Form **990**

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. 2022 Open to Public

OMB No. 1545-0047

| | artment of the rnal Revenue | | Go to www.irs.gov/l | Form990 for instructions and | the latest in | formation. | | Inspection |
|---------------|--------------------------------|---------------|----------------------------------------------------------------------------------|--------------------------------------|-------------------|------------------------|-----------------|----------------------------|
| | | | ar year, or tax year beginning J | UL 1, 2022 and | d ending J | UN 30, 2023 | | |
| в | Check if | C Name o | f organization | | | D Employer | identificat | ion number |
| _ | applicable: | | | | | | | |
| Ļ | Change | | ALLIANCE INC. | | | | 00067 | |
| | change Initial | | usiness as | | | 56-05 | | |
| | return Final | | and street (or P.O. box if mail is not de FIFTH STREET | livered to street address) | Room/suite 400 | E Telephone 704-332 | | |
| L | return/ termin- ated | | own, state or province, country, and | 7IP or foreign postal code | 400 | G Gross receipts | | 7,283,404 |
| | Amended | - | OTTE, NC 28202 | ZIF of foreight postal code | | H(a) Is this a g | | |
| | return Applica- tion | | nd address of principal officer: LAUR | A LAWRENCE | | 1 | dinates? | |
| | pending | | C ABOVE | | | H(b) Are all subo | | |
| I | Tax-exem | pt status: | X 501(c)(3) 501(c) (|) (insert no.) 4947(a)(1) |) or 📃 527 | 1 | | t. See instructions |
| | Website: | | FEALLIANCE.ORG | | | H(c) Group ex | emption n | umber |
| | | ganization: | X Corporation Trust A | ssociation Other | L Year | of formation: 19 | 09 M S | tate of legal domicile: NC |
| Ρ | _ | Summary | | | | | | |
| đ | 1 Bri | | be the organization's mission or most | | OVIDE HOPE | E AND HEALIN | G TO | |
| Governance | | IOSE IMPA | CTED BY DOMESTIC VIOLENCE A | | | | | |
| ernő | 2 Ch | neck this bo | | ntinued its operations or dispo | osed of more | than 25% of its | | |
| Ň | 3 Nu | | ting members of the governing body | | | | | 27 |
| ¢ | s | | dependent voting members of the go | | | | | 21 |
| Activities | 5 To | | of individuals employed in calendary | | | | | 400 |
| tivit | 6 To | | of volunteers (estimate if necessary) d business revenue from Part VIII, co | | | | | 0. |
| AC | | | business taxable income from Form | | | | | 0. |
| | | | | | <u></u> | Prior Year | | Current Year |
| | 8 Co | ontributions | and grants (Part VIII, line 1h) | | | 8,381 | ,257. | 7,159,238. |
| bue | 9 Pr | | | | | 8 | ,536. | 97,087. |
| Revenue | 10 Inv | | come (Part VIII, column (A), lines 3, 4 | | | 3 | ,343. | -87,876. |
| ď | 11 Ot | her revenue | e (Part VIII, column (A), lines 5, 6d, 8d | , 9c, 10c, and 11e) | | -24 | ,313. | -28,306. |
| | 12 To | tal revenue | - add lines 8 through 11 (must equal | Part VIII, column (A), line 12) | | 8,368 | ,823. | 7,140,143 |
| | | | milar amounts paid (Part IX, column (| | | 577 | ,751. | 354,946. |
| | | | to or for members (Part IX, column (A | | | | 0. | 0, |
| ŝ | 15 Sa | | r compensation, employee benefits (| | | 4,648 | | 4,828,623. |
| Exnenses | 2 16a Pro | | undraising fees (Part IX, column (A), | | | | 0. | 0. |
| ž | | | ing expenses (Part IX, column (D), lin | / | ,587. | 2,166 | 984 | 2,185,980, |
| | 110 | | es (Part IX, column (A), lines 11a-11d es. Add lines 13-17 (must equal Part l | | | 7,393 | · | 7,369,549. |
| | | | expenses. Subtract line 18 from line | | | | ,252. | -229,406. |
| Jr | Sa 10 | | | ۱ <i>۲</i> | Be | ginning of Currer | | End of Year |
| Net Assets or | ца 120 То | tal assets (F | Part X, line 16) | | | 10,001 | | 10,289,826 |
| Ass | 21 To | • | s (Part X, line 26) | | | 706 | ,328. | 1,223,699. |
| Net | 22 Ne | | fund balances. Subtract line 21 from | line 20 | | 9,295 | ,533. | 9,066,127. |
| Ρ | art II | Signature | e Block | | | | | |
| | | | I declare that I have examined this return | | | | | owledge and belief, it is |
| true | e, correct, a | | d by: . Declaration of preparer (other than offic | er) is based on all information of w | vhich preparer | has any knowled | ge. 2/11/202 | 73 |
| | | | Laurence | | | | -/ 11/ 20 | 25 |
| Sig | , L. | ionature_960 | | | | Date | | |
| He | ·• | | ENCE, PRESIDENT & CEO | | | | | |
| | | | | Dranararia sizzatura | 1 | Date | Check | PTIN |
| Pai | | rint/Type pre | parer's name N | Preparer's signature JOHN NORMAN | | 2/08/23 | if 🖵 | P01506766 |
| | - | irm's name | CLIFTONLARSONALLEN LLP | | · ۲۰ | Firm's | self-employed | -0746749 |
| | · | irm's address | | ITE 800 | | | | |

 May the IRS discuss this return with the preparer shown above? See instructions

 232001
 12-13-22
 LHA
 For Paperwork Reduction Act Notice, see the separate instructions.

CHARLOTTE, NC 28202

No

X Yes

Phone no.704-998-5200

| raf | 990 (2022) SAFE ALLIANCE INC. t III Statement of Program Service Accomplishments | 56-0529967 | Page |
|-----|----------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------|
| | | | T |
| | Check if Schedule O contains a response or note to any line in this Part III | <u></u> | X |
| 1 | Briefly describe the organization's mission: | | |
| | TO PROVIDE HOPE AND HEALING TO THOSE IMPACTED BY DOMESTIC VIOLENCE AND | | |
| | SEXUAL ASSAULT. | | |
| | | | |
| | | | |
| | Did the organization undertake any significant program services during the year which were not listed on the | | v . |
| | prior Form 990 or 990-EZ? | Ye | es 🗵 No |
| | If "Yes," describe these new services on Schedule O. | | |
| | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Ye | es 🛛 No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as m | easured by expense | s. |
| | 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 \$5,840,832. including grants of \$354,946.) (Revenue | \$ | 97,087. |
| | IN FY 23, SAFE ALLIANCE'S DOMESTIC VIOLENCE SHELTER OFFERED SAFE HAVEN | | |
| | TO 852 DOMESTIC VIOLENCE VICTIMS AND THEIR DEPENDENT CHILDREN WHO WERE | | |
| | IN IMMINENT DANGER. 90% OF SHELTER RESIDENTS EXITED TO SAFE HOUSING | | |
| | 92% LEARNED NEW STRATEGIES TO REMAIN SAFE. OUR VICTIM ASSISTANCE COURT | | |
| | PROGRAM ACCOMPANIED VICTIMS TO COURT ON 3,723 OCCASIONS. 99% OF VICTIMS | | |
| | REPORTED AN INCREASE IN THEIR PERSONAL SAFETY AFTER WORKING PROGRAM | | |
| | WITH A COURT ADVOCATE. THE SEXUAL TRAUMA RESOURCE CENTER SERVED 399 | | |
| | | | |
| | PRIMARY AND SECONDARY CLIENTS INCLUDING 1,760 TRAUMA-INFORMED MENTAL | | |
| | HEALTH COUNSELING SESSIONS AND 6,049 SAFETY PLANS. 98% OF CLIENTS | | |
| | PROVIDED CRISIS INTERVENTION AND ADVOCACY SERVICES WERE ABLE TO | | |
| | ARTICULATE AT LEAST ONE OPTION TO INCREASE THEIR PHYSICAL OR EMOTIONAL | | |
| | SAFETY. (CONTINUED ON SCHEDULE O) | | |
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| | | | |
| | | | |
| | | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue | :\$ | |
| | | | |
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| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| | |) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) Form | 1 990 (202 |
| 4e | (Expenses \$ including grants of \$) (Revenue \$ |) Form | 1 990 (202 |

| | 990 (2022) SAFE ALLIANCE INC. 56-05299 | 67 | P | age 3 |
|--------|----------------------------------------------------------------------------------------------------------------------------------|------|------|------------|
| Pa | t IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part 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 | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | Х | |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 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 | | X |
| 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 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | ─ |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | <u>.</u> . |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | 0000 | X |
| 232003 | 3 12-13-22 | Form | 990 | (2022) |

| Form | 990 (2022) SAFE ALLIANCE INC. 56-0529 | 967 | P | age 4 |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|--------------|
| Par | rt IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| ~ | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete | | | |
| | | 25b | | x |
| 26 | Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 200 | | <u> </u> |
| 20 | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | . 20 | | |
| 21 | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | | 27 | | x |
| 00 | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | . 21 | | |
| 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): | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | 00- | | x |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | . 28b | | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 00 | | x |
| | "Yes," complete Schedule L, Part IV | 28c | x | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | . 29 | ~ | <u> </u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| • | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | . 31 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | . <u>35a</u> | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | . <u>35b</u> | | — |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | . 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance | 38 | Х | <u> </u> |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | ╷└─── |
| | | | Yes | No |
| | | 22 | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | 0 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | <u> </u> |
| 232004 | ¥ 12-13-22 | Form | 990 | (2022) |
| | 4 | | | |

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^{2022.05010} SAFE ALLIANCE INC.

| | 990 (2022) SAFE ALLIANCE INC. | 56-052996 | 7 | P | _{age} 5 |
|----------|---------------------------------------------------------------------------------------------------------------------|------------------------------|-----------|-------------|------------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | |
| | | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a 162 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | าร? | 2b | Х | |
| 3a | | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | • | 4a | | x |
| b | If "Yes," enter the name of the foreign country | , | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac | counts (FBAR) | | | |
| 5a | | | 5a | | x |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac | | 5b | | x |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| | | | - 30 | | |
| 0a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | - | 6. | | x |
| L | any contributions that were not tax deductible as charitable contributions? | | <u>6a</u> | | |
| D | If "Yes," did the organization include with every solicitation an express statement that such contribution | | | | 1 |
| _ | 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 ser | vices provided to the payor? | 7a | | X |
| b | | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | • | | | |
| | to file Form 8282? | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | ontract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | act? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | rm 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | tion 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. | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | |
| | amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | 120 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 12.5 | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| a | Note: See the instructions for additional information the organization must report on Schedule O. | | 154 | | |
| h | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | 406 | | | |
| | organization is licensed to issue qualified health plans | 13b | | | |
| | Enter the amount of reserves on hand | 13c | | | v |
| 14a | | | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | | |
| | excess parachute payment(s) during the year? | | 15 | | X |
| | 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 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac | tivities | | | 1 |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | 17 | | |
| | If "Yes," complete Form 6069. | | | | |
| 232005 | 5 12-13-22 | | Form | 9 90 | (2022) |

| Form | 990 (2022) SAFE ALLIANCE INC. | | | 529967 | | | age 6 |
|----------|-----------------------------------------------------------------------------------------------------------------------|------------|--------------------|----------|-----------|----------|--------------|
| Par | t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th | hrougi | h 7b below, and | for a " | 'No" r | espon | ise |
| | 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 | | | <u></u> | <u></u> | | 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 | 1 a | | 27 | | | |
| | 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 0. | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | | 27 | | | |
| 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 | | x |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | l | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | | | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | | | F | 5 | | x |
| 6 | Did the organization have members or stockholders? | | | Г | 6 | | x |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | | | | |
| | more members of the governing body? | - | | | 7a | | x |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | | ···· | | | |
| - | persons other than the governing body? | | | | 7b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the yea | | | | | | |
| | The governing body? | | - | - 1 | 8a | х | |
| b | Each committee with authority to act on behalf of the governing body? | | | Г | 8b | х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | ····· | 00 | | |
| 5 | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | | | 9 | | x |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | | | ····· | <u> </u> | L | |
| | | venue | Code.) | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | ſ | 10a | 103 | x |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | ····· - | 104 | | |
| 5 | | • | s, anniaics, | | 10b | | |
| 110 | Has the organization provided a complete copy of this Form 990 to all members of its governing body | | | Г | 11a | х | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | '' | 11a | | |
| b 120 | | | | | 12a | х | |
| | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | | | | 12a | x | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | ····· - | 120 | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | , | | | 10- | x | |
| 40 | on Schedule O how this was done | ••••• | | ···· - | 12c 13 | X | |
| 13 | Did the organization have a written whistleblower policy? | | | ····· | | X | |
| 14 | Did the organization have a written document retention and destruction policy? | | | | 14 | | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | i by in | aepenaent | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | 45 | v | |
| | The organization's CEO, Executive Director, or top management official | | | | 15a | X | |
| b | Other officers or key employees of the organization | | | ····· | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | nent v | /ith a | | | | |
| | taxable entity during the year? | | | | 16a | <u> </u> | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | - | - | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | | | | | | |
| | exempt status with respect to such arrangements? | | | <u></u> | 16b | L | |
| Sec | tion C. Disclosure | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filedNONE | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and | nd 990 | 0-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 S | chedule O) | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | nflict | of interest policy | y, 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 boo | oks an | d records | | | | |
| | ASCEND NONPROFIT SOLUTIONS - (704)943-9631 | | | | | | |
| | 601 E 5TH ST STE 450, CHARLOTTE, NC 28202 | | | | | | |
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| Form 990 (20 | | 56-0529967 | Page 7 |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Co | mpensated | |
| <u> </u> | 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 | | |
| ● List all | e this table for all persons required to be listed. Report compensation for the calendar year ending v of the organization's current officers, directors, trustees (whether individuals or organizations), reg olumns (D), (E), and (F) if no compensation was paid. | | |

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

| Name and title Average hours per week Description model Description product and the sector product and the sector product and the sector product and the sector form related organization from related organization Reportable compension from related organization Estimated aunual of other (1) KAREN PARKER 40.00 X 1 1099 NEC) 1099 NEC) 0 0 (1) KAREN PARKER 40.00 X 1112,906 0 34,524. (1) KAREN PARKER 40.00 X 1112,906 0 19,850. (2) KARANGE 1.00 X 0 0 0 0 (3) KAREN RERE 1.00 X 0 0 0 0 0 (4) LINDA CHRISTOPHERSON 1.00 X X 0 0 0 0 (5) DERENTOR 1.00 X X 0 0 0 0 0 (10) COUNNE 1.00 X X 0 0 0 0 0 0 | (A) | (B) | | | (| C) | | | (D) | (E) | (F) |
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| | (17) KIMBERLY ZIRKLE | 1.00 | | | | | | | | | |
| | DIRECTOR | | Х | | | | | | 0. | 0. | |

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232007 12-13-22

| Form 990 (2022) SAFE ALLIANCE | | | | | | | | | 56-052996 | 57 | F | Page 8 |
|---------------------------------------------------------------------------------------------------|----------------------|--------------------------------|-----------------------|---------|---------------------|---------------------------------|--------|---------------------------------|------------------------------|-------|---------------------|---------------|
| Part VII Section A. Officers, Directors, Trus (A) | tees, Key Emp (B) | oloy | ees, | | <u>d Hi</u> g C) | ghes | st C | Ompensated Employee (D) | s <u>(continued)</u> (E) | | (F) | |
| Name and title | Average | | | Pos | sitior | | | Reportable | Reportable | | Estimat | ed |
| | hours per | box | , unles | ss pe | erson i | than d is both | n an | compensation | compensation | 1 | amount | |
| | week | | cer an I | id a c | directo | or/trus T | tee) | from | from related | | other | |
| | (list any | Individual trustee or director | | | | | | the | organizations | cc | mpensa | |
| | hours for related | e or di | ee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | | from th | |
| | organizations | ruste | l trus | | ee | mpen | | 1099-NEC) | 1099-1120) | 1 | rganiza and rela | |
| | below | idual t | Institutional trustee | 5 | Key employee | est col | er | | | | ganizat | |
| | line) | Indiv | In stit | Officer | Key e | Highest compensated employee | Former | | | | - | |
| (18) NOELEE CLARKE, MD | 1.00 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | | | 0. |
| (19) SHELBY HUDSPITH | 1.00 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | | | 0. |
| (20) PHIL KLINE | 1.00 | | | | | | | | | | | • |
| DIRECTOR | 1 00 | х | | | | | | 0. | 0. | | | 0. |
| (21) JULIA HEJAZI | 1.00 | | | | | | | 0 | 0 | | | 0 |
| DIRECTOR (22) PASHA MAHER | 1.00 | Х | | | | | | 0. | 0. | - | | 0. |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | | | 0. |
| (23) TAMMY MANGUM | 1.00 | ~ | | | | | | 0. | 0. | | | <u> </u> |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | | | 0. |
| (24) BETH CAMERON | 1.00 | | | | | \vdash | | | ••• | | | |
| DIRECTOR | | x | | | | | | 0. | 0. | | | Ο. |
| (25) JEAN DAVIS | 1.00 | | | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | | | Ο. |
| (26) LETA EMMANUEL | 1.00 | | | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | | | 0. |
| 1b Subtotal | | | | | | | | 264,864. | 0. | | 54 | ,374. |
| c Total from continuation sheets to Part VI | I, Section A | | | | | | | 0. | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 264,864. | 0. | | 54 | ,374. |
| 2 Total number of individuals (including but n | ot limited to th | ose | liste | d al | bove | e) wh | o re | eceived more than \$100, | 000 of reportable | | | _ |
| compensation from the organization | | | | | | | | | | | | 2 |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | - | | | • | | | Ŭ | • • • | | | | x |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | 3 | | |
| 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 | | | | | | | | | | 4 | x | |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | - | | |
| rendered to the organization? If "Yes," com | | | | | | | | | | 5 | | x |
| Section B. Independent Contractors | | 201 | 01 30 | | 00/3 | 011 | | | | | | |
| 1 Complete this table for your five highest co | mpensated inc | lepe | nder | nt c | ontra | acto | rs th | nat received more than \$ | 100,000 of compensa | ation | from | |
| the organization. Report compensation for | the calendar ye | ear e | endir | ng w | vith c | or wi | thin | the organization's tax y | ear. | | | |
| (A) | | | | | | | | (B) | | | (C) | |
| Name and business | address | NO | NE | | | | | Description of s | ervices (| Comp | pensatio | on |
| | | | | | | | | | | | | |
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| | | | | | | | 1 | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (in | • | ot lin | nitec | d to | thos | se lis | ted | above) who received mo | ore than | | | |
| \$100,000 of compensation from the organized | zation | | | | (| U | | | | | | |

SEE PART VII, SECTION A CONTINUATION SHEETS

232008 12-13-22

| Part VII Section A. Officers, Directors, Trust (A) Name and title Name and title 0 27) JAMILAH ESPINOSA 0 IRECTOR 0 28) ASHLEY W. HARDEE 0 IRECTOR 0 29) LIBBY KELLIGREW 0 IRECTOR 0 30) TAMEKA PETERSON 0 IRECTOR 0 31) MARK T. WILSON 0 IRECTOR 0 32) MARCIE SHEALY 0 IRECTOR 0 11 (RECTOR 0 12 (RECTOR 0 | tees, Key En (B) Average hours per week (list any hours for related organizations below line) 1.00 1.00 | stee or director | | (C Pos | nd H C) that | | | (D) Reportable compensation from the | ees (continued) (E) Reportable compensation from related organizations | (F) Estimated amount of other |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------|--------------|--------------------|-----------------|--------|---------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------|
| Name and title Name and the spinore Name and the sp | Average hours per week (list any hours for related organizations below line) 1.00 1.00 | Individual trustee or director | neck | Pos all 1 | ition that | app | ly) | Reportable compensation from the | Reportable compensation from related | Estimated amount of other |
| 27) JAMILAH ESPINOSA IRECTOR 28) ASHLEY W. HARDEE IRECTOR 29) LIBBY KELLIGREW IRECTOR 30) TAMEKA PETERSON IRECTOR 31) MARK T. WILSON IRECTOR 32) MARCIE SHEALY | hours per week (list any hours for related organizations below line) 1.00 1.00 | Individual trustee or director | neck | all | that | app | ly) | compensation from the | compensation from related | amount of other |
| 27) JAMILAH ESPINOSA IRECTOR 28) ASHLEY W. HARDEE IRECTOR 29) LIBBY KELLIGREW IRECTOR 30) TAMEKA PETERSON IRECTOR 31) MARK T. WILSON IRECTOR 32) MARCIE SHEALY | per week (list any hours for related organizations below line) 1.00 1.00 | Individual trustee or director | | | | | iy) | from the | from related | other |
| 27) JAMILAH ESPINOSA IRECTOR 28) ASHLEY W. HARDEE IRECTOR 29) LIBBY KELLIGREW IRECTOR 30) TAMEKA PETERSON IRECTOR 31) MARK T. WILSON IRECTOR 32) MARCIE SHEALY | week (list any hours for related organizations below line) 1.00 1.00 | | Institutional trustee | Offlicer | oloyee | sated em ployee | | the | | |
| 27) JAMILAH ESPINOSA IRECTOR 28) ASHLEY W. HARDEE IRECTOR 29) LIBBY KELLIGREW IRECTOR 30) TAMEKA PETERSON IRECTOR 31) MARK T. WILSON IRECTOR 32) MARCIE SHEALY | (list any hours for related organizations below line) 1.00 1.00 | | Institutional trustee | Officer | oloyee | sated employe | | | ulganizations j | compensation |
| 27) JAMILAH ESPINOSA IRECTOR 28) ASHLEY W. HARDEE IRECTOR 29) LIBBY KELLIGREW IRECTOR 30) TAMEKA PETERSON IRECTOR 31) MARK T. WILSON IRECTOR 32) MARCIE SHEALY | hours for related organizations below line) 1.00 1.00 | | Institutional trustee | Officer | oloyee | sated em | | organization | (W-2/1099-MISC) | from the |
| 27) JAMILAH ESPINOSA IRECTOR 28) ASHLEY W. HARDEE IRECTOR 29) LIBBY KELLIGREW IRECTOR 30) TAMEKA PETERSON IRECTOR 31) MARK T. WILSON IRECTOR 32) MARCIE SHEALY | related organizations below line) 1.00 1.00 | | Institutional trustee | Officer | oloyee | sate | | (W-2/1099-MISC) | (11 2) 1000 11100) | organization |
| 27) JAMILAH ESPINOSA IRECTOR 28) ASHLEY W. HARDEE IRECTOR 29) LIBBY KELLIGREW IRECTOR 30) TAMEKA PETERSON IRECTOR 31) MARK T. WILSON IRECTOR 32) MARCIE SHEALY | below line) 1.00 1.00 1.00 | | Institutional tr | Officer | oloyee | ü | | | | and related |
| IRECTOR 28) ASHLEY W. HARDEE IRECTOR 29) LIBBY KELLIGREW IRECTOR 30) TAMEKA PETERSON IRECTOR 31) MARK T. WILSON IRECTOR 32) MARCIE SHEALY | line) 1.00 1.00 1.00 | | Institutio | Officer | | dmo: | | | | organizations |
| IRECTOR 28) ASHLEY W. HARDEE IRECTOR 29) LIBBY KELLIGREW IRECTOR 30) TAMEKA PETERSON IRECTOR 31) MARK T. WILSON IRECTOR 32) MARCIE SHEALY | 1.00 | | Ins | E E | l em l | hest (| Former | | | |
| IRECTOR 28) ASHLEY W. HARDEE IRECTOR 29) LIBBY KELLIGREW IRECTOR 30) TAMEKA PETERSON IRECTOR 31) MARK T. WILSON IRECTOR 32) MARCIE SHEALY | 1.00 | x | | <u> </u> | Key | Hig | For | | | |
| 28) ASHLEY W. HARDEE IRECTOR 29) LIBBY KELLIGREW IRECTOR 30) TAMEKA PETERSON IRECTOR 31) MARK T. WILSON IRECTOR 32) MARCIE SHEALY | 1.00 | х | i | | | | | | | _ |
| IRECTOR 29) LIBBY KELLIGREW IRECTOR 30) TAMEKA PETERSON IRECTOR 31) MARK T. WILSON IRECTOR 32) MARCIE SHEALY | 1.00 | | | | | | | 0. | 0. | 0. |
| 29) LIBBY KELLIGREW IRECTOR 30) TAMEKA PETERSON IRECTOR 31) MARK T. WILSON IRECTOR 32) MARCIE SHEALY | | | | | | | | 0 | 0 | 0 |
| IRECTOR 30) TAMEKA PETERSON IRECTOR 31) MARK T. WILSON IRECTOR 32) MARCIE SHEALY | | х | | | | | | 0. | 0. | 0. |
| 30) TAMEKA PETERSON IRECTOR 31) MARK T. WILSON IRECTOR 32) MARCIE SHEALY | 1 0.0 | x | | | | | | 0. | 0. | 0. |
| IRECTOR 31) MARK T. WILSON IRECTOR 32) MARCIE SHEALY | 1 111 | ~ | | | - | | | · · · · | · · | υ. |
| 31) MARK T. WILSON IRECTOR 32) MARCIE SHEALY | 1.00 | x | | | | | | 0. | Ο. | 0. |
| IRECTOR 32) MARCIE SHEALY | 1.00 | <u> </u> | | | | | | | 5. | |
| | - | x | | | | | | 0. | Ο. | 0. |
| IRECTOR | 1.00 | | | | | | | | | |
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| otal to Part VII, Section A, line 1c | | | | | | | | | | |

232201 04-01-22

| | | | 2022) SAFE ALLIANCE IN | с. | | | | 56-052996 | 7 Page 9 |
|-----------------------------------------------------------|-------|----------|----------------------------------------------------------------------|-----------|---------------------|-----------------------------|----------------------------------------------|---------------------------------------------|-----------------------------------------------------------------|
| Pa | rt V | /111 | Statement of Revenue | | | | | | |
| | | | Check if Schedule O contains a respor | nse c | or note to any line | | (5) | (2) | |
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ις N | 1 | а | Federated campaigns 1a | | 144,138. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | • | | Membership dues 1b | | , , | | | | |
| n G | | | Fundraising events | | 412,396. | | | | |
| ifts ar A | | | Related organizations 1d | | | | | | |
| s, G milå | | | Government grants (contributions) 1e | | 4,535,217. | | | | |
| r Si | | f | All other contributions, gifts, grants, and | | | | | | |
| but | | | similar amounts not included above 1f | | 2,067,487. | | | | |
| d O | | g | Noncash contributions included in lines 1a-1f | | 68,974. | | | | |
| an Co | | h | Total. Add lines 1a-1f | | | 7,159,238. | | | |
| | | | | | Business Code | | | | |
| ce | 2 | а | PROGRAM SERVICE REV. | _ | 624100 | 97,087. | 97,087. | | |
| ervi Je | | b | | | | | | | |
| n S /ent | | С | | _ | | | | | |
| Program Service Revenue | | d | | _ | | | | | |
| roç | | e 4 | | _ | | | | | |
| - | | | All other program service revenue Total. Add lines 2a-2f | - | | 97,087. | | | |
| | 3 | g | Total. Add lines 2a-2f Investment income (including dividends, in | | | | | | |
| | Ũ | | other similar amounts) | | | 27,079. | | | 27,079. |
| | 4 | | Income from investment of tax-exempt bor | | | | | | |
| | 5 | | Royalties | | | | | | |
| | | | (i) Real | | (ii) Personal | | | | |
| | 6 | а | Gross rents 6a | | | | | | |
| | | b | Less: rental expenses 6b | | | | | | |
| | | с | Rental income or (loss) 6c | | | | | | |
| | | d | Net rental income or (loss) | | | | | | |
| | 7 | а | Gross amount from sales of (i) Securiti | es | (ii) Other | | | | |
| | | | assets other than inventory 7a | | | | | | |
| | | b | Less: cost or other basis | | 114 055 | | | | |
| evenue | | | and sales expenses | | 114,955. | | | | |
| eve | | | Gain or (loss) | | -114,955. | 114 055 | | | -114,955. |
| Other Re | | | Net gain or (loss) Gross income from fundraising events (not | \square | | -114,955. | | | -114,955. |
| ð | | | including \$ 412,396. of | | | | | | |
| | | | contributions reported on line 1c). See | | | | | | |
| | | | , | 8a | 0. | | | | |
| | | | Less: direct expenses | 8b | 28,306. | 20.200 | | | 20.200 |
| | | | Net income or (loss) from fundraising even | ts | | -28,306. | | | -28,306. |
| | 9 | а | Gross income from gaming activities. See | | | | | | |
| | | ۲ | Part IV, line 19 | 9a 9b | | | | | |
| | | | Less: direct expenses Net income or (loss) from gaming activities | | | | | | |
| | | | Gross sales of inventory, less returns | | | | | | |
| | .0 | a | | 10a | | | | | |
| | | b | | 10b | | | | | |
| | | | Net income or (loss) from sales of inventor | | | | | | |
| | | | | | Business Code | | | | |
| suo 🤅 | 11 | а | | | | | | | |
| ane | | b | | _ | | | | | |
| Sells | | с | | | | | | | |
| Miscellaneous Revenue | | d | All other revenue | | | | | | |
| 2 | | | Total. Add lines 11a-11d | | | | | | |
| | 12 | | Total revenue. See instructions | | | 7,140,143. | 97,087. | 0. | -116,182. |
| 23200 | 9 12- | -13- | 22 | | | | | | Form 990 (2022 |

232009 12-13-22

¹⁰ 2022.05010 SAFE ALLIANCE INC.

| Secti | on 501(c)(3) and 501(c)(4) organizations must compl | ete all columns. All othe | r organizations must corr | nplete column (A). | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------|--------------------------------------------------|---------------------------------------|
| | Check if Schedule O contains a respons | | | | |
| | not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) 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 | 354,946. | 354,946. | | |
| 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 | 264,864. | | 264,864. | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 3,550,760. | 3,169,352. | 62,299. | 319,109 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 76,996. | 66,632. | 1,447. | 8,917 |
| 9 | Other employee benefits | 643,311. | 543,137. | 37,247. | 62,927 |
| 0 | Payroll taxes | 292,692. | 243,116. | 25,191. | 24,385 |
| 1 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| с | Accounting | 212,438. | | 212,438. | |
| 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.) | 457,124. | 220,782. | 188,495. | 47,847 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 120,804. | 98,060. | 10,550. | 12,194 |
| 4 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 662,421. | 469,121. | 148,818. | 44,482 |
| 17 | Travel | 31,672. | 22,055. | 7,600. | 2,017 |
| 18 | Payments of travel or entertainment expenses | , | , | , , , , , , , , , , , , , , , , , , , , | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 242. | 242. | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 344,220. | 311,220. | 33,000. | |
| 23 | Insurance | 59,357. | 54,938. | 1,607. | 2,812 |
| 23 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | -, | | _, |
| а | EQUIPMENT & MAINTENANCE | 144,752. | 143,615. | 519. | 618 |
| b | DONATED NONFINANCIAL AS | 68,974. | 68,974. | | |
| с | TELEPHONE & INTERNET | 40,081. | 37,903. | 1,613. | 565 |
| d | DUES | 6,014. | 2,307. | 3,707. | |
| е | All other expenses | 37,881. | 34,432. | 735. | 2,714 |
| 5 | Total functional expenses. Add lines 1 through 24e | 7,369,549. | 5,840,832. | 1,000,130. | 528,587 |
| 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 fifollowing SOP 98-2 (ASC 958-720) | | | | |

232010 12-13-22

Form 990 (2022)

| m 990 art X | (2022) SAFE ALLIANCE INC. | | | 56-0529 | 967 Page |
|----------------------------------|--------------------------------------------------------|---------------------------|---------------------------------|----------|---------------------------|
| | Check if Schedule O contains a response or note t | o any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | | | 1 | |
| 2 | Savings and temporary cash investments | | | 2 | 2,700,76 |
| 3 | Pledges and grants receivable, net | | | 3 | 724,00 |
| 4 | Accounts receivable, net | | | 4 | 145,66 |
| 5 | Loans and other receivables from any current or fo | | | | |
| | trustee, key employee, creator or founder, substan | | | | |
| | controlled entity or family member of any of these | | | 5 | |
| 6 | Loans and other receivables from other disgualified | | _ | | |
| | under section 4958(f)(1)), and persons described in | | 6 | | |
| 7 | Notes and loans receivable, net | | 7 | | |
| 8 | Inventories for sale or use | | | 8 | |
| 9 | | | 24E 477 | 9 | 129,8 |
| | Land, buildings, and equipment: cost or other | | | | , |
| | basis. Complete Part VI of Schedule D | 10a 9,636, | 594. | | |
| ŀ | Less: accumulated depreciation | | | 10c | 4,961,2 |
| 11 | Investments - publicly traded securities | | 11 | 12,0 | |
| 12 | Investments - other securities. See Part IV, line 11 | | 12 | 1,616,2 | |
| 13 | Investments - program-related. See Part IV, line 11 | | 13 | , , | |
| 14 | Intangible assets | | 14 | | |
| 15 | Other assets. See Part IV, line 11 | | 15 | | |
| 16 | Total assets. Add lines 1 through 15 (must equal l | | 16 | 10,289,8 | |
| 17 | Accounts payable and accrued expenses | , , | 17 | 167,0 | |
| 18 | | | 18 | | |
| 19 | Grants payable | | 19 | | |
| 20 | Deferred revenue | | 20 | | |
| 20 | Tax-exempt bond liabilities | | | 20 | |
| 00 | Escrow or custodial account liability. Complete Pa | | | 21 | |
| 22 | Loans and other payables to any current or former | | | | |
| | trustee, key employee, creator or founder, substan | | | 00 | |
| | controlled entity or family member of any of these | | 400.051 | 22 | 492,4 |
| 23 | Secured mortgages and notes payable to unrelate | | | 23 | 472,4 |
| 24 | Unsecured notes and loans payable to unrelated th | | | 24 | |
| 25 | Other liabilities (including federal income tax, paya | | | | |
| | parties, and other liabilities not included on lines 1 | | 69,954. | 05 | 564,1 |
| | of Schedule D | | 706,328. | | 1,223,6 |
| 26 | Total liabilities. Add lines 17 through 25 | | | 26 | 1,223,0 |
| | Organizations that follow FASB ASC 958, check | nere 🔼 | | | |
| 07 | and complete lines 27, 28, 32, and 33. | | 8,340,506. | 07 | 8,440,3 |
| 27 | | | | 27 | 625,7 |
| 28 | Net assets with donor restrictions | | | 28 | 025,7 |
| | 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 | |
| 30 | Paid-in or capital surplus, or land, building, or equi | | | 30 | |
| 27 28 29 30 31 32 | Retained earnings, endowment, accumulated inco | | | 31 | 0.000 1 |
| | Total net assets or fund balances | | | 32 | 9,066,12 |
| 33 | Total liabilities and net assets/fund balances | | 10,001,861. | 33 | 10,289,8 |

| 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 | 7,140, 7,369, -229, 9,295, | ,549. ,406. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) 1 7 2 Total expenses (must equal Part IX, column (A), line 25) 2 7 3 Revenue less expenses. Subtract line 2 from line 1 3 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 9 5 Net unrealized gains (losses) on investments 5 6 | ,369, -229, | ,549. ,406. |
| 2 Total expenses (must equal Part IX, column (A), line 25) 2 7 3 Revenue less expenses. Subtract line 2 from line 1 3 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 9 5 5 6 | ,369, -229, | ,549. ,406. |
| 2 Total expenses (must equal Part IX, column (A), line 25) 2 7 3 Revenue less expenses. Subtract line 2 from line 1 3 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 9 5 5 6 | ,369, -229, | ,549. ,406. |
| 3 Revenue less expenses. Subtract line 2 from line 1 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 9 5 Net unrealized gains (losses) on investments 5 6 6 6 6 6 | -229, | 406. |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 9 5 Net unrealized gains (losses) on investments 5 5 6 6 6 | | |
| 5 Net unrealized gains (losses) on investments 6 6 |),295, | 533. |
| 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, | | |
| | 9,066, | 127. |
| Part XII Financial Statements and Reporting | | |
| Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | |
| | Yes | No |
| 1 Accounting method used to prepare the Form 990: Cash X Accrual Other | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a | | |
| separate basis, consolidated basis, or both: | | |
| Separate basis Consolidated basis Both consolidated and separate basis | | |
| b Were the organization's financial statements audited by an independent accountant? 2b | 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 | | |
| c 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? | х | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | |
| Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | х | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | | |
| or audits, explain why on Schedule O and describe any steps taken to undergo such audits | х | |

Form **990** (2022)

| SCHEDULE A Public Charity Status and Public Support | | | | | | OMB No. 1545-0047 | | | |
|-----------------------------------------------------|---------------------------------------|-------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------|---------------------|-------------------|----------------------------------|---------------|-------------------------------------------------|
| (Form | 990) | | Complete if the organization is a section 501(c)(3) organization or a section | | | | | 2022 | |
| | | | | 47(a)(1) nonexempt cha | | | | | ZUZZ |
| | ent of the Treasury evenue Service | | | ttach to Form 990 or Fo | | | | | Open to Public Inspection |
| | of the organizati | | Go to www.irs.gov/ | Form990 for instruction | is and the | latest inf | ormation. | Employer | identification number |
| Nume | or the organizati | | LLIANCE INC. | | | | | | 56-0529967 |
| Part | I Reason | | | (All organizations must o | omplete th | nis part.) S | ee instruction | | |
| The or | | | | For lines 1 through 12, c | | | | | |
| 1 | A church, cor | nvention of ch | urches, or associatio | on of churches described | in sectio | n 170(b)(1 | I)(A)(i). | | |
| 2 | A school des | cribed in sect i | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | n 990).) | | | | |
| 3 _ | | - | | anization described in se | | | - | | |
| 4 | | - | ation operated in co | njunction with a hospital | described | in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| - - | city, and state | | at the herefit of a cal | | | | verementel | ait describe | |
| 5 🗌 | _ • | • | Complete Part II.) | llege or university owned | or operation | eu by a gu | wenninentai u | | |
| 6 | | | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 🛛 | | | - | ntial part of its support fr | | | | ne general r | oublic described in |
| | - | | omplete Part II.) | | Ū. | | | • | |
| 8 | A community | trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | |
| 9 | An agricultura | al research org | anization described | in section 170(b)(1)(A)(| i x) operate | ed in conju | inction with a | land-grant | college |
| | · · · · · · | or a non-land-g | grant college of agric | ulture (see instructions). | Enter the r | name, city | , and state of | the college | or |
| 1 0 [| university: | | II | then 00 1/00/ of its surge | | | | | |
| 10 🗌 | | | | than 33 1/3% of its supp t to certain exceptions; a | | | | | |
| | | | | (less section 511 tax) fro | | | | | - |
| | | | mplete Part III.) | (| | • | | | |
| 11 🗌 | 🗌 An organizati | on organized a | and operated exclusi | ively to test for public sa | fety. See | section 50 |)9(a)(4). | | |
| 12 | 🗌 An organizati | on organized a | and operated exclusi | ively for the benefit of, to | perform tl | he functio | ns of, or to ca | rry out the | purposes of one or |
| | | | - | d in section 509(a)(1) o | | | | | Check the box on |
| | | • | • · | f supporting organizatior | | | | - | |
| а | | | - | upervised, or controlled | • | - | | | |
| | | - | complete Part IV, Se | gularly appoint or elect a | majonty o | | | | ipporting |
| b | | | • | or controlled in connect | ion with its | s supporte | d organizatio | n(s), by hav | ving |
| | | | - | anization vested in the s | | | - | | - |
| | organizatio | n(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| с | Type III fur | nctionally inte | grated. A supportin | g organization operated | in connect | tion with, a | and functional | ly integrate | d with, |
| | | | |). You must complete I | | | | | |
| d | | - | • | oorting organization oper | | | | • | · · · |
| | | | | ation generally must sat | | | | anattentiv | reness |
| е | | | | written determination fro | | | | II. Type III | |
| _ | | • | | nally integrated supporti | | | ·) ·, ·) | ., ., ., | |
| f E | Enter the number | of supported of | organizations | | | | | | |
| g F | | 0 | about the supporte | | (iv) is the oras | anization listed | | | |
| | (i) Name of support organization | | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your governi | ng document? | (v) Amount of support (see ir | 3 | (vi) Amount of other support (see instructions) |
| | 5 | | | above (see instructions)) | Yes | No | | , | |
| | | | | | | | | | |
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| Total | | | | | | | | | |

| Sol | edule A (Form 990) 2022 S2 | AFE ALLIANCE I | NC | | | 56-05299 | 67 Dogo 2 |
|----------|----------------------------------------------|---------------------|----------------------|---------------------|---------------------|-----------------------------------------|------------------|
| _ | art II Support Schedule for | | | Sections 170(b | (1)(A)(iv) and | | |
| | (Complete only if you checked | | | | | | |
| | fails to qualify under the tests | | | - | nalieu to quality u | | organization |
| Se | ction A. Public Support | | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Gifts, grants, contributions, and | (0) 2010 | (0) 2010 | (0) 2020 | (0) 2021 | | (i) iotai |
| • | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 6,155,699. | 6,578,359. | 8,539,202. | 8,381,257. | 7,159,238. | 36,813,755. |
| 0 | Tax revenues levied for the organ- | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| 2 | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| ~ | | | | | | | |
| 3 | | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | 6 1EE 600 | 6 570 250 | 9 520 202 | 0 201 257 | 7 150 000 | 36 013 7EE |
| 4 | Total. Add lines 1 through 3 | 6,155,699. | 6,578,359. | 8,539,202. | 8,381,257. | 7,159,238. | 36,813,755. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | 36,813,755. |
| Se | ction B. Total Support | | | | | | |
| Cal | endar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | 6,155,699. | 6,578,359. | 8,539,202. | 8,381,257. | 7,159,238. | 36,813,755. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 5,005. | 5,430. | 2,701. | 3,343. | 27,079. | 43,558. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| 10 | or loss from the sale of capital | | | | | | |
| | • | 4,421. | 24,976. | 8,848. | 999. | | 39,244. |
| | assets (Explain in Part VI.) | -, | 21,570. | 0,010. | | | 36,896,557. |
| 11 | Total support. Add lines 7 through 10 | | | | | 40 | 292,897. |
| 12 | Gross receipts from related activities, | | | | | | 252,057. |
| 13 | First 5 years. If the Form 990 is for the | - | | | | | |
| <u> </u> | organization, check this box and stor | | | | | | ····· |
| | ction C. Computation of Publi | | | | | | 00 70 |
| 14 | Public support percentage for 2022 (I | | | | | | 99.78 % |
| 15 | Public support percentage from 2021 | | | | | 15 | 99.83 % |
| 16 | a 33 1/3% support test - 2022. If the o | | | line 13, and line 1 | 4 is 33 1/3% or m | ore, check this box | |
| | stop here. The organization qualifies | | • | | | | |
| I | 33 1/3% support test - 2021. If the o | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | a 10% -facts-and-circumstances test | - 2022. If the org | anization did not cl | neck a box on line | 13, 16a, or 16b, a | and line 14 is 10% o | or more, |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a put | licly supported or | ganization | | |
| I | o 10% -facts-and-circumstances test | - 2021. If the org | anization did not cl | neck a box on line | 13, 16a, 16b, or 1 | 7a, and line 15 is 1 | 0% or |
| | more, and if the organization meets th | | | | | | |
| | organization meets the facts-and-circu | | | | | | |
| 18 | Private foundation. If the organization | | | | | | |
| | | | | | | | Form 990) 2022 |

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 Schedule A (Form 990) 2022
 SAFE ALLIANCE INC.

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

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

| Sec | ction A. Public Support | | | | | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|-----------------------|---------------------|-----------------|------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | 2 (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | 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 | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 Sec | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | 2 (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| с | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | ne organization's f | irst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) orga | nization, |
| | check this box and stop here | | | | | | |
| Sec | ction C. Computation of Public | c Support Per | rcentage | | | | |
| 15 | Public support percentage for 2022 (I | ine 8, column (f), c | divided by line 13, | column (f)) | | 15 | % |
| 16 | Public support percentage from 2021 | Schedule A, Part | III, line 15 | | | 16 | % |
| Sec | ction D. Computation of Investion | stment Income | e Percentage | | | | |
| 17 | Investment income percentage for 20 |)22 (line 10c, colu | mn (f), divided by l | ine 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from | 2021 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a | 33 1/3% support tests - 2022. If the | organization did r | not check the box | on line 14, and lin | e 15 is more than | 33 1/3%, and | line 17 is not |
| | more than 33 1/3%, check this box a | nd stop here. The | organization qual | ifies as a publicly s | supported organiz | ation | |
| b | 33 1/3% support tests - 2021. If the | organization did r | not check a box or | n line 14 or line 19 | a, and line 16 is m | nore than 33 1/ | '3%, and |
| | line 18 is not more than 33 1/3%, che | ck this box and s | top here. The orga | anization qualifies | as a publicly supp | oorted organiza | ation |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check t | his box and see in | structions | |
| 23202 | 3 12-09-22 | | 16 | | | Schee | dule A (Form 990) 2022 |

Schedule A (Form 990) 2022

SAFE ALLIANCE INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

Yes No

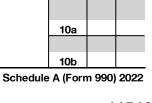
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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17

| _ | | 529967 | Pa | age 5 |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|--------------|
| Pa | rt IV Supporting Organizations (continued) | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | 165 | |
| 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? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| | 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. | 11c | | |
| 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. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| 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). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | <u> </u> | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| _ | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | | | |
| | 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 | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's | 2 | | |
| 3 | significant voice in the organization's investment policies and in directing the use of the organization's | 2 | | |
| 3 | 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 | | | |
| 3 Sec | 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? <i>If "Yes," describe in</i> Part VI <i>the role the organization's supported organizations played in this regard.</i> | 3 | | |
| | 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? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's</i> <u>supported organizations played in this regard.</u> tion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| 1 | 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? <i>If "Yes," describe in</i> Part VI <i>the role the organization's</i> <u>supported organizations played in this regard.</u> tion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| 1 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? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's</i> <u>supported organizations played in this regard.</u> tion E. Type III Functionally Integrated Supporting Organizations <i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year</i> (see instruction The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> | 3 | | |
| 1 a b | 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? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's</i> <u>supported organizations played in this regard.</u> tion E. Type III Functionally Integrated Supporting Organizations <i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year</i> (see instruction The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below</i> . The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> . | 3 ns). | 25) | |
| 1 a b c | 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? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's</i> <u>supported organizations played in this regard.</u> tion E. Type III Functionally Integrated Supporting Organizations <i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year</i> (see instruction The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i> The organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a governmental entity</i> (see | 3 ns). | | No |
| 1 a b c 2 | 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? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's</i> <u>supported organizations played in this regard.</u> tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. | 3 ns). | ns). Yes | No |
| 1 a b c | 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? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's supported organizations played in this regard.</i> tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> The organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | 3 ns). | | No |
| 1 a b c 2 | 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? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's supported organizations played in this regard.</i> tion E. Type III Functionally Integrated Supporting Organizations <i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year</i> (see instruction in the organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below</i> . The organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a governmental entity (see Activities Test.</i> Answer lines 2a and 2b below . 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? <i>If</i> "Yes," <i>then in</i> Part VI identify | 3 ns). | | No |
| 1 a b c 2 | 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? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's supported organizations played in this regard.</i> tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. 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? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, | 3 ns). | | No |
| 1 a b c 2 | 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? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's</i> <u>supported organizations played in this regard.</u> tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. 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? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organization <i>was responsive to those supported organizations, and how the organization determined</i> | 3 ns). | | No |
| 1 b c 2 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? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's supported organizations played in this regard.</i> tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the 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. | 3 ns). | | No |
| 1 b c 2 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? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's supported organizations played in this regard.</i> tion E. Type III Functionally Integrated Supporting Organizations <i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year</i> (see instruction in the organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> The organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a governmental entity</i> (see Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain <i>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 during all of its activities.</i> Did the activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | 3 ns). | | No |
| 1 b c 2 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? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's supported organizations played in this regard.</i> tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the 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. | 3 ns). | | No |
| 1 b c 2 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? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's supported organizations played in this regard.</i> tion E. Type III Functionally Integrated Supporting Organizations <i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year</i> (see instruction in the organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> The organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a governmental entity</i> (see Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain <i>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 during all of its activities.</i> Did the activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | 3 ns). | | No |

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

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3b | Schedule A (Form 990) 2022

3a

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| Schedule A (For | | | | 56-0529967 | Page |
|--------------------|----------------------------------------------------------------------------|-----------------|---------------------------------|-------------------------|----------|
| Part V Ty | ype III Non-Functionally Integrated 509(a)(3) Support | ing Organi | zations | | |
| 1 Che | eck here if the organization satisfied the Integral Part Test as a qualify | ring trust on N | ov. 20, 1970 (<i>explain i</i> | n Part VI). See instr | ructions |
| All | other Type III non-functionally integrated supporting organizations mu | ust complete S | Sections A through E. | | |
| ection A - Ad | justed Net Income | | (A) Prior Year | (B) Current (optiona | |
| 1 Net short | -term capital gain | 1 | | | |
| 2 Recoverie | es of prior-year distributions | 2 | | | |
| 3 Other gro | oss income (see instructions) | 3 | | | |
| 4 Add lines | 1 through 3. | 4 | | | |
| 5 Depreciat | tion and depletion | 5 | | | |
| 6 Portion of | f operating expenses paid or incurred for production or | | | | |
| collection | n of gross income or for management, conservation, or | | | | |
| maintena | nce of property held for production of income (see instructions) | 6 | | | |
| 7 Other exp | penses (see instructions) | 7 | | | |
| B Adjusted | I Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | |
| ection B - Mir | nimum Asset Amount | | (A) Prior Year | (B) Current (optiona | |
| 1 Aggregat | e fair market value of all non-exempt-use assets (see | | | | |
| instructio | ns for short tax year or assets held for part of year): | | | | |
| a Average r | monthly value of securities | 1a | | | |
| b Average r | monthly cash balances | 1b | | | |
| c Fair mark | et value of other non-exempt-use assets | 1c | | | |
| d Total (add | d lines 1a, 1b, and 1c) | 1d | | | |
| e Discount | t claimed for blockage or other factors | | | | |
| (explain ir | n detail in Part VI): | | | | |
| Acquisitic | on indebtedness applicable to non-exempt-use assets | 2 | | | |
| 3 Subtract | line 2 from line 1d. | 3 | | | |
| 4 Cash dee | emed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | | |
| see instru | uctions). | 4 | | | |
| 5 Net value | of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | |
| 6 Multiply li | ine 5 by 0.035. | 6 | | | |
| 7 Recoverie | es of prior-year distributions | 7 | | | |
| 3 Minimum | n Asset Amount (add line 7 to line 6) | 8 | | | |
| ection C - Dis | stributable Amount | | | Current Y | 'ear |
| 1 Adjusted | net income for prior year (from Section A, line 8, column A) | 1 | | | |
| | 5 of line 1. | 2 | | | |
| B Minimum | asset amount for prior year (from Section B, line 8, column A) | 3 | | | |
| 4 Enter grea | ater of line 2 or line 3. | 4 | | | |
| 5 Income ta | ax imposed in prior year | 5 | | | |
| | able Amount. Subtract line 5 from line 4, unless subject to | | | | |
| | cy temporary reduction (see instructions). | 6 | | | |
| | eck here if the current year is the organization's first as a non-function | | d Type III supporting or | anization (see | |

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

| Sche Par | dule A (Form 990) 2022 SAFE ALLIANCE INC. t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | nizations (| 56-0529967 | Page 7 |
|--------------|------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|--------------------------------------|---------------|
| | on D - Distributions | | nizations (continued) | Current Ye | |
| <u>3ecu</u> | Amounts paid to supported organizations to accomplish exe | mot purposes | 1 | | 201 |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | · | |
| - | organizations, in excess of income from activity | | 2 | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | | | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | L I | |
| 5 | Qualified set-aside amounts (prior IRS approval required - prior | ovide details in Part VI) | 5 | 5 | |
| 6 | Other distributions (<i>describe in</i> Part VI). See instructions. | 6 | 3 | | |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 | 7 | | |
| 8 | Distributions to attentive supported organizations to which the | | | | |
| | (provide details in Part VI). See instructions. | | 8 | 3 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | 9 |) | |
| 10 | Line 8 amount divided by line 9 amount | | 10 | | |
| Secti | tion E - Distribution Allocations (see instructions) (i) (ii) Underdistributions Pre-2022 | | | (iii) Distributal Amount for : | |
| _1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| a | From 2017 | | | | |
| b | From 2018 | | | | |
| C | From 2019 | | | | |
| d | From 2020 | | | | |
| e | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2022 distributable amount | | | | |
| <u> i</u> | Carryover from 2017 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| <u>a</u> | Applied to underdistributions of prior years | | | | |
| | Applied to 2022 distributable amount | | | _ | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | _ | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | _ | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| е | Excess from 2022 | | | | |

Schedule A (Form 990) 2022

| Schedule A (Form 990) 202 Part VI Supplemen | 2 SAFE ALLIA ntal Information. Prov | vide the explanations require | d by Part II, line 10. | Part II, line 17a or | 56-0529967 17b: Part III. line 12: | Page 8 |
|------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------|---------------|
| Part IV, Sectio | on A, lines 1, 2, 3b, 3c, 4b, | 4c, 5a, 6, 9a, 9b, 9c, 11a, 11 | b, and 11c; Part IV, | , Section B, lines 1 a | and 2; Part IV, Sectic | n C, |
| line 1; Part IV, Section Duline | Section D, lines 2 and 3; F | Part IV, Section E, lines 1c, 2 Section E, lines 2, 5, and 6. A | a, 2b, 3a, and 3b; P | art V, line 1; Part V, | Section B, line 1e; P al information | art V, |
| (See instructio | | | | | | |
| SCHEDULE A, PART II, | ד אודס 10 נעסיד אאז איידי ד אודי 10 נעסיד אוז איידי | | | | | |
| SCREDULE A, PART II, | LINE IV, EXPLANATIC | IN FOR OTHER INCOME: | | | | |
| FUNDRAISING AND OTHE | R | | | | | |
| | | | | | | |
| 2018 AMOUNT: \$ 4,42 | 21. | | | | | |
| 2019 AMOUNT: \$ 24.5 | 976. | | | | | |
| | | | | | | |
| 2020 AMOUNT: \$ 8,8 | 48. | | | | | |
| 2021 MOTINE & 000 | | | | | | |
| 2021 AMOUNT: \$ 999 | • | | | | | |
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| 232028 12-09-22 | | ~ - | | | Schedule A (Form | 990) 2022 |
| | | 21 | | | | |

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

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

nlover identificatio

| Name of the organization | | Employer identification number |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| S | SAFE ALLIANCE INC. | 56-0529967 |
| Organization type (checl | k one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(³) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| | | |
| | n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule | e. See instructions. |
| General Rule | | |

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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 ______\$

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.

DocuSign Envelope ID: 74366E48-1FF4-425A-97B2-539ECB1F03EB

| | B (Form 990) (2022) rganization | | Page 2 |
|------------|--------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------|
| Name of o | rganzation | | mployer identification number |
| SAFE ALI | JIANCE INC. | | 56-0529967 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if | i additional space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$144,13 | Person X Payroll Image: Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$1,416,18 | 6. Person X Payroll Image: Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$496,29 | Person X Payroll Image: Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$1,896,51 | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$419,93 | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$332,08 | 4. Person X Payroll Image: Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2022)

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| | 3 (Form 990) (2022) rganization | | Page |
|------------------------------|-----------------------------------------------------------------|----------------------------------------------|---------------------------------|
| Name of or | ganization | | Employer identification number |
| SAFE ALL | IANCE INC. | | 56-0529967 |
| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is needed | d. |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | | |
| 23453 11-15 | | \$ | Schedule B (Form 990) (2022 |

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2022.05010 SAFE ALLIANCE INC.

24

A4474381

| Schedule | B (Form 990) (2022) | | Page |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------|
| Name of o | organization | | Employer identification number |
| SAFE ALI | LIANCE INC. | | 56-0529967 |
| Part III | from any one contributor. Complete columns (a) | through (e) and the following line e | section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations |
| | completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s | haritable, etc., contributions of \$1,000 o | r less for the year. (Enter this info. once.) \$ |
| (a) No. | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | | |
| | | (e) Transfer of g | jift |
| | Transferee's name, address, a | nd 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 |
| <u> </u> | | | |
| | | | |
| | | | |
| | | (e) Transfer of g | jift |
| | | | Deletionship of transforms to transforms |
| | Transferee's name, address, a | | Relationship of transferor to transferee |
| | | | |
| | | [| |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| Part I | | | |
| | | | |
| | | | |
| | | e) Transfer of g | uift |
| | | | |
| | Transferee's name, address, a | nd 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 g | jift |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
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Schedule B (Form 990) (2022)

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| (Form 990) | 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. | | | | 2022 | |
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---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and t | | | | d the latest information. | | |
| Name of the organization | n SAFE ALLIANCE INC. | | | Em | ployer identification number 56-0529967 | |
| | tions Maintaining Donor Advise | | Similar Funds | or Accour | nts. Complete if the | |
| organization | answered "Yes" on Form 990, Part IV, lin | e 6. (a) Donor advise | od funde | (b) Eur | nds and other accounts | |
| 1 Total number at end | t of year | | | (b) Fui | | |
| | d of year contributions to (during year) | | | | | |
| | grants from (during year) | | | | | |
| | end of year | | | | | |
| | n inform all donors and donor advisors in | | eld in donor advis | sed funds | | |
| are the organization | 's property, subject to the organization's | exclusive legal control? | | | | |
| U U | n inform all grantees, donors, and donor a | v v | | • | | |
| | ses and not for the benefit of the donor o | | | • | | |
| Part II Conserva | te benefit? tion Easements. Complete if the org | | | | | |
| | | | | Part IV, line 7. | | |
| | ervation easements held by the organization of and for public use (for example, recreated and for public use (for example, recreated and for example). | | | of a historically | important land area | |
| | natural habitat | | _ | | storic structure | |
| Preservation of | | | | | | |
| | hrough 2d if the organization held a qualif | ied conservation contrib | oution in the form | of a conserva | tion easement on the last | |
| day of the tax year. | | | | | Held at the End of the Tax Yea | |
| a Total number of cor | nservation easements | | | 2a | | |
| b Total acreage restric | cted by conservation easements | | | 2b | | |
| c Number of conserva | ation easements on a certified historic stru | ucture included in (a) | | 2c | | |
| | ation easements included in (c) acquired a | | ot on a | | | |
| biotorio otrusoturo lio | ted in the National Register | | | | | |
| | | | | | | |
| | ation easements modified, transferred, rel | | | | during the tax | |
| 3 Number of conservative year | ation easements modified, transferred, rel | eased, extinguished, or | | | during the tax | |
| 3 Number of conservative year 4 Number of states w | ation easements modified, transferred, rel here property subject to conservation eas | eased, extinguished, or sement is located | terminated by the | e organization | during the tax | |
| 3 Number of conservative year | ation easements modified, transferred, rel here property subject to conservation eas on have a written policy regarding the per | eased, extinguished, or sement is locatediodic monitoring, inspec | terminated by the | e organization | | |
| 3 Number of conservative year 4 Number of states w 5 Does the organization violations, and enformed and e | ation easements modified, transferred, rel here property subject to conservation eas | eased, extinguished, or sement is located iodic monitoring, inspec holds? | terminated by the | e organization | Yes 🔲 No | |
| 3 Number of conservative year 4 Number of states w 5 Does the organization violations, and enformed staff and volunteer | ation easements modified, transferred, rel here property subject to conservation eas on have a written policy regarding the per rcement of the conservation easements it | eased, extinguished, or sement is located iodic monitoring, inspec holds? handling of violations, an | terminated by the tion, handling of | e organization | Yes No ements during the year | |
| 3 Number of conservative year | ation easements modified, transferred, rel here property subject to conservation ease on have a written policy regarding the per recement of the conservation easements it hours devoted to monitoring, inspecting, s incurred in monitoring, inspecting, hance ation easement reported on line 2(d) abov | eased, extinguished, or sement is located iodic monitoring, inspec holds? handling of violations, and er lling of violations, and er e satisfy the requiremen | terminated by the tion, handling of nd enforcing con nforcing conserva ts of section 170 | e organization | Yes No ements during the year ts during the year | |
| 3 Number of conservative year | ation easements modified, transferred, rel here property subject to conservation ease on have a written policy regarding the per recement of the conservation easements it hours devoted to monitoring, inspecting, s incurred in monitoring, inspecting, hance ation easement reported on line 2(d) abov 4)(B)(ii)? | eased, extinguished, or sement is located iodic monitoring, inspec holds? handling of violations, and lling of violations, and er e satisfy the requiremen | terminated by the tion, handling of nd enforcing con nforcing conserva ts of section 170 | e organization .servation ease ation easemen (h)(4)(B)(i) | Yes No ements during the year ts during the year Yes No | |
| 3 Number of conservatives year 4 Number of states w 5 Does the organization violations, and enformed of the state of | ation easements modified, transferred, rel here property subject to conservation ease on have a written policy regarding the per recement of the conservation easements it hours devoted to monitoring, inspecting, s incurred in monitoring, inspecting, hance ation easement reported on line 2(d) abov 4)(B)(ii)? | eased, extinguished, or sement is located iodic monitoring, inspec holds? handling of violations, and er e satisfy the requiremen on easements in its reve | terminated by the tion, handling of nd enforcing con nforcing conserva ts of section 170 nue and expense | e organization .servation ease ation easemen (h)(4)(B)(i) e statement an | Yes No ements during the year ts during the year Yes No rd | |
| 3 Number of conservative year | ation easements modified, transferred, rel here property subject to conservation ease on have a written policy regarding the per recement of the conservation easements it hours devoted to monitoring, inspecting, s incurred in monitoring, inspecting, hance ation easement reported on line 2(d) abov 4)(B)(ii)? e how the organization reports conservation include, if applicable, the text of the footr | eased, extinguished, or sement is located iodic monitoring, inspec holds? handling of violations, and er e satisfy the requiremen on easements in its reve | terminated by the tion, handling of nd enforcing con nforcing conserva ts of section 170 nue and expense | e organization .servation ease ation easemen (h)(4)(B)(i) e statement an | Yes No ements during the year ts during the year Yes No rd | |
| 3 Number of conservatives year 4 Number of states w 5 Does the organization violations, and enformed of the states of the stat | ation easements modified, transferred, rel here property subject to conservation ease on have a written policy regarding the per recement of the conservation easements it hours devoted to monitoring, inspecting, s incurred in monitoring, inspecting, hance ation easement reported on line 2(d) abov 4)(B)(ii)? b how the organization reports conservation include, if applicable, the text of the footr unting for conservation easements. | eased, extinguished, or sement is located iodic monitoring, inspec holds? handling of violations, and er e satisfy the requiremen on easements in its reve note to the organization's | terminated by the tion, handling of nd enforcing con nforcing conserva ts of section 170 nue and expense s financial statem | e organization | Yes No ements during the year ts during the year Yes No od cribes the | |
| 3 Number of conservative year | ation easements modified, transferred, rel here property subject to conservation ease on have a written policy regarding the per recement of the conservation easements it hours devoted to monitoring, inspecting, s incurred in monitoring, inspecting, hance ation easement reported on line 2(d) abov 4)(B)(ii)? e how the organization reports conservation include, if applicable, the text of the footr | eased, extinguished, or sement is located iodic monitoring, inspec holds? handling of violations, and er e satisfy the requiremen on easements in its reve note to the organization's Art, Historical Tre | terminated by the tion, handling of nd enforcing con nforcing conserva ts of section 170 nue and expense s financial statem | e organization | Yes No ements during the year ts during the year Yes No od cribes the | |
| 3 Number of conservative year | ation easements modified, transferred, rel here property subject to conservation ease on have a written policy regarding the per recement of the conservation easements it hours devoted to monitoring, inspecting, s incurred in monitoring, inspecting, hance ation easement reported on line 2(d) abov 4)(B)(ii)? b how the organization reports conservation include, if applicable, the text of the footr unting for conservation easements. tions Maintaining Collections of | eased, extinguished, or sement is located iodic monitoring, inspec holds? handling of violations, and er e satisfy the requiremen on easements in its reve note to the organization's Art, Historical Tre 990, Part IV, line 8. | terminated by the tion, handling of nd enforcing con nforcing conserva ts of section 170 nue and expense s financial statem easures, or O | e organization | Yes No ements during the year ts during the year ts during the year Yes < | |
| 3 Number of conservative year | ation easements modified, transferred, rel here property subject to conservation ease on have a written policy regarding the per recement of the conservation easements it hours devoted to monitoring, inspecting, s incurred in monitoring, inspecting, hance ation easement reported on line 2(d) above 4)(B)(ii)? whow the organization reports conservation include, if applicable, the text of the footr unting for conservation easements. tions Maintaining Collections of the organization answered "Yes" on Form | eased, extinguished, or sement is located iodic monitoring, inspec holds? handling of violations, and er e satisfy the requiremen on easements in its reve note to the organization's Art, Historical Tre 990, Part IV, line 8. 8, not to report in its rev | terminated by the tion, handling of nd enforcing con nforcing conserva ts of section 170 nue and expense s financial statem easures, or O | e organization servation ease ation easemen (h)(4)(B)(i) e statement an nents that deso ther Simila and balance si | Yes No ements during the year ts during the year ts during the year Yes Id Yes oribes the r Assets. heet works heet works | |
| 3 Number of conservative year | ation easements modified, transferred, rel here property subject to conservation ease on have a written policy regarding the per recement of the conservation easements it hours devoted to monitoring, inspecting, s incurred in monitoring, inspecting, hance ation easement reported on line 2(d) above 4)(B)(ii)? the organization reports conservation include, if applicable, the text of the footre unting for conservation easements. tions Maintaining Collections of the organization answered "Yes" on Form lected, as permitted under FASB ASC 95 | eased, extinguished, or sement is located iodic monitoring, inspec holds? handling of violations, and er e satisfy the requiremen on easements in its reve hote to the organization's Art, Historical Tre 990, Part IV, line 8. 8, not to report in its rev blic exhibition, education | terminated by the tion, handling of nd enforcing con nforcing conserva ts of section 170 nue and expense s financial statem easures, or O | e organization servation ease ation easemen (h)(4)(B)(i) e statement an hents that deso ther Simila and balance sl urtherance of | Yes No ements during the year ts during the year ts during the year Yes Id Yes oribes the r Assets. heet works heet works | |
| 3 Number of conservative year | ation easements modified, transferred, rel here property subject to conservation ease on have a written policy regarding the per recement of the conservation easements it hours devoted to monitoring, inspecting, s incurred in monitoring, inspecting, hance ation easement reported on line 2(d) abov 4)(B)(ii)? b how the organization reports conservation include, if applicable, the text of the footr unting for conservation easements. tions Maintaining Collections of the organization answered "Yes" on Form lected, as permitted under FASB ASC 95 usures, or other similar assets held for put | eased, extinguished, or sement is located iodic monitoring, inspec holds? handling of violations, and er e satisfy the requiremen on easements in its reve note to the organization's Art, Historical Tre 990, Part IV, line 8. 8, not to report in its rev blic exhibition, education ncial statements that des | terminated by the tion, handling of nd enforcing con nforcing conserva ts of section 170 nue and expense s financial statem easures, or O | e organization servation ease ation easemen (h)(4)(B)(i) e statement an nents that deso ther Simila and balance si urtherance of ms. | Yes No ements during the year ts during the year ts during the year Yes Id Yes r Assets. heet works public | |
| 3 Number of conservative year | ation easements modified, transferred, rel here property subject to conservation ease on have a written policy regarding the per recement of the conservation easements it hours devoted to monitoring, inspecting, s incurred in monitoring, inspecting, hance ation easement reported on line 2(d) abov 4)(B)(ii)? b how the organization reports conservation include, if applicable, the text of the footr unting for conservation easements. tions Maintaining Collections of the organization answered "Yes" on Form lected, as permitted under FASB ASC 95 usures, or other similar assets held for put Part XIII the text of the footnote to its finar | eased, extinguished, or sement is located iodic monitoring, inspec holds? handling of violations, and er e satisfy the requiremen on easements in its reve hote to the organization's Art, Historical Tre 990, Part IV, line 8. 8, not to report in its rev blic exhibition, education incial statements that des 8, to report in its revenu | terminated by the tion, handling of nd enforcing con- nforcing conserva ts of section 170 nue and expense s financial statem easures, or O renue statement a n, or research in fi scribes these item e statement and | e organization | Yes No ements during the year ts during the year ts during the year Yes Yes No od restart tribes the Image: second se | |
| 3 Number of conservative year 4 Number of states w 5 Does the organization violations, and enfort 6 Staff and volunteer 7 Amount of expenses 8 Does each conservation and section 170(h)(4 9 In Part XIII, described balance sheet, and organization's accord Part III Organization entry of art, historical treases service, provide in Fib If the organization entry or wide the following provide t | ation easements modified, transferred, rel here property subject to conservation ease on have a written policy regarding the per recement of the conservation easements it hours devoted to monitoring, inspecting, s incurred in monitoring, inspecting, hance ation easement reported on line 2(d) above 4)(B)(ii)? whow the organization reports conservation include, if applicable, the text of the footrr unting for conservation easements. Etions Maintaining Collections of the organization answered "Yes" on Form elected, as permitted under FASB ASC 95 asures, or other similar assets held for public Part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95 res, or other similar assets held for public g amounts relating to these items: | eased, extinguished, or sement is located iodic monitoring, inspec holds? handling of violations, and ling of violations, and er e satisfy the requiremen on easements in its reve hote to the organization's Art, Historical Tre 990, Part IV, line 8. 8, not to report in its revo blic exhibition, education ncial statements that des 8, to report in its revenu exhibition, education, o | terminated by the tion, handling of nd enforcing con nforcing conserva ts of section 170 nue and expense s financial statem easures, or O renue statement a n, or research in fi scribes these item e statement and or research in furt | e organization - - - - - - - - - - - - - | Yes No ements during the year ts during the year ts during the year Yes No Id Yes No rd rAssets. No heet works public South State | |
| 3 Number of conservative year 4 Number of states w 5 Does the organization violations, and enfort 6 Staff and volunteer 7 Amount of expenses 8 Does each conservation and section 170(h)(4 9 In Part XIII, described balance sheet, and organization's according to the organization end organization end to the organizatication end t | ation easements modified, transferred, rel here property subject to conservation ease on have a written policy regarding the per recement of the conservation easements it hours devoted to monitoring, inspecting, is incurred in monitoring, inspecting, hance ation easement reported on line 2(d) above 4)(B)(ii)? who the organization reports conservative include, if applicable, the text of the footre unting for conservation easements. tions Maintaining Collections of the organization answered "Yes" on Form elected, as permitted under FASB ASC 95 usures, or other similar assets held for public part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95 res, or other similar assets held for public g amounts relating to these items: ed on Form 990, Part VIII, line 1 | eased, extinguished, or sement is located iodic monitoring, inspec holds? handling of violations, and er e satisfy the requiremen on easements in its reve hote to the organization's FART, Historical Tre 990, Part IV, line 8. 8, not to report in its rev polic exhibition, education ncial statements that des 8, to report in its revenu e exhibition, education, o | terminated by the tion, handling of ind enforcing con ind enforcing conserva ts of section 170 inue and expense is financial statem easures, or O renue statement a n, or research in fir scribes these iter e statement and or research in furt | e organization servation easemen (h)(4)(B)(i) e statement an hents that desc ther Simila and balance sh urtherance of herance of pu | Yes Yes woments during the year ts during the year ts during the year Yes No od tribes the r Assets. heet works public tworks of blic service, \$ | |
| 3 Number of conservative year | ation easements modified, transferred, rel here property subject to conservation ease on have a written policy regarding the per recement of the conservation easements it hours devoted to monitoring, inspecting, s incurred in monitoring, inspecting, hance ation easement reported on line 2(d) above 4)(B)(ii)? a how the organization reports conservation include, if applicable, the text of the footre unting for conservation easements. tions Maintaining Collections of the organization answered "Yes" on Form elected, as permitted under FASB ASC 95 asures, or other similar assets held for public g amounts relating to these items: ed on Form 990, Part VIII, line 1 | eased, extinguished, or sement is located iodic monitoring, inspec holds? handling of violations, and ling of violations, and er e satisfy the requiremen on easements in its reve note to the organization's Art, Historical Tre 990, Part IV, line 8. 8, not to report in its rev plic exhibition, education ncial statements that des 8, to report in its revenu e exhibition, education, o | terminated by the tion, handling of nd enforcing con nforcing conserva ts of section 170 nue and expense s financial statem easures, or O renue statement an n, or research in fi scribes these item e statement and or research in furt | e organization servation ease ation easemen (h)(4)(B)(i) e statement an hents that desc ther Simila and balance sl urtherance of ns. balance sheet herance of pul | Yes Yes ements during the year ts during the year ts during the year Yes Yes No d tr Assets. heet works public tworks of blic service, \$ | |
| 3 Number of conservative year | ation easements modified, transferred, rel here property subject to conservation ease on have a written policy regarding the per recement of the conservation easements it hours devoted to monitoring, inspecting, s incurred in monitoring, inspecting, hance ation easement reported on line 2(d) abov 4)(B)(ii)? b how the organization reports conservation include, if applicable, the text of the footre unting for conservation easements. tions Maintaining Collections of the organization answered "Yes" on Form flected, as permitted under FASB ASC 95 res, or other similar assets held for public g amounts relating to these items: ed on Form 990, Part VIII, line 1 In Form 990, Part X eceived or held works of art, historical tre- | eased, extinguished, or sement is located iodic monitoring, inspec holds? handling of violations, and er e satisfy the requiremen on easements in its reve note to the organization's Art, Historical Tre 990, Part IV, line 8. 8, not to report in its rev plic exhibition, education ncial statements that des 8, to report in its revenue exhibition, education, of asures, or other similar a | terminated by the tion, handling of nd enforcing con nforcing conserva ts of section 170 nue and expense s financial statem easures, or O renue statement a a, or research in fiscribes these item e statement and or research in furt | e organization servation ease ation easemen (h)(4)(B)(i) e statement an hents that desc ther Simila and balance sl urtherance of ns. balance sheet herance of pul | Yes Yes ements during the year ts during the year ts during the year Yes Yes No d tr Assets. heet works public tworks of blic service, \$ | |
| 3 Number of conservative year | ation easements modified, transferred, rel here property subject to conservation ease on have a written policy regarding the per recement of the conservation easements it hours devoted to monitoring, inspecting, s incurred in monitoring, inspecting, hance ation easement reported on line 2(d) abov 4)(B)(ii)? how the organization reports conservation include, if applicable, the text of the footr unting for conservation easements. tions Maintaining Collections of the organization answered "Yes" on Form lected, as permitted under FASB ASC 95 res, or other similar assets held for public g amounts relating to these items: ed on Form 990, Part VIII, line 1 I in Form 990, Part X eceived or held works of art, historical tre- nts required to be reported under FASB ASC 95 (and the section of the foot o | eased, extinguished, or sement is located iodic monitoring, inspec holds? handling of violations, and er e satisfy the requiremen on easements in its reve note to the organization's Art, Historical Tre 990, Part IV, line 8. 8, not to report in its rev blic exhibition, education ncial statements that des 8, to report in its revenue exhibition, education, of exhibition, education, of asures, or other similar a SC 958 relating to these | terminated by the tion, handling of nd enforcing con not enforcing conserva ts of section 170 nue and expense s financial statem easures, or O renue statement an o, or research in first e statement and or research in furt | e organization iservation ease ation easemen (h)(4)(B)(i) e statement an hents that deso ther Simila and balance sl urtherance of herance of pul herance of pul al gain, provide | Yes Yes ements during the year ts during the year ts during the year Yes Yes No d tr Assets. heet works public tworks of blic service, \$ | |
| 3 Number of conservative year 4 Number of states w 5 Does the organization violations, and enform 6 Staff and volunteer 7 Amount of expenses 8 Does each conservation and section 170(h)(4 9 In Part XIII, described balance sheet, and organization's accord Part III Organization endormalization is accord Part III Organization endormalization endormalization is accord Part III Organization endormalization endormalization | ation easements modified, transferred, rel here property subject to conservation ease on have a written policy regarding the per recement of the conservation easements it hours devoted to monitoring, inspecting, hance ation easement reported on line 2(d) above 4)(B)(ii)? a how the organization reports conservation include, if applicable, the text of the footrer unting for conservation easements. Etions Maintaining Collections of the organization answered "Yes" on Form elected, as permitted under FASB ASC 95 asures, or other similar assets held for public part XIII the text of the footnote to its finar lected, as permitted under FASB ASC 95 res, or other similar assets held for public g amounts relating to these items: ed on Form 990, Part VIII, line 1 the required to be reported under FASB ASC as required to be reported under FASB ASC as permitted under FASB ASC 95 res, or other similar assets held for public g amounts relating to these items: ed on Form 990, Part VIII, line 1 the form 990, Part X eccived or held works of art, historical treat the required to be reported under FASB ASC as required to be reported under FASB ASC as permitted under FASB ASC | eased, extinguished, or sement is located iodic monitoring, inspec holds? handling of violations, and er e satisfy the requiremen on easements in its reve hote to the organization's Art, Historical Tre 990, Part IV, line 8. 8, not to report in its rev blic exhibition, education ncial statements that des 8, to report in its revenu e exhibition, education, o e asures, or other similar a SC 958 relating to these | terminated by the tion, handling of nd enforcing con nforcing conserva ts of section 170 nue and expense s financial statem easures, or O renue statement a n, or research in furt scribes these iter e statement and or research in furt | e organization iservation ease ation easemen (h)(4)(B)(i) e statement an hents that desc ther Simila and balance sh urtherance of herance of pul herance of pul al gain, provide | Yes Yes ements during the year ts during the year ts during the year Yes Yes No d tr Assets. heet works public tworks of blic service, \$ | |
| 3 Number of conservative year 4 Number of states w 5 Does the organization violations, and enform 6 Staff and volunteer 7 Amount of expenses 8 Does each conservation and section 170(h)(4 9 In Part XIII, described balance sheet, and organization's accord Part III Organization 9 In Part XIII, described balance sheet, and organization's accord Part III Organization Fait III Organization e of art, historical treases service, provide in Find the organization e art, historical treases provide the following in the following amount a Revenue included or b Assets included in Find the organization for the following amount a Revenue included or b Assets included in Find the following amount a service included or b Assets included in Find the following amount a service included or b Assets included in Find the following amount a service included or b Assets included in Find the following amount a service included or b Assets included in Find the following amount a service included or b Assets included in Find the following amount a service included or b Assets included in Find the following amount a service included or b Assets included in Find the following amount a service included in Find the following amount amou | ation easements modified, transferred, rel here property subject to conservation ease on have a written policy regarding the per recement of the conservation easements it hours devoted to monitoring, inspecting, hance ation easement reported on line 2(d) above 4)(B)(ii)? a how the organization reports conservation include, if applicable, the text of the footrer unting for conservation easements. Etions Maintaining Collections of the organization answered "Yes" on Form elected, as permitted under FASB ASC 95 asures, or other similar assets held for public part XIII the text of the footnote to its finar lected, as permitted under FASB ASC 95 res, or other similar assets held for public g amounts relating to these items: ed on Form 990, Part VIII, line 1 the required to be reported under FASB ASC as required to be reported under FASB ASC as permitted under FASB ASC 95 res, or other similar assets held for public g amounts relating to these items: ed on Form 990, Part VIII, line 1 the form 990, Part X eccived or held works of art, historical treat the required to be reported under FASB ASC as required to be reported under FASB ASC as permitted under FASB ASC | eased, extinguished, or sement is located iodic monitoring, inspec holds? handling of violations, and er e satisfy the requiremen on easements in its reve note to the organization's Art, Historical Tre 990, Part IV, line 8. 8, not to report in its rev blic exhibition, education ncial statements that des 8, to report in its revenu e exhibition, education, o e asures, or other similar a SC 958 relating to these | terminated by the tion, handling of nd enforcing con nforcing conserva ts of section 170 nue and expense s financial statem easures, or O renue statement a n, or research in furt scribes these iter e statement and or research in furt | e organization iservation ease ation easemen (h)(4)(B)(i) e statement an hents that desc ther Simila and balance sh urtherance of herance of pul herance of pul al gain, provide | Yes Yes ements during the year ts during the year ts during the year Yes Yes No d tr Assets. heet works public tworks of blic service, \$ | |

| Sche | dule D (Form 990) 2022 SAFE ALLIA | NCE INC. | | | | | 56-052 | 9967 | Pa | .ge 2 |
|------|--------------------------------------------------|----------------------------|-----------------------------|--------------------|------------|------------|--------------|--------------|-------|--------------|
| Par | t III Organizations Maintaining C | Collections of Art | , Historical Tre | asures, or O | ther S | Simila | r Assets | (contin | ued) | |
| 3 | Using the organization's acquisition, access | ion, and other records | , check any of the f | ollowing that ma | ake sigr | nificant u | use of its | | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | d | Loan or exc | hange program | | | | | | |
| b | Scholarly research | е | Other | | | | | | | |
| с | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's c | ollections and explain | how they further th | e organization's | exemp | ot purpo | se in Part i | XIII. | | |
| 5 | During the year, did the organization solicit of | or receive donations o | f art, historical treas | sures, or other si | milar as | ssets | | _ | | |
| | to be sold to raise funds rather than to be m | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | te if the organizatio | n answered "Yes | s" on F | orm 990 | , Part IV, I | ine 9, or | | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | | | | | | | - | | |
| | on Form 990, Part X? | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the foll | owing table: | | | | | | | |
| | | | | | | | | Amount | | |
| С | Beginning balance | | | | | 1c | | | | |
| | Additions during the year | | | | | 1d | | | | |
| | Distributions during the year | | | | | 1e | | | | |
| | Ending balance | | | | | 1f | | 7 | | |
| | Did the organization include an amount on F | | | | - | ı? | L | Yes | | No |
| _ | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | 1 |
| Par | TV Endowment Funds. Complete | | | | | | vaara baalu | (a) Four | VAARA | |
| _ | | (a) Current year | (b) Prior year | (c) Two years ba | | | /ears back | (e) Four | | |
| 1a | Beginning of year balance | 8,492. | 10,767. | 10,7 | 67. | | 10,767. | | 10,7 | 67. |
| b | Contributions | | 1 075 | | | | | | | |
| С | Net investment earnings, gains, and losses | | -1,275. | | | | | | | |
| | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| _ | and programs | | 1 000 | | | | | | | |
| | Administrative expenses | 8,492. | 1,000. | 10 7 | 67 | | 10 767 | | 10 - | 167 |
| g | End of year balance | | 8,492. | , | 0/. | | 10,767. | | 10,7 | 0/. |
| 2 | Provide the estimated percentage of the cur | | |) held as: | | | | | | |
| a | Board designated or quasi-endowment | | _% | | | | | | | |
| a | Permanent endowment | % | | | | | | | | |
| С | Term endowment | _% | | | | | | | | |
| 0- | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | |
| 38 | Are there endowment funds not in the posse | ession of the organization | tion that are neid ar | ia administerea | for the | | | Г | Yes | No |
| | organization by: | | | | | | | | 103 | X |
| | (i) Unrelated organizations | | | | | | | 3a(i) | | X |
| h | (ii) Related organizations | ationa listad on require | d on Sobodulo P2 | | | | | 3a(ii) 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | |
| | t VI Land, Buildings, and Equipm | | inent lunus. | | | | | | | |
| | Complete if the organization answere | | Part IV. line 11a. S | ee Form 990. Pa | art X. lir | ne 10. | | | | |
| | Description of property | (a) Cost or ot | | | | cumulate | ad land | (d) Book | value | |
| | Description of property | basis (investm | • • • | (other) | • • | eciation | | | value | |
| 10 | Land | | , | ,524,988. | aspr | 20.0001 | | 1 | 524,9 | 88 |
| | Land | | | , <u>32</u> ,300. | | 3,504, | 207. | | 647,1 | |
| | Buildings Leasehold improvements | | | 229,366. | | 108, | | | 120,3 | |
| | | | | 662,217. | | 326, | | | 335,8 | |
| | EquipmentOther | | 1 | ,068,662. | | 735, | | | 332,8 | |
| | | | | , , , | | | | | 961,2 | |
| TULA | . Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part > | <u>, column (B), line 1</u> | UC.) | | | | ÷, | , 4 | |

Schedule D (Form 990) 2022

232052 09-01-22

| Schedule D (Form 990) 2022 SAFE ALLIANCE INC | | | 56-0529967 | Page 3 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|-----------------------|-------------------------|
| Part VII Investments - Other Securities. Complete if the organization answered "Yes" o | n Form 000 Dort IV line 1 | 1b See Form 000 Part V line 12 | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or e | nd-of-vear market v | alue |
| (4) Einemaiel devivertives | (b) Book Value | | | |
| (1) Financial derivatives | | | | |
| (3) Other | | | | |
| (A) CERTIFICATES OF DEPOSIT | 1,616,292. | END-OF-YEAR MARKET VALUE | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 1,616,292. | | | |
| Part VIII Investments - Program Related. | | | | |
| Complete if the organization answered "Yes" o | | | | - 1 |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or e | nd-of-year market v | alue |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Part IX Other Assets. | | | | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line 1 | 1d. See Form 990, Part X, line 15. | | |
| (a) D | escription | | (b) Book va | lue |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | _ | |
| (6) | | | | |
| (7) | | | | |
| (e) | | | | |
| (8) | | | | |
| (9) | | | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15.) | | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | | | 5 | |
| (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 lightly | | | | lue |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability | | | 5. (b) Book va | lue |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes | | | (b) Book va | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes | | | (b) Book va | 2,611. |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) LEASE LIABILITIES | | | (b) Book va | 2,611. |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) LEASE LIABILITIES (4) | | | (b) Book va | 2,611. |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) LEASE LIABILITIES (4) (5) | | | (b) Book va | 2,611. |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) LEASE LIABILITIES (4) | | | (b) Book va | 2,611. |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) LEASE LIABILITIES (4) (5) (6) (7) | | | (b) Book va | lue 2,611. 1,525. |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) LEASE LIABILITIES (4) (5) (6) | | | (b) Book va | 2,611. |

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 ... 🗴

232053 09-01-22

Schedule D (Form 990) 2022

| Sche | dule D (Form 990) 2022 SAFE ALLIANCE INC. | | | 56-0529967 | Page 4 |
|------|----------------------------------------------------------------------------------|------------|----------------|------------|---------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Statemen | ts With R | evenue per Ret | turn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 7,737,619. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | 597,476. | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 597,476. |
| 3 | Subtract line 2e from line 1 | | | 3 | 7,140,143. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| с | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 7,140,143. |
| Pa | t XII Reconciliation of Expenses per Audited Financial Statemer | nts With E | Expenses per R | eturn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 7,967,025. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | 597,476. | | |
| b | Prior year adjustments | 2b | | | |
| с | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 597,476. |
| 3 | Subtract line 2e from line 1 | | | 3 | 7,369,549. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| с | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 7,369,549. |
| Pa | t XIII Supplemental Information. | | | | |

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

PART V, LINE 4:

SUPPORT THE ORGANIZATION'S DOMESTIC VIOLENCE SHELTER

PART X, LINE 2:

SAFE ALLIANCE, INC. IS A NONPROFIT CORPORATION EXEMPT FROM INCOME TAXES

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT CLASSIFIED

AS A PRIVATE FOUNDATION. ADDITIONALLY, MANAGEMENT BELIEVES THE AGENCY

DOES NOT HAVE INCOME SUBJECT TO UNRELATED BUSINESS INCOME TAX.

ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REQUIRED IN THE FINANCIAL

STATEMENTS.

THE AGENCY'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY

232054 09-01-22

Schedule D (Form 990) 2022

| chedule D (Form 990) 2022 SAFE ALLIANCE INC. | 56-0529967 | Page |
|---------------------------------------------------------------------------|------------|------|
| art XIII Supplemental Information (continued) | | |
| EDERAL, STATE, AND LOCAL AUTHORITIES. THE AGENCY IS NOT AWARE OF ANY | | |
| | | |
| TIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME OR EXCISE | | |
| OTHER TAXES. | | |
| | | |
| | | |
| S. GAAP REQUIRES THE AGENCY TO RECOGNIZE A TAX BENEFIT OR EXPENSE FROM | | |
| I INCERMAIN MAN ROCIMION ONLY IF IM IC MORE LIVELY MUAN NOM MUAM MUE MAN | | |
| N UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX | | |
| OSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON | | |
| HE TECHNICAL MERITS OF THE POSITION. MANAGEMENT BELIEVES THE AGENCY HAD | | |
| | | |
| UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2023 AND 2022. | | |
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Schedule D (Form 990) 2022

232055 09-01-22

| SCHEDULE G | Suppleme | ntal Information Regarding | Func | Iraisi | ng or Gaming A | ctiv | ities o | DMB No. 1545-0047 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------|----------------------------------------------------------------|
| (Form 990) | | e organization answered "Yes" on | | | | r 19, | or if the | 2022 |
| | C | rganization entered more than \$1 Attach to Form 990 o | | | | | | Open to Public |
| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | |
| Name of the organization | | | | | | | | ntification number |
| Part I Fundrais | SAFE ALLIAN | | | | | | 56-052996 | |
| | complete this part | Complete if the organization answe | ered "Y | es" or | i Form 990, Part IV, li | ne 1 | 7. Form 990-EZ | filers are not |
| a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list b If "Yes," list the 1000 | tions email solicitations tations vlicitations on have a written o red in Form 990, Pa) highest paid indiv | f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu | tion of tion of fundra (incluc | non-g gover iising e ling of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | - | Yes | |
| compensated at le | east \$5,000 by the | organization. | | | | | | |
| (i) Name and addres or entity (fund | | (ii) Activity | (iii) fundi have c or cor contrib | aiser ustody itrol of | (iv) Gross receipts from activity | to (c | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | | | |
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| Total | | | | 1 | | | | |
| | ich the organizatio | n is registered or licensed to solicit o | contrib | utions | or has been notified | it is e | exempt from re | gistration |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

232081 10-27-22

SAFE ALLIANCE INC. 56-0529967 Schedule G (Form 990) 2022 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events WALK A MILE IN HER (add col. (a) through BREAKFAST OF HOPE SHOES 2 col. (c)) (event type) (total number) (event type) Revenue 201,897 145,287. 65,212. 412,396. 1 Gross receipts 2 Less: Contributions 201,897 145,287 65,212. 412,396. Gross income (line 1 minus line 2) 3 4 Cash prizes Noncash prizes 5 Direct Expense: Rent/facility costs 6 7 Food and beverages Entertainment 8 9,057. 8,561. 9,045 26,663, Other direct expenses 9 26,663, **10** Direct expense summary. Add lines 4 through 9 in column (d) -26,663, 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4 Other direct expenses 5 % Yes % Yes % Yes 6 Volunteer labor No No No Direct expense summary. Add lines 2 through 5 in column (d) 7 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No **b** If "Yes," explain: Schedule G (Form 990) 2022 232082 10-27-22

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| Schedule G (Form 990) 2022 | 2 SAFE ALLIANCE INC. | 56-05299 | 967 | Page 3 |
|------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------|----------|---------------|
| 11 Does the organization of | conduct gaming activities with nonmembers? | | Yes | No |
| 12 Is the organization a gra | rantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | t | | |
| to administer charitable | e gaming? | | Yes | No No |
| | e of gaming activity conducted in: | | | |
| a The organization's facili | lity | | 3 | % |
| b An outside facility | | 13k | <u>ז</u> | % |
| 14 Enter the name and add | ldress of the person who prepares the organization's gaming/special events books and rec | cords: | | |
| | | | | |
| Name | | | | |
| | | | | |
| Address | | | | |
| | | | 7 | |
| 15a Does the organization h | have a contract with a third party from whom the organization receives gaming revenue? | L | Yes | └── No |
| | | | | |
| | ount of gaming revenue received by the organization \$ and the and the third party \$ | amount | | |
| | ained by the third party \$ | | | |
| C II fes, entername an | la address of the third party. | | | |
| Name | | | | |
| | | | | |
| Address | | | | |
| | | | | |
| 16 Gaming manager inform | mation: | | | |
| 0 0 | | | | |
| Name | | | | |
| | | | | |
| Gaming manager comp | pensation \$ | | | |
| | | | | |
| Description of services | provided | | | |
| | | | | |
| | | | | |
| | | | | |
| Director/officer | Employee Independent contractor | | | |
| | | | | |
| 17 Mandatory distributions | | | | |
| | uired under state law to make charitable distributions from the gaming proceeds to | | Yes | |
| retain the state gaming | g license? stributions required under state law to be distributed to other exempt organizations or spe | |] 163 | ∟ No |
| | empt activities during the tax year \$ | | | |
| | ital Information. Provide the explanations required by Part I, line 2b, columns (iii) and | (v): and Part III. I | ines 9. | 9b. 10b. |
| | and 17b, as applicable. Also provide any additional information. See instructions. | . (.,,, . | | ,, |
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| 232083 10-27-22 | 33 | Schedule G | | 5507 2022 |
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| Schedule G (Form 990) | SAFE ALLIANCE INC. | 56-0529967 | Page 4 |
|-----------------------------------------------|----------------------|------------|------------|
| Schedule G (Form 990) Part IV Supplemental In | ormation (continued) | | |
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| 232084 04-01-22 | | Schedule G | (r'orm 990 |
| 202004 04-01-22 | | | |

| SCHEDUL (Form 990 | | | Grants and Other of the other of the other of the other othe | | | | | OMB No. 1545-0047 |
|----------------------|-------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-----------------------------------------------------------------------|---------------------------------------|----------------------------------------------|
| (1 0111 000 | | | lete if the organizatio | | | | | 2022 |
| Department of | | | C C | Attach to Forr | | | | Open to Public |
| Internal Reven | | | Go to www.irs | s.gov/Form990 for | the latest inform | ation. | | Inspection |
| Name of th | ne organization SAFE ALLIAN | CE INC. | | | | | | Employer identification number 56-0529967 |
| Part I | General Information on Grant | s and Assistance | | | | | | |
| crite | s the organization maintain record ria used to award the grants or a | ssistance? | | | | 5 | stance, and the selecti | |
| | cribe in Part IV the organization's | | | | | | | |
| Part II | Grants and Other Assistance recipient that received more that | - | | | | anization answered "Y | es" on Form 990, Parl | t IV, line 21, for any |
| 1 (a) Ւ | Name and address of organization or government | | (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 |
| | | | | | | | | |
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

| chedule I (Form 990) 2022 | SAFE ALLIANCE INC. |
|---------------------------|--------------------|

56-0529967

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|----------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------|---------------------------------------|-----------------------------------------------------------------|---------------------------------------|
| NOMINAL MONETARY ASSISTANCE AND PAYMENTS TO 3RD PARTIES FOR HOTEL STAYS, MEALS, AND TRANSPORTATION FOR VICTIMS | 1758 | 354,946. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

LOCAL HOTEL TO SHELTER CLIENTS IN IMMINENT DANGER.

DocuSign Envelope ID: 74366E48-1FF4-425A-97B2-539ECB1F03EB

| SC | HEDULE J | Compensation Information | | OMB No. 1 | 545-004 | 47 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|----------------|------|
| (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | | 20 | 000 | | |
| | | | 20 | 22 | - | |
| Department of the Treasury Attach to Form 990. | | | | Open to | Publ | ic |
| | Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | |
| Nam | e of the organizatior | | Employer ic | | on nui | nber |
| | | SAFE ALLIANCE INC. | 56-05 | 529967 | | |
| Ра | rt I Question | s Regarding Compensation | | | | |
| | a | | ~~~ | | Yes | No |
| 1a | | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990, | | | |
| | | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | |
| | First-class or c | | | | | |
| | Travel for com | | | | | |
| | | ation and gross-up payments Health or social club dues or initiation feese pending account Personal services (such as maid, chauffeu | | | | |
| | | spending account Personal services (such as maid, chauffeu | ir, chei) | | | |
| h | If any of the bayes | on line to are checked, did the organization follow a written policy recording poyment or | | | | |
| D | - | on line 1a are checked, did the organization follow a written policy regarding payment or rovision of all of the expenses described above? If "No," complete Part III to explain | | 1b | | |
| 2 | | | | u | | |
| 2 | - | n require substantiation prior to reimbursing or allowing expenses incurred by all directors, rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | |
| | trustees, and onice | | | | | |
| 3 | Indicate which if ar | ny, of the following the organization used to establish the compensation of the organization's | | | | |
| U | | ctor. Check all that apply. Do not check any boxes for methods used by a related organization of | | | | |
| | | ation of the CEO/Executive Director, but explain in Part III. | 1110 | | | |
| | | | | | | |
| | | ompensation consultant X Compensation survey or study | | | | |
| | · | ther organizations X Approval by the board or compensation c | ommittoo | | | |
| | | | ommittee | | | |
| 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 re | | | | | |
| а | - | e payment or change-of-control payment? | | 4a | | x |
| b | | eive payment from a supplemental nonqualified retirement plan? | | | | x |
| с | | eive payment from an equity-based compensation arrangement? | | 4. | | X |
| | | les 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 o | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | n | | | |
| | contingent on the re | evenues of: | | | | |
| а | The organization? | | | 5a | | х |
| | | ation? | | | | X |
| | | r 5b, describe in Part III. | | | | |
| 6 | For persons listed of | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | n | | | |
| | contingent on the n | et earnings of: | | | | |
| а | The organization? | - | | . 6a | | X |
| | | ation? | | | | X |
| | | r 6b, describe in Part III. | | | | |
| 7 | For persons listed of | n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | |
| | | ies 5 and 6? If "Yes," describe in Part III | | 7 | | x |
| 8 | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th | | | | |
| | | ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | 8 | | X |
| 9 | | d the organization also follow the rebuttable presumption procedure described in | | | | |
| | | 53.4958-6(c)? | <u></u> | 9 | | |
| LHA | | eduction Act Notice, see the Instructions for Form 990. | | ule J (Forn | n 990) | 2022 |

232111 10-18-22

| Schedule J (Form 990) 2022 | SAFE ALLIANCE INC. | 56-0529967 | Page 2 |
|----------------------------|--------------------|------------|---------------|
| | | | |

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.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|--------------------|-------------|--------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|--------------|-------------------------|------------------------------------|-------------------------------------------|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) KAREN PARKER | (i) | 150,758. | 1,200. | 0. | 5,477. | 29,047. | 186,482. | 0 |
| PRESIDENT/CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0 |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |

| chedule J (Form 990) 2022 | SAFE ALLIANCE INC. | 56-0529967 | Page |
|-------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------|
| Part III Supplemental Informat | on | | |
| rovide the information, explanation | n, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, | 7, and 8, and for Part II. Also complete this part for any additional inform | ation. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

/

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.

Inspection Employer identification number

2

Name of the organization

SAFE ALLIANCE INC.

| Employer identification |
|-------------------------|
| 56-0529967 |

| Pa | rt 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 detern noncash contribution | 0 | ts |
| 1 | Art - Works of art | | | | | | |
| 2 | Art - Historical treasures | | | | | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household goods | | | 64,012. | THRIFT STORE VALUE | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | Intellectual property | | | | | | |
| 9 | Securities - Publicly traded | | | | | | |
| 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 | | 74 | 3,379. | Cost | | |
| 20 | Drugs and medical supplies | | 17 | 1,583. | 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 org | | | | | | |
| | for which the organization completed Form | 18283, Part V, L | onee Acknowledg | ement | | Vee | |
| 00- | | | | ested in Dest I. lines 1 therees | h 00 that it | Yes | No |
| 30a | During the year, did the organization receiv | | | | | | |
| | must hold for at least 3 years from the date | | | | | _ | x |
| h | exempt purposes for the entire holding per If "Yes," describe the arrangement in Part I | | | | | a | |
| | Does the organization have a gift acceptan | | ouires the review | of any nonstandard contribut | ions? 3 | 1 X | |
| 31 32a | Does the organization hire or use third part | | - | • | <u>3</u> | · · · | + |
| JZd | | | • | cit, process, or sell noncash | | a | x |
| b | If "Yes," describe in Part II. | | | | | | |
| 33 | If the organization didn't report an amount | in column (c) fo | r a type of property | / for which column (a) is cheo | cked, | | |

describe in Part II.

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

Schedule M (Form 990) 2022

232141 09-09-22

| Schedule M | / (Form 990) 2022 SAFE ALLIANCE INC. | 56-0529967 | Page 2 |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------|
| Part II | Supplemental Information. Provide the information required by Part I, lines is reporting in Part I, column (b), the number of contributions, the number of items rethis part for any additional information. | 30b, 32b, and 33, and whether the organization eceived, or a combination of both. Also complete | e |
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| 232142 09-09- | -22 | Schedule M (Form 99 | 0) 202 |
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| SCHEDULE O | Supplemental Information to Form 990 or 990- | -EZ | OMB No. 1545-0047 |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------|
| (Form 990) | Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. | | 2022 |
| Department of the Treasury Internal Revenue Service | Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. | | Open to Public Inspection |
| Name of the organization | SAFE ALLIANCE INC. | | identification number |
| FORM 990, PART III | , LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: | | |
| APPROXIMATELY, 90% | OF COUNSELING CLIENTS COMPLETING A SERVICE PLAN | | |
| EXPERIENCED IMPROV | ED EMOTIONAL WELLNESS AS MEASURED BY A DECREASE IN | | |
| THEIR TRAUMA SYMPT | DMS AND IMPROVED ABILITY TO FUNCTION IN DAILY LIFE. | | |
| ACROSS ALL OUR PRO | GRAMS AND SERVICES, SAFE ALLIANCE WORKS FROM A | | |
| TRAUMA-INFORMED, S | JRVIOR CENTERED PHILOSOPHY, HELPING VICTIMS REBULD | | |
| LIVES OF DIGNITY A | ND STRENGTH. | | |
| | | | |
| FORM 990, PART VI, | SECTION B, LINE 11B: | | |
| THE AGENCY ADMINIS | TRATIVE TEAM AND BOARD FINANCE COMMITTEE REVIEW THE DRAFT | | |
| FORM 990 TO MAKE C | OMMENTS AND CORRECTIONS. AFTER THIS REVIEW IT IS | | |
| FINALIZED AND SENT | TO THE FULL BOARD PRIOR TO FILING WITH THE IRS. THE | | |
| ADMINISTRATIVE TEA | M AND FINANCE COMMITTEE REVIEW IS DETAILED AND INVOLVES | | |
| FULL REVIEW AND RE | COMMENDATIONS FOR CHANGES. | | |
| | | | |
| FORM 990, PART VI, | SECTION B, LINE 12C: | | |
| BOTH BOARD AND STA | FF ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY. THE | | |
| BOARD POLICY EXTEN | OS TO FAMILY MEMBERS AND COVERS FINANCIAL INTERESTS SUCH | | |
| AS OWNERSHIP INTER | EST OR COMPENSATION ARRANGEMENT WITH AN ENTITY WITH WHOM | | |
| THE AGENCY CONDUCT | S BUSINESS, AS WELL AS A POTENTIAL OWNERSHIP INTEREST OR | | |
| COMPENSATION ARRAN | GMENT WITH AN ENTITY WITH WHOM THE AGENCY IS CONSIDERING | | |
| DOING BUSINESS. E | ACH BOARD MEMBER ANNUALLY DISCLOSES ANY POTENTIAL | | |
| CONFLICT OF INTERE | ST 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 | | |
| | STAFF THE POLICY EXTENDS TO GIVING PREFERENTIAL TREATMENT | | |
| LHA For Paperwork Re 232211 10-28-22 | eduction Act Notice, see the Instructions for Form 990 or 990-EZ. | Scheo | dule O (Form 990) 2022 |
| | 42 | | |

| Schedule O (Form 990) 2022 | Page | | |
|----------------------------|--------------------------------|--|--|
| Name of the organization | Employer identification number | | |
| SAFE ALLIANCE INC. | 56-0529967 | | |

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. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED

IN 2022

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.

232212 10-28-22