subject to section 168(f)(1) ele	ection						
	Other depreciation (including ACRS) rt III MACRS Depreciation (Don't				<u>,</u>		16	
ı a	rt III MACRS Depreciation (Don't	include listed pro						
	MACRO deductions for sector described			ection A			47	44.
	MACRS deductions for assets placed in	•					17	44.
10	f you are electing to group any assets placed in servi Section B - Assets					eral Denrecia	tion System	m
	Occilon B - Assets	(b) Month and	(c) Basis fo	r depreciation	(d) Recovery	Бергесіа	J	
	(a) Classification of property	year placed in service		nvestment use instructions)	period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property			4,002.	5 Yrs.	HY	200DB	800.
c	7-year property			435.	7 Yrs.	НУ	200DB	62.
d	10-year property							
e	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
		/			27.5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
		/			39 yrs.	MM	S/L	
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets F	Placed in Service	During 2022	2 Tax Year Us	ing the Alterr	native Deprec	iation Syst	em
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
С	30-year	/			30 yrs.	MM	S/L	
d		/			40 yrs.	MM	S/L	
Pa	rt IV Summary (See instructions.)							
21	Listed property. Enter amount from line	28					21	
22	Total. Add amounts from line 12, lines	14 through 17, line	es 19 and 20) in column (g)	, and line 21.			
E	Enter here and on the appropriate lines	of your return. Pa	rtnerships a	nd S corporati	ons - see instr		22	906.
23 F	or assets shown above and placed in	service during the	current yea	r, enter the				
	portion of the basis attributable to sect	: 0000 4			23			

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

Section A Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 2a Doyse Nave decidence support the business/investment us calciment? Yes No Yes N				c) of Section A,														
(g) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		Section A -	- Depreciation	on and Other Ir	nformat	tion (Ca	ution	: See	the ir	nstruc	tions fo	r limits	for p	asseng	er auton	nobiles.)		
Special depreciation allowance for qualified istated property placed in service during the tax year and used more than 50% in a qualified business use. 25	<u>24a</u>	a Do you have evidence to s	support the bu	siness/investmen	t use cla	imed?		Yes		No	24b lf	"Yes,"	is the	e evider	nce writt	en?	Yes	No
used more than 50% in a qualified business use: 196		Type of property	Date placed in	Business/ investment	S/ Cost or Basis for depred (business/invess)				stment	Recov		Meth	nod/	Depreciation		Elec sectio	cted n 179	
Property used more than 50% in a qualified business use:	25	Special depreciation alle	owance for q	ualified listed p	roperty	placed	in ser	vice d	uring	the ta	x year	and						
Property used more than 50% in a qualified business use:		used more than 50% in	a qualified be	usiness use										25				
96 S/L	26																	
27 Property used 50% or less in a qualified business use: 96 S/L S/L 28 28 Add amounts in column (i), line 26 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (ii), line 26. Enter here and on line 21, page 1 29 30 Add amounts in column (ii), line 26. Enter here and on line 21, page 1 29 30 Total business first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 10 Total business/investment miles driven during the year (don't include commuting miles) 11 Total commuting miles driven during the year. 22 Total other personal (noncommuting) miles driven during the year. 23 Total other personal (noncommuting) miles driven during the year. 24 Was the vehicle available for personal use during driven during the year. 25 Add innes 30 through 32 36 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal used. 28 Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees 29 Answer these questions to determine if you meet in exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 39 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 29 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees? 20 Do you provide more than five vehicles to your policyees, othain information from your employees about the use of the vehicles, and retain the information received? 20 Do you provide more than five vehicles to your policyees othain information from your employees			: :	%	,													
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28 Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 29 Section 8 - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the year (den't include commuting miles) 31 Total commuting miles driven during the year. Add innes 30 through 32 32 Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? 37 Do you maintain a written policy statement that prohibits all personal use of vehicles used by employees who aren't more than 5% owner or related persons. 37 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees, obtain information from your employees about the use of	27	Property used 50% or le	ess in a qualit	fied business us	se:													
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