Public Inspection Copy

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

TITL 1 2014 and ending TITN 30

A	FUI II	ie 2014 Calendar year, or tax year beginning UCL 1, 2014 and ending	JUN 30, 2015								
В	Check i	C Name of organization	D Employer identif	ication number							
	Add: char	SAFE ALLIANCE, INC.									
	Nam	ge Doing business as	56-0	529967							
	Inlife rotur	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number									
	Final	, 601 E. FIFTH STREET 400 704-332									
	ated	, , , , , , , , , , , , , , , , , , , ,	G Gross receipts \$	5,294,801.							
	Amer	CHARLOTTE, NC 20202	H(a) Is this a group r	eturn							
	Appli tion pend	F Name and address of principal officer: KAKEN PARKER	for subordinates	? Yes X No							
		SAME AS C ABOVE	H(b) Are all subordinates i	ncluded? Yes No							
			527 If "No," attach a	list. (see instructions)							
-		te: WWW.SAFEALLIANCE.ORG	H(c) Group exemption								
		f organization; X Corporation Trust Association Other Ly	ear of formation: 1909	M State of legal domicile; NC							
110	art I	Summary									
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDEDPLE IN CRISIS.	DE HOPE AND H	EALING FOR							
rn2	2	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net as	sets.							
OVe	3	Number of voting members of the governing body (Part VI, line 1a)		21							
O	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21							
5	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	139							
Viti	6	Total number of volunteers (estimate if necessary)	6	1500							
Acti	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.							
~	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.							
			Prior Year	Current Year							
0	8	Contributions and grants (Part VIII, line 1h)	5,392,066.	4,724,746.							
Revenue	9	Program service revenue (Part VIII, line 2g)	587,032.	511,957.							
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	184.	8.							
II.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	78,576.	-145,407.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,057,858.	5,091,304.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50,586.	42,483.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 4,106,577.	0.							
to m	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,189,590.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.							
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 465,271.	The state of the s								
Ш	112	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,289,858.	2,034,614.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,447,021.	6,266,687.							
	19	Revenue less expenses. Subtract line 18 from line 12	-389,163.	-1,175,383.							
SSBIS OF			Beginning of Current Year	End of Year							
358t	20	Total assets (Part X, line 16)	10,477,990.	8,734,684.							
A Ju	21	Total liabilities (Part X, line 26)	1,210,150.	642,227.							
		Net assets or fund balances. Subtract line 21 from line 20 Signature Block	9,267,840.	8,092,457.							
-	art II										
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and state		knowledge and belief, it is							
rue	, conec	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepared to the complete of	rer nas any knowledge.								
×		Signature of officer	Date	5-75							
Sigi		KAREN PARKER, PRESIDENT & CEO	Date								
der	e	Type or print name and title									
-			Date Check	PTIN							
aid		Print/Type preparer's name Preparer's signature JOHN NORMAN Preparer's name	11-12-15 1	The state of the s							
	arer	Firm's name CLIFTONLARSONALLEN LLP by Tera Reproses	1 2 cmpay	The same of the sa							
	Only	Firm's address 227 WEST TRADE STREET, SUITE 800	7 Firm's EIN >	41-0746749							
reti	July	CHARLOTTE, NC 28202	Phase 17 0	4-998-5200							
An	the In	S discuss this return with the preparer shown above? (see instructions)	j Prione no. 7 U	[77]							
	01 11-0		***************************************	X Yes No Form 990 (2014)							
020	v1 11-0	-19 Life Life Expension neutron met nouce, see the separate instructions.		FORTH 330 (2014)							

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROVIDE HOPE AND HEALING FOR PEOPLE IN CRISIS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,766,094. including grants of \$) (Revenue \$ 477,814.)
	CLINICAL SERVICES: SAFE ALLIANCE (SA), FORMERLY UNITED FAMILY SERVICES (UFS), IS AN OUTPATIENT MENTAL HEALTH PROVIDER WHICH PROVIDES TRAUMA
	INFORMED, EVIDENCE BASED COUNSELING TO CHILDREN AND ADULTS EXPERIENCING
	EMOTIONAL TRAUMA USING LICENSED CLINICIANS. LAST YEAR, SA SERVED 2,380
	INDIVIDUALS AND FAMILIES WITH 8,469 HOURS OF COUNSELING ACROSS FOUR
	COUNTIES. NINETY-SIX PERCENT OF OUR CLIENTS SERVED SAID THEIR
	COUNSELING EXPERIENCE WAS HELPFUL IN ADDRESSING THEIR PROBLEMS, DECREASING THEIR SYMPTOMS AND IMPROVING DAILY FUNCTIONING. IN FY15,
	SAFE ALLIANCE MADE THE STRATEGIC DECISION TO FOCUS ON THE AGENCY'S CORE
	SERVICES IN MECKLENBURG COUNTY. IN FY16, WE DISCONTINUED OUR GENERAL
	MENTAL HEALTH COUNSELING, AND WILL PROVIDE COUNSELING SERVICES ONLY TO
	VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE AND CHILD ABUSE.
4b	(Code:) (Expenses 3,528,298 including grants of \$ 42,483) (Revenue \$)
	VICTIM SERVICES: SAFE ALLIANCE (SA), FORMERLY UNITED FAMILY SERVICES
	(UFS), PROVIDES DOMESTIC VIOLENCE, SEXUAL ASSAULT AND CHILD ABUSE SERVICES USING AN EMPOWERMENT PHILOSOPHY AND INDUSTRY BEST PRACTICES.
	OUR CONTINUMN OF CARE FOR VICTIMS OF CRIME INCLUDES EMERGENCY SHELTER, CASE MANAGEMENT, CRISIS INTERVENTION, COURT ADVOCACY, JOB AND BENEFITS
	ASSISTANCE, SUPPORT GROUPS AND MUCH MORE. EMERGENCY SHELTER WAS
	PROVIDED TO 950 WOMEN AND CHILDREN AT THE DOMESTIC VIOLENCE SHELTER
	LAST YEAR WITH 91% OF OUR CLIENTS REPORTING THAT THEY WERE LIVING
	WITHOUT PHYSICAL VIOLENCE FROM THEIR PARTNER THREE MONTHS AFTER LEAVING
	THE SHELTER. OUR COURT BASED SERVICES PROVIDED THROUGH OUR VICTIM
	ASSISTANCE PROGRAM INCLUDES COURT ACCOMPANIMENT TO CIVIL AND CRIMINAL
	COURT (4,695 CLIENTS SERVED LAST YEAR) AND LEGAL HOTLINE ASSISTANCE
4c	21 400
40	(Code:) (Expenses \$ 21,400 including grants of \$) (Revenue \$ 34,142 ·) ECONOMIC INDEPENDENCE: SAFE ALLIANCE (SA), FORMERLY UNITED FAMILY
	SERVICES (UFS), PROVIDED BUDGET AND CREDIT COUNSELING, MORTGAGE
	FORECLOSURE COUNSELING, AND REVERSE MORTGAGE AND BANKRUPTCY COUNSELING.
	UFS PROVIDED SERVICES TO FAMILIES WITH THIS CONTINUUM OF SERVICES.
	AFTER AN EXTENSIVE STRATEGIC PLANNING PROCESS, IT WAS DETERMINED THAT
	THIS PROGRAM FIT INTO COMMUNITY LINK'S CONTINUUM OF SERVICES AND IT WAS
	TRANSFERRED FROM UFS TO COMMUNITY LINK EFFECTIVE FEBRUARY 1, 2012.
	TRANSPERRED FROM OLD TO COMMONITE BIRK BITECTIVE FEDROART 1, 2012.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	- · · · · · · · · · · · · · · · · · · ·
	Form 990 (2014)

Form 990 (2014) SAFE ALLIANCE, INC. Part IV Checklist of Required Schedules

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

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	CONTINUES		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		105	140
~ '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			ĺ
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			٠,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			1
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		х
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			X
05-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	ļ	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	-	<u> </u>
D		256		
ne.	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36		26		x
07	If "Yes," complete Schedule R, Part V, line 2	36	 	 ' '
37		37		x
25	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	101		1
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
	More: On Louis and raddings to combine goliadate O	30		

Form **990** (2014)

Form 990 (2014) SAFE ALLIANCE, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
	, , , , , , , , , , , , , , , , , , , ,				Yes	No
fa	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	1a	34		162	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re			:	31.51	1113
_	(gambling) winnings to prize winners?	-		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		[-10		
	filed for the calendar year ending with or within the year covered by this return	2a	139	11.1	12 A A 12 A A	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to θ -file (see instructions			74	1 % 1	
3a	Did the appropriation have appropriated transfer and a second of \$4,000 and a second of \$4,000 and a second of \$4,000 and			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		x
b	If "Yes," enter the name of the foreign country:		,		11.5	(N. N
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	count	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	******		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		***********	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?		***************************************	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).				14. E	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		***************************************	7b	X	<u> </u>
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	uired			
	to file Form 8282?	1	1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		251		
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7е		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, airplan			7h	1.61	1. St. 1.5 5
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9		5,5 (37 - 3
	sponsoring organization have excess business holdings at any time during the year?			8		2.5.51.2
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a		
10	Section 501(c)(7) organizations. Enter:			9b		4,4,14
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	l		1.54.5	
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:	[100				
а	Gross income from members or shareholders	11a	1			
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
_	amounts due or received from them.)	11b				٠.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		724		:
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L				
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				
C	Enter the amount of reserves on hand	13c				
14a	Diddle and death and the second of the secon			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
	The state of the s				000	/201/1

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Form 990 (2014) SAFE ALLIANCE, INC. 56-U52996 / Pag
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 in Schedule O. See instructions.

Sec	tion A. Governing Body and Management									
		1 1			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21			,				
	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 in Schedule O.									
b	Enter the number of voting members included in 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	o with any ot	her							
	officer, director, trustee, or key employee?									
3										
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		X				
4										
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X				
6	Did the organization have members or stockholders?			6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ag	opoint one o								
	more members of the governing body?			7a		<u> </u>				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders,	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	ar by the follov	ving:			- 4:				
а	The governing body?			8a	<u> </u>					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X				
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code	.)		-					
					Yes	<u>No</u>				
	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, affilia	ates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b 11a	Х					
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? H^{**}				7.7					
	in Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14						
15	Did the process for determining compensation of the following persons include a review and approve	ai by indeper	aent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45.	v					
a	The organization's CEO, Executive Director, or top management official			15a	X					
D	Other officers or key employees of the organization			15b						
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	mont with a								
ιυ <u>a</u>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			40-		х				
_	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		notion	16a						
Đ			ation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			466						
Sec	exempt status with respect to such arrangements?tion C. Disclosure			16b	<u> </u>					
	List the states with which a copy of this Form 990 is required to be filed NONE									
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	Γ(Section 50	1/c)(3)s only) a	الطوازور						
10	for public inspection. Indicate how you made these available. Check all that apply.	, (00011011)	, toliolo ouilàl g	, an abl	•					
	[Fee]	n in Coh-del	- O							
19	X Own website ✓ Upon request ✓ Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		•	financ	ial					
12	statements available to the public during the tax year.	THINGE OF HIRBI	ou policy, ariu	in iai iu	ıaı					
20	State the name, address, and telephone number of the person who possesses the organization's bo	nke and room	irde:							
20	CFSC SHARED SERVICES, LLC - 704-943-9631	one and 1800								
	601 P PTEMU CODERN NO 400 CUARLONDE NO 20202			-						

Form 990 (2014)

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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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable Reportable		Estimated			
	hours per			ss per id a di				compensation	compensation	amount of
	week (list any	-						from the	from related organizations	other compensation
	hours for	individual trustes or director				-		organization	(W-2/1099-MISC)	from the
	related	99 01	stee			nsate		(W-2/1099-MISC)	(,	organization
	organizations	Tast	altr		оувв	Ed				and related
	below	widua	Institutional trustee	Je .	Көу етріоува	Highest compensated employee	Former			organizations
	line)	indi	inst	Officer	Key	影響	퉏			
(1) JOHN TIGHE (THRU 12/31/14)	1.00									
FORMER IMMEDIATE PAST CHAIR		X		X				0.	0.	0.
(2) JAMIE ADAMS	1.00									
BOARD MEMBER		X					<u> </u>	0.	0.	0.
(3) KATHRYN BLACK	1.00	1								
BOARD MEMBER		X						0.	0.	0.
(4) ERICA BRYANT	1.00						İ			
BOARD MEMBER		X						0.	0.	0.
(5) WILL CAULDER	1.00]								
BOARD MEMBER		X						0.	0.	0.
(6) NICK CALCANES	1.00									
BOARD MEMBER		X	<u> </u>				<u> </u>	0.	0.	0.
(7) JEAN DAVIS	1.00									
1ST VICE CHAIR		X		X				0.	0.	0.
(8) BARBARA DARE	1.00]								
BOARD MEMBER		X						0.	0.	0.
(9) TIM DOLAN	1.00		ļ							
BOARD MEMBER		X				<u> </u>		0.	0.	0.
(10) TANA GREENE	1.00						ŀ			
BOARD MEMBER		X						0.	0.	0.
(11) ELIZABETH KELLIGREW	1.00]								
BOARD MEMBER		X						0.	0.	0.
(12) MICHELE KELSEY	1.00									
BOARD MEMBER		X		L				0.	0.	0.
(13) RON KIMBLE	1.00			<u> </u>						
SECRETARY		X		X		ļ	l	0.	0.	0.
(14) ANGELA MATHERLY	1.00									
BOARD MEMBER		x						0.	0.	0.
(15) STEVE MENAKER	1.00									
TREASURER		X		X				0.	0.	0.
(16) LAURA MONK (EFF 1/1/15)	1.00									
FORMER 1ST VICE CHAIR/CURRENT CHAIR		\mathbf{x}	L	X	L	L		0.	0.	0.
(17) NICK PAGE (EFF 1/1/15)	1.00						Г			
FORMER 2ND VICE CHAIR		X	L	X		L	L	0.	0.	0.
										Form 990 (2014)

Form 990 (2014)

Part VII Section A. Officers, Directors, Trus	i -	oloy	ees,			ghes	st C			$\overline{}$		
(A)	(B) Average	(C) Position						(D)	(E)	_	(F)	_1
Name and title	hours per		not c	heck :	more	than dis both		Reportable compensation	Reportable compensation	1	stimate nount (
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related	"	other	
	(list any	ndividual trustee or director						the	organizations	1	pensa	
	hours for related	or é	8			aled		organization	(W-2/1099-MISC)	1	rom the	
	organizations	nstea	trust		, g	bens		(W-2/1099-MISC)		1 ~	anizati d relate	
	below	at leaf	nstitubonal trustee	_	ջ	yae a	_			1	u reiau anizatio	
	line)	ndivi	Institu	Officer	Key employee	Highest compensated employee	Роттв			""		
(18) LESLIE WICKHAM	1.00				_							
BOARD MEMBER		Х						0.	0.			0.
(19) JENNY WARD	1.00											
BOARD MEMBER		X				┖		0.	0.	<u> </u>		0.
(20) KIMBERLY MIZE (EFF 1/1/15)	1.00											
2ND VICE CHAIR		X		X	<u> </u>	<u> </u>	<u> </u>	0.	0.			0.
(21) CHARLES PAGE (THRU 12/31/14)	1.00								•			
FMR CHAIR/IMMEDIATE PAST CHAIR		Х	<u> </u>	X		<u> </u>		0.	0.	<u> </u>		0.
(22) KATIE COLE	1.00	l							_			_
BOARD MEMBER		X	<u> </u>	_	<u> </u>	┡	L	0.	0.	↓		0.
(23) SCOTT SHANNON	1.00								_			_
BOARD MEMBER	1	X	<u> </u>	ļ	ļ	ļ	<u> </u>	0.	0.	ļ	···	0.
(24) GRACY WOOSTER	1.00	-							_			^
BOARD MEMBER	40.00	X	-	┡		┢	┢	0.	0.	—		0.
(25) PHIL KLINE (THRU 12/31/14)	40.00	┨		x				110 101	^			^
FORMER PRESIDENT & CEO (26) KAREN PARKER (EFF 1/1/15)	40.00	├	ļ	<u> </u>		├	⊢	119,121.	0.	+		0.
PRESIDENT & CEO	40.00	┨		X				77,921.	0.	1	3,80	n 1
	<u> </u>	<u> </u>	J	I	l	<u> </u>	L	197,042.	0.		3,80	
1b Sub-total c Total from continuation sheets to Part VI								0.	0.		5,00	0.
d Total (add lines 1b and 1c)								197,042.	0.		3,80	
Total number of individuals (including but n							io re				5,0	<u> </u>
compensation from the organization	or miniou to th			-		,		oodirou moro marr proof	ood of reportable			1
											Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on			1111
line 1a? If "Yes," complete Schedule J for s	uch individual							,		3]	X
4 For any individual listed on line 1a, is the su												1 : 1
and related organizations greater than \$150	0,000? If "Yes,	. " CC	mpl	ete S	Sche	edule	e J i	for such individual		4		X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	plete Schedul	e J 1	or se	uch i	oe <i>r</i> s	on			***************************************	5		X
Section B. Independent Contractors												
 Complete this table for your five highest co 									•	ation fr	om	
the organization. Report compensation for	the calendar y	ear e	endi	ng w	ith o	or wi	thir		ear.			
(A) Name and business	addrose							(B) Description of s	oniocs		C)	<u>.</u>
			TTB	בו כו	_	CE	D	Description of s	Set VICES	JOHUPE	nsatio	
CHILDREN & FAMILY SERVICE				KE	ע	20		בידאנאאורים נום	с тт	22	0 6	0.0
601 E 5TH ST., CHARLOTTE,	NC ZOZ	U Z	<u> </u>					FINANCE, HR	<u>« 11</u>		9,60	J9.
												<u> </u>
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	sted	above) who received me	ore than			
\$100,000 of compensation from the organi	_					1		<u>, </u>				
										Form	990 (2014)

18511112 131839 99198

56-0529967

		Check if Schedule O conta	ano a response	o, note to any illi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10 10	1 &	Federated campaigns	1a	785,644.		70701100		312-314
Contributions, Gifts, Grants and Other Similar Amounts	t e			,				
20 20		F 1. 1.1.		626,571.				
Ę,ŧ	•							
io i	0	O		2,667,155.	2.1			
Sir	•		· · · · · · · · · · · · · · · · · · ·	5,00.,200.				
i i	f	similar amounts not included abov		645,376.				
ë ‡				043,370.	1 + 4, 1			
no	ç H				4,724,746.			
0.0		1 Total. Add lines 14-11		Business Code		1,41,1		
	2 8	PROGRAM FEES		624100	511,957.	511,957.	·.	
Ş	2 c				,	,		
Program Service Bevenue								
Ze.								
gra								
Pro	f	All other program service rever	nue					
		Total. Add lines 2a-2f			511,957.		4 - 14 - 1	
	3	Investment income (including						
		other similar amounts)			8.			8.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal		重新海流 电电流		
	6 a	Gross rents						
	k	Less: rental expenses						
	c	Rental income or (loss)			95 328 346 7			
	c	Net rental income or (loss)	******************					
	7 8	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	Ł	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		· <u></u>				
9	8 8	Gross income from fundraising						
E I		including \$626						
<u>\$</u>		contributions reported on line	•					12.1.1
Other Revenue		Part IV, line 18			-			
퉏		Less: direct expenses		203,497.	162 677	*		162 627
		Net income or (loss) from fund	•	<u> </u>	-163,677.	<u> </u>		-163,677.
	9 8	Gross income from gaming ac		.]				
		Part IV, line 19						
		Less: direct expenses		'	-			
		Net income or (loss) from gam	-					
	10 1	a Gross sales of inventory, less and allowances						
		Less: cost of goods sold			-			
	i e	Net income or (loss) from sale:						
		Miscellaneous Revenu		Business Code			<u> </u>	
	11 :			Dusiness Coul	1			
		a			· · · · · · · · · · · · · · · · · · ·			
					1			
		d All other revenue		900099	18,270.			18,270.
		e Total. Add lines 11a-11d			18,270.		<u> </u>	1
	12	Total revenue, See instructions.		_	5,091,304.	511,957.	0.	-145,399.
43200 11-07	9							Form 990 (2014)

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Form 990 (2014) SAFE ALLIANCE
Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	40 400	40 400		
	individuals. See Part IV, line 22	42,483.	42,483.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
,	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
J	trustees, and key employees	122,485.		122,485.	
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,133,390.	2,866,423.		266,967.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	60,610.	53,482.	2,158.	4,970. 53,808.
9	Other employee benefits	579,579.	487,969.	37,802.	53,808.
10	Payroli taxes	293,526.	260,205.	9,723.	23,598.
11	Fees for services (non-employees):				
а	Management	254,697.		254,697.	
b	Legal	12,093.		12,093.	
C	Accounting	19,050.		19,050.	
d	Lobbying				
θ	· • • • • • • • • • • • • • • • • • • •				
f	Investment management fees				
g		204 (12	255 552		20.060
	column (A) amount, list line 11g expenses on Sch O.)	284,613. 220.	255,553. 220.		29,060.
12	Advertising and promotion	123,399.	88,054.	4,157.	31,188.
13	Office expenses	147,981.	122,643.	3,542.	21,796
14	Information technology	T#1,001.	122,043.	3,344.	21,750
15 16	Royalties	420,338.	395,563.	8,849.	15,926.
10 17	Occupancy	20,699.	17,451.	197.	3,051.
18	Payments of travel or entertainment expenses				, , , , , , , , , , , , , , , , , , , ,
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	133,333.	121,842.	8,435.	3,056
20	Interest	21,792.	21,792.		
21	Payments to affiliates	· · · · · · · · · · · · · · · · · · ·			
22	Depreciation, depletion, and amortization	411,276.	404,269.		7,007.
23	Insurance	62,597.	62,463.	19.	115.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	想,特立 1			
а	amount, list line 24e expenses on Schedule O.) EQUIPMENT & MAINTENANCE	61,226.	57,519.	1,060.	2,647
a b	TELEPHONE & INTERNET	53,835.	52,560.	182.	1,093
C	DUES	7,465.	5,301.	1,175.	989
d					
9					
25	Total functional expenses. Add lines 1 through 24e	6,266,687.	5,315,792.	485,624.	465,271
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2014)
Part X Balance Sheet

Pa	ΠX	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X		<u> </u>	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,020,677.	2	699,562.
	3	Pledges and grants receivable, net	2,530,238.	3	1,562,634.
	4	Accounts receivable, net	75,375.	4	32,587.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		15	
22		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	***	7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	62,490.	9	41,889.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 7,986,084		100	
	b	Less: accumulated depreciation 10b 1,610,409	6,765,727.	10c	6,375,675. 13,135.
	11	Investments - publicly traded securities	8,639.	11	13,135.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	14,844.	15	9,202.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	8,734,684.
	17	Accounts payable and accrued expenses	119,827.	17	123,669.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S.	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.		1465	
8		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	500,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	10 000		40
		Schedule D	19,003.	25	18,558.
	26	Total liabilities. Add lines 17 through 25	1,210,150.	26	642,227.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and			
e O		complete lines 27 through 29, and lines 33 and 34.	7 705 714		7 124 465
	27	Unrestricted net assets	7,795,714.	27	7,134,465.
ğ	28	Temporarily restricted net assets	1,463,487.	28	949,353.
<u> </u>	29	Permanently restricted net assets	8,639.	29	8,639.
7		Organizations that do not follow SFAS 117 (ASC 958), check here			
ģ		and complete lines 30 through 34.			
300	30	Capital stock or trust principal, or current funds		30	
ź	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	0 007 040	32	0.000.455
_	33	Total net assets or fund balances	9,267,840.	33	8,092,457.
	34	Total liabilities and net assets/fund balances	10,477,990.	34	8,734,684.

Form **990** (2014)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

За

2c X

Х

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Nan	ne of t	he organization	ATT TANCE	TMC					identification number				
Pa	rt I	Reason for Public (ALLIANCE,		mploto thi	s part \ So	o inetructions	<u> </u>	6-0529967				
							e il isti uctions	·					
	organ	ization is not a private found	·		-	-	1/41/21						
1	H	A church, convention of ch			In sectio	n 17U(D)(1)(A)(1).						
2	H	A school described in secti		•			D.						
3	H	A hospital or a cooperative							Ale e de e e el tratte de e e e e				
4	لـــــا	A medical research organization	ation operated in cor	ljunction with a nospital	described	in section	Ај(г){ајо\г п	KIII). Enter	tne nospitai's name,				
_		city, and state:				1 1			1 .				
5	ш	An organization operated for		lege or university owned	or operate	ed by a go	vernmentai ui	nit describe	a in				
_		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
7	X			ntial part of its support fr	om a gove	rnmental (unit or from th	ie general p	oublic described in				
_		section 170(b)(1)(A)(vi). (C											
8	\vdash	A community trust describe											
9	ш	An organization that normal					-	•	,				
		activities related to its exem							="				
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquir	ed by the org	anization a	fter June 30, 1975.				
	$\overline{}$	See section 509(a)(2). (Cor											
10	H	An organization organized a							,				
11	L	An organization organized a						-					
		more publicly supported org							Sheck the box in				
_		lines 11a through 11d that o						-	ali da a				
a	l,	Type I. A supporting organization	•	- ·		-			- -				
		the supported organization organization. You must c			majority o	i ilie direc	rois or rinster	35 OI 1119 SU	pporting				
b		Type II. A supporting org			ion with it	e cupporto	d organizatio	o/o\ bu box	ina				
b	<u> </u>	control or management o	•				•		•				
		organization(s). You mus			ane perso	is that coi	ili Oi Oi Iriana	a rue anbh	Jorted				
_		Type III functionally inte	•		in connect	ion with a	nd functional	ly intograto	d with				
Ü	<u> </u>	its supported organization						iy ii ilogralo	a willi,				
d		Type III non-functionally		•				ted organiz	ration(s)				
u		that is not functionally int							- ·				
		requirement (see instructi	-		•			anatomi	1011000				
6		Check this box if the orga		•				II. Type III					
Ī		functionally integrated, or					. 3 10 0 1 1 3 10 0	., .,,,,,					
f	Ente	or the number of supported o		,									
a		vide the following information	_					***************************************					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the o		(v) Amount of	monetary	(vi) Amount of				
		organization		(described on lines 1-9 above or IRC section	listed i governing o	document?	support	•	other support (see				
				(see instructions))	Yes	No	Instruct	ions)	Instructions)				
							•						
Tota	si .					į l			1				

Schedule A (Form 990 or 990-EZ) 2014

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4703477.	7016434.	5775759.	5445180.	4724746.	27665596.
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	4703477.	7016434.	5775759.	5445180.	4724746.	27665596.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.		photographic and call		apple of the debte		27665596.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 📂	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	4703477.	7016434.	5775759.	5445180.	4724746.	27665596.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	4,057.	928.	633.	184.	8.	5,810.
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.)	8,772.	165,608.	246,010.	266,142.	18,270.	704,802.
11	Total support. Add lines 7 through 10	ta sivilita do h	a grade galax	essent a superio			28376208.
12	Gross receipts from related activities,	•	2 11				,723,955.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
_	organization, check this box and stor						>
Sec	ction C. Computation of Publi						
14	Public support percentage for 2014 (I		-			14	97.50 %
15	Public support percentage from 2013					15	97.75 <u>%</u>
16a	33 1/3% support test - 2014. If the	•		· ·		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the	-					
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation		***************************************	▶□
17a	17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	: - 2013. If the org	anization did not o	check a box on line	13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances* test, ch	neck this box and	stop here. Explair	n in Part VI how th	e
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orga	nizatīon	>
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
v	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-			<u> </u>			
4	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						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received		İ				
	from other than disqualified persons that exceed the greater of \$5,000 or 196 of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)	11 11 11 11 11 11			网络电影的 电影		
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L	<u></u>	<u> </u>			
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	tion,
	check this box and stop here	·····	<u>.</u>				
	ction C. Computation of Publi			· · · · · · · · · · · · · · · · · · ·			
	Public support percentage for 2014 (olumn (f))		15	%
	Public support percentage from 2013					16	%
Sec	ction D. Computation of Inves					1	
17						17	%
18	Investment income percentage from	2013 Schedule A,	Part III, line 17			18	%
198	33 1/3% support tests - 2014. If the	organization did r	not check the box	on line 14, and line	a 15 is more than 3	33 1/3%, and line 17	is not
	more than 33 1/3%, check this box as	=					<u>, —</u>
Ł	33 1/3% support tests - 2013. If the	-	-				
_	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization					-	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11b of Part I, complete Sections A, D, and E. If you checked 11d 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")? *If* "Yes" and if you checked 11a or 11b 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? [f "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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		
3а		
3. 3.		
3b		
3c		
4a		
4b		
4c		
5a 5b	\$44	
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Pa	rt IV 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		
b	A family member of a person described in (a) above?	11b		
С	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		
	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		2.9	355
_	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 Part VI how the supported organization(s) effectively operated, supervised, or	1.11		
	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		4	
	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		1.7.3	
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		A 34	
	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	stion C. Type II Supporting Organizations			L
	ion on the contract of the con		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			3.33
•	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			100
	the supported organization(s).	4		
Sec	tion D. Type III Supporting Organizations			<u></u>
	to the state of th		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	- 41	.03	
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	T.		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		100.00
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	.1.2	1,653	145,050
~	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). By reason of the relationship described in (2), did the organization's supported organizations have a	-	1917	
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	,		
800	supported organizations played in this regard. Stion E. Type III Functionally-Integrated Supporting Organizations	3	l	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	<u> </u>			
b		<i>(</i> ?)		
C	, <u> </u>	uctions)		T 11-
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	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,		1	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	 -	\vdash
b				
	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	<u> </u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
а	· · · · · · · · · · · · · · · · · · ·		1	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	
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	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970. See instruc	etions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
***************************************	Discount claimed for blockage or other	74]		
	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		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	n in the account to the acting of	
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	par personal reference between	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		and the second second	
_	emergency temporary reduction (see instructions)	6	·	
7	Check here if the current year is the organization's first as a non-functional		ited Type III supporting organ	ization (see
-	instructions).	, 5	24 FP 9 F7 9 F7	`

Schedule A (Form 990 or 990-EZ) 2014

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		<u>.</u>	
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
04	an E. Diatuitantian Allagations (and instructions)	Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:		77 E. Charles and Nati	
а	建筑器设置 电电影电影影响等电影电影电影 化自由电影器	。	是以表示。在15年度的1965年度。	经产品的
b			raciver, favorina e.v.	Bearing and British
С	<u>。自由中国中国中国的特别的国际的特别的国际的国际的</u> 自由的国际的		自然有 EEFY 5 自由的程序	Rights had bush taket
d	British to describe an order and of the con-			
9	From 2013		Ny deal of the participation of the	British and the respective
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			主席 经过滤过 计图片设置
h	Applied to 2014 distributable amount	10.1900 的 ET 10.1816 的 ET 10.1816		
i_	Carryover from 2009 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years	· 自己的 1985年 1985年 1985年 1985年 1985年 1985年 1985年 1985年 1985年 1985年 1985年 1985年 1985年 1985年 1985年 1985年 1985年 19		
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.		i kandida kan bermalik	and the first of a substantial
5	Remaining underdistributions for years prior to 2014, if		İ	
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			Also to the first of the
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j	***************************************		
	and 4c.			
8	Breakdown of line 7:			
а				
ь				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A	(Form 990 or 990-EZ) 2014 SAF Supplemental Informatio	E ALLIANCE,	INC.		56-0529967 Page 8
Part VI	Supplemental Informatio	n. Provide the explan	ations required by	Part II, line 10; Part II, line 17a or	17b; and Part III, line 12.
	Also complete this part for any a	dditional information. (See instructions).		
	<u> </u>				
	·				
	11 11 2				
				188-1188-2118-11-11-11-11-11-11-11-11-11-11-11-11-	

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Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

2014

Name of the organization

SAFE ALLIANCE,

INC.

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

Employer identification number

56-0529967

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

SAFE ALLIANCE, INC.

56-0529967

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
5		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
6		\$\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions

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Name of organization

Employer identification number

SAFE ALLIANCE, INC.

56-0529967

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No. 7	Name, address, and ZIP + 4	* 333,977.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

Employer identification number

SAFE ALLIANCE, INC.

56-0529967

	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from ⊇art l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	<u> </u>
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom 'art i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of orga	nization		Employer identification number		
SAFE A	LLIANCE, INC. Exclusively religious, charitable, etc., contrept the year from any one contributor. Complete completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional	olumns (a) through (e) and the following lin , charitable, etc., contributions of \$1,000 or less for the	56-0529967 on 501(c)(7), (8), or (10) that total more than \$1,000 for e entry. For organizations he 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 gift			
	Transferee's name, address, ar	nd ZIP + 4 F	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
	mansieree 3 manie, address, ac		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	(e) Transfer of gift				
	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a		Relationship of transferor to transferee		

00100

10-11110 10100 00100

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SAFE ALLIANCE, INC.

Employer identification number 56-0529967

Par	t I Organizations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 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)	ĺ	
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 writ	ting that the assets held in donor advise	ed funds
•	are the organization's property, subject to the organization's exc	_	
6	Did the organization inform all grantees, donors, and donor advi		
Ū	for charitable purposes and not for the benefit of the donor or de		
Par			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or edu	·	orically important land area
	Protection of natural habitat	Preservation of a cert	
	Preservation of open space	1100017440110141001	mod motomo di dotaro
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conservation easement on the last
-	day of the tax year.	ochocivation continuation in the form	a conscivation casement on the last
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b			
c	Number of conservation easements on a certified historic struct		
ď	Number of conservation easements included in (c) acquired after	* ,	
•	listed in the National Register		I I
3	Number of conservation easements modified, transferred, release		
_	year >	, - · · · · · · · , - · · · · · · ·	
4	Number of states where property subject to conservation easen	nent is located ▶	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it has	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, an		
7	Amount of expenses incurred in monitoring, inspecting, and enf		•
8	Does each conservation easement reported on line 2(d) above s		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes t	he organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of A	art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form 99	0, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	ition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	s these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of put	olic service, provide the following amounts
	relating to these items:		
			> \$
	••		. .
2	If the organization received or held works of art, historical treasu		gain, provide
	the following amounts required to be reported under SFAS 116		
а			> \$
	Assets included in Form 990, Part X		▶ \$

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

Schedule D (Form 990) 2014

TNO

Describe in Part XIII the intended uses of the organization's endowment funds. Part VI | Land, Buildings, and Equipment.

Complete it the organization answered "Y	rest to Form 990, Part IV	, line 11a. See Form 990,	Part X, line 10.	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,233,661.		1,233,661.
b Buildings		5,698,778.	931,111.	4,767,667.
c Leasehold improvements		61,146.	56,363.	4,783.
d Equipment		477,094.	342,338.	134,756.
e Other		515,405.	280,597.	234,808.
Total. Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part X. colum	nn (B). line 10c.)		6,375,675.

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 SAFE ALLIANC	CE, INC.	5	6-0529967 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" to	o Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)	······································		
(C)			
(D)			
(E)			
(F)			
(G)	·····		
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" to			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			***
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	E 000 B		
Complete if the organization answered "Yes" t		11a. See Form 990, Part X, line 15.	(h) Dook unive
	Description		(b) Book value
(1)			

	Complete it the digularization districted from the terrorin ede, i dat is, into 11d. ede from ede, i dat is, into 12d.	
	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		1 11
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED SERVICE REVENUE	2,358.
(3)	REFUNDABLE ADVANCES	16,200.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	18,558.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

Par	t XI Reconciliation of Revenue per Audited Financial Statements	With I	Revenue per Ret	turn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		***************************************	1	5,502,744.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1 1	
а	Net unrealized gains (losses) on investments	2a		V.A.	
b	Donated services and use of facilities	2b	207,943.		
C	Recoveries of prior year grants	2c		1.4	
d	Other (Describe in Part XIII.)	2d	203,497.		
е	Add lines 2a through 2d			2е	411,440.
3	Subtract line 2e from line 1			3	5,091,304.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			4.3	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,091,304.
Pai	t XII Reconciliation of Expenses per Audited Financial Statement	s With	Expenses per R	eturr	I.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	6,678,127.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			11	
а	Donated services and use of facilities	2a	207,943.		
b	Prior year adjustments	2b		194	
C	Other losses	2c			
d		2d	203,497.		
е	Add lines 2a through 2d			2ө	411,440.
3	Subtract line 2e from line 1			3	6,266,687.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			33.5	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		1.11	
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,266,687.
Pai	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, l 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			; Part X	, line 2; Part XI,
PAF	T V, LINE 4:				
FOF	THE SAFE ALLIANCE ENDOWMENT AND THE ENDOWM	ENT E	OR THE SHE	LTEF	R FOR
DOI	MESTIC VIOLENCE.				
PAF	RT X, LINE 2:				
THE	AGENCY FOLLOWS THE INCOME TAX STANDARD FOR	UNCE	ERTAIN TAX	PROV	VISIONS.
AS	A RESULT OF THE IMPLEMENTATION, THE AGENCY I	HAS I	EVALUATED I	TS '	'AX
POS	SITION AND MANAGEMENT BELIEVES IT HAS NO UNC	ERTA	IN TAX POSI	TIOI	IS AS OF
JUL	NE 30, 2015. THE AGENCY IS NOT AWARE OF ANY A	ACTI	/ITIES THAT	JOW	JLD
JE(PARDIZE ITS TAX-EXEMPT STATUS OR ANY ACTIVI	ries	THAT ARE S	UBJI	CT TO TAX
ON	UNRELATED BUSINESS INCOME OR EXCISE OR OTHER	R TAX	KES.		

Schedule D (Form 990) 2014 SAFE ALLIANCE, INC.	56-0529967 Page 5
Schedule D (Form 990) 2014 SAFE ALLIANCE, INC. [Part XIII] Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES INCLUDED IN EXPENSES ON FINANCIAL	
STATEMENTS	203,497.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES INCLUDED IN EXPENSES ON FINANCIAL	
STATEMENTS	203,497.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

OMB No. 1545-0047

2014

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2014

Name of the organization SAFE AL	LIANCE, INC.					56-0529	ntification number 967
Part I Fundraising Activities. required to complete this part	Complete if the organization answer	red "Y	s" to	Form 990, Part IV, lii	ne 17	. Form 990-EZ1	filers are not
Indicate whether the organization rais	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual (art VII) or entity in connection with providuals or entities (fundralsers) pursu	ion of ion of fundra (includ	non-go goverrising e ing off onal fu	overnment grants nment grants events ficers, directors, trus indraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or con contribu	Did liser istody rol of tions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				

Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit c		utions	or has been notified	it is	exempt from re	gistration
						··	······································
	·						
	, , , , , , , , , , , , , , , , , , ,				.,.,		

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

Schedule G (Form 990 or 990-EZ) 2014 SAFE ALLIANCE, INC. 56-0529967 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events ART WITH ANNUAL (add col. (a) through HEART LUNCHEON 18 col. (c)) (total number) (event type) (event type) 189,618. 107,463. 369,310. 666,391. 1 Gross receipts 170,718. 107,463. 348,390. 626,571. 2 Less: Contributions 18,900. 20,920 39,820. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs 11,485. 11,485. 6 34,833. 20,293. 44,733. 99,859. 7 Food and beverages 2,500. 4,977. 300. Entertainment 7,777. 31,004. 775. 51,597 84,376. Other direct expenses 203,497. 10 Direct expense summary. Add lines 4 through 9 in column (d) -163,677. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No No No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2014

432082 08-28-14

Schedule G (Form 990 or 990-EZ) 2014 SAFE ALLIANCE, INC.	56-0529967 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	
b An outside facility	
Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords:
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 an	nount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Name ►	
Gaming manager compensation > \$	
Described on of complete any ideal .	
Description of services provided >	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the
organization's own exempt activities during the tax year \$\bigseleft\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1.0. 1.111.11
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	Part III, lines 9, 9b, 10b, 15b,

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

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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

answered "Yes" to Form 990, Part IV, II ▼ Attach to Form 990.

2014 Open to Public	nonportion
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▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

ž | Schedule I (Form 990) (2014) Employer identification number 56-0529967 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table INC General Information on Grants and Assistance (b) EIN SAFE ALLIANCE, criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part I Part

Page 2

Schedule I (Form 990) (2014) SAFE ALLIANCE, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Constant to the Table	(h) Alumbor of	for Amount of	(At Amount of non-	(a) Mothod of valuation	(f) Description of non-cash assistance
(a) Type of grant of assistance	(b) Number of	cash grant	(a) Amount of Horr- cash assistance	(book, FMV, appraisal, other)	(I) Description of notrops assistance
PAYMENT TO 3RD PARTIES FOR HOTEL STAYS, MEALS, AND TRANSPORTATION FOR VICTIM	813	•0	42,483.		
Part IV Supplemental Information. Provide the information required in	juired in Part I, lin	a 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information.	ditional information.	
н					
ALI		ASSISTANCE DI	DIRECTLY TO	ITS CLIENTS.	
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FER, WITH TRANSPORT	TANCE. W	WE DISTRIBU	DISTRIBUTE BUS VOUCHERS	CHERS OR	
I	ARRANGE CAB	CAB SERVICE.	E. IN EXTREME	REME	
CIRCUMSTANCES, WHEN THE SHELTER IS	AT CAPACITY	_	WE MAY CONTRACT WITH	мітн а	
SHELTER CLIENTS IN	LMMI	DANGER.			
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Schedule I (Form 990) (2014)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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-FZ

► Attach to Form 990 or 990-EZ.
Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

2014
Open to Public Inspection

Name of the organization

SAFE ALLIANCE, INC.

Employer identification number 56-0529967

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: (3,375 CLIENTS SERVED). OUR LEGAL REPRESENTATION PROJECT VOLUNTEERS AND ATTORNEYS PROVIDED LEGAL REPRESENTATION TO 393 DOMESTIC VIOLENCE AND SEXUAL ASSAULT VICTIMS DURING CIVIL COURT PROCEEDINGS WITH 100% OF OUR CLIENTS REPORTING THAT THEY FELT SUPPORTED BY OUR LEGAL VOLUNTEERS. OUR STAFF ALSO PROVIDED COUNSELING AND EDUCATIONAL GROUPS TO 3,601 WOMEN IN THE MECKLENBURG COUNTY JAIL. OUR RAPE CRISIS COMPANION VOLUNTEERS AND STAFF ACCOMPANIED 137 RAPE VICTIMS TO LOCAL HOSPITALS AS RAPE KITS WERE COMPLETED AND THEY ANSWERED 765 CALLS ON OUR FOUR RAPE AT OUR CHILD ADVOCACY CENTER (THE TREE HOUSE), CRISIS HOTLINES. PROVIDED FORENSIC EXAMINATIONS TO CHILD ABUSE AND SEXUAL ASSAULT VICTIMS AND SUPPORT TO THOSE CHILDREN AND THEIR NON-OFFENDING CAREGIVERS THROUGH THE HEALING PROCESS. OUR STAFF AND SPEAKER'S BUREAU VOLUNTEERS PROVIDED EDUCATIONAL SESSIONS AND OUTREACH TO 7,234 PEOPLE IN OUR COMMUNITIES. IN FY16, WE CLOSED OUR CABARRUS AND UNION COUNTY TRANSFERRING SERVICES TO LOCALLY BASED PROVIDERS. OFFICES, THESE SERVICES INCLUDED THE TREE HOUSE CHILD ADVOCACY CENTER. WE WILL CONTINUE TO PROVIDE SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT IN MECKLENBURG COUNTY.

FORM 990, PART VI, SECTION B, LINE 11:

THE AGENCY ADMINISTRATIVE TEAM AND BOARD FINANCE COMMITTEE REVIEW THE DRAFT FORM 990 TO MAKE COMMENTS AND CORRECTIONS. AFTER THIS REVIEW IT IS FINALIZED AND SENT TO THE FULL BOARD PRIOR TO FILING WITH THE IRS. THE ADMINISTRATIVE TEAM AND FINANCE COMMITTEE REVIEW IS DETAILED AND INVOLVES

FULL REVIEW AND RECOMMENDATIONS FOR CHANGES.

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

Schedule O (Form 990 or 990-EZ) (2014)

Employer identification number 56-0529967

FORM 990, PART VI, SECTION B, LINE 12C:

BOTH BOARD AND STAFF ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY. THE
BOARD POLICY EXTENDS TO FAMILY MEMBERS AND COVERS FINANCIAL INTERESTS SUCH
AS OWNERSHIP INTEREST OR COMPENSATION ARRANGEMENT WITH AN ENTITY WITH WHOM
THE AGENCY CONDUCTS BUSINESS, AS WELL AS A POTENTIAL OWNERSHIP INTEREST OR
COMPENSATION ARRANGMENT WITH AN ENTITY WITH WHOM THE AGENCY IS CONSIDERING
DOING BUSINESS. EACH BOARD MEMBER ANNUALLY DISCLOSES ANY POTENTIAL
CONFLICT OF INTEREST AND MUST NOTIFY THE CHAIRPERSON OF THE BOARD OF ANY
CHANGES THROUGHOUT THE YEAR. ANY BOARD MEMBER WHO HAS A CONFLICT OF
INTEREST SHALL NOT PARTICIPATE IN ANY BOARD VOTE CONCERNING THAT
TRANSACTION. FOR STAFF THE POLICY EXTENDS TO GIVING PREFERENTIAL TREATMENT
FOR SERVICES, AND ACCEPTING FROM OR STEERING REFERRALS TO PRIVATE PRACTICE.
STAFF MEMBERS ARE ASKED TO DISCLOSE ANY POTENTIAL CONFLICTS AT THE TIME OF
HIRE AND ANNUALLY AFTERWARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD APPROVED A NEW CEO COMPENSATION AND PERFORMANCE REVIEW POLICY IN

JULY, 2014. THE EXECUTIVE COMMITTEE SHALL CONDUCT AN EXECUTIVE

COMPENSATION SURVEY AT LEAST EVERY TWO YEARS, REVIEWING COMPARABLE NATIONAL

AND LOCAL DATA SOURCES AND DOCUMENT 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 PRIOR YEAR.

432212 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

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Schedule O (Form 990 or 9	990-EZ) (2014)		Page 2
Name of the organization	SAFE ALLIANCE,	INC.	Employer identification number 56-0529967
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