Form	990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Inter	nal Reve	of the Treasur enue Service	y (Go to www	.irs.gov/Form	1990 for ins	tructions ar	nd the	latest	inform	ation			to Public bection	C
A	For th	e 2023 cale	ndar year, or ta	x year beg	jinning					d endir			1	, 20	
_		applicable:	C Name of orga			RICA FOU	JNDATION			a onan		over id	entificatio		~~
	Addres	s change	Doing busine										14163		er
	Name c	hange	Number and str	eet (or P.O. b	ox if mail is not d	elivered to str	eet address)		Boo	m/suite	E Telep		the second second	0	
Π	Initial re	eturn	2000 FIF				,		31	and the second			973-7	223	
Π	Final re	turn/			ovince, country	, and ZIP o	r foreign pos	stal cor		0			915-1	233	
_	termina	ted	MARIETTA			,, <u>_</u>	loroign poc				G Gross receip			248,	627
Π	Amende	ed return	F Name and			cer:			H(a)	ls this a	group return		ordinates?	Yes	-
Π	Applica	tion pending	SEE ATTA			20 20			Alexandre and		ubordinates			Yes	No
		empt status:		501(c)() (insert r	4947	(a)(1) or	527	1		attach a list.				
J١	Vebsit	e: WWW	.SAFEAME						H(c)		xemption nu		autons.		
KF	orm of c		X Corporation	Trust	Association	Other		L Yea			1994		ate of legal d	omicile: (22
Pa	art I	Summ	ary					1 -			<u> </u>		ato or logar a	onnene. (JA
	1	Briefly des	cribe the organiz	zation's mis	sion or most s	ignificant ac	tivities:								
a	THI		ION OF S					ST	0 T	MPRO	VE TH	E S	AFETY		
Activities & Governance	HE	ALTH,	AND WELL	-BEIN	G OF CO	MMUNTT	TES. H	OME	S.	SCHO	OLS	AND		/	
srue	WOI	RKPLAC	ES THROU	GH ED	UCATION	, PROG							UPPOR'	г	
Ň	2		box if the c					ed of r	nore th	nan 25%	of its net	assets	OLLOIN	L •	
5	3	Number of	f voting members	s of the gov	verning body (Part VI. line	1a)					3			22
es	4	Number of	f independent vo	ting memb	ers of the gove	ernina bodv	(Part VI, line	e 1b)				4			20
viti	5	Total num	ber of individuals	s employed	in calendar ve	ear 2023 (Pa	rt V. line 2a)					5			15
cti	6	Total num	ber of volunteers	(estimate i	f necessary) .							6			28
٩	7a		ated business re									7a			20
	b		ted business tax									7b			0
									1		ior Year		Curr	ent Year	
<u>ە</u>	8	Contributio	ons and grants (F	Part VIII, lin	e 1h)							575	ouri	141,	
nue	9		ervice revenue (l								140			107,	
Revenue	10		t income (Part VI								000 8200 2				
Œ	11		nue (Part VIII, co												
	12	Total rever	nue add lines	8 through	11 (must equa	I Part VIII, co	olumn (A). lii	ne 12)			232	798		248,	627
	13	Grants and	d similar amounts	s paid (Part	IX, column (A), lines 1-3)									
	14	Benefits pa	aid to or for mem	nbers (Part	IX, column (A)	, line 4)									
ŝ	15		ther compensation								92	103		100,	428
use	16a		al fundraising fee												
Expenses	b	Total fundr	aising expenses	(Part IX, co	olumn (D), line	25)		15,5	-						
Ш	17		enses (Part IX, co								159,	813		122,	276
	18	Total expe	nses. Add lines 1	13–17 (mus	t equal Part IX	, column (A)	, line 25)				251			222,	
	19	Revenue le	ess expenses. Su	ubtract line	18 from line 12	2			†		-19			25,	
Ists	S									Beginni	ng of Curren		End	of Year	
Net Assets or Fund	<u>ව</u> 20	Total asset	s (Part X, line 16)							184,			224,2	282
AH AH	21	Total liabilit	ties (Part X, line 2	26)							194,			144,	
			or fund balance									298		79,	
Pa	rt II		ure Block												
Unde true,	r penalti correct,	es of perjury, and complete.	l declare that I have Declaration of prej	e examined th parer (other t	iis return, includii han officer) is ba	ng accompany sed on all info	ing schedules mation of whi	and sta ch prep	tements arer has	s, and to this any know	he best of m wledge.	y knowl	edge and be	lief, it is	
			Ket	1-	\sim						J	1		1 1	t.
Sig	n	Signature	of officer				-						10/25	120d	7-
Her				NO JR.			Þ	BEG.	IDEN	νT			Dave /		

	Type or print name and title								
Paid Preparer Use Only	Print/Type preparer's name JUDITH BUTLER	JUDITH BUTLER Public 14/14/24							
	THIR Hand TILD TAX GILD	Firm's EIN 431871840							
Use Only	Firm's address 1301 MAIN		Phone no.						
Prepare Use Onl	KANSAS CITY MO 641	KANSAS CITY MO 64105							
May the IRS	discuss this return with the preparer show	wn above? See instructions		(800) 472-5625 ····· Yes X No					
For Paperw	ork Reduction Act Notice, see the sepa	arate instructions.		Form 990 (2023)					

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In concernment of the	990 (2023) SAFE AMERICA FOUNDATION IN 58-2141636	Page 2
Par		-
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO DISTRIBUTE INFORMATION, DEVELOP AND FACILITATE PROGRAMMING, AN <u>SUPPORT BUSINESSES AND PRODUCTS WITH A FOCUS ON EMERGING HEALTH A</u> SAFETY ISSUES AT HOME, WORK, AND PLAY	1D AND
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
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 \$,000).
		-
4b	(Code:) (Expenses \$4, 789 including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$4,541 including grants of \$) (Revenue \$)
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 9,330	
FDA		990 (2023)

Form 990 (2023)

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Part IV	Checkli		quired Sche			
Form 990 (20)23)	SAFE	AMERICA	FOUNDATION	ΙN	58-2141636

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
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		Х
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			57
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V.	10		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		X
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		2 Million Ma	
	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		1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments program related in Part X, line 13, that is 5% or more	1.15		- 21
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			11
	Schedule D, Parts XI and XII	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
16	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			3.7
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A) lines 6 and 11o2 If "Yes," complete Sabadula G. Part I. See instructions	4-		V
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<u>X</u>
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? \dots N/A	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
-				1000

T GI	Sheekiist of frequired Schedules (continued)		V	N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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	22		
	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	23		
	\$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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $\dots \dots N/A$.	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	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? \dots N/A	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		21
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L. Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
10.000	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t 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			
4.5			Yes	No
1a ⊾	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Dir i	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		Х

Form 990 (2023)

The second s	90 (2023) SAFE AMERICA FOUNDATION IN 58-2141636		Pa	age 5						
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 15									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
3a										
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,									
228	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (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?	5b		Х						
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
_	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods									
	and services provided to the payor?	7a		Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?	7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098–C?	7h		Х						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8		Х						
9	Sponsoring organizations maintaining donor advised funds.									
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х						
10	Section 501(c)(7) organizations. Enter:									
a	Initiation fees and capital contributions included on Part VIII, line 12 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
a b	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources									
120	against amounts due or received from them.)									
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X						
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 0									
a	Section 501(c)(29) qualified nonprofit health insurance issuers.									
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		Х						
b	Enter the amount of reserves the organization is required to maintain by the states in which									
2										
С										
14a	Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? 13c	44-		N						
b		14a		Х						
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O $\dots \dots N/A$. Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b								
10		4-		77						
	excess parachute payment(s) during the year?	15		X						
16	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
17	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		X						
FDA	If "Yes," complete Form 6069.		000							
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Form 9	90(2023) SAFE AMERICA FOUNDATION IN 58-2141636		P	age 6
Part		nd for	a "No	"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See inst	ruction	าร.	
	Check if Schedule O contains a response or note to any line in this Part VI			. П
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22 If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
h	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
0	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following: The governing body? · · · · · · · · · · · · · · · · · · ·		5.7	
a b	Each committee with authority to act on behalf of the governing body?	8a	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	Х	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		V
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X
	on prices not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	105	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	Iva		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots N/A$	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Tita		- 23
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	en mercu dy Sy
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		- 23	
	rise to conflicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>GA</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501	(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	🛛 Own website 🔄 Another's website 🖾 Upon request 🔄 Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and		
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	SEE ATTACHMENT #3			

Page **6**

Form 990 (2023	B) SAFE AMERICA FOU	NDATION IN	58-2141636	Page 7
Part VII	Compensation of Officers, Direct	tors, Trustees,	Key Employees, Highest (Compensated
	Employees, and Independent C			•
	Check if Schedule O contains a response of	r note to any line in t	his Part VII	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week	Average (do not check more the box, unless person is						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W–2/1099–MISC/ 1099–NEC)	other compensation from the organization and related organizations
(1) 1 LEN PAGANO CHAIRMAN	40.00	X		x				0	0	0
(2) 2 LORRAINE										
COCHRAN-JOHNSON	1.00	х						0	0	0
(3) DIRECTOR								,		
3 NGUVI KAHIHA	1.00	x						0	0	0
(4) DIRECTOR							~			
TW SMITH	1.00	х						0	0	0
(5) DIRECTOR		v								Q.,
5. JAKE LONASD	1.00	x						0	0	0
(6) DIRECTOR 6 MICHAEL MURPHY	1.00	x						0		0
(7) DIRECTOR	1.00							0	0	0
7 RICK FOWLER	1.00	х						0	0	0
(8) DIRECTOR									, , , , , , , , , , , , , , , , , , ,	~ ~
8 TIM ECHOLS	1.00	х						0	0	0
(9) DIRECTOR										
9 BOB SCHURKE	1.00	x						0	0	0
(10)DIRECTOR										
10 DAMON WEDDINGTO	1.00	х						0	0	0
(11)DIRECTOR										
11 MARK MCMULLEN	1.00	x						0	0	0
(12)DIRECTOR		v								
12 DOUG HIMBEREGER	1.00	x						0	0	0
(13)DIRECTOR 13 ANTOINE MEADOWS	1.00	x						0	0	0
(14)DIRECTOR	1.00							0	0	Ų
14 MARY LOU PAGAN	5.00	x						0	0	0
FDA 23 9907 BWF 990	Form Software		ht 1996	- 2024		ax Group	Inc			Form 990 (2023)

Par	t VII Section A. Officers,	Directors,	Truste	es, Ke	y Emp	loyee	s, and H		t Compensated Em	ployees (continued)			aye	
	(A) Name and title	(B) Average hours per week (list	or	Image: Construction position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Total						both an (trustee) Reportable Reportable				
		any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	f org an	npensa rom the ganizati d relate anizatio	e ion ed	
(15)C	00													
(16)														
(17)														
(18)														
(19)													-	
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal													
c d	Total from continuation sl													
2	Total (add lines 1b and 1c Total number of individuals reportable compensation fro	(including b	out not l	imited					received more than s	\$100,000 of				
											and the state of the	Yes	No	
3	Did the organization list any	former offic	cer, dire	ector, tr	rustee,	key e	mployee,	or hi	ghest compensated					
4	employee on line 1a? If "Ye For any individual listed on I	line 1a. is th	e sum i	of repo	or suc	n inaiv compe	ensation	 and o	ther compensation fr		3		X	
	organization and related org	anizations g	greater	than \$	150,00	0? If "	Yes," cor	nplete	Schedule J for such	individual	4		X	
5	Did any person listed on line	e 1a receive	or acci	rue cor	npens	ation f	rom any	unrela	ated organization or i	ndividual				
C	for services rendered to the	organizatio	n? If "Y	es," co	mplete	Sche	dule J fo	r such	n person		5		Х	
1	on B. Independent Contractor Complete this table for your		comp	nantor	d in dar									
•	compensation from the orga													
		(A)			Julion		Julionad	year	(B)			C)		
	Name and	d business a	address	1					Description of se	rvices	Compe		n	
2	Total number of independer							listec	above) who					
	received more than \$100,00	u of compe	nsation	from th	ne orga	anizati	on							

Form 990 (2023)

SAFE AMERICA FOUNDATION IN 58-2141636 Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any line in	n this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts	<u>2</u> 1a	a Federated campaigns 1a				512 514
ara	3 k	b Membership dues 1b				
Contributions, Gifts, Grants and Other Similar Amounts		c Fundraising events 1c				
Tit.	3 0	d Related organizations				
6	6	e Government grants (contributions) · · 1e				
üö	5 f	All other contributions, gifts, grants, &				
puti	2	similar amounts not included above 11 141,4	35			
불친						
					1. A.	
0.	+	n Total. Add lines 1a-1f				
	1 20	BUSINESS CODE	Contraction of the second s			
Program Service Revenue	2a		107,192	107,192	2	
erv	b					
Su	C					
eve	d					
00 E	e					
Δ.	f	All other program service revenue				
	g		. 107,192		128121	
	3	Investment income (including dividends, interest, and				CONTRACTOR OF A
		other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents				
		Less: rental expenses 6b				
		Rental income or (loss) 6c				
		Net rental income or (loss)		1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	-					
	7a	Gross amount from sales				
		of assets other than inventory 7a				
	h	Less: cost or other basis				
nu						
evel						
Å						
ther Revenue		Net gain or (loss)				
đ	8a	Gross income from fundraising events				
		(not including \$				
		of contributions reported on line 1c).				
		See Part IV, line 18				
		Less: direct expenses 8b				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities.				
		See Part IV, line 19 · · · · · · · · · 9a				
	b	Less: direct expenses 9b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
		returns and allowances 10a				
	b	Less: cost of goods sold 10b				
		Net income or (loss) from sales of inventory				
10		Business Code				
no	11a					
Miscellaneous Revenue	b					
ven	с					
Re		All other revenue				
Σ		Total. Add lines 11a-11d				
		Total revenue. See instructions		107 100		
			248,627	107,192		

Form 990 (2023)

SAFE AMERICA FOUNDATION IN 58-2141636

Part IX	Statement of Functional Expenses
Section 501(d	c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

-	Check if Schedule O contains a response or note to	any line in this Part	IX		
Do r 8b, 9	ot include amounts reported on lines 6b, 7b, bb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations,				
	foreign governments, and foreign individuals. See Part IV,				
	lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified		2		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	84,514	63,386	12,677	8,451
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	15,914	11,936	2,387	1,591
11	Fees for services (nonemployees):				
а	Management				
b	Legal		al an early some set of the set		
с	Accounting	4,590	3,443	688	459
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	2,575			2,575
12	Advertising and promotion	2,400			400
13	Office expenses	949		949	
14	Information technology	2,756	2,067	413	276
15	Royalties				
16		21,096	12,613	2,523	1,682
17	Travel	1,350	1,013	2	2
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,123	32,123		
23	Insurance		- 100 Jan 100		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	DRIVING PROGRAM	45,107	45,107		
a b	VETERANS PROGRAM	4,789	4,789		
c	SAFETY PROGRAMS	4,541	· · · · · ·		
d	OVERTI EVOQUANO				
	All other expenses				
е 25	All other expenses	222,704	176,477	10 000	10 000
25 26	Total functional expenses. Add lines 1 through 24e	222,104	1/0,4//	19,839	15,569
20	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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(A) (B) Beginning of year 1 Cash non-interest-bearing			Check if Schedule O contains a response or note to any line in this Part X			
Savings and temporary cash investments. 2 3 Pledges and grants rocivable, net 3 4 Accounts rocivable, net 4 5 Loans and other receivables from any current or former officer, director, trustate, key employee, relator of founder, substantial contributor, or 35% controlled entity or family member of any of hease persons. 5 6 Loans and other receivables from other disgualified persons (as defined and ranker receivables from other disgualified persons (as defined and section 4356(c)(3)). 6 9 Propaid exponses and deferred charges. 9 10 Lanks and ibars receivable, net . 7 10 Lanks. and other receivables from other disgualified persons (as defined to receivable). 7 9 Propaid exponses and deferred charges. 9 10 Lanks. and therescurities. See Part IV. Ins 11 12 11 Investments other securities. See Part IV. Ins 11 12 11 Investments other securities. See Part IV. Ins 11 12 12 Investments other securities. See Part IV. Ins 11 12 13 Investments other securities. See Part IV. Ins 11 12 14 Intangluble assets 13 <th></th> <th></th> <th></th> <th>(A)</th> <th></th> <th>(B)</th>				(A)		(B)
3 Plodges and grants receivable, not 3 4 Accounts receivable, not 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or bunder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f(1)), and persons described in section 4958(c)(3)(B) 6 7 Notas and loans receivable, net 7 8 Inventores for sale or use 8 9 Propaid expenses and delerred tharges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 586, 736 11 Investments publicly traded securities 11 12 11 Investments publicly traded securities 11 12 12 Investments publicly traded securities 11 125, 000 13 Investments publicly traded securities 12 12 14 Intargible assets 125, 000 14 125, 000 15 Tota assets. Add lines 1 through 15 (must equal line 33) 18 47, 773 18 224, 282 17		1	Cash non-interest-bearing	18,396	1	5,029
4 Accounts receivable, net 4 5 Laans and other receivables from any current or former officer, director, trustoe, key emplyee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Laans and other receivables from other disqualified persons (as defined under section 4958(f(1))), and persons described in section 4958(c)(3)(B) 6 7 Notes and other receivables from other disqualified persons (as defined there is a for all on any current to stor other basis. Complete Part V of Schedule D 7 9 Prepaid exponess and deferred charges 9 10 Less: accumulated depreciation 10 11 Investments publicly traded securities 11 12 Investments publicly traded securities 11 13 Investments publicly traded securities 12 14 Investments publicly traded securities 12 15 Other assets. See Part IV, line 11 13 14 Intargible assets 11 12 15 Other assets. See Part IV, line 11 13 16 Total assets. Add lines of through 15 (must equal line 3) 1844, 773 16 224, 282 17 Accourts payable and accrued expenses		2	Savings and temporary cash investments		2	
S Lass and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Lass and other receivables from other disqualified persons (as defined under section 4598(r)(1)), and persons discribed in section 4958(r)(3)(B) 7 7 Notes and loans receivable, net 8 9 Prepaid expenses and deferred charges 9 10 Land, buildings, and equipment: cost or other thasis. Complete Part IV dischedule D 10 492, 483 41, 377 10c 94, 253 11 Investments - other securities. See Part IV, line 11 12 12 11 12		3	Pledges and grants receivable, net		3	
Trustee, key employee, creator or founder, subsantial contributor, or 35% controlled entity or family member of any of these persons. 5 6 Lears and other receivables from other disqualified persons (as defined under section 4588(r)(1)), and persons described in section 4588(r)(3)(B) 6 7 Notes and loars receivable, net. 7 7 Notes and loars receivable, net. 7 9 100 100 5 9 100 101 101 102 101 101 102 102 101 102 101 102 101 102 101 102 103 103 103 103 103 103 103 103 103 103 103 103 103 103 103		4	Accounts receivable, net		4	
Sector controlled online of any of these persons (as defined under section 4958(r)(1), and persons described in section 4958(r)(3)(B) 7 Notes and loans receivable, net 8 7 9 Prepaid expenses and deferred charges 10 Land, buildings, and equipment: cost or other basis. Complete Part VI Schedule D 11 Investments - other securities. See Part IV, line 11 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intragible assis 16 Total assets. Add lines 1 through 15 (must equal line 32) 17 Accounts payable and accoured expenses 18 Grants payable. 19 Defarred revenue 21 Eacrow or custodial lacount labilities. 22 Laas and other payable to any elutered third parties 23 Sectured moregases and notes payable to uneleuted third parties.		5	Loans and other receivables from any current or former officer, director,			
6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in saction 4958(c)(3)(B) 6 7 Notes and loans receivable, net 8 9 9 10a 586, 736 9 9 11 11 11 12 11 13 11 14 11 13 11 14 11 13 11 14 11 125,000 14 125,000 16 16 16 16 124,773 16 224,282 17 Accounts payable and accrued expenses 17 N 18 19 Deferred revenue 18 19			trustee, key employee, creator or founder, substantial contributor, or 35%			
ender section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 586,736 11 Investments publicly traded securities. 11 12 12 Investments publicly traded securities. 11 12 13 Investments publicly traded securities. 11 125,000 14 125,000 15 Other assets. See Part IV, line 11 13 125,000 14 125,000 16 Total assets. Add lines 1 through 15 (must equal line 33) 184,773 16 224,282 18 Grants payable and accrued expenses 17 V 18 19 Deferred revenue 19 20 22 22 Loans and their payables to any current or former officer, director, unsecured notes payable to unrelated third paries 23 24 194,071 26 144,392 24 Total liabilities, Add lines 17			controlled entity or family member of any of these persons		5	
9 7 Notes and Joans receivable, net. 7 9 Prepaid expenses and deferred charges 9 10 Land, buildings, and equipment cost or other basis. Complete Part V of Schedule D 10 586,736 11 Investments - publicly traded securities 11 12 11 Investments - other securities. See Part IV, line 11 12 13 13 Investments - other securities. See Part IV, line 11 12 14 14 Intangible assets. See Part IV, line 11 12 14 15 Other assets. See Part IV, line 11 12 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 184, 773 16 224, 282 17 Accourd account liability. Complete Part IV of Schedule D 21 21 22 22 21 Easrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 22 Loans and other payable to any othreas persons 23 39, 071 22 2 23 Secured motrgages and notes payable to unrelated third parties 23 39, 071 22 2 24 Unservables or tincled on lines 17-2		6	Loans and other receivables from other disqualified persons (as defined			
9 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 586,736 10 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 586,736 11 Investments publicly traded securities. 111 12 11 Investments program-related. See Part IV, line 11 12 13 14 Intrasplite assets. 125,000 14 125,000 15 Other assets. See Part IV, line 11 13 15 17 16 Total assets. Add lines 1 through 15 (must equal line 33) 184,773 16 224,282 17 Accounts payable and accrued expenses 17 17 17 18 Grants payable and accrued expenses 17 20 12 21 Eacrow or custodial account liability. Complete Part IV of Schedule D 21 22 20 22 Loans and other payables to unrelated third paries 23 23 22			under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) \ldots		6	
In a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		7	Notes and loans receivable, net		7	
In a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	ets	8	Inventories for sale or use		8	
In a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	Ass	9	Prepaid expenses and deferred charges		9	
b Less: accumulated depreciation 10b 492,483 41,377 10c 94,253 11 Investments publicly traded securities. 11 12 12 Investments program-related. See Part IV, line 11. 12 13 14 Intangible assets 12.5,000 14 125,000 15 12.5,000 14 125,000 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 184,773 16 224,282 17 Accounts payable and accrued expenses 17 V V 18 Deferred revenue 19 20 22 22 22 22 20 21 20 Tax-exempt bond liabilities 10 Deferred revenue 19 20 23 24 144,393 39,071 22 2 23 24 144,393 39,071 22 23 24 144,393 24 144,393 25 0 155,000 24 144,393 25 25 26 26		10a				
11 Investments publicly traded securities 11 12 Investments other securities. See Part IV, line 11 12 13 Investments other securities. See Part IV, line 11 13 14 Intangible assets 125,000 15 Other assets. See Part IV, line 11 13 16 Total assets. Add lines 1 through 15 (must equal line 33) 184,773 16 224,282 17 Accounts payable and accrued expenses 17 17 17 18 19 19 20 20 21 2 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons 23 24 155,000 24 144,393 2 Other liabilities. Add lines 17 through 25. 194,071 26 144,393 0 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 29 29 29 2 Paid-in or capital suck or rust principal, or current funds 29 29 29 2 Organizations that follow FASB ASC 958, check here and complete lines 29 through 33. -9,298						
12 Investments other securities. See Part IV, line 11 12 13 Investments program-related. See Part IV, line 11 13 14 Intangible assets 125,000 15 125,000 14 16 Other assets. See Part IV, line 11 15 17 Accounts payable and accrued expenses 17 18 19 Deferred revenue 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 39, 071 22 23 Unsecured notes and loans payable to unrelated third parties 155, 000 24 144, 393 25 Other liabilities not included on lines 17–24). Complete Part X of Schedule D 25 25 26 Total liabilities. Add lines 17 through 25. 194, 071 26 144, 393 29 Actions Stat follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 29, 298 27 79, 889 <th></th> <th>b</th> <td></td> <td>41,377</td> <td>10c</td> <td>94,253</td>		b		41,377	10c	94,253
13 Investments program-related. See Part IV, line 11 14 Intangible assets 13 15 Other assets. Add lines 1 through 15 (must equal line 33) 125,000 16 Total assets. Add lines 1 through 15 (must equal line 33) 184,773 17 Accounts payable and accrued expenses 17 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 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 39,071 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 194,071 26 24 Unsecured notes and loans payable to unrelated third parties. 155,000 24 144,393 30 Schedule D 25 25 26 194,071 26 144,393 32 Organizations that follow FASB ASC 958, check here and complete lines 27, z8, 22, and 33. -9,298 27 79,889 27 Net assets without donor restrictions -9,298 27 79,889 30 Paid-in or capital surphic, or land, building,		11			11	
14 Intangible assets 125,000 14 125,000 15 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 184,773 16 224,282 17 Accounts payable and accrued expenses 17 17 16 18 Grants payable 18 19 20 20 Escrew or custodial account liability. Complete Part IV of Schedule D 21 20 21 Escrew or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substanial contributor, or 35% controlled entity or family member of any of these persons 23 24 Unsecured notes and loans payable to unrelated third parties 155,000 24 144,393 25 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 194,071 26 144,393 26 Total liabilities. Add lines 17 through 25. 194,071 26 144,393 29 27 Typ,889 28 Net assets with donor restrictions -9,298 27 <		12	Investments other securities. See Part IV, line 11		12	
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 184,773 17 Accounts payable and accrued expenses 17 18 Grants payable		13			13	
16 Total assets. Add lines 1 through 15 (must equal line 33) 184,773 16 224,282 17 Accounts payable and accrued expenses 17 18 18 18 Grants payable and accrued expenses 18 19 19 Deferred revenue 19 20 21 Escrow or custodial account liabilities 20 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 39,071 22 23 Secured mortgages and notes payable to unrelated third parties 155,000 24 144,393 25 Other liabilities (including federal income tax, payables to related third parties 155,000 24 144,393 26 Total liabilities. Add lines 17 through 25. 194,071 26 144,393 27 Net assets with donor restrictions -9,298 27 79,889 28 Net assets with donor restrictions 29 29 29 29 Capital stock or trust principal, or current funds 29 29 30 31 29 Capital stock or trust p		14		125,000	14	125,000
17 Accounts payable and accrued expenses 17 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 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 39, 071 22 23 Secured motages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 155, 000 24 144, 393 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities and inles 17.24). Complete Part X of Schedule D 25 194, 071 26 144, 393 27 Net assets without donor restrictions -9, 298 27 79, 889 28 28 Vet assets with donor restrictions -9, 298 27 79, 889 28 29 Capital stock or trust principal, or current funds 29 29 30 30 31 30 Paid-in or capital surplus, or		15			15	
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Secure Organizations that follow FASB ASC 958, check here Image: Secure of the se				104 071		1.1.1.0.00
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33 Total liabilities and net assets/fund balances	S					
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33 Total liabilities and net assets/fund balances	d B	20			28	
33 Total liabilities and net assets/fund balances	5					
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33 Total liabilities and net assets/fund balances	et A			-9 200		70 000
	ž					
	FDA			101, 113	33	

Form	990 (2023) SAFE AMERICA FOUNDATION IN 58-2141	636		Page	e 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		248,	
2	Total expenses (must equal Part IX, column (A), line 25)	2			,704
3	Revenue less expenses. Subtract line 2 from line 1	3			,923
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		-9,	,298
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		63,	264
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
-	32, column (B))	10		79,	889
Par	t XII Financial Statements and Reporting	******			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:		C. BANK		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			And the second second	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant? .	N/.A.	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	N./.A.	Зb		
FDA	23 99012 BWF 990 Form Software Copyright 1996 – 2024 HRB Tax Group, Inc.		Form	990 (2023)

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.

Department of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public						Open to Public		
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of the organizati					Employer	identification number		
SAFE AMERICA					58-214	1636		
Part I Reason	1 for Public Char	ity Status. (All organization	ns must com	plete this pa	art.) See instructions.			
The organization is not a	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
		association of churches desc						
2 A school descr	ibed in section 170(b)(1)(A)(ii). (Attach Schedule E	= (Form 990)	.)				
		ervice organization described			(;;;)			
						· · · · · · · · · · · · · · · · · · ·		
city, and state:		ated in conjunction with a ho	spital descri	bed in Secu	on 170(b)(1)(A)(III). E	inter the hospital's name,		
		efit of a college or university of	wned or op	erated by a g	governmental unit de	scribed in		
	(1)(A)(iv). (Complete P							
6 A federal, state	, or local government of	or governmental unit describe	ed in section	n 170(b)(1)(A	4)(v).			
		s a substantial part of its supp				eral public		
	ection 170(b)(1)(A)(vi)				5			
		on 170(b)(1)(A)(vi). (Comple	te Part II.)					
		described in section 170(b)(erated in con	iunction with a land-	arant college		
or university or	a non-land-grant colle	ege of agriculture (see instruc	tions) Entor	the name	sity and state of the s	allege or		
university:	grant den			the name, t	ny, and state of the c	ollege of		
	a that normally received	s (1) more than $33^1/_3\%$ of its						
		empt functions, subject to ce						
		e and unrelated business tax				esses		
		ne 30, 1975. See section 509						
11 An organization	i organized and operat	ted exclusively to test for pub	lic safety. Se	e section 5	09(a)(4).			
12 An organization	1 organized and operat	ted exclusively for the benefit	of, to perfor	m the function	ons of, or to carry out	the purposes		
		ganizations described in sect						
Check the box	on lines 12a through 1	2d that describes the type of	supporting	organization	and complete lines 1	2e, 12f, and 12g.		
a 🔄 Type I. A sup	oporting organization o	perated, supervised, or contr	rolled by its s	supported or	ganization(s), typicall	v by giving		
the supported	d organization(s) the p	ower to regularly appoint or e	elect a major	ity of the dire	ectors or trustees of the			
supporting or	rganization. You must	complete Part IV, Sections	A and B.					
		supervised or controlled in co		th its suppor	ted organization(s) h	y having		
		orting organization vested in						
organization	s). You must complet	e Part IV, Sections A and C			inter of manage the	supported		
		supporting organization ope			and the set of the set	5 A. A.		
its supported	organization(a) (and in	istructions). You must comp	rated in con	nection with,	and functionally inte	grated with,		
d Type III non	functionally internel	ad A sussession and a sussession of the	lete Part IV	Sections A	, D, and E.	740 000 04007.0		
	-iunctionally integrat	ted. A supporting organization	n operated ii	n connection	with its supported or	ganization(s)		
that is not fur	ictionally integrated. In	ne organization generally mus	st satisfy a di	stribution red	quirement and an atte	entiveness		
	see instructions). You	must complete Part IV, Sec	ctions A and	D, and Par	t V.			
		eceived a written determinatio			a Type I, Type II, Type	e		
		on-functionally integrated sup						
f Enter the number	er of supported organiz	ations						
g Provide the follo	wing information about	t the supported organization(s).					
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o		(V) Amount of monetar	(vi) Amount of other		
organization		(described on lines 1–10 above (see instructions))	listed governing	in your document?		s) support (see instructions)		
		above (see instructions))	Yes	No	1			
(A)								
(B)								
(C)								
(D)								
(E)								
				1				

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

Total

Schedule A (Form 990) 2023

OMB No. 1545-0047

2023

FDA 23 990A1 Form Software Copyright 1996 – 2024 HRB Tax Group, Inc. BWF 990

In succession of the local division of the l	edule A (Form 990) 2023 SAFE	AMERICA	FOUNDATI	ON IN 5	8-214163	6	Page 2
P	art II Support Schedule for Org	ganizations D	escribed in	Sections 17	0(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 i	f the organization	n failed to qualify	under	
-	Part III. If the organization fails to c	ualify under the t	ests listed below	, please complet	e Part III.)		
	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	350,984	248,464	265,000	232,798	141,435	1,238,681
2	Tax revenues levied for the organization'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	350,984	248,464	265,000	232,798	141,435	1,238,681
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						1,238,681
	tion B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	350,984	248,464	265,000	232,798	141,435	1,238,681
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10					S	1,238,681
12	Gross receipts from related activities, etc. (see	e instructions)				12	
13	First 5 years. If the Form 990 is for the organ	ization's first, sec	ond third fourth	or fifth tax vear	as a section 501		
	organization, check this box and stop here.			, or mar tax your	as a section 501	(0)(3)	П
Sec	tion C. Computation of Public Sup	port Percent	age				····
14	Public support percentage for 2023 (line 6, co	olumn (f), divided	by line 11. colum	nn (f))		14 1	00.00 %
15	Public support percentage from 2022 Schedu	le A, Part II, line	14			15	%
16a	331/3% support test 2023. If the organiza box and stop here. The organization qualifie:	tion did not check	the box on line	13 and line 14 i	s 331/3% or mor	e check this	
b	331/3% support test 2022. If the organiza	ation did not check	k a box on line 1:	3 or 16a and lin	e 15 is 33 ¹ /3% o	r more check	
17a	this box and stop here. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test 202 more, and if the organization meets the facts-	2. If the organizati	ion did not check es test, check thi	k a box on line 1	3, 16a, 16b, or 1 bere , Explain in	7a, and line 15 is Part VI how the	10% or
18	organization meets the facts-and-circumstant	tobook a how	line 10, 10-, 10-	as a publicly su	pported organiza	ation	Ц
FDA	Private foundation. If the organization did not 23 990A2 BWF 990 Form Software Co	numient 1000 DOCT	ine 13, 16a, 16b	b, 17a, or 17b, cl	neck this box and		
	LO SOME DWF 990 Form Software Co	pyright 1996 – 2024	HHB Tax Group, Inc	D.		Schedule A (Fo	orm 990) 2023

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

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

Employer identification number 58-2141636

SAFE AMERICA FOUNDATION INC Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

FDA 23 990B1 BWF 990 Form Software Copyright 1996 – 2024 HRB Tax Group, Inc.

SAFE AMERICA FOUNDATION IN 58 - 2 Page 2

Name of organization Employer identification number SAFE AMERICA FOUNDATION INC 58-2141636 Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution PRIMERICA 1 Person 1 PRIMERICA PARKWAY Pavroll DULUTH, GA 30099 10,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution ENTERPRISE HOLDINGS FOUNDATION 2 Person 600 CORPORATE PARK DRIVE Payroll SAINT LOUIS, MO 63105 5,000 \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution VIRGIL WILLIAMS CHARITABLE FOUNDAT 3 Person 1000 CRESCENT RIVER PASS Pavroll SUWANEE, GA 30024 10,000 S Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d)No. Total contributions Name, address, and ZIP + 4 Type of contribution BOB SCHURKE 4 Person 1856 BLACKTHORN WAY Payroll ROSWELL, GA 30075 5,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll S Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions.)

FDA 23 990B2 **BWF 990** Form Software Copyright 1996 - 2024 HRB Tax Group, Inc.

Schedule B (Form 990) (2023)

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection Employer identification number

OMB No. 1545-0047 2023

Name of the	ne organizatior	1

SAI	FE AMERICA FOUNDATION INC	58-2141636
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar F	
	Complete if the organization answered "Yes" on 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)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors and donor advisors in writing that the assets held in donor advisors and donor advisors in writing that the assets held in donor advisors are advisors in writing that the assets held in donor advisors are advisors in writing that the assets held in donor advisors are advisors in writing that the assets held in donor advisors are advisors a	dvised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other p	
	conferring impermissible private benefit?	
Par	t II Conservation Easements	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		ation of a historically important land area
		ation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for	rm of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included on line 2a	No. 19 10 Internet in the second seco
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a	
-	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	
•	tax year	the organization during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing or	
č	etan and volancer nears devoted to monitoring, inspecting, narialing of violations, and enforcing of	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservations	
	whether of expenses meaned in memoring, inspecting, nariding of violations, and emotioning conset	rvation easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and exper	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial state	
	organization's accounting for conservation easements.	ments that describes the
Par		or Other Similar Accets
T en	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	or Other Similar Assets
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statemen	t and holdness sheet werks
iu	of art, historical treasures, or other similar assets held for public exhibition, education, or research in	and balance sheet works
	service, provide in Part XIII the text of the footnote to its financial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement an	d balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in fu	irtherance of public service,
	provide the following amounts relating to these items.	
	(i) Revenue included on Form 990, Part VIII, line 1	
~	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for finan-	cial gain, provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items.	
	Revenue included on Form 990, Part VIII, line 1	
Steel Link	Assets included in Form 990, Part X	\$
FOR P	aperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023

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Sche	dule D (Form 990) 2023 SAFE	AMERI	CA FOUNI	DATION	IN 5	8-21	41636	F	⁻ age 2
Par	t III Organizations Maintaining							Assets (cont	tinued)
3	Using the organization's acquisition, accessi	on, and oth	er records, che	ck any of the	e following th	nat mak	e significant use of	its	
	collection items (check all that apply).			_					
а	Public exhibition		d	Loan or	exchange p	rogram	1		
b	Scholarly research		e	Other					
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections a	nd explain how	they further	the organiza	ation's e	exempt purpose in I	Part	
	XIII.								
5	During the year, did the organization solicit of								
	assets to be sold to raise funds rather than t			the organiza	ation's collec	tion? .		· · · Yes	No
Par	t IV Escrow and Custodial Arra				~ •				
4.	Complete if the organization answer							art X, line 21.	
1a	Is the organization an agent, trustee, custod							Π.,	Π.,
h	included on Form 990, Part X?					••••		Ves	No
b	If "Yes," explain the arrangement in Part XIII	and compl	ete the following	g table.	ſ				
	Poginning balance						Arr	ount	
c d	Beginning balance					1c			
e	Distributions during the year					1d 1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F				L		iability?	Vac	No
b	If "Yes," explain the arrangement in Part XIII						······································		
	t V Endowment Funds		e il the explana		in provided (Jirran	XIII		
	Complete if the organization answer	red "Yes" o	n Form 990. Par	t IV. line 10.					
	(a) Curren		(b) Prior year		vo years bad	k (d)	Three years back	(e) Four years	hack
1a	Beginning of year balance		(1)		10 900.0 000		Theo your bush	(e) i oui youre	Juon
b	Contributions								
с	Net investment earnings,		1000						
	gains, and losses								
d	Grants or scholarships								
е	Other expenditures for								
	facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year er	nd balance (line	1g, column	(a)) held as:				
а	Board designated or quasi-endowment	(****)	%						
b	Permanent endowment	%							
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ession of th	e organization t	hat are held	and adminis	stered f	or the		
	organization by:							Yes	No
	(i) Unrelated organizations?							• • •	
	(ii) Related organizations?								_
b	If "Yes" on line 3a(ii), are the related organiz				۹?		* * * * * * * * * * * * * * *	3b	
4	Describe in Part XIII the intended uses of the	the second se	on's endowmer	it funds.					
Pa	rt VI Land, Buildings, and Equ						B		
	Complete if the organization answ Description of property							())	
	Description of property	1	or other basis estment)	(b) Cost o		• •	Accumulated	(d) Book valu	le
1a	Land			basis (d	lepreciation		
b	Buildings			<i>2</i>					
D C	Leasehold improvements			-				N.C. (1997), 1997	
d	Equipment		316,323				316,323	· · · · · · · · · · · · · · · · · · ·	
e	Other		270,413				176,160	Q /	1,253
-	Add lines 1a through 1e. (Column (d) must								1,253
FDA			990, Part X, III 996 - 2024 HRB Ta			• • • • •		ile D (Form 99	
		- oopyngnit I	200 2024 HRD h	an oroup, me.			Schedu	ie o (Form 99	0/ 2023

Sche	dule D (Form 990) 2023 SAFE AMERICA FOUNDATION	J IN	58-2141636	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta		ts With Revenue	per Return
1	Complete if the organization answered "Yes" on Form 990, Part IV, line			
2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• • • • • • •		1
		1 1		
	Net unrealized gains (losses) on investments	2a		
	Donated services and use of facilities	2b		
	Recoveries of prior year grants			
	Other (Describe in Part XIII.).			
	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1		********	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.).			
С	Add lines 4a and 4b			4c
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5
Pa	t XII Reconciliation of Expenses per Audited Financial Sta		nts With Expense	s per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d.			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			5
	t XIII Supplemental Information			

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

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Schedule D (Form 990) 2023

SCHEDULE	L
(5	

(Form 990)

Transactions With Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047 2023

90-EZ,	Part	V, lin	e 38a	
990 or	Form	990-	EZ.	

Department of the Treasury Internal Revenue Service	Go te	A /o www.irs.gov	ttach to Form990	Form 99 for inst	90 or Form 990 tructions and	0-EZ. the latest info	rmation.			Open to nspect		ic
Name of the organization							Emple	oyer id	entifica	ation nu	umber	
SAFE AMERICA	FOUNDATIC	N INC					58-2	2141	636			
Part I Excess B Complete if t	enefit Transa	ctions (section nswered "Yes" of	n 501(c)(on Form §	3), sectic 990, Part	on 501(c)(4), ar IV, line 25a or	nd section 501(25b; or Form 9	c)(29) or 90-EZ, I	ganizati Part V, I	ons on ine 40b	ly)).		
1 (a) Name of disqualifie	d person	(b) Relations	(c) Description of transaction				(d) Cor Yes		cted?			
(1)											.5	INO
(2)												
3)												
4)												
(5)												
6)												
2 Enter the amount of ta	x incurred by the	organization ma	inagers c	or disqua	lified persons of	during the year		Native en				
under section 4958.									S			
3 Enter the amount of ta									-			
and the second se	and/or From		and the second se						<u> </u>			
	he organization ar			-	Part V. line 38a	or Form 990	Part IV	line 26.	or if the	e organ	ization	í
	amount on Form 9					,	, arriv,			Jorgun	Lation	2
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of Ioan			(g) In	default?	(h) Approved by board or committee?		(i) Writter agreeme			
			То	From			Yes	No	Yes	No	Yes	No
(1) LEN PAGANO	CEO	ТО										
2)		PURCHASE										
(3)		VEHICLES	x		207,330			x	x		x	
(4)										41 		
(5)												
(6)												
(7)												
(8)												
(9)												
10)												
Total					\$					-		12
	Assistance I											
	he organization ar											

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
2)				
3)				
(4)				
5)				
6)				
7)				
8)				
9)				
10)				
For Paperwork Reduction Act No	tice, see the instructions for For	m 990 or 990-EZ.		Schedule L (Form 990) 202

FDA 23 990L1 BWF 990

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Schedule L (Form 990) 2023

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questi Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	ons on 20 23 Open to Pu	ıblic
Name of the organization		Inspection	
SAFE AMERICA	FOUNDATION INC	Employer identification numb 58-2141636	ber
PART XI, LINE PURCHASED AND	9 - ASSETS INCREASED 85,000 BECAUSE A V TWO AMBULANCES WERE DONATED. THIS INCRE	FHCTLE WAS	

DEPRECIATION. LIABILITIES DECREASED BECAUSE OF LOAN PAYMENTS

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information.	ns on 20 23
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	Open to Public Inspection
Name of the organization		Employer identification number
SAFE AMERICA	FOUNDATION INC	58-21/1636

PART VI, LINE 15A AND 15B - NORMALLY THE PROCESS FOR DETERMINING PAY FOR THE CEO AND COO INCLUDES COMPARABILITY DATA AND REVIEW BY THE BOARD. THEY DID NOT TAKE ANY PAY IN 2023, MERELY WERE REIMBURSED FOR SOME OF THEIR EXPENSES.

2023 FORM 990 PRINCIPAL OFFICER NAME AND ADDRESS15

ATTACHMENT 1: FORM 990 PAGE 1, LINE F	
NORFOLIAN	
INSPECTION For calendar year 2023, or tax period beginning Name of Organization	, and ending . Employer Identification Number
SAFE AMERICA FOUNDATION INC	
990, Page 1, Line F	
Principal officer nameor	LEN PAGANO
Business Name:	
SAFE AMERICA FOUNDATION INC	
Street Address	2000 FIRST DRIVE
U.S. Address:	
Zip code <u>30062</u> City <u>MARIETTA</u>	State <u>GA</u>
Foreign Address	
City	
Province or State	
Country	
Postal code	

2023 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

'EN IC		2.	1 010	1))	0 1			FAI	RT II	- ⊥									
SPECT			For c	alenda	r year	2023,	or tax	period	beginnin	g		, and	lending						
	Organization														loyer Id			umber	
AFE art III -	AMERIC - Statement		OUNI	DATI	ON	INC								58-	2141	.636			
ode:	Statement	OFF		penses		mpils	nmen	ts	inclus	line Cr			1 - 1	07				107	0.0
			LA		•			Exe			ants of: hievemen	ts	45,1	07	Revenu	e:		107,	00
AFE AID	AMERIC REDUCE	CA'S Ed f	S DRI RATES	IVER 5 BE	TR CAU	AIN SE	IING OF	PRO	OGRAM	IS S	ERVED	437	STUD	ENT	S IN	1 20	23.	MAN	1Y

2023 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OF LIN TO FUBLIC				
INSPECTION	For calendar year 20	023, or tax period b	peginning , and e	nding .
Name of Organizatio	n			Employer Identification Number
SAFE AMERI	CA FOUNDATION I	INC		58-2141636
Part III - Statemer	nt of Program Service Accon	nplishments		
Code:	Expenses:	4,789	including Grants of:	Revenue:
		Exen	npt Purpose Achievements	
SAFE AMERT	CA TH DADWHEDC	וותדה מדחי	OTHER NON DROFTER	DDIUDA UDEDDANA BO

SAFE AMERICA, IN PARTNERSHIP WITH OTHER NON-PROFITS, DRIVES VETERANS TO MEDICAL APPOINTMENTS AT NO COST TO THEM. VOLUNTEERS (28 IN 2023) DO THE DRIVING. SAFE AMERICA MAINTAINS THE VET TV WEBSITE.

2023 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ame of Organization		23, or tax period beginning	, and ending . Employer Identification Number
Part III - Statement o	FOUNDATION I	plishments	58-2141636
Code:	Expenses:	4,541 including Grants of:	Revenue:
		Exempt Purpose Achieveme	nts
AFE AMERICA	A HAS NUMEROUS	SAFETY PROGRAMS. SOI	4E OF THE PROGRAMS COVER
NITIATIVES	FOR TEENS.	MAN TRAFFICING PREVEN	NTION AND STAY SAFE

ATTACHMENT 3: FORM 990 PAGE 6, PART VI, SECTION	C, LINE 20
OPEN TO PUBLIC	
INSPECTION For calendar year 2023, or tax period beginning	, and ending .
Name of Organization	Employer Identification Number
SAFE AMERICA FOUNDATION INC	58-2141636
Part VI – Line 20	
Individual Name	ANO
or Business Name:	
Dusiness Name.	
Street Address	RST DRIVE SUITE 310
U.S. Address:	
Zip code <u>30062</u> City <u>MARIETTA</u>	State <u>GA</u>
or	
Foreign Address	
City	
Province or State	
Country	
Postal code	
Phone Number	<u>(770)973-7233</u>
En Number	
Fax Number	

2023 FORM 990 BOOKS ARE IN CARE OF

OMB No. 1545-0172 Depreciation and Amortization Form 4562 2023 (Including Information on Listed Property) Department of the Treasury Attach to your tax return. Attachment Internal Revenue Service Go to www.irs.gov/Form4562 for instructions and the latest information. Sequence No. 179 Name(s) shown on return Business or activity to which this form relates Identifying number SAFE AMERICA FOUNDATION INC FOR FORM 990 58-2141636 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, 5 see instructions 5 6 (a) Description of property (b) Cost (busn. use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8..... 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions. 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 ... 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Part II 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2023 2,716 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B --- Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depr. (e) (d) Recovery (a) Classification of property (g) Depreciation (f) Method year placed in (business/investment use period Convention deduction service only -- see instructions) 19a 3-year property b 5-year property С 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. S/L Residential rental MM h 27.5 vrs. S/L property 27.5 yrs. MM S/L MM i Nonresidential real 39 yrs. S/L property MM S/L Section C -- Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L С 30-year 30 yrs. S/L MM d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28		21	29,407
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column	(g), and line 21. Enter here		
	and on the appropriate lines of your return. Partnerships and S corporations	see instructions	22	32,123
23	For assets shown above and placed in service during the current year,			
	enter the portion of the basis attributable to section 263A costs	23		

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2023)

FDA 23 45621 BWF 1040 U Form Software Copyright 1996 – 2024 HRB Tax Group, Inc.

Part V Lister

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A	Depreciation	and Oth	er Info	ormatio	on (Ca	ution: S	ee th	e inst	truction	s for lin	mits f	or pa	ssenge	r auton	nobil	es.)	
24a Do you have ev	vidence to support the	business/i	nvestme	nt use cl	aimed?		es X						/idence				s 🛛 No
(a) Type of property (list vehicles first)	Date placed	(c) Busn./ investment use percentage		(d) Cost or er basis		(e) Basis for usn./inv use o	depi estme		(f) Recove perioc	ry N	(g) letho nven	d/	Dep	(h) reciatio duction	n	Ele sectio	(i) ected on 179 ost
25 Special deprecia	ation allowance for qu	alified listed	propert	y placed	l in servi			e tax	year								
	than 50% in a qualifie											25					
26 Property used m	nore than 50% in a qu	alified busir	ness use	:													<u></u>
SEE STATEM	ENT	%))										2	29,4	07		
		%	, ,												-		
		%	, ,														
27 Property used 5	0% or less in a qualifi	ed business	s use:														
		%)							S/L	-						
		%	, ,							S/L	-						
		%								S/L							
	column (h), lines 25 t											28	2	29,4	07		
29 Add amounts in	column (i), line 26. E	nter here ar	id on line	e 7, page	e 1										29		
		Sect	ion B	Infe	ormati	on on	Us	e of	Vehi	cles							
Complete this sectio	n for vehicles used b	y a sole pro	prietor, p	oartner, o	or other	"more t	han 5	i% ov	vner." o	r relate	ed pe	erson	lf vou	orovide	ed ve	hicles	to
your employees, first	t answer the question	s in Section	C to see	e if you r	meet an	exception	on to	com	pleting	this se	ction	for th	nose ve	hicles.			
30 Total business/ir	nvestment miles drive	n	(a)	(b)		(c)		(d)			(e)		(f	i)
	(don't include comm			icle 1		icle 2		Vehic	cle 3	Ve	ehicle	4	Vel	nicle 5		Vehi	icle 6
	• • • • • • • • • • • • • • • • • • • •		SEE	STAT	EMEN	Γ											
2 2 X-10-10	g miles driven during	the year															
	onal (noncommuting)																
33 Total miles drive	n during the year. Ad	d															
-	32			r		т.											
	available for persona		Yes	No	Yes	No	Ye	es	No	Yes		No	Yes	No		Yes	No
	hours?													ΙU		Ш	
	used primarily by a n			П			Г	۱ ۱	П	Π		Π		П			
	or related person?											<u>—</u>					
the set of	le available for persor		ĻĻ	LЦ	ĻЦ	ЦĻ			Ļ	Ш		Ц					
			exception	n to com	pleting	Section	B for	vehic	cles use	d by e	emplo	oyees	who a	ren't m	ore	han 5°	%
	ersons. See instruction	- 19-14-14															
	a written policy state															Yes	No
														• • • • •	· L		
	a written policy state																
															·		
	more than five vehicle															Π	Π
															• –		
												• • • •		• • • • •			R. S. C. T. S. C.
	nswer to 37, 38, 39, 4 tization	0, 01 41 IS	res, do	n i comp	plete Sec	Clion B I	or the	e cov	erea ve	nicles	•	_					
Fall VI Allion	uzation			1								(e)		(e) Vehicle 5 Vehicle 5 Yes No Yes Yes Image: Constraint of the state of th			
	(a) on of costs	Date am	b) ortizatior gins	n Ai) mortizab	c) Ile amou	unt	0	(d) Code se		1		ation d or	Amortiz			ıis year
42 Amortization o	f costs that begins du	iring your 20	023 tax v	ear (see	instruct	ions):					P	5.001					
		1	,											,			
	and a strain of the strain of			-							+					040	
43 Amortization of c	costs that began befo	re your 202	3 tax yea	ır									43				
	unts in column (f). Se												44				
	()										PT						

FDA 23 45622 BWF 1040 U Form Software Copyright 1996 – 2024 HRB Tax Group, Inc.

Form 4562 (2023)

2023 FORM 4562 LISTED PROPERTY ATTACHMENT

SAFE AMERICA FOUNDATION INC

58-2141636

26 Propert	y used more	than 50% in a qu			s use (see instruc						
(a Type of Pro vehicle	operty (list	(b) Date placed in service	(c) Busines investmen use percentag	t	(d) Cost or other basis	(e) Basis for deprecia (business/investm use only)		(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 17 cost
010 GN	IC AMB	09-15-18	100	%	8,700	8,7	700	05	DB200HY	250	
010 CF	iev am	09-15-18	100	%	10,000	10,0	000	05	DB200HY	288	
015 VV		10-16-19		%	15,884	15,8	384	05	DB200MO	1,738	
019 GF		10-23-19		%	31,150	31,1	50	05	DB200MQ	3,408	
019 BI		09-28-19		%	27,901 32,634	27,9	01	05	DB200MQ	3,153 3,570	
	ORD ES	10-23-19	100	%	32,634	32,6	534	0.5	DB200MQ	3,570	
	MUSTA	01-01-23	100	%	60,000	60.0	000	0.5	DB200HY	12,000	
		07-01-23		%	60,000 12,500	12.5	500	0.5	DB200HY	2,500	
		07-01-23		%	12,500	60,0 12,5 12,5	500	0.5	DB200HY	12,000 2,500 2,500	
				%				<u> </u>	DDLOOIII	2/000	
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2023 SECTION B - INFORMATION ON USE OF VEHICLES

SAFE AMERICA FOUNDATION INC 58-2141636

		(4	a)	()		(0		(0		(e		(f)
30.	Total business/investment miles driven	2010	GMC	2010	CHE	2015	VW	2019	GRE	2019	BLU	2019	FOR
	during the year (do not include												
	commuting miles) · · · · · · · · · · · · · · · · · · ·		1		20	7	,114	5	,129	5	,875	13	666
31.	Total commuting miles driven during the year												
32.	Total other personal (noncommuting))				
	miles driven · · · · · · · · · · · · · · · · · · ·												
33.	Total miles driven during the year. Add												
	lines 30 through 32 · · · · · · · · · · · · · · · · · ·		1		20	7	,114	5	,129	5	,875	13	666
34.	Was the vehicle available for personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?		Х		Х		Х		Х		Х		X
35.	Was the vehicle used primarily by a more												
	than 5% owner or related person?		Х		Х		Х		Χ.		Х		X
36.	Is another vehicle available for personal												
	use?		Х		Х		Х		Х		Х		X

		(a))	(b)		(c)	(0	d)	(6	∋)	(1	[•])
30.	Total business/investment miles driven	SILVE	er m	MB A	MBUL	MB A	MBUL						
	during the year (do not include												
	commuting miles) · · · · · · · · · · · · · · · · · · ·	5,	231	2	,500	1	,500						
31.	Total commuting miles driven during the year												
32.	Total other personal (noncommuting)												
	miles driven · · · · · · · · · · · · · · · · · · ·												
33.	Total miles driven during the year. Add												
	lines 30 through 32 · · · · · · · · · · · · · · · · · ·	5,	231	2	,500	1	,500						
34.	Was the vehicle available for personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	2	ζ		Х		Х						
35.	Was the vehicle used primarily by a more												
	than 5% owner or related person?		ζ		X		Х						
36.	Is another vehicle available for personal												
	use?		ζ		X		X						

		(8	a)	(b)	(0	c)	((d)	(6	e)	(f)
30.	Total business/investment miles driven												
	during the year (do not include												
	commuting miles) · · · · · · · · · · · · · · · · · · ·												
31.	Total commuting miles driven during the year												
32.	Total other personal (noncommuting)												
	miles driven · · · · · · · · · · · · · · · · · · ·												
33.	Total miles driven during the year. Add												
	lines 30 through 32 · · · · · · · · · · · · · · · · · ·												
34.	Was the vehicle available for personal use	Yes	No										
	during off-duty hours?												
35.	Was the vehicle used primarily by a more												
	than 5% owner or related person? · · · · · · ·												
36.	Is another vehicle available for personal												
	use?												

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2023 DETAIL STATEMENTS

SAFE AMERICA FOUNDATION INC 58-2141636

STATEMENT #1 - OFFICE EXPENSES (990 EO PG 10 LINE 13A)	
NEW CANON COPIER	
TOTAL CARRIED TO 990 EO PG 10 LINE 13A	949
STATEMENT #2 - OCCUPANCY (990 EO PG 10 LINE 16A)	
RENT	
TOTAL CARRIED TO 990 EO PG 10 LINE 16A	21,096
STATEMENT #3 - INSURANCE (990 EO PG 10 LINE 23A)	
INSURANCE INCLUDED IN DRIVER EDUCATION PROGR	
TOTAL CARRIED TO 990 EO PG 10 LINE 23A	
STATEMENT #4 - ACCOUNTING (990 EO PG 10 LINE 11C(A))	
BANK FEES	
TOTAL CARRIED TO 990 EO PG 10 LINE 11C(A)	4,590

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DESCRIPTION DATE	METHOD	COST	PRIOR	CURRENT	PR SPEC	CURR SPEC	BASIS	PRIOR	CURRENT	ACCUM	ADJ
	- LIFE		179	179	ALLOW	ALLOW		DEPR	DEPR	DEPR	BASIS
FORM 990											
KA MINO COP 01-15-99	S/LMQ-5	28155	0	0	0	0	28155	28155	0	28155	0
03-01-01	S/LHY-7	0008	0	0	0	0	8000	0008	0	0008	0
KONIKA MINOLTA 03-15-03 :	S/LHY-5	70000	0	0	0	0	70000	70000	0	70000	0
DESKTOP SIMUL 06-01-03 \$	S/LHY-7	187068	0	0	0	0	187068	187068	0	187068	0
OFFICE FURN TRN 06-01-04 \$	S/LHY-7	2000	0	0	0	0	2000	2000	0	2000	0
LAPTOP COMPUTER 06-01-05 \$	S/LHY-5	500	0	0	0	0	500	500	0	500	0
2 1 06-01-05	S/LHY-5*	3000	0	0	0	0	3000	3000	0	3000	0
09-01-08	S/LHY-5	2500	0	0	0	0	2500	2500	0	2500	0
	S/LHY-7	1000	0	0	0	0	1000	1000	0	1000	0
06-01-09	S/LHY-7	1200	0	0	0	0	1200	1198	0	1198	2
ERA 06-01-09	S/LHY-7	6000	0	0	0	0	6000	8665	0	8665	2
OR 06-01-09	S/LHY-7	700	0	0	0	0	700	700	0	700	0
LAPTOP COMPUTER 03-01-12 S	S/LHY-5	600	0	0	0	0	600	003	0	003	0
IPAD 03-15-12 \$	S/LHY-5	500	0	0	0	0	500	500	0	500	0
LAPTOP COMPUTER 06-01-13 \$	S/LHY-5	008	0	0	0	0	008	008	0	008	0
PORTABLE PROJEC 06-01-13 \$	S/LHY-7	500	0	0	0	0	500	498	0	498	2
SERVER 2 06-01-13 \$	S/LHY-5	2400	0	0	0	0	2400	2400	0	2400	0
FLAT SCREEN MON 06-01-13 S	S/LHY-5	1400	0	0	0	0	1400	1400	0	1400	0
*2017 VW GOLF 08-17-17 2	200DBHY-5	18644	0	0	0	0	18644	16134	0	16134	2510
2010 GMC AMBUL 09-15-18 2	200DBHY-5	8700	0	0	0	0	0078	8198	250	8448	252
2010 CHEV AMBU 09-15-18 2	200DBHY-5	10000	0	0	0	0	10000	9424	288	9712	288
DRIVING STIMULA 12-01-18 2	200DBMQ-7	7500	0	0	0	0	7500	5618	655	6273	1227
2019 BLUE FUSIO 09-28-19 2	200DBMQ-5	27901	0	0	0	0	27901	22778	3153	25931	1970
2015 VW PASSAT 10-16-19 2	200DBMQ-5	15884	0	0	0	0	15884	12625	1738	14363	1521
GREY FUSIO 10-23-19	200DBMQ-5	31150	0	0	0	0	31150	24758	3408	28166	2984
2019 FORD ESCAP 10-23-19 2	200DBMQ-5	32634	0	0	0	0	32634	25938	3570	29508	3126
DRIVING STIMUL 07-15-20 2	200DBHY-7	11000	0	0	0	0	11000	6190	687	6877	4123
DRIVING STIMUL 07-15-20 2	200DBHY-7	11000	0	0	0	0	11000	6190	687	6877	4123
DRIVING STIMUL 07-15-20 2	200DBHY-7	11000	0	0	0	0	11000	6190	687	6877	4123
USTANG 01-01-23	200DBHY-5	60000	0	0	0	0	60000	0	12000	12000	48000
AMBULANCE 71 07-01-23 2	200DBHY-5	12500	0	0	0	0	12500	0	2500	2500	10000
AMBULANCE 44 07-01-23 2	200DBHY-5	12500	0	0	0	0	12500	0	2500	2500	10000

2023 FEDERAL DEPRECIATION SCHEDULE

12LSDEPR

SAFE AMERICA FOUNDATION INC 58-2141636 2023 FEDERAL DEPRECIATION SCHEDULE DESCRIPTION 32 ASSETS DATE GRAND TOTALS: - LIFE METHOD COST 586736 PRIOR 179 0 CURRENT 179 0 ALLOW PR SPEC 0 ALLOW CURR SPEC 0 586736 BASIS 460360 DEPR PRIOR 32123 CURRENT DEPR 492483 ACCUM DEPR 94253 BASIS ADJ

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