# \*\* PUBLIC DISCLOSURE COPY \*\*

(Rev. January 2020)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

ΑF	or th	e 2019 calendar year, or tax year beginning $^{ m J}$	JL 1, 2019 and	lending J≀	UN 30, 2020				
<b>B</b> (	heck if pplicab	C Name of organization			D Employer ide	entific	ation number		
	Addre								
	Name Chang	e Doing business as			56-0529	9967			
	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite 400	E Telephone nu 704-332-				
	⊒returr termii ated		7IP or foreign postal code	l	<b>G</b> Gross receipts \$ 6,631,223.				
	□Amer	, , , , , , , , , , , , , , , , , , , ,	Zii di loreigii postai code		H(a) Is this a group return				
F	returr Appli tion		N PARKER		for subordi	•			
	pendi	SAME AS C ABOVE			H(b) Are all subordi				
$\overline{}$			◀ (insert no.) 4947(a)(1)	or 527	1		list. (see instructions)		
		te: WWW.SAFEALLIANCE.ORG	(IIISELL 110.) 4347(a)(1)	01 321	H(c) Group exe				
			of formation: 1909		State of legal domicile; NC				
	art I	Summary	ssociation Other	L TEA	oi ioimation, 1902	/   IVI	State of legal doffficile, we		
	1	Briefly describe the organization's mission or most	aignificant activities: TO PRO	VIDE HOPE	AND HEALING	TΩ			
Governance	'	THOSE IMPACTED BY DOMESTIC VIOLENCE A							
rna	2	Check this box  if the organization disco	ntinued its operations or dispo	sed of more	than 25% of its n	et ass	ets.		
ove.	3	Number of voting members of the governing body	(Part VI, line 1a)			3	21		
	4	Number of independent voting members of the go	verning body (Part VI, line 1b)			4	21		
S	5	Total number of individuals employed in calendar y	ear 2019 (Part V, line 2a)			5	141		
Vitie	6	Total number of volunteers (estimate if necessary)				6	879		
Activities &	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12			7a	0.		
_	b	Net unrelated business taxable income from Form	990-T, line 39			7b	0.		
					Prior Year		Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)			6,155,6	699.	6,469,629.		
Revenue	9	Program service revenue (Part VIII, line 2g)			12,2	259.	6,208.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4	, and 7d)		5,0	005.	5,430.		
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	, 9c, 10c, and 11e)		-94,6	600.	-67,804.		
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		6,078,3	363.	6,413,463.		
	13	Grants and similar amounts paid (Part IX, column (	A), lines 1-3)		253,4	456.	274,428.		
	14	Benefits paid to or for members (Part IX, column (A			0.	0.			
Ś	15	Salaries, other compensation, employee benefits (	Part IX, column (A), lines 5-10)		3,767,8	803.	4,437,088.		
Expenses	16a	Professional fundraising fees (Part IX, column (A),	ine 11e)			0.	0.		
be	b	Total fundraising expenses (Part IX, column (D), lin							
û	17	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		1,950,4	448.	2,041,573.		
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		5,971,	707.	6,753,089.		
	19	Revenue less expenses. Subtract line 18 from line	12		106,6	656.	-339,626.		
t Assets or				Ве	ginning of Current	Year	End of Year		
sets	20	Total assets (Part X, line 16)			7,682,3	356.	8,184,975.		
t As	21	Total liabilities (Part X, line 26)			720,8	834.	1,563,079.		
Ret	22	Net assets or fund balances. Subtract line 21 from	line 20		6,961,	522.	6,621,896.		
Pa	art II	Signature Block							
Und	er pen	lities of perjury, I declare that I have examined this return	including accompanying schedule	s and stateme	ents, and to the best	of my	knowledge and belief, it is		
true	corre	et, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowledge.				
Sig	n	Signature of officer			Date				
Her	е	KAREN PARKER, PRESIDENT & CEO							
		Type or print name and title		1 -					
		Print/Type preparer's name	Preparer's signature		if	eck	PTIN		
Paid	l	JOHN NORMAN	JOHN NORMAN	1:		lf-employe	d P01506766		
Prep	arer	Firm's name CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749				
Use	Only	Firm's address 227 WEST TRADE STREET, S	UITE 800						
		CHARLOTTE, NC 28202			Phone no	0.704-	-998-5200		
Max	tha I	RS discuss this return with the preparer shown abo	va? (aaa inatrustiana)				X Ves No		

Other program services (Describe on Schedule O.)

) (Revenue \$ including grants of \$ 5,600,706. Total program service expenses ▶

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11081111 131839 99198

#### Part IV | Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A ..... 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 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 ..... Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Х Part VI 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 Х 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Schedule D, Parts XI and XII 12a 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15

foreign organization? If "Yes," complete Schedule F, Parts II and IV

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

Part X, line 16? If "Yes," complete Schedule D, Part IX

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II

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18

19

20a

20b

Х

X

Х

Х

Х

Х

X

X

11c

11d

11f

Х 11e

Х

# Form 990 (2019) SAFE ALLIANCE INC. Part IV Checklist of Required Schedules (continued)

	· · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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		Х
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			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			17
	"Yes," complete Schedule L, Part IV	28a		<u>х</u>
	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 lines 28a or 28b? If	28c		х
29	"Yes," complete Schedule L, Part IV	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	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			Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O  **T V Statements Regarding Other IRS Filings and Tax Compliance	30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	1	1

# Form 990 (2019) SAFE ALLIANCE INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 141			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0	)	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	count)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the control		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
bа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6-		x
<b>h</b>	any contributions that were not tax deductible as charitable contributions?		6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?		6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor?	7a	х	
	16 IIV and a state of the control of	icos provided to the payor:	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		··-		
_	to file Form 8282?	·	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion file a Form 1098-C?	7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ \textbf{Did a donor advised fund maintained}$	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:	1			
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	-		
11	Section 501(c)(12) organizations. Enter:	44.			
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	11a	1		
b	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	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.		_	990	(0040)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			·
40		40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
С		12c	х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CFSC SHARED SERVICES, LLC - 704-943-9631			
	601 E. FIFTH STREET STE. 450 CHARLOTTE NC 28202			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

<b>(A)</b> Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	n an	( <b>D</b> ) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALLEN O'ROURKE	1.00									
DIRECTOR		Х						0.	0.	0.
(2) BARBARA DARE	1.00									
DIRECTOR		Х						0.	0.	0.
(3) BECKY LINDAHL	1.00									
DIRECTOR		Х						0.	0.	0.
(4) FRED HUDSON	1.00									
DIRECTOR		Х						0.	0.	0.
(5) GRACY WOOSTER	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JEFFREY KLEIN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JULIO COLMENARES	1.00									
DIRECTOR		Х						0.	0.	0.
(8) KATE COLE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) LEILA EVANS	1.00									
TREASURER		Х		Х				0.	0.	0.
(10) LINDA CHRISTOPHERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MARCY HINGST	1.00									
SECRETARY		Х		Х				0.	0.	0.
(12) MARKITA PAYNE	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MELISSA ROMANZO	1.00									
DIRECTOR		Х						0.	0.	0.
(14) NAKIA SAVAGE	1.00									
DIRECTOR		Х						0.	0.	0.
(15) SCOTT SHANNON	1.00									
CHAIR		Х		Х				0.	0.	0.
(16) SID FLETCHER	1.00									
1ST VICE CHAIR		Х		Х				0.	0.	0.
(17) SPENCER MERRIWEATHER	1.00									
2ND VICE CHAIR		Х		Х	L			0.	0.	0.

Form 990 (2019) SAFE ALLIANCE	INC.								56-05	2996	7	P	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A) (B) (C) (D) (E)												(F)	
Name and title	Average	(do		Pos heck			ono	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss per	son i	is both	n an	compensation	compensation	n	an	nount	of
	week		cer ar	nd a di	recto	or/trus	tee)	from	from related			other	
	(list any	rector						the	organizations		1	pensa 	
	hours for related	or di	e e			ated		organization	(W-2/1099-MIS	C)	l	om th	
	organizations	ustee	trust		9	Suedi		(W-2/1099-MISC)			ı -	anizat d relat	
	below	ual tr	tional		ploye	t con	_				l	ınizati	
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Orge	ıı ıızatı	5115
(18) SYMONE ROBINSON	1.00	=	=	0	×	Τ 60	-						
DIRECTOR		x						0.		0.			0.
(19) T HAMPTON HOPKINS	1.00	<del> </del>								<u> </u>			
DIRECTOR	1.00	x						0.		0.			0.
(20) TOM COYNE	1.00	1				$\vdash$		· · ·		<u> </u>			
IMM PAST CHAIR	1.00	x		x				0.		0.			0.
(21) VIRGINIA SUTTON	1.00	^		^		$\vdash$		0.		<u> </u>			
	1.00	-								0			٥
DIRECTOR	1 00	Х				$\vdash$		0.		0.			0.
(22) LESLIE WICKHAM	1.00	٠,,		.,				_		0			^
CHAIR (LEFT BEFORE YE)	1 00	Х		Х		⊢		0.		0.			0.
(23) NICK TOSCO	1.00	١								_			•
DIRECTOR COLUMN	1 00	Х				┢		0.		0.			0.
(24) BARBARA POOLEY	1.00	ł											•
DIRECTOR		Х				├		0.		0.			0.
(25) SARAH JENSEN	1.00	<b>.</b>											_
DIRECTOR		Х	_			┝		0.		0.			0.
(26) KAREN PARKER	40.00	4											
PRESIDENT & CEO				Х				118,139.		0.			018.
1b Subtotal								118,139.		0.		29,	018.
c Total from continuation sheets to Part VII								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	118,139.		0.		29,	018.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													1
												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director, trust	ee, k	сеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for so											3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	),000? If "Yes,	" со	mple	ete S	Sche	edule	J f	for such individual			4		Х
5 Did any person listed on line 1a receive or a	•				-			•					
rendered to the organization? If "Yes," com	plete Schedul	e J f	or st	ıch <u>ı</u>	oers	on					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensa	tion fro	m	
the organization. Report compensation for t	he calendar y	ear e	endir	ng w	ith c	or wi	thiņ	the organization's tax y	ear.				
(A)								(B)		_	(C		
Name and business	address	NO:	NE					Description of s	ervices	C	comper	nsatio	n

Form **990** (2019)

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2019)

SAFE ALLIA

Statement of Revenue

			Check if Schedule O contains a	response (	or note to any lin	e in this Part VIII			
					· · · · · · · · · · · · · · · · · · ·	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a	165,200.				
Contributions, Gifts, Grants and Other Similar Amounts				1b	100,100.				
ij g			Membership dues	1c	583,415.				
fts, Ar			Fundraising events		303,413.				
ig ig			Related organizations	1d	3,934,308.				
ns, Sim			Government grants (contributions)	1e	3,934,300.				
utio er (		f	All other contributions, gifts, grants, and		1 706 706				
현된			similar amounts not included above $\dots$	1f	1,786,706.				
ont od (		-	Noncash contributions included in lines 1a-1f	1g  \$	127,774.	6 460 600			
<u>0 g</u>		h	Total. Add lines 1a-1f		<b></b>	6,469,629.			
					Business Code				
e S	2	а	PROGRAM FEES		624100	6,208.	6,208.		_
Program Service Revenue		b							
S		С							
am		d							
og B		е							
Ā		f	All other program service revenue						
			Total. Add lines 2a-2f			6,208.			
	3		Investment income (including divide						
			other similar amounts)			5,430.			5,430.
	4		Income from investment of tax-exer			·			
	5		Royalties	-					
	·		They divided the same of the s	(i) Real	(ii) Personal				
	6	2	Gross rents 6a	( )	( )				
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)	Securities	(ii) Other				
	′	а	0.7000 a	securities	(ii) Otriei				
		_	assets other than inventory 7a						
		b	Less: cost or other basis						
nue			and sales expenses						
ě.		С	Gain or (loss) 7c						
å			Net gain or (loss)						
Other Revenue	8	а	Gross income from fundraising events (including \$ 583,415	· I					
			contributions reported on line 1c). §	-					
			Part IV, line 18		124,980.				
		h	Less: direct expenses		217,760.				
			Net income or (loss) from fundraisir			-92,780.			-92,780.
			Gross income from gaming activitie						. = , . = 0
	9	а							
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming a		·····				
	10	а	Gross sales of inventory, less return	I					
			and allowances						
			Less: cost of goods sold						
-		С	Net income or (loss) from sales of ir	ventory	<b>)</b>				
ဟ					Business Code				
o o o	11	а							
ane		b							
Miscellaneous Revenue		С							
Ais.		d	All other revenue		900099	24,976.	24,976.		
_		е	Total. Add lines 11a-11d		<b>&gt;</b>	24,976.			
	12	_	Total revenue. See instructions		<b></b>	6,413,463.	31,184.	0.	-87,350.

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D-	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	274,428.	274,428.		
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,	440 400		440 400	
	trustees, and key employees	118,139.		118,139.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 400 514	2 025 520	FF 052	200 00
7	Other salaries and wages	3,409,714.	3,035,738.	75,953.	298,023
8	Pension plan accruals and contributions (include	72 276	E7 004	6 706	0 544
_	section 401(k) and 403(b) employer contributions)	73,276.	57,024.	6,706. 44,616.	9,546 45,159
9	Other employee benefits	571,793.	482,018.	·	-
0	Payroll taxes	264,166.	228,058.	11,512.	24,596
1	Fees for services (nonemployees):				
a	Management				
b	Legal	185,945.		185,945.	
C	Accounting	103,543.		103,543.	
d	, 3				
e	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)	388,080.	224,458.	108,171.	55,451
12	Advertising and promotion	300,000.	221,130.	100,171.	33,13
12 13		123,904.	81,695.	33,815.	8,394
13 14	Office expenses Information technology	220,501.	02,000	55,625.	0,00
1 <del>5</del>	Royalties				
16	Occupancy	350,058.	308,406.	6,803.	34,849
7	Travel	, , , , , , , , , , , , , , , , , , , ,	γ	,,,,,,,	, , , , , ,
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	43,051.	23,641.	18,568.	842
20	Interest	17,000.	17,000.	,	
1	Payments to affiliates	,	,		
22	Depreciation, depletion, and amortization	385,977.	384,592.	1,385.	
23	Insurance	45,718.	42,883.	531.	2,304
4	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	276,900.	269,636.	6,982.	282
b	TELEPHONE & INTERNET	40,536.	38,361.	1,384.	791
С	DUES	6,780.	2,704.	2,976.	1,100
d	POSTAGE & SHIPPING	5,203.	2,384.	818.	2,00
е	All other expenses	172,421.	127,680.	16,028.	28,713
5	Total functional expenses. Add lines 1 through 24e	6,753,089.	5,600,706.	640,332.	512,053
:6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

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SAFE ALLIANCE INC.

Form 990 (2019)
Part X Balance Sheet

Par	t X	Balance Sneet					
		Check if Schedule O contains a response or i	note to an	y line in this Part X		······	
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,256,147.	2	2,043,768
	3	Pledges and grants receivable, net			1,343,624.	3	1,138,534
	4	Accounts receivable, net			17,714.	4	106,613
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	ostantial c	ontributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sec	tion 4958(c)(3)(B) L		6	
ပ္သ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	5			53,055.	9	38,00
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	7,867,076.			
	b	Less: accumulated depreciation		3,020,197.	4,999,659.	10c	4,846,879
	11	Investments - publicly traded securities			12,157.	11	11,17
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir			13		
	14	Intangible assets		Г		14	
	15	Other assets. See Part IV, line 11				15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must e			7,682,356.	16	8,184,97
	17	Accounts payable and accrued expenses			151,184.	17	271,61
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
,	22	Loans and other payables to any current or fo					
Ė.		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to uni	-		491,767.	23	1,260,16
	24	Unsecured notes and loans payable to unrela		· · · · · · · · · · · · · · · · · · ·	·	24	· · ·
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D	,		77,883.	25	31,300
	26	Total liabilities. Add lines 17 through 25			720,834.	26	1,563,079
		Organizations that follow FASB ASC 958, o			·		
es		and complete lines 27, 28, 32, and 33.					
au	27	• • • • • • • • • • • • • • • • • • • •			5,976,312.	27	5,873,893
381	28	Net assets with donor restrictions			985,210.	28	748,003
<u>و</u> ا		Organizations that do not follow FASB ASC			·		·
Fu		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current fun	ds	ľ		29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			6,961,522.	32	6,621,896
2	33	Total liabilities and net assets/fund balances			7,682,356.	33	8,184,975

Form 990 (2019) SAFE ALLIANCE INC. 56-0529967 Page **12** 

Par	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
	· · · · · · · · · · · · · · · · · · ·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	413,	463.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	753,	089.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	339,	626.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	961,	522.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	6	621,	896.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			2a		Х
	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			Х	
b	, 1		2b		
	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	a. dit			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		2c	х	
	review, or compilation of its financial statements and selection of an independent accountant?		20		
22	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
Sa		-	3a	х	
h	Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	Ja		
5	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	ou addit	3b	х	
	or addition of the control of and december any steps taken to undergo such addition				(2019)

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#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

**Open to Public** Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number 56-0529967

Da	rt I		Charity Status //	M		1 \ 0 -		30-0329907						
		Reason for Public C					ee instructions.							
Γhe	organi	zation is not a private found												
1	Щ	A church, convention of chu					I)(A)(i).							
2	Щ	A school described in secti	on 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)								
3	Ш	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).							
4		A medical research organiza	ation operated in cor	ijunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,						
		city, and state:												
5		An organization operated for	r the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental unit describe	ed in						
		section 170(b)(1)(A)(iv). (C	omplete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	X													
		section 170(b)(1)(A)(vi). (Co	•				3							
8		A community trust describe	•	1)(A)(vi). (Complete Par	t II )									
9	H	An agricultural research org				ed in coniu	inction with a land-grant	college						
Ŭ		or university or a non-land-g				-	-	•						
		· · · · · · · · · · · · · · · · · · ·	Tarit conege of agrici	alture (see instructions).	Litter the	iarric, city	, and state of the conege	, 01						
10		university: An organization that normal	ly receives: (1) more	than 33 1/30/ of its supp	nort from a	ontributio	ne momborshin foos an	nd gross receipts from						
10		activities related to its exem	•					-						
				•	٠,,		• •	•						
		income and unrelated busin		(less section 511 tax) irc	om busines	ses acquii	red by the organization a	arter June 30, 1975.						
		See section 509(a)(2). (Cor	•				201 1141							
11	Н	An organization organized a	•	•	•			_						
12	Ш	An organization organized a	•	•	•		•	•						
		more publicly supported org	-					Check the box in						
		lines 12a through 12d that o	* *											
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving						
		the supported organization	n(s) the power to req	jularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting						
		organization. You must c	omplete Part IV, Se	ctions A and B.										
b		Type II. A supporting orga	anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by have	/ing						
		control or management of	f the supporting orga	nization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported						
		organization(s). You must	t complete Part IV,	Sections A and C.										
С		Type III functionally integ	<b>grated.</b> A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,						
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.							
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	zation(s)						
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	veness						
		requirement (see instructi	ons). You must con	plete Part IV, Sections	A and D,	and Part	V.							
е		Check this box if the orga	nization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III							
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.								
f	Ente	r the number of supported o												
g	Prov	ride the following information	about the supporte	d organization(s).										
	<b>(</b> i	) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other						
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)						

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

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

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	4,361,340.	4,396,902.	4,570,065.	6,155,699.	6,578,359.	26,062,365.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	4,361,340.	4,396,902.	4,570,065.	6,155,699.	6,578,359.	26,062,365.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
6	Public support. Subtract line 5 from line 4.						26,062,365.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
7	Amounts from line 4	4,361,340.	4,396,902.	4,570,065.	6,155,699.	6,578,359.	26,062,365.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	31.		1,925.	5,005.	5,430.	12,391.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)	2,833.	8,734.	253.	4,421.	24,976.	41,217.				
11	<b>Total support.</b> Add lines 7 through 10						26,115,973.				
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	282,858.				
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	k year as a section	501(c)(3)					
	organization, check this box and stop	here									
Sec	ction C. Computation of Publi	c Support Per	centage								
14	Public support percentage for 2019 (li	ine 6, column (f) div	vided by line 11, co	lumn (f))		14	99.79 %				
15	Public support percentage from 2018	Schedule A, Part I	I, line 14			15	99.83 %				
16a	33 1/3% support test - 2019. If the o	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and				
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>▶</b> X				
b	33 1/3% support test - 2018. If the c	organization did not	t check a box on lir	ne 13 or 16a, and I	line 15 is 33 1/3%	or more, check this	s box				
	and stop here. The organization quali	ifies as a publicly s	upported organizat	tion			▶□				
17a	10% -facts-and-circumstances test	- 2019. If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,				
	and if the organization meets the "fac-	ts-and-circumstand	es" test, check this	s box and stop he	<b>ere.</b> Explain in Pa	rt VI how the organ	ization				
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported	organization						
b	b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or										
	more, and if the organization meets th	ne "facts-and-circur	nstances" test, che	eck this box and	<b>stop here.</b> Explair	n in Part VI how the					
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
18	Private foundation. If the organizatio	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 1 <mark>7b</mark> ,	, check this box a	nd see instructions	<b>&gt;</b>				
		-				dule A (Form 990					

Schedule A (Form 990 or 990-EZ) 2019

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
7	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6  a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for	· ·		*	•	. , . , .	
<u></u>	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi		<u>_</u>	. (5)		T .= I	
	Public support percentage for 2019 (I					15	<u>%</u>
<u>16</u> Se	Public support percentage from 2018 ction D. Computation of Inves					16	%
				no 10 notimen (6)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from :					18	7 is not
198	a 33 1/3% support tests - 2019. If the						<b>.</b> .
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
_	line 18 is not more than 33 1/3%, che						<b>&gt;</b>
·νn	Drivate foundation If the organization	in did not chack a	nov on line 14 10	a or 10h chock th	are how and can inc	etructions	

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Schedule A (Form 990 or 990-EZ) 2019

Page 4

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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")? |f "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
iva		
10b		

I al	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
366	tion b. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	NO
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> 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 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			
			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			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	3		
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	_ 3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	_		
a	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions	L	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	- agr
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting orga	nization (see
	instructions)	. •		•

Schedule A (Form 990 or 990-EZ) 2019

Par	τV	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	ints paid to supported organizations to accomplish exer	mpt purposes		
2	Amou				
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	 S	
4	Amou	ints paid to acquire exempt-use assets			
5		fied set-aside amounts (prior IRS approval required)			
6		distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which th	ne organization is responsive		
		de details in <b>Part VI</b> ). See instructions.	3		
9		outable amount for 2019 from Section C, line 6			
10		B amount divided by line 9 amount			
		anount annual by mile of annual n	(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2019 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:				
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
		uning underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in <b>Part VI.</b> See instructions.			
6		uning underdistributions for 2019. Subtract lines 3h			
-		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3			
•	and 4	-			
8		cdown of line 7:			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			
е	-xces	ss irom z019			

Schedule A (Form 990 or 990-EZ) 2019

Part IV, Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 8d, 9b, 9b, 11s, 11s, and 11c; Part IV, Section B. lines 1 and 2; Part IV, Section D. lines 2 and 3; Part IV, Section D. lines 2 and 3; Part IV, Section D. lines 2 and 3; Part IV, Section B. lines 2 and 3;	Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;			
Section D, lines 5, 6, and 8: and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	1 5.10 11	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,			
		Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)			

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

**Employer identification number** 

	56-0529967							
Organization type (	rganization type (check one):							
Filers of:	ilers of: Section:							
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> 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							
, ,	ation is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.						
_	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling om any one contributor. Complete Parts I and II. See instructions for determining a contributor's	•						
Special Rules								
sections 50 any one cor	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 or 990-EZ), 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, II, and III.								
year, contrib is checked,	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.,							

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, 990-EZ, or 990-PF), 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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d)  Total contributions Type of contribution
5	INAING, AUGIESS, AND ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
<b>No.</b>	Name, address, and ZIP + 4	Total contributions  Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SAFE ALLIANCE INC.

56-0529967

Part II			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.) (d) Date received	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of or	rganization		Employer identification number
SAFE ALL	IANCE INC.		56-0529967
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line er charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year stry. For organizations 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 gi	
-	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi	ft  Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gi	ft  Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	-		

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

	SAFE ALLIANCE INC.		56-0529967				
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds				
Ŭ	are the organization's property, subject to the organization's	-					
6							
Ŭ	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990 F					
1	Purpose(s) of conservation easements held by the organizati		arri, mo r.				
•	Preservation of land for public use (for example, recrea		a historically important land area				
	Protection of natural habitat		a certified historic structure				
	Preservation of open space	Freservation of	a certified historic structure				
•	<del></del>	find appropriation contribution in the form	of a concentration accoment on the last				
2	Complete lines 2a through 2d if the organization held a quali	ned conservation contribution in the form of					
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		-				
b	•						
С	Number of conservation easements on a certified historic str						
d	Number of conservation easements included in (c) acquired	•					
_	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax				
	year ▶						
4	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the per	L I I-I- O	Yes No				
6	violations, and enforcement of the conservation easements in						
6	Staff and volunteer hours devoted to monitoring, inspecting,	Tialiding of Violations, and emorcing cons	ervation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion occoments during the year				
′	S	diling of violations, and emorcing conservat	on easements during the year				
8	Does each conservation easement reported on line 2(d) above	ve eatisfy the requirements of section 170/h	h)(A)(R)(i)				
Ü	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservati						
•	balance sheet, and include, if applicable, the text of the footr						
	organization's accounting for conservation easements.						
Par		f Art, Historical Treasures, or Otl	ner Similar Assets.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement ar	nd balance sheet works				
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	therance of public				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and b	alance sheet works of				
	art, historical treasures, or other similar assets held for public	· · · · · · ·					
	provide the following amounts relating to these items:	, , , , , , , , , , , , , , , , , , , ,					
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$				
	(m) A		<b>.</b> .				
2	If the organization received or held works of art, historical tre						
_	the following amounts required to be reported under FASB A		J /1 · - · · - ·				
а	Revenue included on Form 990, Part VIII, line 1	_	• \$				
	Assets included in Form 990, Part X						

11081111 131839 99198

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

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 SAFE ALLIA						529967	Page 2
Par	t III Organizations Maintaining C	ollections of Art	i, Historical Tre	asures, or O	ther S	imilar Ass	ets <sub>(contil</sub>	nued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that ma	ke signi	ficant use of i	ts	,
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	exempt	purpose in P	art XIII.	
5	During the year, did the organization solicit of	or receive donations o	of art, historical treas	sures, or other sir	nilar as	sets		
	to be sold to raise funds rather than to be ma						Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered "Yes	" on Fo	rm 990, Part I	IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for contributions	s or other assets	not incl	uded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:					
							Amoun	ıt
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	stodial account	liability?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete	if the organization an	swered "Yes" on Fo	rm 990, Part IV, I				
		(a) Current year	(b) Prior year	(c) Two years ba		Three years ba	ick (e) Fou	r years back
1a	Beginning of year balance	10,767.	10,767.	8,63	39.	8,63	9.	8,639.
b	Contributions			2,12	28.			
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	10,767.	10,767.	10,76	57.	8,63	9.	8,639.
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a)	) held as:				
а	Board designated or quasi-endowment	.00	_%					
b	Permanent endowment   100.00	%						
С	Term endowment ▶00	_%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held an	nd administered f	or the o	organization		
	by:							Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S					
	Description of property	(a) Cost or of	` '	1 '	. ,	umulated	(d) Boo	k value
		basis (investm		(other)	depre	ciation		
	Land			,233,661.				,233,661.
	Buildings		5	,931,976.	2	,634,438.	3	,297,538.
	Leasehold improvements			193,274.		50,577.		142,697.
d	Equipment			227,158.		167,423.		59,735.
	Other			281,007.		167,759.		113,248.
Total	. Add lines 1a through 1e. (Column (d) must e	eaual Form 990. Part X	X. column (B). line 10	Oc.)			4	,846,879.

Schedule D (Form 990) 2019

		11b. See Form 990, Part X, line 12.	african mention to the
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
1) Financial derivatives			
2) Closely held equity interests		+	
3) Other			
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		1	
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►  Part IX Other Assets.			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	(In) Dealership
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" or (a) D	n Form 990, Part IV, line lescription	11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" or (a) D  (1)		11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" or  (a) D  (1)  (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" or (a) D  (1)  (2)  (3)  (4)  (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" or (a) D  (1)  (2)  (3)  (4)  (5)  (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►  Part IX Other Assets.  Complete if the organization answered "Yes" or (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)		11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	escription		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line	escription		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Other Liabilities.	Description	<b>&gt;</b>	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form 990, Part X, col. (B) line (Complete if the organization answered "Yes" or (a) Passistion of liability.	Description	<b>&gt;</b>	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" or (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line of the complete if the organization answered "Yes" or (a) Description of liability	Description	<b>&gt;</b>	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" or (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes	Description	<b>&gt;</b>	(b) Book value
Other Assets.  Complete if the organization answered "Yes" or (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES	Description	<b>&gt;</b>	
Other Assets.  Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 190, part X  Complete if the organization answered "Yes" of (a) D  (b) must equal Form 990, Part X, col. (B) line 190, part X  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) REFUNDABLE ADVANCES (3)	Description	<b>&gt;</b>	(b) Book value
Other Assets.  Complete if the organization answered "Yes" or (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)   Total. (Column (b) must equal Form 990, Part X, col. (B) line:  Complete if the organization answered "Yes" or (b) must equal Form 990, Part X, col. (B) line:  Complete if the organization answered "Yes" or (a) Description of liability  (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4)	Description	<b>&gt;</b>	(b) Book value
Other Assets.  Complete if the organization answered "Yes" or (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 190 (Part X) Other Liabilities.  Complete if the organization answered "Yes" or (a) D  Total. (Column (b) must equal Form 990, Part X, col. (B) line 190 (Part X) Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4) (5)	Description	<b>&gt;</b>	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Complete if the organization answered "Yes" or (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form 990, Part X)  Complete if the organization answered "Yes" or (a) Description of liability  (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4) (5) (6)	Description	<b>&gt;</b>	(b) Book value
Other Assets.  Complete if the organization answered "Yes" or (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) line Teach (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4) (5) (6) (7)	Description	<b>&gt;</b>	(b) Book value
Other Assets.  Complete if the organization answered "Yes" or (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)   Total. (Column (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form 990, Part X, col. (B) line (Column (b) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4) (5) (6)	Description	<b>&gt;</b>	(b) Book value

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 Schedule D (Form 990) 2019

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta		levenue per Re	turn.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, lir				6 756 119
1				1	6,756,118.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a			
a h	Net unrealized gains (losses) on investments  Donated services and use of facilities		342,655.	-	
b	Recoveries of prior year grants		012,000.	-	
c d	Other (Describe in Part XIII.)			-	
u e				2e	342,655.
3	Add lines 2a through 2d Subtract line 2e from line 1			3	6,413,463.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, , -
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			_	
				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			5	6,413,463.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	-			1	7,095,744.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	342,655.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	342,655.
3	Subtract line 2e from line 1			3	6,753,089.
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 <b>4a</b> and <b>4b</b>			4c	0.
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	6,753,089.
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	*		; Part X, lir	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	ny additional inform	ation.		
PART	V, LINE 4:				
FOR	THE SAFE ALLIANCE ENDOWMENT AND THE ENDOWMENT FOR THE SHE	ELTER FOR			
DOME	ESTIC VIOLENCE.				
חאס	IV TIME 2.				
PART	T X, LINE 2:				
CADI	Z ALITANGE TNG TG A NONDROETH CORRODANTON EVENDE EROM TN	JCOME MAYEC			
SAFI	E ALLIANCE, INC. IS A NONPROFIT CORPORATION EXEMPT FROM IN	NCOME TAXES			
TIMIDI	R SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS N	JOM CIACCIETED			
ONDI	SK SECTION SUI(C)(S) OF THE INTERNAL REVENUE CODE AND IS I	NOT CHASSIFIED			
λC 7	A DRIVATE FOUNDATION ADDITIONALLY MANAGEMENT RELIEVES T	THE ACENCY			
A5 F	A PRIVATE FOUNDATION. ADDITIONALLY, MANAGEMENT BELIEVES 1	INE AGENCI			
DOES	S NOT HAVE INCOME SUBJECT TO UNRELATED BUSINESS INCOME TAX	τ.			
	NOT MITE THOOMS BORNEY TO CHARMITED DODINGDO INCOME IN	•			
ACCO	ORDINGLY, NO PROVISION FOR INCOME TAXES IS REQUIRED IN THE	E FINANCIAL			
	, and the second				
STAT	TEMENTS.				

Schedule D (Form 990) 2019

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

SAFE ALLIA	NCE INC.				56-052996	7						
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not						
1 Indicate whether the organization rais a	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr	ion of ion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	<del></del>						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No									
Total  3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration												
or licensing.												

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

Schedule G (Form 990 or 990-EZ) 2019

	rt I		ne organization answered	I "Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gr				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ART WITH HEART	ANNUAL BREAKFAST	5	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
nue					· ·	
Revenue	1	Gross receipts	212,037.	188,800.	307,558.	708,395.
	2	Less: Contributions	103,088.	188,800.	291,527.	583,415.
	3	Gross income (line 1 minus line 2)	108,949.		16,031.	124,980.
	4	Cook prizes				
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	12,000.	16,370.		28,370.
ect Ex	7	Food and beverages	20,141.			20,141.
Ę	_					
	8	Entertainment		16,579.	44,961.	169,249.
	9 10	Other direct expenses		10,375.		217,760.
		Net income summary. Subtract line 10 from I				-92,780.
Pa	rt I	II Gaming. Complete if the organization	answered "Yes" on Form	1990, Part IV, line 19, or r	reported more than	•
		\$15,000 on Form 990-EZ, line 6a.				<b>.</b>
ē			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				billgo/progressive billgo		col. (a) through col. (c))
Re		Cross revenue				
_	<u> </u>	Gross revenue				
S	2	Cash prizes				
rect Expenses	3	Noncash prizes				
ect Ex		Doubles Sith as a set				
Dire	4	Hent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %  No	Yes %  No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	' from line 1. column (d)			
		gg				
		er the state(s) in which the organization condu	_			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
		re any of the organization's gaming licenses re			ear?	Yes No
D	IT "	Yes," explain:				
93208	32 09	-11-19			Schedule G (For	rm 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 SAFE ALLIANCE INC.	-05299	167	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
12	Indicate the percentage of gaming activity conducted in:			
		امد ا	.1	0/
	The organization's facility			<u>%</u>
	An outside facility	. 13k	)	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
_	The fact of the first state and the first state of			
	Name			
	Name			
	Address ▶			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	·			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		] v	□ Na
	retain the state gaming license?	🗀	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
<b>D</b> -	organization's own exempt activities during the tax year > \$			
Ра	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, I	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990 or 990-EZ)	SAFE ALLIANCE INC.	56-0529967	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	mation (continued)		
		,		

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

► Attach to Form 990.

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

OMB No. 1545-0047 **2019** 

Open to Public Inspection

Name of the organization  SAFE ALLIANCE	E INC.						56-0529967
Part I General Information on Grants	and Assistance						
Does the organization maintain records criteria used to award the grants or ass     Describe in Part IV the organization's part II Grants and Other Assistance to	sistance? procedures for moni o Domestic Organi	toring the use of grant	funds in the United	d States. Complete if the org			X Yes No
recipient that received more than  1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash 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 or	ganizations listed in th	ne line 1 table				<b>&gt;</b>
3 Enter total number of other organization	ns listed in the line	1 table					
LHA For Paperwork Reduction Act Notice	e, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2019)

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. (b) Number of (c) Amount of (f) Description of noncash assistance (a) Type of grant or assistance (d) Amount of non-(e) Method of valuation (book, FMV, appraisal, other) recipients cash grant cash assistance NOMINAL MONETARY ASSISTANCE AND PAYMENTS TO 3RD PARTIES FOR HOTEL STAYS, MEALS, AND TRANSPORTATION FOR VICTIMS 886 7,470. 258,042 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV 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.

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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.

Employer identification number SAFE ALLIANCE INC. 56-0529967

Par	τι	Types	s of Property									
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash conti amounts repo Form 990, Part V	rted on	1	( Method of cash contri		_	5
1	Art -	Works of	art									
2			treasures									
3			l interests									
4			blications									
				Х			127 774	THRIFT	STORE VA	ALUE		
5			nousehold goods						DIGITE VI	1202		
6			r vehicles									
7			nes									
8		lectual pro										
9			blicly traded									
10			osely held stock									
11	Sec	urities - Pa	rtnership, LLC, or									
		t interests										
12	Sec	urities - Mi	scellaneous									
13	Qua	lified cons	ervation contribution -									
	Hist	oric structi	ures									
14	Qua	lified cons	ervation contribution - Other									
15	Real	l estate - R	lesidential									
16	Real	l estate - C	Commercial									
17			Other									
18												
19			y									
20			dical supplies									
21												
22			acts									
 23			cimens									
24			artifacts									
25			( VARIOUS AUCTI )	Х	0		108,730.	RESALE	VALUE			
26			(									
27		er 🕨	()									
28	Othe											
<u>20</u> 29			rms 8283 received by the organ	ization during	the tax year for e	I ontributions		1				
29			organization completed Form 82	•	,		29					
	IOI V	vilicii iile c	organization completed Form 62	200, Fait IV, I	Jonee Acknowledg	jement	23				Yes	No
20-	Di	na tha waa	ur did the evernisation receive h	contribution	an any nyanasty yan	orted in Dort Lline	aa 1 tbraii	.b 00 tba	4:4		res	NO
30a			ur, did the organization receive t						IL IL			
			at least three years from the dat	10						00		v
_			ses for the entire holding period	1?						30a		X
			ibe the arrangement in Part II.									
31			nization have a gift acceptance					tions?		. 31		<u> </u>
32a		s the orgai tributions?	nization hire or use third parties		•					32a		х
b	If "Y	es," descr	ibe in Part II.									
33	If the	e organiza	tion didn't report an amount in	column (c) fo	r a type of property	for which column	n (a) is che	cked,				
	desc	cribe in Pa	rt II.									
НΛ	E	r Donoru	ork Reduction Act Notice see	the Instruc	tions for Form 000	`			Schodule	M (Ear	~ 000)	2010

932142 09-27-19 Schedule M (Form 990) 2019

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

SAFE ALLIANCE INC.

**Employer identification number** 56-0529967

PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 98% LEARNED NEW STRATEGIES TO REMAIN SAFE. OUR VICTIM ASSISTANCE COURT PROGRAM ACCOMPANIED VICTIMS TO COURT ON 2,464 OCCASIONS. 77% OF VICTIMS REPORTED AN INCREASE IN THEIR PERSONAL SAFETY AFTER WORKING WITH A COURT ADVOCATE. THE SEXUAL TRAUMA RESOURCE CENTER ACCOMPANIED 110 SEXUAL ASSAULT VICTIMS TO AREA HOSPITALS WHERE THEY RECEIVED BOTH MEDICAL TREATMENT AND COMPLETED A FORENSIC EXAMINATION. THE SEXUAL TRAUMA RESOURCE CENTER ALSO PROVIDED TRAUMA-INFORMED MENTAL HEALTH COUNSELING AND SUPPORT GROUPS TO 450 ADULTS AND CHILDREN. 95% OF SEXUAL ASSAULT VICTIMS REPORTED AN INCREASE IN THEIR PERSONAL SAFETY 30 DAYS AFTER RECEIVING SERVICES. AND 84% OF COUNSELING CLIENTS COMPLETING A SERVICE PLAN DEMONSTRATED SYMPTOM REDUCTION AND RESTORED OR ENHANCE DAILY FUNCTIONING. ACROSS ALL OUR PROGRAMS AND SERVICES, SAFE ALLIANCE WORKS FROM A TRAUMA-INFORMED. SURVIVOR-CENTERED PHILOSOPHY. HELPING VICTIMS REBUILD LIVES OF DIGNITY AND STRENGTH, FORM 990, PART VI, SECTION B, LINE 11B: THE AGENCY ADMINISTRATIVE TEAM AND BOARD FINANCE COMMITTEE REVIEW THE DRAFT FORM 990 TO MAKE COMMENTS AND CORRECTIONS. AFTER THIS REVIEW IT IS FINALIZED AND SENT TO THE FULL BOARD PRIOR TO FILING WITH THE IRS. ADMINISTRATIVE TEAM AND FINANCE COMMITTEE REVIEW IS DETAILED AND INVOLVES FULL REVIEW AND RECOMMENDATIONS FOR CHANGES, FORM 990, PART VI, SECTION B, LINE 12C: BOTH BOARD AND STAFF ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY. THE BOARD POLICY EXTENDS TO FAMILY MEMBERS AND COVERS FINANCIAL INTERESTS SUCH

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization  SAFE ALLIANCE INC.	Employer identification number 56-0529967
AS OWNERSHIP INTEREST OR COMPENSATION ARRANGEMENT WITH AN ENTITY WITH WHOM	•
THE AGENCY CONDUCTS BUSINESS, AS WELL AS A POTENTIAL OWNERSHIP INTEREST OR	
COMPENSATION ARRANGMENT WITH AN ENTITY WITH WHOM THE AGENCY IS CONSIDERING	
DOING BUSINESS. EACH BOARD MEMBER ANNUALLY DISCLOSES ANY POTENTIAL	_
CONFLICT OF INTEREST AND MUST NOTIFY THE CHAIRPERSON OF THE BOARD OF ANY	
CHANGES THROUGHOUT THE YEAR. ANY BOARD MEMBER WHO HAS A CONFLICT OF	
INTEREST SHALL NOT PARTICIPATE IN ANY BOARD VOTE CONCERNING THAT	
TRANSACTION. FOR STAFF THE POLICY EXTENDS TO GIVING PREFERENTIAL TREATMENT	
FOR SERVICES, AND ACCEPTING FROM OR STEERING REFERRALS TO PRIVATE PRACTICE.	
STAFF MEMBERS ARE ASKED TO DISCLOSE ANY POTENTIAL CONFLICTS AT THE TIME OF	
HIRE AND ANNUALLY AFTERWARD.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD APPROVED A NEW CEO COMPENSATION AND PERFORMANCE REVIEW POLICY IN	
JULY, 2014. THE EXECUTIVE COMMITTEE SHALL CONDUCT AN EXECUTIVE	_
COMPENSATION SURVEY PERIODICALLY, REVIEWING COMPARABLE NATIONAL AND LOCAL	
DATA SOURCES AND DOCUMENTING THE REVIEW.	
FORM 990, PART VI, SECTION C, LINE 19:	
SAFE ALLIANCE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,	
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
NO CHANGE FROM THE PRIOR YEAR	