** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

| Α | For the | 2021 calendar year, or tax year beginning J | UL 1, 2021 and | ending J | UN 30, 2022 | |
|-------------------|--------------------|--|--------------------------------------|---------------|------------------------------|-------------------------------|
| В | Check if applicabl | C Name of organization | | | D Employer identifi | cation number |
| | Addre | SS SAFE ALLIANCE INC. | | | | |
| | Name | 5 | | | 56-0529967 | |
| | Initial return | Number and street (or P.O. box if mail is not de | elivered to street address) | Room/suite | E Telephone numbe | r |
| | Final return | 601 E. FIFTH STREET | , | 400 | 704-332-9034 | |
| | termin ated | City or town, state or province, country, and | ZIP or foreign postal code | | G Gross receipts \$ | 8,394,135. |
| | Amen- return | CHARDOTTE, NC 20202 | | | H(a) Is this a group re | eturn |
| | Application | F Name and address of principal officer: KARE | N PARKER | | for subordinates | ? Yes X No |
| | pendi | SAME AS C ABOVE | | | H(b) Are all subordinates in | ncluded? Yes No |
| <u>1</u> | Tax-ex | empt status: X 501(c)(3) 501(c) (| (insert no.) 4947(a)(1) | or 527 | If "No," attach a | list. See instructions |
| <u>J</u> | Websi | e: WWW.SAFEALLIANCE.ORG | | | H(c) Group exemption | n number 🕨 |
| | | organization; | ssociation Other > | L Year | of formation: 1909 | M State of legal domicile: NC |
| P | art I | Summary | | | | |
| Governance | 1 | Briefly describe the organization's mission or most THOSE IMPACTED BY DOMESTIC VIOLENCE A | | VIDE HOPE | AND HEALING TO | |
| rua | 2 | Check this box if the organization disco | ntinued its operations or dispo | sed of more | than 25% of its net as | sets. |
| Ve | 3 | Number of voting members of the governing body | (Part VI, line 1a) | | 3 | 23 |
| | | Number of independent voting members of the go | | | | 23 |
| 80 | 5 | Total number of individuals employed in calendar | year 2021 (Part V, line 2a) | | 5 | 172 |
| Vi t i | 6 | Total number of volunteers (estimate if necessary) | | | | 306 |
| Activities & | 7 a | Total unrelated business revenue from Part VIII, co | olumn (C), line 12 | | | 0. |
| _ | <u>b</u> | Net unrelated business taxable income from Form | 990-T, Part I, line 11 | | 7b | 0. |
| | | | |) | Prior Year | Current Year |
| ē | 8 | Contributions and grants (Part VIII, line 1h) | | ····· | 8,539,202. | 8,381,257. |
| en. | 9 | | | | 14. | 8,536. |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4 | | | 2,701. | 3,343. |
| | יין | Other revenue (Part VIII, column (A), lines 5, 6d, 8d | | -47,585. | -24,313. | |
| _ | | Total revenue - add lines 8 through 11 (must equal | | | 8,494,332. 199,273. | 8,368,823. 577,751. |
| | 1 | Grants and similar amounts paid (Part IX, column (| | | 199,273. | 0. |
| | 1 | Benefits paid to or for members (Part IX, column (A | | | 4,595,493. | 4,648,836. |
| Expenses | 15 | Salaries, other compensation, employee benefits (Professional fundraising fees (Part IX, column (A), | | | 0. | 0. |
| en | h | Total fundraising expenses (Part IX, column (D), lin | | 305. | | |
| ă | 17 | Other expenses (Part IX, column (A), lines 11a-11d | , , <u> </u> | | 2,001,181. | 2,166,984. |
| | | Total expenses. Add lines 13-17 (must equal Part I | | | 6,795,947. | 7,393,571. |
| | | Revenue less expenses. Subtract line 18 from line | | | 1,698,385. | 975,252. |
| or | G | | | Be | ginning of Current Year | End of Year |
| ets | 20 | Total assets (Part X, line 16) | | | 9,053,334. | 10,001,861. |
| Ass | 21 | Total liabilities (Part X, line 26) | | | 733,053. | 706,328. |
| Net Assets or | 22 | Net assets or fund balances. Subtract line 21 from | line 20 | | 8,320,281. | 9,295,533. |
| P | art II | Signature Block | | | | |
| Und | ler pena | lties of perjury, I declare that I have examined this return | , including accompanying schedule | s and stateme | ents, and to the best of my | / knowledge and belief, it is |
| true | , correc | t, and complete. Declaration of preparer (other than offic | er) is based on all information of w | hich preparer | has any knowledge. | |
| | | 2: | | | | |
| Sig | n | Signature of officer | | | Date | |
| He | re | KAREN PARKER, PRESIDENT & CEO | | | | |
| | | Type or print name and title | T | 1 г | Date Check Γ | TI PTIN |
| | | Print/Type preparer's name | Preparer's signature | | o (o1 (oo | |
| Pai | | JOHN NORMAN | JOHN NORMAN | <u>1</u> : | 2/21/22 self-employ | • |
| | parer | Firm's name CLIFTONLARSONALLEN LLP | TITTE 000 | | Firm's EIN | 41-0746749 |
| USE | Only | Firm's address 227 WEST TRADE STREET, S | OOTIE OOO | | Di 704 | _008_5200 |
| N # - | الحطاسي | CHARLOTTE, NC 28202 | wood Coo ingtimenting | | Phone no.704 | |
| ıvıa | y trie II | RS discuss this return with the preparer shown abo | ver see instructions | | | X Yes No |

| Pa | Check if Schedule O contains a response or note to any line in this Part III | |
|-----|--|-----|
| _ | Check in Constants a response of the order in the factor and the f | _ |
| 1 | Briefly describe the organization's mission: TO PROVIDE HOPE AND HEALING TO THOSE IMPACTED BY DOMESTIC VIOLENCE AND | |
| | SEXUAL ASSAULT. | |
| | | _ |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | _ |
| 2 | prior Form 990 or 990-EZ? | i_ |
| | If "Yes," describe these new services on Schedule O. | U |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | 0 |
| • | If "Yes," describe these changes on Schedule O. | Ŭ |
| 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 \$6,123,190. including grants of \$577,751.) (Revenue \$8,536. | |
| | SAFE ALLIANCE PROVIDES A CONTINUUM OF CRISIS INTERVENTION, ADVOCACY, | _ |
| | SHELTER, AND COUNSELING SERVICES TO VICTIMS AND DOMESTIC AND SEXUAL | _ |
| | VIOLENCE. EACH YEAR, SAFE ALLIANCE SERVES OVER 8,000 PEOPLE THROUGH | _ |
| | OUR IN-PERSON SERVICES; AND AN ADDITIONAL 9,000 THROUGH OUR EDUCATION, | _ |
| | PREVENTION AND INSTITUTIONAL ADVOCACY EFFORTS. | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | (CONTINUED ON SCHEDULE O) | _ |
| | (CONTINUED ON SCREDULE O) | _ |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | _ |
| +υ | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | - ' |
| | | _ |
| | | _ |
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| | | _ |
| 4c | (Code:) (Expenses \$ | _ } |
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| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| 4d | Other program services (Describe on Schedule O.) | _ |
| -ru | (Expenses \$ including grants of \$) (Revenue \$) | |
| 40 | Total program convice expenses 6 123 190 | _ |

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56-0529967

Form 990 (2021) SAFE ALLIANCE 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 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | _ | | 17 |
| _ | 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 | _ | | 17 |
| | 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 | _ | | 17 |
| _ | 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 | • | | v |
| _ | 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, | _ | | v |
| _ | 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 | | | v |
| | 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? | _ | | v |
| 40 | 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 | 40 | х | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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, | | v | |
| | Part VI | 11a | X | |
| D | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 446 | | х |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 44. | | х |
| ٦ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| u | 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 | 11d | | х |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | х | |
| f | | 116 | | |
| • | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11f | х | |
| 122 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | - 1 111 | | |
| 124 | , , , | 12a | х | |
| h | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | ıza | | |
| b | | 12b | | Х |
| 13 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | . | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| - | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." | | | |
| | complete Schedule G, Part III | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | | Х |
| | | | ΩΩΩ | |

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56-0529967

Form 990 (2021) SAFE ALLIANCE INC. Part IV Checklist of Required Schedules (continued)

| | · (continued) | | V | NI - |
|--------------|--|----------|-----|------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for demostic individuals on | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 22 | х | |
| 23 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| 23 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | , | 23 | х | |
| 24 a | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 20 | | |
| Z-Tu | 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 | | х |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 240 | | |
| · | any tax-exempt bonds? | 24c | | |
| Ч | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 270 | | |
| 2 0 u | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 200 | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i> | | | |
| | | 25b | | х |
| 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 | 200 | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | 26 | | х |
| 27 | controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | 20 | | |
| _, | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L. Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| u | "Yes," complete Schedule L, Part IV | 28a | | х |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 200 | | |
| · | "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| - | contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | J. | | |
| UZ. | . , | 32 | | х |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 02 | | |
| - | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 00 | | |
| ٠. | Part V, line 1 | 34 | | х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 554 | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 555 | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | <u> </u> | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Pa | | , ,,,, | | |
| | 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 | 4 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | ַז | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| _ | (gambling) winnings to prize winners? | 10 | | |

132004 12-09-21

Form 990 (2021)

SAFE ALLIANCE INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) SAFE ALLIANCE INC. 56-0529967

| | | | Yes | No | | | | | |
|---------|---|-----|-----|----|--|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 172 | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | х | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | х | | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | х | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х | | | | | |
| С | c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | | | |
| | 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 or gifts | | | | | | | | |
| | were not tax deductible? | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | 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 required | | | | | | | | |
| | to file Form 8282? | 7c | | Х | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | |
| _ | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | | |
| b 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | | | | |
| a b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | |
| | Gross income from members or shareholders | | | | | | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | |
| ~ | amounts due or received from them.) | | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | |
| | organization is licensed to issue qualified health plans | | | | | | | | |
| С | Enter the amount of reserves on hand | | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | х | | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | Х | | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | | | | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | | | |
| | | | | | | | | | |

Page 6 SAFE ALLIANCE INC. Form 990 (2021)

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | | |
|-----|---|--------|---------|-----|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | |
| | | | Yes | No | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 23 | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 23 | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | |
| | officer, director, trustee, or key employee? | 2 | | Х | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | Х | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х | | | | | |
| 5 | 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | Х | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | |
| | more members of the governing body? | 7a | | Х | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | |
| | persons other than the governing body? | 7b | | Х | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | |
| а | The governing body? | 8a | X | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Х | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | |
| | | | Yes | No | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | | | | | | |
| b | b Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | |
| 12a | 2a Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | |
| | on Schedule O how this was done | 12c | X | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | | | | | | |
| | Other officers or key employees of the organization | 15b | Х | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | |
| | taxable entity during the year? | 16a | | Х | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ NONE | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s | only) | availal | ble | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | |
| | X Own website Another's website X Upon request Other (explain on Schedule O) | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | financ | cial | | | | | | |
| | statements available to the public during the tax year. | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | | | | |
| | CFSC SHARED SERVICES, LLC - 704-943-9631 | | | | | | | | |
| | 601 E. FIFTH STREET, STE. 450, CHARLOTTE, NC 28202 | | | | | | | | |

Form 990 (2021) SAFE ALLIANCE INC. 56-0529967 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week | (do box | Position (do not check more than or box, unless person is both officer and a director/truste | | one h 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 | In stit utional 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) KAREN PARKER | 40.00 | | | | | | | | | |
| PRESIDENT/CEO | | | | Х | | | | 141,637. | 0. | 22,865. |
| (2) LAURA LAWRENCE | 40.00 | 1 | | | | | | | | |
| CHIEF OPERATING OFFICER | | | | Х | | | | 103,456. | 0. | 16,975. |
| (3) CAITLIN DONLEY | 40.00 | 1 | | | | | | | | |
| CHIEF ADVANCEMENT OFFICER | | | | X | | | | 95,378. | 0. | 13,788. |
| (4) SCOTT SHANNON | 1.00 | 1 | | ľ | 4 | | | | | |
| CHAIR (THRU 12/31/21) | | Х | | Х | | | <u> </u> | 0. | 0. | 0. |
| (5) NAKIA SAVAGE | 1.00 | 1 | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (6) LINDA CHRISTOPHERSON | 1.00 | 1 | | | | | | | | |
| 1ST VICE CHAIR (FROM 1/1/22) | | Х | | Х | | _ | <u> </u> | 0. | 0. | 0. |
| (7) SID FLETCHER | 1.00 | 1 | | | | | | | | |
| 1ST VICE CHAIR (THRU 12/31/21) | | Х | | Х | | _ | <u> </u> | 0. | 0. | 0. |
| (8) MARCY HINGST | 1.00 | 1 | | | | | | | | |
| SECRETARY (THRU 12/31/21) | | Х | | Х | | _ | <u> </u> | 0. | 0. | 0. |
| (9) BECKY LINDAHL | 1.00 | 1 | | | | | | | | |
| DIRECTOR | | Х | | | | _ | <u> </u> | 0. | 0. | 0. |
| (10) SPENCER MERRIWEATHER | 1.00 | 4 | | | | | | _ | _ | _ |
| DIRECTOR | | Х | | | | _ | <u> </u> | 0. | 0. | 0. |
| (11) SYMONE ROBINSON | 1.00 | 1 | | | | | | | | |
| DIRECTOR | | Х | | | | _ | <u> </u> | 0. | 0. | 0. |
| (12) VIRGINIA SUTTON | 1.00 | 1 | | | | | | | | |
| DIRECTOR | | Х | | | | _ | <u> </u> | 0. | 0. | 0. |
| (13) DEREK BERES | 1.00 | 4 | | | | | | _ | _ | _ |
| DIRECTOR | | Х | | | | _ | <u> </u> | 0. | 0. | 0. |
| (14) JULIO COLMENARES | 1.00 | ļ_ | | | | | | | | _ |
| DIRECTOR | | Х | | | _ | \vdash | <u> </u> | 0. | 0. | 0. |
| (15) TOM COYNE | 1.00 | ł <u>.</u> | | | | | | | _ | _ |
| IMM PAST CHAIR | 1.00 | Х | - | Х | - | \vdash | <u> </u> | 0. | 0. | 0. |
| (16) FRED HUDSON | 1.00 | | | | | | | | _ | _ |
| DIRECTOR | 1 22 | Х | - | | | - | - | 0. | 0. | 0. |
| (17) JEFFREY KLEIN | 1.00 | | | ,, | | | | | _ | _ |
| SECRETARY (FROM 1/1/22) | | Х | | Х | | | | 0. | 0. | 0. Form 990 (2021) |

SAFE ALLIANCE INC 56-0529967

| Part VII Section A. Officers, Directors, Trus | stees. Kev Em | vola | ees. | and | d Hi | ahes | st C | ompensated Employee | es (continued) | | | | aye 🕻 |
|---|--|--------------------------------|-----------------------|----------------------|--------------------------------|------------------------------|-------------|---|--|------------|-----------------|--|----------------|
| (A) Name and title | (B) Average hours per week | (do box | | Pos heck ss pe | c) sition more rson i | 1 than is both | one n an | (D) Reportable compensation from | (E) Reportable compensation from related | | l | (F) stimate nount 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) | : / | fi org an | pensa om th anizat d relat anizati | e ion ed |
| (18) ALLEN O'ROURKE | 1.00 | | | | | | | | | _ | | | |
| DIRECTOR (19) MELISSA ROMANZO | 1.00 | Х | | | <u> </u> | \vdash | | 0. | | 0. | | | 0. |
| DIRECTOR | 1.00 | x | | | | | | 0. | | 0. | | | 0. |
| (20) LEILA EVANS | 1.00 | 1 | | | | | | | | - • | | | |
| TREASURER | | х | | х | | | | 0. | | 0. | | | 0. |
| (21) JUDGE FAITH FICKLING-ALVAREZ | 1.00 | | | | | | | | | | | | |
| 2ND VICE CHAIR | | Х | | х | | | | 0. | | 0. | | | 0. |
| (22) T. HAMPTON HOPKINS, EDD | 1.00 | | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | | 0. |
| (23) JEANNE JORDAN | 1.00 | 4 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | <u> </u> | | 0. | | 0. | | | 0. |
| (24) MARKITA PAYNE | 1.00 | - , | | ,, | | | | | | 0 | | | ^ |
| CHAIR (FROM 1/1/22) (25) KIMBERLY ZIRKLE | 1.00 | Х | | Х | <u> </u> | ┢ | | 0. | | 0. | | | 0. |
| DIRECTOR | 1.00 | x | | | | | | 0. | | 0. | | | 0. |
| (26) NOELEE CLARKE, MD | 1.00 | | | | | | | 1. | | • | | | |
| DIRECTOR | | х | | | | r | | 0. | | 0. | | | 0. |
| 1b Subtotal | 340,471. 0. | | | | 53,628 | | | | | | | | |
| c Total from continuation sheets to Part V | | | | | | | | 0. | | 0. | . 0 | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 340,471. | | 0. | | 53, | 628, |
| 2 Total number of individuals (including but r | not limited to th | ose | liste | d at | oove | e) wh | o re | eceived more than \$100, | 000 of reportable | | | | |
| compensation from the organization | | | | | | | | | | | | V | N _a |
| O Did the averagination list and former of officer | -li | | | | | | | | la | | | Yes | No |
| 3 Did the organization list any former officer | • | - | • | • | • | - | · | • | • | | 3 | | х |
| line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si | | | | | | | | ner compensation from t | | | | | |
| and related organizations greater than \$15 | • | | • | | | | | • | • | | 4 | х | |
| 5 Did any person listed on line 1a receive or | | | | | | | | | | | | | |
| rendered to the organization? If "Yes." con | • | | | | • | | | • | | | 5 | | х |
| Section B. Independent Contractors | • | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | mpensated ind | depe | nde | nt co | ontra | acto | rs th | nat received more than \$ | 3100,000 of compe | nsa | tion fr | om | |
| the organization. Report compensation for | the calendar y | ear e | endir | ng w | ith c | or wi | thin | the organization's tax y | ear. | | | | |
| (A) | | | | | | | | (B) | | |) | | _ |
| Name and business | address | NO | NE | | | | _ | Description of s | services | | ompe | nsatio | <u> </u> |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| Total number of independent contractors (i) | including but n | ot lin | niter | ot F | thos | وزا مع | hat | above) who received ma | ore than | | | | |

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

56-0529967 SAFE ALLIANCE INC.

| Form 990 SAFE ALLIANC | E INC. | | | | | | | | 56-05299 | 67 |
|--|---|--------------------------------|-----------------------|----------|---------------------|------------------------------|--------|--|--|---|
| Part VII Section A. Officers, Directors, Tru | ustees, Key Er | nplo | yee | s, a | nd F | ligh | est (| Compensated Employe | es (continued) | |
| (A) Name and title | (B) Average hours | (c | | Pos | C) ition that | | ıly) | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (27) SHELBY HUDSPITH DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | C |
| (28) PHIL KLINE | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | (|
| (29) JULIA HEJAZI | 1.00 | 1 | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | |
| (30) PASHA MAHER | 1.00 | | | | | | | | _ | |
| OIRECTOR (31) TAMMY MANGUM | 1.00 | Х | | \vdash | | | | 0. | 0. | |
| DIRECTOR | 1.00 | х | | | | | | 0. | 0. | |
| | | | | | | | | | | |
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56-0529967

Form 990 (2021)

SAFE ALLIA

Statement of Revenue

| | | Check if Schedule O contains a respons | se or note to any lin | e in this Part VIII | | | |
|--|------|--|-----------------------|---------------------|------------------------------------|----------------------------|---------------------------------|
| | | · | - | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under |
| | | | | | lunction revenue | business revenue | sections 512 - 514 |
| SΩ | 1 a | Federated campaigns 1a | 288,275. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Membership dues 1b | , | | | | |
| ي ق | | Fundraising events 1c | 563,061. | | | | |
| fts, r A | | d Related organizations 1d | , | | | | |
| ig ig | | Government grants (contributions) | 5,511,064. | | | | |
| Sin | | All other contributions, gifts, grants, and | 0,022,002. | | | | |
| utic le ri | ' | | 2,018,857. | | | | |
| έş | _ | similar amounts not included above 1f | 171,163. | | | | |
| o d | _ | Noncash contributions included in lines 1a-1f | 171,103. | 8,381,257. | | | |
| Oa | n | Total. Add lines 1a-1f | Business Code | 0,301,237. | | | |
| | _ | DDOGDAM GEDVICE DEVENU | Business Code | 0 526 | 0 526 | | |
| <u>:</u> | 2 a | | 624100 | 8,536. | 8,536. | | |
| er v | b |) | _ | | | | |
| Program Service Revenue | C | · | _ | | | | |
| ev Sev | d | · | _ | | | | |
| og F | е | | _ | | | | |
| ڇ | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | <u></u> | 8,536. | | | |
| | 3 | Investment income (including dividends, inter- | erest, and | | | | |
| | | other similar amounts) | > | 3,343. | | | 3,343. |
| | 4 | Income from investment of tax-exempt bond | d proceeds | | | | |
| | 5 | Royalties |) | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a | a Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | | Rental income or (loss) 6c | | | | | |
| | | Net rental income or (loss) | | | | | |
| | | Gross amount from sales of (i) Securitie | s (ii) Other | | | | |
| | | assets other than inventory 7a | | | | | |
| | h | Less: cost or other basis | | | | | |
| <u>o</u> | - | and sales expenses 7b | | | | | |
| ther Revenue | | Gain or (loss) 7c | | | | | |
| ě | d | Net gain or (loss) | | | | | |
| ౼ | | Gross income from fundraising events (not | | | | | |
| Ĕ∣ | 0 4 | including \$ 563,061. of | | | | | |
| 0 | | contributions reported on line 1c). See | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | 3a 0. | | | | |
| | h | | 3b 25,312. | | | | |
| | | Net income or (loss) from fundraising events | | -25,312. | | | -25,312. |
| | | Gross income from gaming activities. See | · / | 25,512. | | | 23,312. |
| | y a | | 200 | | | | |
| | | | 9a 9b | | | | |
| | | | ומפ | | | | |
| | | Net income or (loss) from gaming activities | _ | | | | |
| | 10 a | a Gross sales of inventory, less returns | _ | | | | |
| | _ | | 0a | | | | |
| | | J | <u>Ob</u> | | | | |
| \dashv | С | Net income or (loss) from sales of inventory | <u></u> | | | | |
| <u>s</u> | | WTGGTTT NYBOTT | Business Code | 225 | | | |
| e e | 11 a | MISCELLANEOUS | 900099 | 999. | | | 999. |
| Miscellaneous Revenue | b | | _ | | | | |
| cel ev | c | | _ | | | | |
| Ais | d | All other revenue | | | | | |
| | е | Total. Add lines 11a-11d | <u></u> | 999. | | | |
| | 12 | Total revenue. See instructions | | 8,368,823. | 8,536. | 0. | -20,970. |

132009 12-09-21

56-0529967

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 respons | e or note to any line in t (A) | his Part IX(B) | (C) | |
|----------|---|-----------------------------------|--------------------------|---------------------------------|----------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 577,751. | 577,751. | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 352,525. | | 253,707. | 98,818 |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and | | | | |
| 7 | persons described in section 4958(c)(3)(B) Other salaries and wages | 3,353,454. | 3,104,669. | 5,401. | 243,384 |
| 8 | Pension plan accruals and contributions (include | 3,333,434. | 3,101,003. | 3,401. | 243,304 |
| J | section 401(k) and 403(b) employer contributions) | 72,943. | 63,952. | | 8,991 |
| 9 | Other employee benefits | 582,421. | 491,930. | 34,871. | 55,620 |
| 10 | Payroll taxes | 287,493. | 245,360. | 15,599. | 26,534 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 193,973. | | 193,973. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 383,133. | 186,800. | 163,342. | 32,991 |
| 12 | Advertising and promotion | | 51.000 | 2 274 | |
| 13 | Office expenses | 72,721. | 61,090. | 3,256. | 8,375 |
| 14 | Information technology | | | | |
| 15 | Royalties | 559,659. | 493,178. | 19,537. | 46,944 |
| 16 | Occupancy | 21,724. | 18,311. | 3,048. | 365 |
| 17 | Travel | 21,724. | 10,311. | 3,040. | 303 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 17,242. | 17,242. | | |
| 20 | Interest | 17,242. | 17,242. | | |
| 21 | Payments to affiliates | 427,132. | 394,132. | 33,000. | |
| 22 23 | Industrance | 58,917. | 54,422. | 1,372. | 3,123 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | , , , , , , | 3, 3 | , |
| а | EQUIPMENT & MAINTENANCE | 173,858. | 172,952. | 315. | 591 |
| b | DONATED GOODS USED | 171,163. | 171,163. | | |
| С | TELEPHONE & INTERNET | 43,080. | 41,161. | 1,455. | 464 |
| d | DUES | 6,916. | 3,238. | 3,213. | 465 |
| е | All other expenses | 37,466. | 25,839. | 1,987. | 9,640 |
| 25 | Total functional expenses. Add lines 1 through 24e | 7,393,571. | 6,123,190. | 734,076. | 536,305 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

56-0529967 Page **11**

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X **(B)** End of year (A) Beginning of year 1 Cash - non-interest-bearing 2,623,142. 3,940,619. Savings and temporary cash investments 2 1,192,794. 1,171,951. 3 Pledges and grants receivable, net 3 214,021. 183,145. Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Inventories for sale or use 8 245,477. Prepaid expenses and deferred charges 192,440. 9 10a Land, buildings, and equipment: cost or other 8,323,810, basis. Complete Part VI of Schedule D ______ 10a 4,819,763. 4,449,434. b Less: accumulated depreciation 10b 10c 11,174. 11,235. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 9,053,334. 10,001,861. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 140,041. 144,123. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 492,009. 492,251. 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 101,003. 25 69,954. of Schedule D 733,053. 706,328. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 7,796,840. 8,340,506. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 523,441. 955,027. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 9,295,533. Total net assets or fund balances 8,320,281. 32 32 9,053,334. 10,001,861. Total liabilities and net assets/fund balances 33

SAFE ALLIANCE INC. 56-0529967 Page **12** Form 990 (2021)

| Pai | rt XI Reconciliation of Net Assets | | | | | | | |
|-----|---|-----------|------|------|----------|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | | |
| | | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 368, | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 7, | 393, | 571. | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 8, | 320, | 281. | | | |
| 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 | 9, | 295, | 533. | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Щ | | | |
| | | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990: | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | | | |
| | consolidated basis, or both: | | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | | | | |
| | Act and OMB Circular A-133? | | 3a | Х | <u> </u> | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | Х | | | | |
| | | | Form | 990 | (2021) | | | |

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** SAFE ALLIANCE INC 56-0529967 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 SAFE ALLIANCE INC. 56-0529967 Page 2

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

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

| Sec | ction A. Public Support | ,, p | | , | | | |
|------|---|-----------------|-----------------------|------------------------|---------------------|--------------------|-------------|
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Gifts, grants, contributions, and | (-, | (2) = 2 · 2 | (=,==:= | (-, | (-) | (-) |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 4,570,065. | 6,155,699. | 6,578,359. | 8,539,202. | 8,381,257. | 34,224,582. |
| 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 | 4,570,065. | 6,155,699. | 6,578,359. | 8,539,202. | 8,381,257. | 34,224,582. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | A | | |
| | on line 1 that exceeds 2% of the | | | 1 | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | 34,224,582. |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | 4,570,065. | 6,155,699. | 6,578,359. | 8,539,202. | 8,381,257. | 34,224,582. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 1,925. | 5,005. | 5,430. | 2,701. | 3,343. | 18,404. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 253. | 4,421. | 24,976. | 8,848. | 999. | 39,497. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 34,282,483. |
| 12 | Gross receipts from related activities, | , | , | | | 12 | 215,339. |
| 13 | First 5 years. If the Form 990 is for the | · · | rst, second, third, f | fourth, or fifth tax y | ear as a section 50 | 01(c)(3) | |
| 0 | organization, check this box and stop | | | <u></u> | | | > |
| | ction C. Computation of Publi | | | | | | 00.03 |
| | Public support percentage for 2021 (I | | | | | 14 | 99.83 % |
| 15 | Public support percentage from 2020 | | | | | 15 | 99.79 % |
| 16a | 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and | | | | | | |
| | stop here. The organization qualifies | | ~ | | | | |
| D | 33 1/3% support test - 2020. If the constitution must | | | | | | |
| 47. | and stop here. The organization qual | | | | | | |
| 1/a | 10% -facts-and-circumstances test | - | | | | | |
| | and if the organization meets the fact | | • | - | • | vi now the organiz | ation |
| , | meets the facts-and-circumstances te | - | | * | | 7 II 4F i 4 | |
| b | 10% -facts-and-circumstances test | • | | | | • | U% Or |
| | more, and if the organization meets the | | | | - | | . — |
| 40 | organization meets the facts-and-circu | | - | | • • • | | |
| 18 | 8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | |

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

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

| Sec | tion A. Public Support | | | | | | |
|------------|--|---|-----------------|--------------------|----------|----------|------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | A | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | 4 | | | |
| 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | T | _ | |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 40 | regularly carried on | | | | | | |
| 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 | • | | | | | |
| Sec | check this box and stop hereetion C. Computation of Publi | | | | | | P |
| | Public support percentage for 2021 (li | | | oolumn (f)) | | 15 | 0/ |
| | Public support percentage from 2020 | , | , | (,, | | 16 | <u>%</u> |
| | etion D. Computation of Inves | | | | | 10 | 70 |
| | Investment income percentage for 20 | | | ne 13. column (f)) | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| | 33 1/3% support tests - 2021. If the | | | | | | |
| - • | more than 33 1/3%, check this box ar | | | | | | . — |
| b | 33 1/3% support tests - 2020. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation If the organization | | | | | | |

132023 01-04-22

Schedule A (Form 990) 2021 SAFE ALLIANCE INC. 56-0529967 Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
|-----|-----|----|
| | | |
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| 10b | | |

| | Continued) | | | |
|-----|---|---|-----|-----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | а | | |
| b | A family member of a person described on line 11a above? | b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | С | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | _ | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| 800 | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | | | |
| | 7. 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction Took Angus VI has 00 and 0b below. | | ′ I | NI. |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities 26 | | | |
| b | that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| D | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | | | | |
| 3 | these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| u | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | , | | |
| b | | | | |
| ~ | of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard | , | | |

132025 01-04-22

Schedule A (Form 990) 2021 SAFE ALLIANCE INC. 56-0529967 Page **6**

| Pai | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations | | | | | |
|------|---|---------|-------------------------------|--------------------------------|--|--|
| 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 | omplet | e Sections A through E. | | | |
| Sect | Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) | | | | | |
| _1 | Net short-term capital gain | 1 | | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | | |
| _3_ | Other gross income (see instructions) | 3 | | | | |
| 4 | Add lines 1 through 3. | 4 | | | | |
| _5 | Depreciation and depletion | 5 | | | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | | | |
| | collection of gross income or for management, conservation, or | | | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | | | |
| _7 | Other expenses (see instructions) | 7 | | | | |
| _8_ | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | | |
| | instructions for short tax year or assets held for part of year): | | A | | | |
| а | Average monthly value of securities | 1a | | | | |
| b | Average monthly cash balances | 1b | | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | | |
| е | Discount claimed for blockage or other factors | | | | | |
| | (explain in detail in Part VI): | | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | |
| _3 | Subtract line 2 from line 1d. | 3 | | | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | | | |
| | see instructions). | 4 | | | | |
| _5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | |
| _6 | Multiply line 5 by 0.035. | 6 | | | | |
| _7_ | Recoveries of prior-year distributions | 7 | | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | |
| Sect | ion C - Distributable Amount | | | Current Year | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | | |
| 2 | Enter 0.85 of line 1. | 2 | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | |
| | emergency temporary reduction (see instructions). | 6 | | | | |
| 7 | Check here if the current year is the organization's first as a non-functionally | integra | ated Type III supporting orga | nization (see | | |
| | instructions). | | | | | |

| Sche | Schedule A (Form 990) 2021 SAFE ALLIANCE INC. 56-0529967 Page 7 | | | | | | |
|------|---|-------------------------------|---------------------------------------|------|---|--|--|
| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | nizations (continu | ıed) | | | |
| Sect | on D - Distributions | | • | · | Current Year | | |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | 1 | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt | ot purposes of supported | | | | | |
| | organizations, in excess of income from activity | | 2 | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | 3 | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pr | ovide details in Part VI) | | 5 | | | |
| 6 | Other 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 | he organization is responsive | | | | | |
| | (provide details in Part VI). See instructions. | | | 8 | | | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | | | |
| Sect | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2021 | ıs | (iii) Distributable Amount for 2021 | | |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | A | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | | | |
| а | From 2016 | | | | | | |
| b | From 2017 | | | | | | |
| С | From 2018 | | | | | | |
| d | From 2019 | | 1 | | | | |
| е | From 2020 | | | | | | |
| f | Total of lines 3a through 3e | | | | | | |
| g | Applied to underdistributions of prior years | | | | | | |
| h | Applied to 2021 distributable amount | | | | | | |
| ī | Carryover from 2016 not applied (see instructions) | | | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | | |
| 4 | Distributions for 2021 from Section D, | | | | | | |
| | line 7: \$ | | | | | | |
| a | Applied to underdistributions of prior years | | | | | | |
| | Applied to 2021 distributable amount | | | | | | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | | | | |
| 5 | Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h | | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | | |
| | Part VI. See instructions. | | | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | | | |
| | and 4c. | | | | | | |
| 8 | Breakdown of line 7: | | | | | | |
| | Excess from 2017 | | | | | | |
| | Excess from 2018 | | | | | | |
| | Excess from 2019 | | | | | | |
| | Excess from 2020 | | | | | | |
| | Excess from 2021 | | | | | | |
| | | | | | | | |

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2021

Schedule B (Form 990) (2021)

| SAFE ALLIANCE INC. 56-052996 | | | | | | | |
|---|---|--|----------------------|--|--|--|--|
| Organiza | ation type (check or | ne): | | | | | |
| Filers of | : | Section: | | | | | |
| Form 99 | 0 or 990-EZ | \overline{X} 501(c)(3) (enter number) organization | | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | | 527 political organization | | | | | |
| Form 99 | 0-PF | 501(c)(3) exempt private foundation | | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | | 501(c)(3) taxable private foundation | | | | | |
| | • | covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule | e. See instructions. | | | | |
| General | Rule | | | | | | |
| | | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's | | | | | |
| Special | Rules | | | | | | |
| X | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. | | | | | | | |
| | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | | |
| answer " | Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990). | | | | | | |

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

Schedule B (Form 990) (2021) Page **2**

| Name of organization | Employer identification number |
|----------------------|--------------------------------|
| | |
| SAFE ALLIANCE INC. | 56-0529967 |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|--------------|--|----------------------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 1 | | \$365,888. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 2 | | \$ 1,266,080. | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 3 | | \$ 496,298. | Person X Payroll | | |
| (a) | (b) | (c) Total contributions | (d) Type of contribution | | |
| No. <u>4</u> | Name, address, and ZIP + 4 | \$ 2,277,965. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 5 | | \$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |

Schedule B (Form 990) (2021) Page **3**

Name of organization

Employer identification number

SAFE ALLIANCE INC.

56-0529967

| Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | | |
|---|--|---|----------------------|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | | | | | |
| | | _{\$} | | | | |

Schedule B (Form 990) (2021)

Name of organization

Page 4

Employer identification number

| varrie or or | ganization | | Employer Identification number | | | | |
|---------------------------|---|--|---|--|--|--|--|
| Part III | Exclusively religious, charitable, etc., contribution any one contributor. Complete columns completing Part III, enter the total of exclusively religious | (a) through (e) and the following line entry | 56-0529967 tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year . For organizations | | | | |
| | Use duplicate copies of Part III if additiona | al space is needed. | ss for the year. (Effer this line, office.) | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | (e) Transfer of gift | | | | | |
| | Transferee's name, address, | and ZIP + 4 | Relationship of transferor to transferee | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| | Transferee's name, address, | (e) Transfer of gift and ZIP + 4 | Relationship of transferor to transferee | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| - | | (e) Transfer of gift | | | | | |
| | Transferee's name, address, | | Relationship of transferor to transferee | | | | |
| | | | | | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

SAFE ALLIANCE INC.

Employer identification number 56-0529967

| Pai | t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | or Accounts. Complete if the | | | |
|-----|--|---|------------------------------------|--|--|--|
| | organization answered Tee our our coo, Farry, in | (a) Donor advised funds | (b) Funds and other accounts | | | |
| 1 | Total number at end of year | | . , | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | |
| 4 | Aggregate value at end of year | | | | | |
| 5 | Did the organization inform all donors and donor advisors in v | vriting that the assets held in donor advis | ed funds | | | |
| | are the organization's property, subject to the organization's | - | | | | |
| 6 | Did the organization inform all grantees, donors, and donor ad | | | | | |
| | for charitable purposes and not for the benefit of the donor or | | | | | |
| | | | | | | |
| Par | t II Conservation Easements. Complete if the org | ganization answered "Yes" on Form 990, I | Part IV, line 7. | | | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | | | | |
| | Preservation of land for public use (for example, recreat | tion or education) Preservation of | a historically important land area | | | |
| | Protection of natural habitat | Preservation of | a certified historic structure | | | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the co | ied conservation contribution in the form | | | | |
| | day of the tax year. | | Held at the End of the Tax Year | | | |
| а | Total number of conservation easements | | | | | |
| b | | | | | | |
| С | Number of conservation easements on a certified historic stru | | | | | |
| d | Number of conservation easements included in (c) acquired a | | | | | |
| _ | listed in the National Register | | 2d | | | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the | organization during the tax | | | |
| 4 | year | amout is leasted | | | | |
| 4 | Number of states where property subject to conservation eas Does the organization have a written policy regarding the peri | | | | | |
| 5 | violations, and enforcement of the conservation easements it | | Yes No | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, l | | | | | |
| Ū | b | mandaning of violations, and officioning cont | orvation casements daring the year | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and enforcing conservat | tion easements during the year | | | |
| | ▶ \$ | | , | | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170(| h)(4)(B)(i) | | | |
| | and section 170(h)(4)(B)(ii)? | • | | | | |
| 9 | In Part XIII, describe how the organization reports conservation | | | | | |
| | balance sheet, and include, if applicable, the text of the footn | ote to the organization's financial stateme | ents that describes the | | | |
| | organization's accounting for conservation easements. | | | | | |
| Par | t III Organizations Maintaining Collections of | | her Similar Assets. | | | |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 956 | 8, not to report in its revenue statement a | nd balance sheet works | | | |
| | of art, historical treasures, or other similar assets held for pub | lic exhibition, education, or research in fu | rtherance of public | | | |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes these items. | | | | | |
| b | If the organization elected, as permitted under FASB ASC 956 | 8, to report in its revenue statement and b | palance sheet works of | | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in furth | nerance of public service, | | | |
| | provide the following amounts relating to these items: | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | | |
| .= | | | | | | |
| 2 | If the organization received or held works of art, historical trea | | I gain, provide | | | |
| | the following amounts required to be reported under FASB AS | _ | • • | | | |
| a | Revenue included on Form 990, Part VIII, line 1 | | | | | |
| b | Assets included in Form 990, Part X | | | | | |

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 1,512,888. | | 1,512,888. |
| b Buildings | | 5,941,851. | 3,304,665. | 2,637,186. |
| c Leasehold improvements | | 204,479. | 86,316. | 118,163. |
| d Equipment | | 662,217. | 271,804. | 390,413. |
| e Other | | 2,375. | 211,591. | -209,216. |
| Total. Add lines 1a through 1e. (Column (d) must equa | l Form 990 Part X colun | nn (R) line 10c) | • | 4,449,434. |

| 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-vear market value |
| (4) Financial desirations | (b) Book value | (c) Method of Valuation: 2001 of one | or your market value |
| O) Ola a de la dalla a colta di atauna da | | | |
| 3) Other | | | |
| (A) | | | |
| (A) | | | |
| (C) | | | |
| | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" or | n Form 990, Part IV, line | 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | -of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | (| | |
| (8) | | | |
| (9) | | | |
| Part IX Other Assets. Complete if the organization answered "Yes" or (a) D | n Form 990, Part IV, line Description | 11d. See Form 990, Part X, line 15. | (b) Book value |
| (1) | | | |
| (0) | | | |
| (2) | | | |
| (2) | | | |
| (3) | | | |
| (3) (4) | | | |
| (3) | | | |
| (3) (4) (5) | | | |
| (3) (4) (5) (6) | | | |
| (3) (4) (5) (6) (7) | | | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | | > | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or | | | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Complete if the organization answered "Yes" on (Column (b) Part X) | | | (b) Book value |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes | | ▶ 11e or 11f. See Form 990, Part X, line 25. | (b) Book value |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line and the part X Other Liabilities. Complete if the organization answered "Yes" of the properties of the properties of the organization of liability. | | | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes | | | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line of the part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES | | | (b) Book value |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the Complete if the Organization of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) | | | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form 990, Part X) Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4) | | | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4) (5) | | | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line of the part X Other Liabilities. Complete if the organization answered "Yes" of the part X of the part X Other Liabilities. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4) (5) (6) | | | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4) (5) (6) (7) | | | |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021

| Sche | dale B (Ferri eee) LeL F | AFE ALLIANCE INC. | | | | 56-0529967 | Page 4 |
|------|------------------------------------|--|---------------------|----------------|-----------------------|-------------------|---------------|
| Pai | t XI Reconciliation of F | Revenue per Audited Financ | cial Statemen | ts With R | evenue per Ret | turn. | |
| | Complete if the organiza | tion answered "Yes" on Form 990, | Part IV, line 12a. | | | | |
| 1 | Total revenue, gains, and other | support per audited financial stater | nents | | | 1 | 8,804,318. |
| 2 | Amounts included on line 1 but | not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on | investments | | 2a | | | |
| b | Donated services and use of fac | cilities | | 2b | 435,495. | | |
| С | | | | 2c | | | |
| d | (5 | | | 2d | | | |
| е | Add lines 2a through 2d | | | | | 2e | 435,495. |
| 3 | Subtract line 2e from line 1 | | | | | 3 | 8,368,823. |
| 4 | | , Part VIII, line 12, but not on line 1: | | | | | |
| а | Investment expenses not includ | ed on Form 990, Part VIII, line 7b | | 4a | | | |
| b | Other (Describe in Part XIII.) | | | 4b | | | |
| С | | | | | | 4c | 0. |
| 5 | | 4c. (This must equal Form 990. Part | | | | 5 | 8,368,823. |
| Pa | | xpenses per Audited Finar | | | | eturn. | |
| | Complete if the organiza | tion answered "Yes" on Form 990, | Part IV, line 12a. | | | | |
| 1 | Total expenses and losses per a | audited financial statements | | | | 1 | 7,829,066. |
| 2 | Amounts included on line 1 but | not on Form 990, Part IX, line 25: | | A | | | |
| а | Donated services and use of fac | cilities | | 2a | 435,495. | | |
| b | | | | 2b | | | |
| С | <u></u> | | | 2c | | | |
| d | Other (Describe in Part XIII.) | | | 2d | | | |
| е | | | | | | 2e | 435,495. |
| 3 | | | | | | 3 | 7,393,571. |
| 4 | | , Part IX, line 25, but not on line 1: | | | | | |
| а | Investment expenses not includ | ed on Form 990, Part VIII, line 7b | | 4a | | | |
| b | | | | 4b | | | |
| С | | | | | | 4c | 0. |
| 5 | | 4 4c. (This must equal Form 990. Pa | | | | 5 | 7,393,571. |
| Pa | t XIII Supplemental Info | | | | | • | |
| Prov | de the descriptions required for F | Part II, lines 3, 5, and 9; Part III, line | s 1a and 4; Part IV | /, lines 1b ar | d 2b; Part V, line 4; | Part X, line 2; P | art XI, |
| | | and 4b. Also complete this part to | | | | | , |
| | | · | | | | | |
| | | | | | | | |
| PART | V, LINE 4: | | | | | | |
| | | | | | | | |
| SUPE | ORT THE ORGANIZATION'S D | OMESTIC VIOLENCE SHELTER | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| PART | X, LINE 2: | | | | | | |
| | | | | | | | |
| SAFE | ALLIANCE, INC. IS A NON | PROFIT CORPORATION EXEMPT | FROM INCOME | TAXES | | | |
| | | | | | | | |
| UNDE | R SECTION 501(C)(3) OF T | HE INTERNAL REVENUE CODE A | AND IS NOT CLA | ASSIFIED | | | |
| | | | | | | | |
| AS A | PRIVATE FOUNDATION. AD | DITIONALLY, MANAGEMENT BEI | IEVES THE AG | ENCY | | | |
| | | , | | | | | |
| DOES | NOT HAVE INCOME SUBJECT | TO UNRELATED BUSINESS INC | COME TAX. | | | | |
| | | | | | | | |
| ACCC | RDINGLY, NO PROVISION FO | R INCOME TAXES IS REQUIREI | IN THE FINAL | NCIAL | | | |
| | · | · | | | | | |
| STAT | EMENTS. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| THE | AGENCY'S INCOME TAX RETU | RNS ARE SUBJECT TO REVIEW | AND EXAMINAT: | ION BY | | | |

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

| SAFE ALLIA | NCE INC. | | | | 56-052996 | 7 |
|---|---|--|--|---|--|---|
| Part I Fundraising Activities. required to complete this par | Complete if the organization answe | red "Y | es" or | n Form 990, Part IV, I | ine 17. Form 990-EZ | filers are not |
| Indicate whether the organization rais | ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua | ion of ion of fundra (includ | non-govern govern dising of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | Yes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have con or con contribu | Did aiser ustody trol of utions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | |
| | | 4 | | | | |
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| 7 otal 3 List all states in which the organization or licensing. | | ontrib | utions | or has been notified | it is exempt from re | gistration |
| | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

| Po | irt i | of fundraising events. Complete if the of fundraising event contributions and groups. | _ | | | |
|-----------------|-------|---|------------------------------|------------------------------|--------------------|----------------------------|
| | | or randraioning event borninbations and gre | (a) Event #1 | (b) Event #2 | (c) Other events | |
| | | | ` ' | WALK A MILE IN HER | (0) 0 | (d) Total events |
| | | | | SHOES | 2 | (add col. (a) through |
| | | | | | | col. (c)) |
| ē | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 252,341. | 138,780. | 171,940. | 563,061. |
| _ | 2 | Less: Contributions | 252,341. | 138,780. | 171,940. | 563,061. |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | | |
| " | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| irect Ey | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | 400. | | 400. |
| | 9 | Other direct expenses | 16,440. | 5,807. | 2,665. | 24,912. |
| | 10 | Direct expense summary. Add lines 4 through | n 9 in column (d) | | > | 25,312. |
| | 11 | | | | | -25,312. |
| Pa | ırt I | Gaming. Complete if the organization a | answered "Yes" on Form | 990, Part IV, line 19, or re | eported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | |
| Φ | | | (a) Bingo | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (add |
| ž | | | (a) Billigo | bingo/progressive bingo | (e) out of garming | col. (a) through col. (c)) |
| Revenue | 1 | Gross revenue | | | | |
| es | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| _ | Ť | | Yes% | Yes % | Yes% | |
| | 6 | Volunteer labor | No No | No No | No No | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | > | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | > | |
| | | | | | • | |
| 9 | En | ter the state(s) in which the organization condu | cts gaming activities: | | | |
| а | ls t | the organization licensed to conduct gaming ac | ctivities in each of these s | states? | | Yes No |
| | | No," explain: | | | | |
| | | · · · | | | | |
| | | | | | | |
| | | ere any of the organization's gaming licenses re Yes," explain: | | | ear? | Yes No |
| | | | | | | |
| 1320 | 32 10 |)-21-21 | | | Sche | dule G (Form 990) 2021 |

| Sch | hedule G (Form 990) 2021 SAFE ALLIANCE INC. | 56-0529 | 967 | Page 3 |
|-----|---|-------------|---------------------------------------|---------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | No No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | | Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| | a The organization's facility | 11: | Ba | % |
| | b An outside facility | | 3b | // |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | , , , , , , , , , , , , , , , , , , , | 70 |
| '- | Effect the fiame and address of the person who prepares the organization's gaming/special events books and records. | | | |
| | Name > | | | |
| | Address > | | | |
| 15 | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | С | Yes | ☐ No |
| ı | b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amoun | t | | |
| | of gaming revenue retained by the third party ▶\$ | | | |
| (| c If "Yes," enter name and address of the third party: | | | |
| | Name ► | | | |
| | Address > | | | |
| | Addices P | | | |
| 16 | Gaming manager information: | | | |
| | | | | |
| | Name ▶ | | | |
| | | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | | Yes | ☐ No |
| ı | b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | ne | | |
| | organization's own exempt activities during the tax year > \$ | | | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are | d Part III, | lines 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | |
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| Schedule G (Form 990) | SAFE ALLIANCE INC. | | 56-0529967 | Page 4 |
|---|---------------------|---|------------|--------|
| Schedule G (Form 990) Part IV Supplemental Info | rmation (continued) | | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public

Inspection

| Name of the organization | | | | | | | Employer identification number |
|--|----------------------|------------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| SAFE ALLIANC | E INC. | | | | | | 56-0529967 |
| Part I General Information on Grants | | | | | | | |
| 1 Does the organization maintain records | | | | | | | |
| criteria used to award the grants or ass | | | | | | | Yes No |
| 2 Describe in Part IV the organization's p | | | | | | | |
| Part II Grants and Other Assistance to recipient that received more than | | | | | anization answered "Y | es" on Form 990, Part | IV, line 21, for any |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | |
| | | | | | | | |
| | | | O | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) | and government or | ganizations listed in th | ie line 1 table | | 1 | | > |
| 3 Enter total number of other organizatio | - | - | | | | | |
| LHA For Paperwork Reduction Act Notic | e, see the Instructi | ons for Form 990. | | | | | Schedule I (Form 990) 2021 |

SAFE ALLIANCE INC. 56-0529967 Schedule I (Form 990) 2021 Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (b) Number of (a) Type of grant or assistance (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance NOMINAL MONETARY ASSISTANCE AND PAYMENTS TO 3RD PARTIES FOR HOTEL STAYS, MEALS, AND TRANSPORTATION FOR VICTIMS 849 0 577,751. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: SALE ALLIANCE PROVIDES NOMINAL MONETARY ASSISTANCE DIRECTLY TO ITS CLIENTS. SAFE ALLIANCE ASSISTS SOME CLIENTS, PRIMARILY THOSE RESIDING AT THE SHELTER WITH TRANSPORTATION ASSISTANCE. WE DISTRIBUTE BUS VOUCHERS OR CONTRACT WITH PRIVATE COMPANIES TO ARRANGE CAB SERVICE. IN EXTREME CIRCUMSTANCES, WHEN THE SHELTER IS AT CAPACITY, WE MAY CONTRACT WITH A

Schedule I (Form 990) 2021 132102 10-26-21

LOCAL HOTEL TO SHELTER CLIENTS IN IMMINENT DANGER.

SCHEDULE J (Form 990)

Department of the Treasury

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

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

SAFE ALLIANCE INC.

Employer identification number 56-0529967

| Pa | art I Questions Regarding Compensation | | | | | | | |
|----|---|-----|----------|----|--|--|--|--|
| | | Y | /es | No | | | | |
| 1a | 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 | b | | | | | | |
| 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? | а | | Х | | | | |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | b | | X | | | | |
| С | Participate in or receive payment from an equity-based compensation arrangement? | с | _ | 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: | | | | | | | |
| | | a | \dashv | | | | | |
| b | , , , | b | | | | | | |
| _ | 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: | | | Х | | | | |
| | | a | | X | | | | |
| D | · · · · · · · · · · · · · · · · · · · | ib | | | | | | |
| 7 | 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 | , | | Х | | | | |
| | · · · · · · · · · · · · · · · · · · · | 7 | | | | | | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | 3 | | х | | | | |
| 0 | | , | | | | | | |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | | | | | |
| | | 9 1 | - 1 | | | | | |

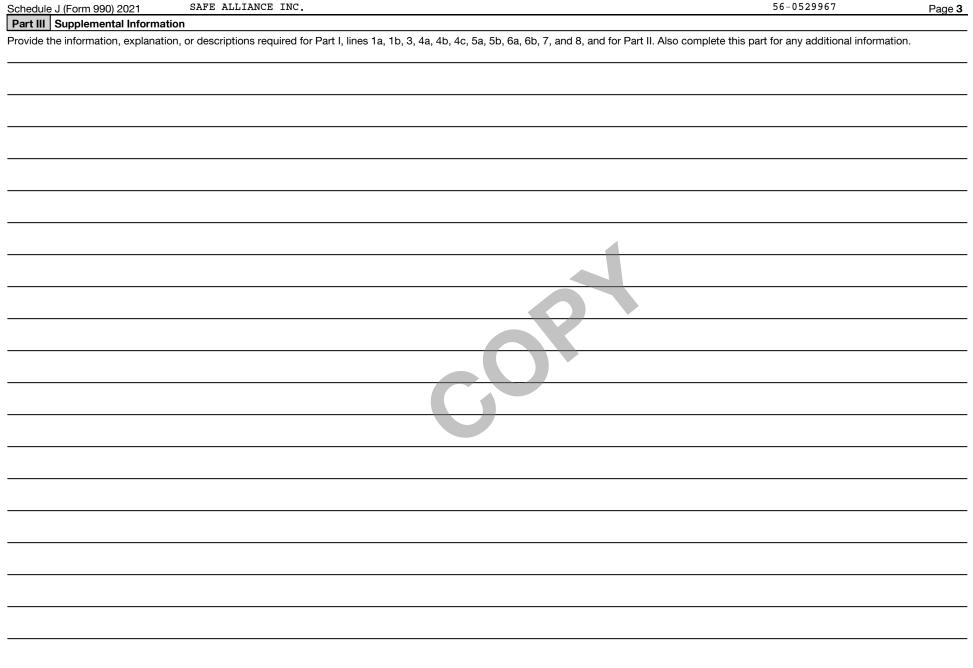
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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-MISC and/or 1099-NEC compensation | | | other deferred | (D) Nontaxable benefits | benefits (B)(i)-(D) | | |
|--------------------|-------------|--|-------------------------------------|-------------------------------------|----------------|-------------------------|---|----|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other compensation reportable | | | reported as deferred on prior Form 990 | | |
| (1) KAREN PARKER | (i) | 141,637. | 0. | 0. | 0. | 22,865. | 164,502. | 0. | |
| PRESIDENT/CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| | (i) | | | | | | | | |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization Employer identification number SAFE ALLIANCE INC. 56-0529967

| Par | t I Types of Property | | | | | | |
|-----|---|-------------------------------|---|---|--|------|------|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determi noncash contribution a | _ | s |
| 1 | Art - Works of art | | | | | | |
| 2 | Art - Historical treasures | | | | | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household goods | Х | | 165,730. | THRIFT STORE VALUE | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | Intellectual property | | | | | | |
| 9 | Securities - Publicly traded | | | Δ | | | |
| 10 | Securities - Closely held stock | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | |
| | trust interests | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | |
| | Historic structures | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | |
| 15 | Real estate - Residential | | | | | | |
| 16 | Real estate - Commercial | | | | | | |
| 17 | Real estate - Other | | | | | | |
| 18 | Collectibles | | | | | | |
| 19 | Food inventory | Х | 125 | 4,133. | COST | | |
| 20 | Drugs and medical supplies | Х | 30 | 1,300. | COST | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | | | | | | |
| 24 | Archeological artifacts | | | | | | |
| 25 | Other • () | | | | | | |
| 26 | Other () | | | | | | |
| 27 | Other () | | | | | | |
| 28 | Other () | | | | | | |
| 29 | Number of Forms 8283 received by the organization | zation durino | the tax vear for c | ontributions | | | |
| | for which the organization completed Form 82 | | | | | | |
| | 3 | , | 3 | | | Yes | No |
| 30a | During the year, did the organization receive by | v contributio | n anv property rep | orted in Part I. lines 1 throug | ıh 28. that it | | |
| | must hold for at least three years from the date | | | | | | |
| | exempt purposes for the entire holding period? | | | • | | | х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | |
| 31 | Does the organization have a gift acceptance p | oolicv that re | equires the review | of any nonstandard contribut | tions? 31 | | х |
| | Does the organization hire or use third parties | - | · · · | • | <u>01</u> | | |
| OLU | | | • | | 32a | | х |
| b | If "Yes," describe in Part II. | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | a type of property | for which column (a) is chec | cked, | | |
| | describe in Part II. | | | | | | |
| ΙЦΔ | For Panerwork Reduction Act Notice see | | fou Four 000 | | Schodulo M (For | 0001 | 0004 |

132142 11-17-21 Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SAFE ALLIANCE INC.

Employer identification number 56-0529967

| FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: |
|---|
| IN FY22, SAFE ALLIANCE'S DOMESTIC VIOLENCE SHELTER OFFERED SAFE HAVEN |
| TO 849 DOMESTIC VIOLENCE VICTIMS AND THEIR DEPENDENT CHILDREN WHO WERE |
| IN IMMINENT DANGER. 86% OF SHELTER RESIDENTS EXITED TO SAFE HOUSING. |
| 89% LEARNED NEW STRATEGIES TO REMAIN SAFE. OUR VICTIM ASSISTANCE COURT |
| PROGRAM ACCOMPANIED VICTIMS TO COURT ON 3,393 OCCASIONS. 96% OF VICTIMS |
| REPORTED AN INCREASE IN THEIR PERSONAL SAFETY AFTER WORKING PROGRAM |
| WITH A COURT ADVOCATE. THE SEXUAL TRAUMA RESOURCE CENTER SERVED 405 |
| PRIMARY AND SECONDARY CLIENTS INCLUDING 1,219 TRAUMA-INFORMED MENTAL |
| HEALTH COUNSELING SESSIONS AND 1,088 SAFETY PLANS. 99% OF CLIENTS |
| PROVIDED CRISIS INTERVENTION AND ADVOCACY SERVICES WERE ABLE TO |
| ARTICULATE AT LEAST ONE OPTION TO INCREASE THEIR PHYSICAL OR EMOTIONAL |
| SAFETY. 95% OF COUNSELING CLIENTS COMPLETING A SERVICE PLAN EXPERIENCED |
| IMPROVED EMOTIONAL WELLNESS AS MEASURED BY A DECREASE IN THEIR TRAUMA |
| SYMPTOMS AND IMPROVED ABILITY TO FUNCTION IN DAILY LIFE. ACROSS ALL OUR |
| PROGRAMS AND SERVICES, SAFE ALLIANCE WORKS FROM A TRAUMA-INFORMED, |
| SURVIVOR CENTERED PHILOSOPHY, HELPING VICTIMS REBUILD LIVES OF DIGNITY |
| AND STRENGTH. |
| |
| FORM 990, PART VI, SECTION B, LINE 11B: |
| THE AGENCY ADMINISTRATIVE TEAM AND BOARD FINANCE COMMITTEE REVIEW THE DRAFT |
| FORM 990 TO MAKE COMMENTS AND CORRECTIONS. AFTER THIS REVIEW IT IS |
| FINALIZED AND SENT TO THE FULL BOARD PRIOR TO FILING WITH THE IRS. THE |
| ADMINISTRATIVE TEAM AND FINANCE COMMITTEE REVIEW IS DETAILED AND INVOLVES |
| FULL REVIEW AND RECOMMENDATIONS FOR CHANGES. |

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

Schedule O (Form 990) 2021 Page 2

Employer identification number Name of the organization SAFE ALLIANCE INC. 56-0529967 FORM 990, PART VI, SECTION B, LINE 12C: BOTH BOARD AND STAFF ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY. THE BOARD POLICY EXTENDS TO FAMILY MEMBERS AND COVERS FINANCIAL INTERESTS SUCH AS OWNERSHIP INTEREST OR COMPENSATION ARRANGEMENT WITH AN ENTITY WITH WHOM THE AGENCY CONDUCTS BUSINESS, AS WELL AS A POTENTIAL OWNERSHIP INTEREST OR COMPENSATION ARRANGMENT WITH AN ENTITY WITH WHOM THE AGENCY IS CONSIDERING DOING BUSINESS. EACH BOARD MEMBER ANNUALLY DISCLOSES ANY POTENTIAL CONFLICT OF INTEREST AND MUST NOTIFY THE CHAIRPERSON OF THE BOARD OF ANY CHANGES THROUGHOUT THE YEAR. ANY BOARD MEMBER WHO HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN ANY BOARD VOTE CONCERNING THAT TRANSACTION. FOR STAFF THE POLICY EXTENDS TO GIVING PREFERENTIAL TREATMENT FOR SERVICES, AND ACCEPTING FROM OR STEERING REFERRALS TO PRIVATE PRACTICE. STAFF MEMBERS ARE ASKED TO DISCLOSE ANY POTENTIAL CONFLICTS AT THE TIME OF HIRE AND ANNUALLY AFTERWARD. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD APPROVED A NEW CEO COMPENSATION AND PERFORMANCE REVIEW POLICY IN JULY, 2014. THE EXECUTIVE COMMITTEE SHALL CONDUCT AN EXECUTIVE COMPENSATION SURVEY PERIODICALLY, REVIEWING COMPARABLE NATIONAL AND LOCAL DATA SOURCES AND DOCUMENTING THE REVIEW. FORM 990, PART VI, SECTION C, LINE 19: SAFE ALLIANCE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.