## **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)

CHANGE IN ACCOUNTING PERIOD

Department of the Treasury

Internal Pavenue Service

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

Open to Public

		ue Service			o for instructions	and the latest	intorma	tion.		l inst	pection
<u> </u>	For the	2023 calend	ar year, or tax year begin	ning	01-	01 , 2023, ar	nd endir	g	0.0	6-30 , <b>20</b>	23
B	Check if a	pplicable:	C Name of organization Sa	fe Coalition	Incorporated				D Empl	loyer identificat	ion number
	Address c	change	Doing business as							81-0856	5576
ı	Name cha	ange	Number and street (or P.O. bo	x if mail is not delivered to	street address)		Room/suit	9	E Telep	hone number	
□ i	nitial retu	m	PO Box 434							(508)59	96-4985
<u> </u>	Final retur	rn/terminated	City or town, state or province,	country, and ZIP or foreig	n postal code				G Gros	s receipts	
	Amended	return	Franklin, MA 0	2038					\$		327,003
	Application	n pending	F Name and address of principal			•		H(a) Is this a	group return	for subordinates?	Yes X No
							ļ	H(b) Are all	subordinat	es included?	Yes No
, ·	Tax-exem	pt status:	501(c)(3) 501(c) (	) (insert no.)	4947(a)(1) or	527				st. See instructio	ons —
J	Nebsite:	saf	ecoalitionma.com					H(c) Group			
K I	Form of o			ociation Other		L Year of formatio					MA
Pa	rt I	Summar									
	1	Briefly descr	ibe the organization's miss	ion or most significa	nt activities: A c	oalition o	of con	munity	part	ners who	have
		come tog	ether to provide	support, edu							
ည			by substance abu					-		-	
12											
Activities & Governance	2	Check this b	ox lif the organization d	iscontinued its oper	ations or disposed o	f more than 25°	% of its r	net assets.			
Ö	3	Number of v	oting members of the gove	rning body (Part VI,	, line 1a)				3		6
ර ග	4	Number of in	ndependent voting member	s of the governing b	ody (Part VI, line 1b	)			4		6
itie	5	Total numbe	r of individuals employed in	calendar year 202	3 (Part V, line 2a)				5		5
흃	6	Total numbe	r of volunteers (estimate if	necessary)			. <b></b> .		6		
⋖	7a	Total unrelat	ted business revenue from	Part VIII, column (C	), line 12				7a		0
			d business taxable income						7b		0
								Prior Year		Curr	ent Year
	8	Contributions	s and grants (Part VIII, line	1h)				527	7,415		124,425
2	9	Program ser	vice revenue (Part VIII, line	e 2g)				136	,086		202,578
Revenue	10	Investment is	ncome (Part VIII, column (A	A), lines 3, 4, and 7d	)			_	122		0
Re-	11	Other revenu	ue (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10d	c, and 11e)			*			0
	12	Total revenu	e - add lines 8 through 11 (	must equal Part VIII	, column (A), line 12	)		663	,623		327,003
	13	Grants and s	similar amounts paid (Part I	X, column (A), lines	1-3)						0
	14	Benefits paid	d to or for members (Part I)				0				
	15	Salaries, oth	er compensation, employee	e benefits (Part IX, c	column (A), lines 5-10	0)		228	3,245		224,186
Expenses	16a	Professional	fundraising fees (Part IX,	column (A), line 11e	)						0
ğ	Ь	Total fundra	ising expenses (Part IX, co	lumn (D), line 25)		19,830					
Ω	17	Other expen	ses (Part IX, column (A), lir	nes 11a-11d, 11f-24	e)			140	,820		102,663
	18	Total expens	ses. Add lines 13-17 (must	equal Part IX, colum	nn (A), line 25) .			369	,065		326,849
	19	Revenue les	s expenses. Subtract line 1	18 from line 12				294	1,558		154
5	g						Begin	ning of Curr	ent Year	End	of Year
ster	20		(Part X, line 16)					752	2,604		695,095
Net Assets or	21		es (Part X, line 26)					411	1,651		353,988
			or fund balances. Subtract	ine 21 from line 20		<u> </u>	1	340	953	<u> </u>	341,107
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Sig	n		n Hamlin								
_	l l	Signature of office							Da	ite	
Her	е	Bria Type or print na	n Hamlin, Treasur	er							
			me and title eparer's name	Prenarare signature		Date			<u> </u>	PTIN	
Da:	4	''		Preparer's signature				Check	∐ if	}	
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	parer				ancial Servic	es		m's EiN			
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	1990 (2023) Safe Coalition Incorporated 81-0856576 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	A coalition of community partners who have come together to provide support, education, treatmen
	options and coping mechanisms for those affected by substance abuse disorder.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	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.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 264,647 including grants of \$ ) (Revenue \$ 319,503)
	A coalition of community partners who have come together to provide support, education, treatmen
	options and coping mechanisms for those affected by substance abuse disorder by empowering those
	affected including their families with the tools necessary to succeed on their journey to
	recovery.
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
70	(Code:) (Expenses $\psi$ ) (Nevertible $\psi$ )
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 264,647

Form 990 (2023) Safe Coalition Incorporated 81-0856576 Part IV **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 2 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. . . . . . . . . . . . . . . . . 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." 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 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d e 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 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . 12b X 13 13 x 14a X 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 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

X

X

X

19

20a

20b

21

19

20a

	The state of the s		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	110
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part.II	26		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
þ	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
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		X
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			l
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			l
00	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	,,		٠.,
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	or IV, and Part V, line 1	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
••	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<del>-</del>		
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		·		
===	Check if Schedule O contains a response or note to any line in this Part V			П
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	ing Ch		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) wippings to prize wippers?	10	v	ì

Form	990 (2023) Safe Coalition Incorporated 81-0856	76	F	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
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,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
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		ļ	
	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		with a	
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	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		х
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		1.67	
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.		177	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:	1000		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			'
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1,50
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40	100	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	100	
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	71		
_	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	44-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
13	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	1 - 21 - 2	
	If "Yes," complete Form 4720, Schedule O.	10		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities		120 C.	ATE TO
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	<b>—</b>		

81-0856576 Page 6 Form 990 (2023) Safe Coalition Incorporated Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI .......... Section A. Governing Body and Management Yes No 6 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 in line 1a, above, who are independent . . . . . . . . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? ...... X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?...... 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . . . . . . . . . . . . x 6 6 Did the organization have members or stockholders? X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a x X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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 Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 14 14 X 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? 15a 15b x If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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? Section C. Disclosure

17	List the states with which	n a copy of this Form 990 is re	quirea to be fileaM	issachusetts	
18	Section 6104 requires a	in organization to make its For	ms 1023 (1024 or 1024-A,	if applicable), 990, and 990-T (sec	tion 501(c)
	(3)s only) available for p	public inspection. Indicate how	you made these available.	Check all that apply.	
	Own website	Another's website	Upon request	Other (explain on Schedu	le O)
19	Describe on Schedule C	O whether (and if so, how) the	organization made its gove	rning documents, conflict of interes	t 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.

Brian Hamlin (508)596-4985, PO Box 434, Franklin, MA 02038

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Earm	GON	(2023)

Safe Coalition Incorporated

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- 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 instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Posit (do not check mo box, unless perso officer and a dire  Officer  Institutional trustee  or director			erson is both an director/trustee)		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)Brian Hamlin Treasurer	5.00			Х			0	0	0
(2)Mary Clermont Secretary				x			0	0	0
(3)Dr. Anne Bergen President	5.00			x			o	0	0
(4)Dr. Wendy Cohen V President	2.00			x			0	. 0	0
_(6)	ļ								
	<u> </u>								
_(8)									
_(9)									
(10)									
(11)									
(12)									
<u>(13)</u>									
(14)									

81-0856576

Part VII   Section A. Officers, Directors, T  (A)  Name and title		(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				nan one s both ar /trustee)	1	(D)  Reportable compensation from the organization (W-2/	(E)  Reportal compensa from relai organization	(F) Estimated amount of other compensation from the			
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MIS 1099-NE		_	nization i organi	n and izations
<u>(15)</u>														
(16)														
<u>(17)</u>											-			
<u>(18)</u>														
(19)										•				
(20)														
(21)														
(22)_														
(23)														
(24)														
(25)_										<del></del>	.,,			
1b c	Subtotal		• • •		• •	· ·		•						
d 2	Total (add lines 1b and 1c)								0 received more the	 nan \$100.	0 000 of			0
	reportable compensation from the organiza											1		0
3	Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedul											3	Yes	No X
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	eportable co	mpensa	ation	and	l oth	er con	npen	sation from the					
5	individual	compensation	on from	any	 unr	elate	 ed org	 aniza	ation or individual			<b>4 5</b>		x
Secti	on B. Independent Contractors													
1	Complete this table for your five highest co												<b>4</b>	
	compensation from the organization. Report		auon	OI II	ile C	Jaie	iluar	year	(B)		organiz	(C)	•	/ear.
	Name and business addres	58							Description of service	es		Compens	ation	
			,											
			-											
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization													

Form 990 (2023) Safe Coali
Part VIII Statement of Revenue

		Check if Schedule O contains a resp	oons	e or note to any l	line in this Part V	/111		П
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					
	ь	Membership dues	1b					
ants	C	Fundraising events	1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d					
FF.	e	Government grants (contributions)	1e					
ទ្ធខ្លួ	f	All other contributions, gifts, grants,						
Sig	•	and similar amounts not included above	1f	124,425				
but!	g	Noncash contributions included in		221,123				
E O	١	lines 1a-1f	1g	s				
ပိ ်	h	Total. Add lines 1a-1f			124,425			
	<del>                                     </del>		•••	Business Code	131,123			
	2a	Programs		621400	202,578	202,578	y for a five statement for the	
8	b	2 2 0 3 2 0 mil	_	021400	202,370	202,570		
E e	"							
jram Sen Revenue	4							
Re Ja	ء ا							
Program Service Revenue	•	All other program service revenue						
а.		Total. Add lines 2a-2f			202,578		joja – grajima istorije od	
	3	Investment income (including dividends, interother similar amounts)	est, a	and  eeds	202,370		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	5	Royalties	• •					
		(i) Real		(ii) Personal				
		Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securities	S	(ii) Other				
		sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
ब		and sales expenses 7b						
evenue	С	Gain or (loss) 7c						
ě	d	Net gain or (loss)						
Other Re		Gross income from fundraising						
튡		events (not including \$						
•		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	l b	Less: direct expenses	8b					
		Net income or (loss) from fundraising events		·				
		Gross income from gaming	Ė	· · · · · · · · · · · · · · · · · · ·	Section and a section		9 18 18 p 3 c 3 c 4	13 4 m 13 34 3 4 1 H
	Ja	activities. See Part IV, line 19	9a					
	L		9b					
		Less: direct expenses					gasti sti skiljat ezerke teliti.	jurah la majulah 11 sebasi
	1	Net income or (loss) from gaming activities	<del></del>	<del> </del>				
	10a	Gross sales of inventory, less						
	_	returns and allowances	10a					
		Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inventory					7	Last 1 St. av. St. av. 3
				Business Code	a trate Guerrage Sy			
3	11a							
scellanor Revenue	b							
% e⊟ % e∃	C							
Miscellanous Revenue	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			327,003	202,578	0	0

# Part IX Statement of Functional Expenses Section 501(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 r				
		(A)	(B)	(C)	
	not include amounts reported on lines 6b, 7b,	Total expenses	Program service	Management and	Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				Legion de la cuer. Maria de la composición
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				legista (n. 1841). Participa
	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				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	203,668	183,301	20,367	
8	Pension plan accruals and contributions (include			•	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,040	6,336	704	
10	Payroll taxes	13,478	12,130	1,348	
11	Fees for services (nonemployees):	13,470	12,130	1,340	
	Management				
a	•				
b	Legal				
C	Accounting		- ···		
d	Lobbying				
e	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.)	1,112		1,112	
12	Advertising and promotion	4,404	2,202	2,202	
13	Office expenses	5,426	4,069	1,357	
14	Information technology	2,019	1,514	505	
15	Royalties				
16	Occupancy	53,161	39,870	13,291	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			-	+ <del></del>
20	Interest				
21	Payments to affiliates				******
22	Depreciation, depletion, and amortization	1,597	1,198	399	
23	Insurance	3,391	3,052	339	-
24	Other expenses. Itemize expenses not covered		3,032		
	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.)				
_	• • • • • • • • • • • • • • • • • • • •	. 1124 Andre Berting (1955)		The state of the state of the second section	
a	Program	7,404	7,404		
b	In-Kind	5,500	250	250	5,000
C	Fundraising	14,830			14,830
d	Training	3,043	2,739	304	
е	All other expenses	776	582	194	
25	Total functional expenses. Add lines 1 through 24e	326,849	264,647	42,372	19,830
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here   if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	258,415	1	120,662
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	150,000	3	157,500
	4	Accounts receivable, net		4	85,295
	5	Loans 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	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	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 38,457			
	b	Less: accumulated depreciation 10b 1,597		10c	36,860
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	344,189	15	294,778
	16	Total assets. Add lines 1 through 15 (must equal line 33)	752,604	16	695,095
	17	Accounts payable and accrued expenses	9,188	17	22,511
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,		11.1	
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	402,463	25	331,477
	26	Total llabilities. Add lines 17 through 25	411,651	26	353,988
		Organizations that follow FASB ASC 958, check here			
<b>"</b>		and complete lines 27, 28, 32, and 33.			
Çe	27	Net assets without donor restrictions	59,275	27	157,637
alar	28	Net assets with donor restrictions	281,678	28	183,470
B		Organizations that do not follow FASB ASC 958, check here			
Ë		and complete lines 29 through 33.			
or F	29	Capital stock or trust principal, or current funds		29	
इ	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
<b>SS</b> (	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	340,953	32	341,107
z	33	Total liabilities and net assets/fund balances	752,604	33	695,095

Form	1990 (2023) Safe Coalition Incorporated	81-085	<u> 6576                                   </u>	P	'age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		327	,003
2	Total expenses (must equal Part IX, column (A), line 25)	2		326	,849
3	Revenue less expenses. Subtract line 2 from line 1	3			154
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		340	,953
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		341	,107
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🗌 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?		<u>2</u> a	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		TA A		
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on		1174	0.00	
	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	<u></u>	3b		
EEA			For	m 990	(2023)

#### SCHEDULE A (Form 990)

### **Public Charity Status and Public Support**

Complete If the organization is a section S01(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

Safe Coalition Incorporated 81-0856576 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally Integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (I) Name of supported organization (II) EIN (Iv) Is the organization (v) Amount of monetary (III) Type of organization (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

81-0856576 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Secti</u>	on A. Public Support					,	
Calen	dar 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.")	56,834	57,488	190,147	527,415	116,925	948,809
2	Tax revenues levied for the						· · · · · · · · · · · · · · · · · · ·
	organization's benefit and either paid						
	to or expended on its behalf	1					
3	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge	ł					
4	Total. Add lines 1 through 3	56,834	57,488	190,147	527,415	116,925	948,809
5	The portion of total contributions by	30,034	37,200	130,12,	J27,41J	110,923	340,003
3	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)				na Paral tarih		91,084
<u>6</u>	Public support. Subtract line 5 from line 4.			. Million de Contrator			857,725
	on B. Total Support	(a) 0040	(h) 0000	(=) 0004	(4) 2020	(-) 0000	(f) Total
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	56,834	57,488	190,147	527,415	116,925	948,809
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from			:			
_	similar sources			7_	122		129
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			1			
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						948,938
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop he	re	<u> </u>				
	on C. Computation of Public Suppo						
14	Public support percentage for 2023 (line		•			14	90.39 %
15	Public support percentage from 2022 Sch					15	93.64 %
16a	33 1/3% support test - 2023. If the organ						
	box and stop here. The organization qua						
b	33 1/3% support test - 2022. If the organ						
	this box and stop here. The organization	qualifies as a	publicly suppor	ted organizatio	n		
17a	10%-facts-and-circumstances test - 20						
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa	cts-and-circum	istances test. T	he organizatio	n qualifies as a	a publicly supp	orted
	organization						
b	10%-facts-and-circumstances test - 20						
	15 is 10% or more, and if the organization	n meets the fac	ts-and-circums	tances test, ch	eck this box a	nd <b>stop here.</b> I	Explain
	in Part VI how the organization meets the						
	organization						
18	Private foundation. If the organization d						
	instructions				•		

#### **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.

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

Safe	Coalition Incorporated		81-0856576
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or A	ccounts
	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 i		ed
	funds are the organization's property, subject to the organization		· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and donor		
	only for charitable purposes and not for the benefit of the d		
	conferring impermissible private benefit?		
Par	II Conservation Easements	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · Yes No
	Complete if the organization answered "Yes"	on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organiz		
•	Preservation of land for public use (for example, recreat	· · · · · · · · · · · · · · · · · · ·	
	Protection of natural habitat	· —	a historically important land area a certified historic structure
	Preservation of open space	☐ Preservation or a	a certified historic structure
2	<del>_</del> , ,	iidad aanaan sakka aanaa ka ka daa daa daa	
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		· · · · · · · · · · · · · · · · · · ·
C	Number of conservation easements on a certified historic s		2c
d	Number of conservation easements included on line 2c, ac		
_	on a historic structure listed in the National Register		<del></del>
3	Number of conservation easements modified, transferred, a	released, extinguished, or terminated by the	organization during the
	tax year		
4	Number of states where property subject to conservation e		
5	Does the organization have a written policy regarding the p		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, har	idling of violations, and enforcing conservati	ion easements during the year
8	Does each conservation easement reported on line 2d about	ve satisfy the requirements of section 170(h	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserve		
	sheet, and include, if applicable, the text of the footnote to the	he organization's financial statements that de	escribes the
	organization's accounting for conservation easements		
Par			Other Similar Assets
	Complete if the organization answered "Yes"		
1a	If the organization elected, as permitted under FASB ASC		
	of art, historical treasures, or other similar assets held for p		
	service, provide in Part XIII the text of the footnote to its fir	ancial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC		
	art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furth	erance 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 t	reasures, or other similar assets for financia	ıl gain, provide the
	following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990 Part Y		\$

38,457

Equipment

36,860

36,860

1.597

Schedule D (Form 990) 2023 Safe Coalition I Part VII Investments - Other Securities					-0856576	Page
Complete if the organization answered	d "Yes" on For	m 990. Par	t IV. lin	e 11b. See Forr	n 990. Part X I	ine 12
	<u>u 100 0111 01</u>					
(a) Description of security or category (including name of security)		(b) Book v	alub		lethod of valuation: nd-of-year market value	
(1) Financial derivatives						
(2) Closely-held equity interests						
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Column (b) must equal Form 990, Part X, line 12, col.(B,	))					
Part VIII Investments - Program Related						
Complete if the organization answered	<u>d "Yes" on For</u>	m 990, Par	<u>t IV, lin</u>	e 11c. See Forr	n 990, Part X, li	<u>ine 13.</u>
(a) Description of investment		(b) Book v	zlue		lethod of valuation:	
				Cost or e	nd-of-year market value	
(1)						
(2)	·					
(3)						
(4)						
(5)						
(6)						
(7) (8)						
(9)					. ===	
Total. (Column (b) must equal Form 990, Part X, line 13, col. (E				n na hEugha		
Part IX Other Assets	<i>,,,.</i>				<u> </u>	
Complete if the organization answered	d "Yes" on For	m 990. Par	t IV lin	e 11d See Forr	n 990 Part X I	ine 15
	escription		,	<u> </u>	(b) Book v	
(1)Construction in Progress					(5) 555% (	
(2Right-of-Use Asset						294,77
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990, Part X, line 15 col. (B)	))					294,77
Part X Other Liabilities						
Complete if the organization answered	d "Yes" on For	m 990, Par	t IV, lin	e 11e or 11f. Se	e Form 990, Pa	art X,
line 25.						
1. (a) Description of liability	(b) Book v	alue	_			
(1) Federal income taxes			_			
(2Accrued expenses		31,714				
(3Contract liability-program						
(4)perating lease obligation		299,763	_			
(5)			4			
(6)			1			
(7)			1			
(8)			4			
(9)			4			
Total. (Column (b) must equal Form 990, Part X, line 25 col. (B))		331,477				

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

Part	<del></del>	•	Return	
_	Complete if the organization answered "Yes" on Form 990, Pa			
1	Total revenue, gains, and other support per audited financial statements	• • • • • • • • • • • • •	1	327,003
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	7.19	
a	Net unrealized gains (losses) on investments		w pakan	
Ь	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)		A second	
e	Add lines 2a through 2d	• • • • • • • • • • • • • • • • • • • •	2e	
3	Subtract line 2e from line 1		3	327,003
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII.)	4b	2.	
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	327,003
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses po	er Return	
	Complete if the organization answered "Yes" on Form 990, Page 1	art IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	326,849
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		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	326,849
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		7 a 3 a 3 a	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	L 1	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5	326,849
	XIII Supplemental Information			520,025
2; Part 	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	ny additional information.		
				<del></del>
		,		

# SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

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

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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 Coalition Incorporated	81-0856576
01. Form 990 governing body review (Part VI, line 11)	
Governing body reviewed 990 prior to submission	
02. Governing documents, etc, available to public (Part VI, line 19)	
Governing documents available to public upon request	