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)		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	:\$	
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			

^{10211208 131839} A447438

^{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						
232006	3 12-13-22				Form	990	(2022)
	6						. ,
110	08 131839 X477438 2022 05010 SAFE ATT.	ד א אד	OF TNO			א ג	171

10211208 131839 A447438

^{2022.05010} SAFE ALLIANCE INC.

A4474381

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)
hours per vex. box. these person is tool an inform or leaded organizations in organizatin organizations in organizations in organizations in organization	Name and title	Average	(do		Pos	sitior		200	Reportable		Estimated
Week (bistary organizations organizations (W2/1099-MISC/ 1099-MISC) Inon organizations (W2/1099-MISC/ 1099-MISC/ 1099-MISC) Compensation from the organizations (W2/1099-MISC/ 109-MISC/ 1		hours per	box	, unle	ss pe	rson	is botl	n an	compensation	compensation	amount of
(1) KAREN 40.00 X 151,958. 0. 34,524. (2) LURA LAWRENCE 40.00 X 112,906. 0. 19,850. CHIEF OFERATING OFFICER X 112,906. 0. 19,850. 0. (3) NAKIA SAVAGE 1.00 X 0. 0. 0. (4) LINDA CHRISTOPHERSON 1.00 X 0. 0. 0. (5) DERKE BREES 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (6) JULIO COLMENRES 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (7) TOM COYNE 1.00 X X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X X 0. 0.				cer ar I	nd a d I	lirecto	or/trus	tee)			
(1) KAREN 40.00 X 151,958. 0. 34,524. (2) LURA LAWRENCE 40.00 X 112,906. 0. 19,850. CHIEF OFERATING OFFICER X 112,906. 0. 19,850. 0. (3) NAKIA SAVAGE 1.00 X 0. 0. 0. (4) LINDA CHRISTOPHERSON 1.00 X 0. 0. 0. (5) DERKE BREES 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (6) JULIO COLMENRES 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (7) TOM COYNE 1.00 X X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X X 0. 0.			rector							-	•
(1) KAREN 40.00 X 151,958. 0. 34,524. (2) LURA LAWRENCE 40.00 X 112,906. 0. 19,850. CHIEF OFERATING OFFICER X 112,906. 0. 19,850. 0. (3) NAKIA SAVAGE 1.00 X 0. 0. 0. (4) LINDA CHRISTOPHERSON 1.00 X 0. 0. 0. (5) DERKE BREES 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (6) JULIO COLMENRES 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (7) TOM COYNE 1.00 X X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X X 0. 0.			or di	ee.			ated		-		
(1) KAREN 40.00 X 151,958. 0. 34,524. (2) LURA LAWRENCE 40.00 X 112,906. 0. 19,850. CHIEF OFERATING OFFICER X 112,906. 0. 19,850. 0. (3) NAKIA SAVAGE 1.00 X 0. 0. 0. (4) LINDA CHRISTOPHERSON 1.00 X 0. 0. 0. (5) DERKE BREES 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (6) JULIO COLMENRES 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (7) TOM COYNE 1.00 X X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X X 0. 0.			ustee	trust		e	bens			1099-NEC)	-
(1) KAREN 40.00 X 151,958. 0. 34,524. (2) LURA LAWRENCE 40.00 X 112,906. 0. 19,850. CHIEF OFERATING OFFICER X 112,906. 0. 19,850. 0. (3) NAKIA SAVAGE 1.00 X 0. 0. 0. (4) LINDA CHRISTOPHERSON 1.00 X 0. 0. 0. (5) DERKE BREES 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (6) JULIO COLMENRES 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (7) TOM COYNE 1.00 X X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X X 0. 0.		-	ual tr	tional		voldr	t con	_	1099-NEC)		
(1) KAREN 40.00 X 151,958. 0. 34,524. (2) LURA LAWRENCE 40.00 X 112,906. 0. 19,850. CHIEF OFERATING OFFICER X 112,906. 0. 19,850. 0. (3) NAKIA SAVAGE 1.00 X 0. 0. 0. (4) LINDA CHRISTOPHERSON 1.00 X 0. 0. 0. (5) DERKE BREES 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (6) JULIO COLMENRES 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (7) TOM COYNE 1.00 X X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X X 0. 0.			ndivid	nstituf	Officer	key en	Highes	ormei			organizations
(2) LAURA LAWRENCE 40.00 X 112,906. 0. 19,850. (3) NAKIA SAVAGE 1.00 X 0. 0. 19,850. (3) NAKIA SAVAGE 1.00 X 0. 0. 0. LINDA CHRISTOPHERSON 1.00 X 0. 0. 0. 1ST VICE CHAIR X X 0. 0. 0. (6) JULIO COLMENRES 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (7) TOM COVNE 1.00 X 0. 0. 0. DIRECTOR X X 0. 0. 0. (9) JEFFREY KLEIN 1.00 X X 0. 0. SCRETARY (FROM 1/1/22) X X 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. (10) ALEN O'ROURKE 1.00 X 0. 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0.	(1) KAREN PARKER	40.00				1	<u> </u>				
CHIEF OPERATING OFFICER X 112,906. 0. 19,850. (3) NARIA SAVAGE 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. ST VICE CHAIR X X 0. 0. 0. IST VICE CHAIR X X 0. 0. 0. (5) DEREK BERES 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (6) JULIO COLMENARES 1.00 X 0. 0. 0. DIRECTOR X V 0. 0. 0. M PAST CHAIR X X 0. 0. 0. IMPAST CHAIR X X 0. 0. 0. IMPAST CHAIR X X 0. 0. 0. SECRETARY (PROM 1/1/22) X X 0. 0. 0. DIRECTOR X X 0. <	PRESIDENT/CEO				х				151,958.	0.	34,524.
(3) NAKIA SAVAGE 1.00 x 0. 0. 0. DIRECTOR x 0. 0. 0. 0. (4) LINDA CHRISTOPHERSON 1.00 x x 0. 0. 0. 157 VICE CHAIR x x 0. 0. 0. 0. 0. 01RECTOR x x 0. 0. 0. 0. 0. 0. (6) JULIO COMENARES 1.00 x x 0.	(2) LAURA LAWRENCE	40.00									
DIRECTOR x 0 0. 0. 0. (4) LINDA CHRISTOPHERSON 1.00 x x 0. 0. 0. 1ST VICE CHAIR x x 0. 0. 0. 0. 01 01 x x 0. 0. 0. 0. 01 01 x x 0. 0. 0. 0. 01 01 x 0. 0. 0. 0. 0. 01 01 x 0. 0. 0. 0. 0. 01 010 x x 0. 0. 0. 0. 01 010 1.00 x 0. 0. 0. 0. 010 1.00 x x 0. 0. 0. 0. 010 1.00 x x 0. 0. 0. 0. 0111 MELISA ROMANZO 1.00 x 0. <td>CHIEF OPERATING OFFICER</td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>112,906.</td> <td>0.</td> <td>19,850.</td>	CHIEF OPERATING OFFICER				Х				112,906.	0.	19,850.
(4) LINDA CHRISTOPHERSON 1.00 x	(3) NAKIA SAVAGE	1.00									
IST VICE CHAIR x x x x x 0.	DIRECTOR		Х						0.	0.	0.
(5) DEREK BERES 1.00 x 0. 0. 0. DIRECTOR x 0. 0. 0. 0. (6) JULIO COLMENARES 1.00 x 0. 0. 0. DIRECTOR x 0. 0. 0. 0. 0. OTMORYNE 1.00 x x 0. 0. 0. 0. IMM PAST CHAIR x x 0. 0. 0. 0. 0. OIRECTOR 1.00 x x 0. 0. 0. 0. DIRECTOR 1.00 x x 0. 0. 0. 0. SECRETARY (FROM 1/1/22) x x 0. 0. 0. 0. 0. DIRECTOR x 0.<	(4) LINDA CHRISTOPHERSON	1.00									
DIRECTOR X 0 0. 0. 0. (6) JULIO COLMENARES 1.00 X 0 0. 0. 0. DIRECTOR X 0 0. 0. 0. 0. (7) TOM COYNE 1.00 X X 0. 0. 0. (7) TOM COYNE 1.00 X X 0. 0. 0. (8) FRED HUDSON 1.00 X X 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. (9) JEFFREY KLEIN 1.00 X X 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. DIRECTOR 1.00 X X 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0.			Х		х				0.	0.	0.
(6) JULIO COLMENARES 1.00 x 0. 0. 0. DIRECTOR x x 0. 0. 0. 0. (7) TOM COYNE 1.00 x x 0. 0. 0. IMM PAST CHAIR x x 0. 0. 0. 0. (8) FRED HUDSON 1.00 x x 0. 0. 0. DIRECTOR x x 0. 0. 0. 0. (9) JEFFREY KLEIN 1.00 x x 0. 0. 0. (10) ALLEN O'ROURKE 1.00 x x 0. 0. 0. 0. (11) MELISSA ROMANZO 1.00 x x 0. 0. 0. 0. (12) LEILA EVANS 1.00 x x 0. 0. 0. 0. (13) JUDGE FAITH FICKLING-ALVAREZ 1.00 x x 0. 0. 0. DIRECTOR x x 0. 0. 0. 0. 0. 0. (14) T. HAMPTON HOPKINS, EDD <td< td=""><td></td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		1.00									
DIRECTOR X I 0. 0. 0. (7) TOM COYNE 1.00 X X X 0. 0. 0. IMM PAST CHAIR X X X 0. 0. 0. 0. (8) FRED HUDSON 1.00 X X 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. (9) JEFREY KLEIN 1.00 X X 0. 0. 0. (10) ALLEN O'ROURKE 1.00 X X 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. (11) MELISSA ROMANZO 1.00 X X 0. 0. 0. 0. (12) LEILA EVANS 1.00 X X 0. 0. 0. 0. (13) JUDGE FAITH FICKLING-ALVAREZ 1.00 X X 0. 0. 0. DIRECTOR	DIRECTOR		Х						0.	0.	0.
(7) TOM COYNE 1.00 x x x 0. 0. 0. IMM PAST CHAIR x x x x 0. 0. 0. 01 FRED HUDSON 1.00 x x 0. 0. 0. 01 JEFFREY KLEIN 1.00 x x 0. 0. 0. (9) JEFFREY KLEIN 1.00 x x 0. 0. 0. (10) ALLEN O'ROURKE 1.00 x x 0. 0. 0. DIRECTOR x x 0. 0. 0. 0. 0. (11) MELISSA ROMANZO 1.00 x x 0. 0. 0. DIRECTOR x x 0. 0. 0. 0. 0. 0. (12) LEILA EVANS 1.00 x x 0. 0. 0. 0. (13) JUDGE FAITH FICKLING-ALVAREZ 1.00 x 0. 0. 0. 0. DIRECTOR x x 0	(6) JULIO COLMENARES	1.00									
IMM PAST CHAIR X X X X 0. 0. 0. (8) FRED HUDSON 1.00 X 0. 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. (9) JEFFREY KLEIN 1.00 X X 0. 0. 0. 0. SECRETARY (FROM 1/1/22) X X X 0. 0. 0. 0. (10) ALLEN O'ROURKE 1.00 X X 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. (11) MELISSA ROMANZO 1.00 X X 0. 0. 0. 0. (12) LEILA EVANS 1.00 X X 0. 0. 0. 0. (13) JUDGE FAITH FICKLING-ALVAREZ 1.00 X X 0. 0. 0. DIRECTOR X X 0. 0. 0. <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			Х						0.	0.	0.
(8) FRED HUDSON 1.00 x 0 0.	(7) TOM COYNE	1.00									
DIRECTOR x x 0 0. 0. 0. (9) JEFFREY KLEIN 1.00 X X X 0. 0. 0. SECRETARY (FROM 1/1/22) X X X 0. 0. 0. (10) ALLEN O'ROURKE 1.00 X X 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. (11) MELISSA ROMANZO 1.00 X X 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. (12) LEILA EVANS 1.00 X X 0. 0. 0. 0. (13) JUDGE FAITH FICKLING-ALVAREZ 1.00 X X 0. 0. 0. (14) T. HAMPTON HOPKINS, EDD 1.00 X X 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. (16) MARKITA PAYNE 1.00<	IMM PAST CHAIR		Х		х				0.	0.	0.
(9) JEFFREY KLEIN 1.00 x x 0. 0. 0. SECRETARY (FROM 1/1/22) x x x 0. 0. 0. (10) ALLEN O'ROURKE 1.00 x x 0. 0. 0. DIRECTOR x 0. 0. 0. 0. 0. 0. (11) MELISSA ROMANZO 1.00 x 0. 0. 0. 0. 0. DIRECTOR x x 0. 0. 0. 0. 0. (12) LEILA EVANS 1.00 x x 0. 0. 0. 0. (13) JUGE FAITH FICKLING-ALVAREZ 1.00 x x 0. 0. 0. (14) T. HAMPTON HOPKINS, EDD 1.00 x x 0. 0. 0. DIRECTOR x x 0. 0. 0. 0. 0. (15) JEANNE JORDAN 1.00 x x 0. 0. 0. 0. DIRECTOR x x 0. 0. 0. 0. 0.	(8) FRED HUDSON	1.00									
SECRETARY (FROM 1/1/22) X X X X 0. <td>DIRECTOR</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	DIRECTOR		Х						0.	0.	0.
(10) ALLEN O'ROURKE 1.00 X 0 0. 0. 0. DIRECTOR X 1.00 0. 0. 0. 0. 0. (11) MELISSA ROMANZO 1.00 X 0. 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. 0. (12) LEILA EVANS 1.00 X X 0. 0. 0. 0. (13) JUDGE FAITH FICKLING-ALVAREZ 1.00 X X 0. 0. 0. (14) T. HAMPTON HOPKINS, EDD 1.00 0. 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. (15) JEANNE JORDAN 1.00 0. 0. 0. 0. 0. 0. (16) MARKITA PAYNE 1.00 0. 0. 0. 0. 0. 0. (17) KIMBERLY ZIRKLE 1.00 0. 0. 0. 0. 0. 0.	(9) JEFFREY KLEIN	1.00									
DIRECTOR X X 0 0.	SECRETARY (FROM 1/1/22)		Х		х				0.	0.	0.
(11) MELISSA ROMANZO 1.00 x 0 0. 0. 0. DIRECTOR x 1.00 x 0. 0. 0. 0. (12) LEILA EVANS 1.00 x x 0. 0. 0. 0. TREASURER 1.00 x x 0. 0. 0. 0. (13) JUDGE FAITH FICKLING-ALVAREZ 1.00 x x 0. 0. 0. 2ND VICE CHAIR x x x 0. 0. 0. 0. (14) T. HAMPTON HOPKINS, EDD 1.00 x x 0. 0. 0. 0. DIRECTOR x x 0. 0. 0. 0. 0. 0. (15) JEANNE JORDAN 1.00 x x 0. 0. 0. 0. 0. 0. (16) MARKITA PAYNE 1.00 x x 0. 0. 0. 0. 0. 0. (17) KIMBERLY ZIRKLE 1.00 x x 0. 0. 0. 0. 0. 0. </td <td>(10) ALLEN O'ROURKE</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(10) ALLEN O'ROURKE	1.00									
DIRECTOR x x x 0 0. 0	DIRECTOR		Х						٥.	0.	0.
(12) LEILA EVANS 1.00 x x x 0. 0. 0. TREASURER x x x x 0. 0. 0. 0. (13) JUDGE FAITH FICKLING-ALVAREZ 1.00 x x x 0. 0. 0. 2ND VICE CHAIR x x x x 0. 0. 0. (14) T. HAMPTON HOPKINS, EDD 1.00 x x 0. 0. 0. DIRECTOR x x 0. 0. 0. 0. 0. (15) JEANNE JORDAN 1.00 x x 0. 0. 0. 0. DIRECTOR 1.00 x x 0. 0. 0. 0. (16) MARKITA PAYNE 1.00 x x 0. 0. 0. 0. (17) KIMBERLY ZIRKLE 1.00 x x 0. 0. 0. 0. DIRECTOR x x x 0. 0. 0. 0. 0.	(11) MELISSA ROMANZO	1.00									
TREASURER X X X X X 0. 0. 0. (13) JUDGE FAITH FICKLING-ALVAREZ 1.00 X X X 0. 0. 0. 2ND VICE CHAIR X X X 0. 0. 0. 0. (14) T. HAMPTON HOPKINS, EDD 1.00 X X 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. (15) JEANNE JORDAN 1.00 X X 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. 0. (16) MARKITA PAYNE 1.00 X X 0. 0. 0. 0. (17) KIMBERLY ZIRKLE 1.00 X X 0. 0. 0. 0. DIRECTOR X X X 0. 0. 0. 0.	DIRECTOR		Х						0.	0.	0.
(13) JUDGE FAITH FICKLING-ALVAREZ 1.00 X X 0 0. 0. 2ND VICE CHAIR X X X 0. 0. 0. 0. (14) T. HAMPTON HOPKINS, EDD 1.00 X X 0. 0. 0. 0. DIRECTOR X X 0 0. 0. 0. 0. (15) JEANNE JORDAN 1.00 X X 0. 0. 0. DIRECTOR X X 0 0. 0. 0. (16) MARKITA PAYNE 1.00 X X 0. 0. 0. CHAIR (FROM 1/1/22) X X X 0. 0. 0. UTCE TOR X X 0. 0. 0. 0. URECTOR X X X 0. 0. 0. 0. UTCE CHAIR 1.00 X X 0. 0. 0. 0.	(12) LEILA EVANS	1.00									
2ND VICE CHAIR X X X X X 0. 0. 0. (14) T. HAMPTON HOPKINS, EDD 1.00 1.00 X 0 0. 0. 0. DIRECTOR X X 0 0. 0. 0. 0. (15) JEANNE JORDAN 1.00 X 0 0. 0. 0. DIRECTOR X X 0 0. 0. 0. (16) MARKITA PAYNE 1.00 X X 0. 0. 0. (16) MARKITA PAYNE 1.00 X X 0. 0. 0. (17) KIMBERLY ZIRKLE 1.00 X X 0. 0. 0. DIRECTOR X X 0 0. 0. 0.	TREASURER		Х		х				0.	0.	0.
(14) T. HAMPTON HOPKINS, EDD 1.00 0 0.	(13) JUDGE FAITH FICKLING-ALVAREZ	1.00									
DIRECTOR X X 0. <th< td=""><td>2ND VICE CHAIR</td><td></td><td>Х</td><td></td><td>х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>	2ND VICE CHAIR		Х		х				0.	0.	0.
(15) JEANNE JORDAN 1.00 0. 0. DIRECTOR X 0. 0. 0. (16) MARKITA PAYNE 1.00 . . . CHAIR (FROM 1/1/22) X X 0. 0. 0. (17) KIMBERLY ZIRKLE 1.00 DIRECTOR X V 0. 0. 0.	(14) T. HAMPTON HOPKINS, EDD	1.00									
DIRECTOR X X 0 0.	DIRECTOR		Х						0.	0.	0.
(16) MARKITA PAYNE 1.00 x x 0. 0	(15) JEANNE JORDAN	1.00									
CHAIR (FROM 1/1/22) X X X 0.	DIRECTOR		Х						0.	0.	0.
(17) KIMBERLY ZIRKLE 1.00 X 0. </td <td>(16) MARKITA PAYNE</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(16) MARKITA PAYNE	1.00									
DIRECTOR X 0. 0. 0.	CHAIR (FROM 1/1/22)		Х		х				0.	0.	0.
	(17) KIMBERLY ZIRKLE	1.00									
	DIRECTOR		Х						0.	0.	

7

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
							_					
							_					
							_					
							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									
		х						0.	Ο.	0.
L										
F		1								
F										
F		1								
Ļ										
F		1								
		1								
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		,	
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

232022 12-09-22

56-0529967 Page **3**

 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

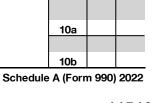
Part IV Supporting Organizations

(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.)

232024 12-09-22



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

18

3b | Schedule A (Form 990) 2022

3a

10211208 131839 A447438

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	•					
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)

223452 11-15-22

A4474381

	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

10211208 131839 A447438

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

Schedule B (Form 990) (2022)

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

(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	
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.		

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				
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

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

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

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.	. (.,,, .		,,
, , , ,				
000000 10 07 00		Schedule G	(Form	000\ 0000
232083 10-27-22	33	Schedule G		5507 2022

10211208 131839 A447438

Schedule G (Form 990)	SAFE ALLIANCE INC.	56-0529967	Page 4
Schedule G (Form 990) Part IV Supplemental In	ormation (continued)		
		0.1.1.1.0	(Farm 000
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

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)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(ii)							
	(i) (ii)							
	(i)							
	(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.

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
232142 09-09-	-22	Schedule M (Form 99	0) 202
	41		

10211208 131839 A447438

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