

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)

2021

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning, 2021, and ending, 20

B Check if applicable: C Name of organization SAFE AMERICA FOUNDATION INC D Employer identification number 58-2141636 E Telephone number 770-973-7233 G Gross receipts \$ 265,000 H(a) Is this a group return for subordinates? Yes X No H(b) Are all subordinates included? Yes No H(c) Group exemption number J Website: WWW.SAFEAMERICA.ORG K Form of organization: X Corporation L Year of formation: 1994 M State of legal domicile: GA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO DISTRIBUTE INFORMATION, DEVELOP AND FACILITATE PROGRAMMING... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (handwritten), Date 10-24-22, LEN A PAGANO JR. PRESIDENT

Paid Preparer Use Only: Print/Type preparer's name BETTY DAVIS, Preparer's signature (handwritten), Date 10/24/2022, Check self-employed, PTIN P00041090, Firm's name HRB TAX GROUP INC, Firm's EIN 431871840, Firm's address 10800 ALPHARETTA HWY STE 182 ROSWELL GA 30076, Phone no. (770) 993-0212

May the IRS discuss this return with the preparer shown above? See instructions Yes X No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)