Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	e 2021 calendar year, or tax year beginning	nd ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre	THE SAFE CHILDREN FOUNDATION			
	Name	Doing business as SAFESPOT OF FAIRFAX		46-135838	88
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	4031 CHAIN BRIDGE ROAD	201	(703)385	-5437
	termin			G Gross receipts \$	1,396,982.
	Amen	FAIRFAX, VA 22030		H(a) Is this a group re	turn
	Application	F Name and address of principal officer: DENTSE BALLANO		for subordinates'	? Yes X No
_	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)	(1) or 527	If "No," attach a	list. See instructions
		te: ► WWW.SAFESPOTFAIRFAX.ORG		H(c) Group exemption	
		forganization; X Corporation Trust Association Other	L Year	of formation: 2012 M	State of legal domicile: VA
P	art I				0.00
e	1	Briefly describe the organization's mission or most significant activities: THE	MISSIC	ON OF SAFESPO	OT.
and		CHILDREN'S ADVOCACY CENTER IS TO PROVID			
/err	2	Check this box if the organization discontinued its operations or dis	posed of more	e than 25% of its net as	
Activities & Governance	3			3	23
	4	Number of independent voting members of the governing body (Part VI, line 1			13
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			60
ţi	6	Total number of volunteers (estimate if necessary)			0.
Ac	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII line 1b)	-	1,131,907.	1,265,500.
	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.
	10	Investment income (Part VIII, Inne 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,434.	5,640.
Re	11	Other revenue (Part VIII, column (A), lines 5, 4, and 70)		-9,880.	61,863.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		1,130,461.	1,333,003.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	111111111111111111111111111111111111111	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		732,194.	859,150.
Expenses	16a			0.	0.
cbe	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 117,	271.	THE REAL PROPERTY.	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		268,353.	355,407.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,000,547.	1,214,557.
	19	Revenue less expenses. Subtract line 18 from line 12		129,914.	118,446.
SOF	500			eginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)		1,211,241.	1,344,963.
Net Asset	21	Total liabilities (Part X, line 26)		64,459.	79,735.
		Net assets or fund balances. Subtract line 21 from line 20		1,146,782.	1,265,228.
	art II				
		alties of perjury, I declare that I have examined this return, including accompanying sched		en la compressa de la compressa	knowledge and belief, it is
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information o	f which prepare	has any knowledge.	14
		Signature of officer		100-17-	22
Sig				Date	
He	re	DENISE BALZANO, PRESÍDENT Type or print name and title			
_		The state of the s		Date Check	II PTIN
Pai	id	Print/Type preparer's name JOHN M. PERSIL Preparer's signature		Check Check if self-employe	
	parer	Firm's name CST GROUP, CPAS, PC		Firm's EIN	54-1019610
	e Only	Firm's address 10740 PARKRIDGE BLVD 5TH FLOOR)	Firm's EIN >	74-1013010
550	- July	RESTON, VA 20191		Phone no 70	3-391-2000
Ma	v the II	RS discuss this return with the preparer shown above? See instructions		Filolie IIO. 7 U .	1
IAIC	7 110 11	diodece this retain with the preparer shown above? See instructions	****************	***************************************	X Yes No

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: NONE
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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$333,446 • including grants of \$) (Revenue \$)
	MENTAL HEALTH THERAPY - USING THE BEST PRACTICES OF TRAUMA-FOCUSED
	COGNITIVE BEHAVIORAL THERAPY (TF-CBT), SAFESPOT THERAPISTS WORK WITH
	SURVIVORS TO BUILD COPING STRATEGIES, REDUCE SYMPTOMS OF DEPRESSION AND
	ANXIETY, ADDRESS NEGATIVE BEHAVIORS SUCH AS DISTORTED THINKING AND LOW
	SELF-ESTEEM, AND REGAIN THE ABILITY TO FORM TRUSTING, HEALTHY RELATIONSHIPS. CAREGIVERS ARE ACTIVE PARTICIPANTS IN THEIR CHILD'S
	THERAPY - THROUGH INDIVIDUAL AND JOINT SESSIONS, OUR THERAPISTS HELP
	FAMILY MEMBERS TO COPE EFFECTIVELY WITH THEIR OWN EMOTIONAL DISTRESS
	AND DEVELOP SKILLS THAT SUPPORT THEIR CHILDREN. TF-CBT LAST, ON
	AVERAGE, 18-24 SESSIONS AND INCLUDES A VARIETY OF MODALITIES INCLUDING
	ART-, PLAY-, AND TALK-THERAPY TO MEET EACH CHILD WHERE S/HE IS IN THEIR
	HEALING PROCESS. TRAUMA-FOCUSED COGNITIVE-BASED THERAPY HAS LONG-TERM
4b	(Code:) (Expenses \$ 304,453 • including grants of \$) (Revenue \$
	FORENSIC INTERVIEW - WHEN POLICE OR CHILD PROTECTIVE SERVICES RECEIVE A
	REPORT THAT A CHILD HAS BEEN SEXUALLY OR PHYSICALLY ABUSED, OR HAS
	WITNESSED A VIOLENT CRIME, THE CHILD IS BROUGHT TO SAFESPOT FOR A
	FORENSIC INTERVIEW. THE GOAL OF THE FORENSIC INTERVIEW IS TO ELICIT
	INFORMATION THAT EVALUATES THE SAFETY OF THE CHILD, ASSESSES THE NEED
	FOR MEDICAL OR PSYCHOLOGICAL CARE, CORROBORATES OR REFUTES ALLEGATIONS
	OF ABUSE AND NEGLECT; AND PROVIDES EVIDENCE IN THE CRIMINAL INVESTIGATION. MOST IMPORTANTLY, HIGHLY TRAINED CHILD INTERVIEW
	SPECIALISTS ASK QUESTIONS THAT ARE STRUCTURED TO AVOID RE-TRAUMATIZING
	THE CHILD OR COMPROMISING THE INVESTIGATION. INTERVIEWS ARE OBSERVED BY
	MEMBERS OF THE MULTIDISCIPLINARY TEAM - INCLUDING MEDICAL
	PROFESSIONALS, MENTAL HEALTH THERAPISTS, CRIMINAL JUSTICE PERSONNEL,
40	(Code:) (Expenses \$ 273,121 · including grants of \$) (Revenue \$
	FAMILY ADVOCACY - SAFESPOT FAMILY ADVOCATES MEET WITH THE CAREGIVERS TO
	LISTEN AND OFFER CRISIS RESPONSE AND SUPPORT. ADVOCATES PROVIDE
	RESOURCES, SERVICE REFERRALS, CRISIS INTERVENTION, AND GUIDANCE ON
	NAVIGATING THE CHILD WELFARE AND CRIMINAL JUSTICE SYSTEMS. ADDRESSING
	THE NEEDS OF THE NON-OFFENDING CAREGIVER IS CRITICAL, AS FEELINGS OF
	GUILT, ANGER, AND DISBELIEF CAN OFTEN FOLLOW A REPORT OF CHILD ABUSE,
	ESPECIALLY WHEN THE ALLEGED ABUSER IS A FAMILY MEMBER OR FRIEND.
	HELPING CAREGIVERS UNDERSTAND THE IMPACTS OF ABUSE AND NEGLECT ENSURES
	THE BEST SUPPORT IS GIVEN TO THE CHILD. FAMILY ADVOCACY SERVICES ARE
	INITIATED AT THE TIME OF THE FORENSIC INTERVIEW BUT CONTINUE FOR AS
	LONG AS THE FAMILY NEEDS SUPPORT.
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 911,020.
<u>4e</u>	Total program service expenses ▶ 911,020.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
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			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
_	during the tax year? If "Yes," complete Schedule C, Part II	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	_		x
•	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			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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			
0	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			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a		144		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV Checklist of Required Schedules (continued) THE SAFE CHILDREN FOUNDATION

	one state of the quality (softlinged)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	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 organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			.,
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	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	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		х
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		21
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			77
	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		
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	32		
33	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
35 a	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 related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		Х
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	, 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 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		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		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such 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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			7.7
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?	•		
э a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	36		
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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
10	If "Yes," see the instructions and file Form 4720, Schedule N.	10		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 23			
	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 23			
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b				
	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:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	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		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
14	Did the organization have a written document retention and destruction policy?	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
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			77
	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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	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 THE OPCANT ATTON - (703) 385-5437			
	THE ORGANIZATION - (703)385-5437 4031 CHAIN BRIDGE ROAD, FAIRFAX, VA 22030			
	TOUL CIMILIA DILLDON NORD, IRLINIRA, VA 44000			

132006 12-09-21 Form **990** (2021)

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 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, 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 organizat	ion nor any related	orga	aniza	ation	cor	npei	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	⊢	cer an	ia a a	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee			sated		organization	(W-2/1099-MISC/	from the
	organizations	nstee	trust		ee ee	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yoldr	st con	L	1099-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHELE THAMES	40.00	=	=	0		工也	ш.			
EXECUTIVE DIRECTOR		1				Х		106,969.	0.	0.
(2) HEATHER O'MALLEY	40.00									
CEO						Х		106,605.	0.	0.
(3) DENISE BALZANO	10.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) PAT HARRISON	5.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) PHIL ODEEN	5.00									
TREASURER		Х		Х				0.	0.	0.
(6) RANDALL TURK	5.00									
SECRETARY		Х		Х				0.	0.	0.
(7) BROOK CARLON	2.00									
DIRECTOR		Х						0.	0.	0.
(8) JESSICA GREIS EDWARDS	2.00									
DIRECTOR		Х						0.	0.	0.
(9) JIM BURNS	2.00									
DIRECTOR		Х						0.	0.	0.
(10) DEBBY COCHRAN	2.00									
DIRECTOR		Х						0.	0.	0.
(11) BRYAN GIBSON	2.00									
DIRECTOR		Х						0.	0.	0.
(12) BOOTSIE HUEMENANSKY	2.00									
DIRECTOR		Х						0.	0.	0.
(13) ANNETTE KERLIN	2.00									
DIRECTOR		Х						0.	0.	0.
(14) MICHELLE KINGSLEY	2.00									
DIRECTOR		Х						0.	0.	0.
(15) ANDREW KLAFF	2.00	١,,							_	_
DIRECTOR		Х						0.	0.	0.
(16) LAUREN KUSHIN	2.00	٠,,								_
DIRECTOR	1 2 00	Х	_	_	<u> </u>	_		0.	0.	0.
(17) ARMEN MANOOGIAN	2.00	Ψ,						_		_
DIRECTOR		Х		l	l	l	l	0.	0.	0.

132007 12-09-21

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)				C)			(D)	(E)			(F)
Name and title	Average	(do	not c	Pos heck	more) than	one	Reportable	Reportable			timated
	hours per week			ss pe				compensation	compensatio			nount of
	(list any	\vdash					Ĺ	from the	from related organizations			other pensation
	hours for	direct				P		organization	(W-2/1099-MIS			om the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			anization
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)			and	d related
	below	ividua	itutio	Officer	empl	hest c	mer				orga	ınizations
112)	line)	Pu	lus	0#i	Key	Hig	윤					
(18) CLAUDIA MANOOGIAN	2.00	,,								^		0
DIRECTOR (10) PALPY MAGINO	2.00	Х				-		0.		0.		0.
(19) RALPH MASINO DIRECTOR	2.00	X						0.		0.		0.
(20) JACQUELYN MCVEY	2.00	^				\vdash		0.		٠.		<u> </u>
DIRECTOR	2.00	X						0.		0.		0.
(21) MARGE ODEEN	2.00	25				\vdash		0.		•		•
DIRECTOR	2:00	X						0.		0.		0.
(22) CLISHIA TAYLOR	2.00									•		
DIRECTOR		x						0.		0.		0.
(23) JAMIE WEBER	2.00					\vdash						
DIRECTOR		х						0.		0.		0.
(24) TJ WEBER	2.00											
DIRECTOR		Х						0.		0.		0.
1b Subtotal							ightharpoons	213,574.		0.		0.
c Total from continuation sheets to Part V	II, Section A						ightharpoons	0.		0.		0.
d Total (add lines 1b and 1c)							<u> </u>	213,574.		0.		0.
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bov	e) wl	no r	eceived more than \$100	,000 of reportabl	е		•
compensation from the organization											Т	2
										ı		Yes No
3 Did the organization list any former officer,	,	,	,		,	,	_	, , ,	,			x
line 1a? If "Yes," complete Schedule J for s											3	^
4 For any individual listed on line 1a, is the su	=		-					•	tne organization		4	х
and related organizations greater than \$15Did any person listed on line 1a receive or a									idual for convices		4	
rendered to the organization? If "Yes," com	•				•			•	dual for services		5	X
Section B. Independent Contractors	ipiete deriedar	C 0 1	01 3	ucii	perc	3011					<u> </u>	
Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100.000 of com	pens	ation f	rom
the organization. Report compensation for												
(A)	,							(B)			(C	;)
Name and business	address	N	INC	E				Description of s	ervices	С		nsation
							\dashv					
2 Total number of independent contractors (including but a	ot II	mita	d to	the	SC	etoo	1 above) who received =	oro than			
2 Total number of independent contractors (\$100,000 of compensation from the organi	-	iot II	iiile	iu iu	(10	0	3160	above, who received if	IOI C TITALI			200

Form 990 (2021) THE	SAFE	CHILDREN	FOUNDATIO
Part VIII	Statement of Rev	enue		

		Check if Schedule O contains a response or	r note to any lir	ne in this Part VIII			
-		Gricok ii Goricadio G Goritaino a response di	note to any iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
<u>(0 (0)</u>							Sections 512 - 514
nts l		Federated campaigns 1a					
اع ق		Membership dues 1b					
An An	C	Fundraising events	227,605.				
Gif lar	c	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e 7	767,792.				
rior	f	All other contributions, gifts, grants, and					
t per		similar amounts not included above 1f 2	270,103.				
ĘÓ.	c	Noncash contributions included in lines 1a-1f					
a So	_	Total. Add lines 1a-1f		1,265,500.			
<u> </u>			Business Code				
o l	2 a	 -	Submiced Code				
Š							
je iue	b						
e a	C	. —————————————————————————————————————					
gra Re	C	' <u> </u>					
Program Service Revenue	е	·					
۳ ۱	f	All other program service revenue					
\rightarrow	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest	•	5 640			F 640
		other similar amounts)		5,640.			5,640.
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties)				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	h	Less: cost or other basis					
<u>e</u>	~	and sales expenses 7b					
en(_	Gain or (loss) 7c					
Revenue		. ,					
her F		Net gain or (loss) Gross income from fundraising events (not	·····				
G.	0 4	005 605					
١							
		contributions reported on line 1c). See	25,842.				
			63,979.				
				61 062			61 062
		Net income or (loss) from fundraising events	<u></u>	61,863.			61,863.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities)				
	10 a	Gross sales of inventory, less returns					
		and allowances10a					
	b	Less: cost of goods sold10b					
	c	Net income or (loss) from sales of inventory	>				
S			Business Code				
og e	11 a						
ane 3nu	b						
evel evel	c						
Miscellaneous Revenue	d	All other revenue					
		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,333,003.	0.	0.	67,503.

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 respon	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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,	242 252	25.422	65.000	
	trustees, and key employees	210,062.	86,120.	67,239.	56,703
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	533,133.	530,495.		2,638
8	Pension plan accruals and contributions (include	04 004	45 444		
	section 401(k) and 403(b) employer contributions)	21,221.	15,141.	5,457.	623
9	Other employee benefits	33,216.	25,461.	4,934.	2,821
10	Payroll taxes	61,518.	53,183.	4,147.	4,188
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	28,713.		28,713.	
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 Sch 0.)	70,703.	46,597. 34.	8,456.	15,650 5,906
12	Advertising and promotion	6,951.		1,011.	5,906
13	Office expenses	11,563.	3,668.	7,891.	4
14	Information technology	18,671.	2,119.	16,287.	265
15	Royalties				
16	Occupancy	106,360.	85,082.	10,639.	10,639
17	Travel				
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	13,428.	7,811.	5,617.	
23	Insurance	9,227.	3,224.	5,636.	367
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 0.)				
а	TRAINING EXPENSES	28,530.	28,435.	35.	60
b	GRANT WRITING AND APPLI	15,388.			15,388
С	BANK CHARGES	8,641.		8,641.	
d	BAD DEBT EXPENSE	5,000.		5,000.	
е	All other expenses	32,232.	23,650.	6,563.	2,019
25	Total functional expenses. Add lines 1 through 24e	1,214,557.	911,020.	186,266.	117,271
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			717,317.	1	711,905.
	2	Savings and temporary cash investments			264,297.	2	389,848.
	3	Pledges and grants receivable, net		160,529.	3	203,333.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	contributor, or 35%				
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	ersons (as defined				
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
٧	9	Prepaid expenses and deferred charges			30,554.	9	11,966.
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	84,965.	28,564.	10c	23,269.
	11	Investments - publicly traded securities		5,338.	11	0.	
	12	Investments - other securities. See Part IV, lir			12		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			4,642.	15	4,642.
	16	Total assets. Add lines 1 through 15 (must e	qual line	33)	1,211,241.	16	1,344,963.
	17	Accounts payable and accrued expenses	64,459.	17	59,735.		
	18	Grants payable		18			
	19	Deferred revenue			0.	19	20,000.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or f	ormer off	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
iab		controlled entity or family member of any of t	hese per	sons		22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D			64.450	25	<u> </u>
	26	Total liabilities. Add lines 17 through 25			64,459.	26	79,735.
S		Organizations that follow FASB ASC 958, or	check he	re ▶ 🔼			
nce		and complete lines 27, 28, 32, and 33.			006 053		1 265 220
ala	27	Net assets without donor restrictions			986,253.	27	1,265,228.
dВ	28	Net assets with donor restrictions			160,529.	28	0.
n -		Organizations that do not follow FASB AS6	C 958, ch	eck here 🕨 📖			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ts	29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
et A	31	Retained earnings, endowment, accumulated			1 146 700	31	1 265 220
ž	32	Total net assets or fund balances			1,146,782.	32	1,265,228.
	33	Total liabilities and net assets/fund balances			1,211,241.	33	1,344,963.

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	1,33		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,21		
3	Revenue less expenses. Subtract line 2 from line 1	3		.8,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,14	6,7	82.
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	1,26	55,2	28.
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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e 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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X 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 of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE SAFE CHILDREN FOUNDATION

Employer identification number 46-1358388

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 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). 7 X 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.) 8 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	ction A. Public Support	71	•	•			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	. ,	` '	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	694,563.	688,786.	874,087.	1131907.	1265500.	4654843.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	604 563	600 706	074 007	1121007	1065500	4654043
	Total. Add lines 1 through 3	694,563.	688,786.	874,087.	1131907.	1265500.	4654843.
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)						4654043
	Public support. Subtract line 5 from line 4.						4654843.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017 694, 563.	(b) 2018 688, 786.	(c) 2019 874, 087.	(d) 2020 1131907.	(e) 2021 1265500.	(f) Total 4654843.
	Amounts from line 4	094,303.	000,700.	0/4,00/.	1131907.	1205500.	4034043.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2,660.	4,075.	11,245.	8,434.	5,640.	32,054.
_	and income from similar sources	2,000.	4,075.	11,245.	0,434.	3,040.	32,034.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	-31,552.	71,965.	15,492.	-9,880.	61,863.	107,888.
	assets (Explain in Part VI.)	31,332.	71,000.	13,472.	3,000.	01,003.	4794785.
12	Total support. Add lines 7 through 10 Gross receipts from related activities,	eta (see instructi	ono)			12	47747031
	First 5 years. If the Form 990 is for the	•	,	fourth or fifth tax		L L	
	organization, check this box and stor				•	. , . ,	
Sec	etion C. Computation of Publ		rcentage				
	Public support percentage for 2021 (I			column (f))		14	97.08 %
	Public support percentage from 2020					15	94.78 %
	33 1/3% support test - 2021. If the co					L L	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			>
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶Ш

Schedule A (Form 990) 2021

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
check this box and stop here						
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2021 (line 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	: III, line 15			16	%
Section D. Computation of Inves	stment Incom	e Percentage				
17 Investment income percentage for 20)21 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If the					33 1/3%, and line	
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2020. If the						and
line 18 is not more than 33 1/3%, che	•			·	·	
20 Private foundation. If the organization						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
0-		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	ort IV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	•		•
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's	officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sugarization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amo			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			•
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see ins	tructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental en	ntity (see instruction	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.								
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	1					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or								
	collection of gross income or for management, conservation, or								
	maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
a	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
c	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
_6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	ion C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see					
	instructions).								

Schedule A (Form 990) 2021

		DREN FOUNDATIO			6-1358388 Page 7
Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in				

Schedule A (Form 990) 2021

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

7 Excess distributions carryover to 2022. Add lines 3j

T dit VI	Par line Sec	t IV, Secti 1; Part IV	on A, lines /, Section I les 5, 6, ar	1, 2, 3 D, lines	b, 3c, 4l 2 and 3	b, 4c, 5a ; Part I\	a, 6, 9a, /, Sectio	nations require 9b, 9c, 11a, 1 in E, lines 1c, 2 es 2, 5, and 6.	1b, and 11c; 2a, 2b, 3a, ar	; Part IV, Se nd 3b; Part	ection B V, line 1	, lines 1 and ; Part V, Se	2; Parction E	t IV, Section C, 3, line 1e; Part V,
PART :	II,	LINE	10											
OTHER	IN	COME	DESCR	IPTI	ON:	SEP	CIAL	EVENTS	2017:	-31,5	52,	2018:	71,	965,
2019:	15	,492,	2020	: -9	,880), 2	021:	61,863						

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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THE SAFE CHILDREN FOUNDATION

Employer identification number

46-1358388

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$_ Caution: An organization that 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

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

THE SAFE CHILDREN FOUNDATION

46-1358388

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PHILIP L GRAHAM FUND, C/O GRAHAM HOLDINGS COMPANY 1300 NORTH 17TH STREET, SUITE 1700 ARLINGTON, VA 22209	\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE SAFE CHILDREN FOUNDATION

46-1358388

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.									
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received							
		\$								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received							
		\$								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received							
		\$								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received							
		\$								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received							
		\$								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received							
1004E2 11 11		\$	Schodule P. (Farm 000) (0004)							

Schedule B (Form 990) (2021)

Name of organization **Employer identification number** 46-1358388 THE SAFE CHILDREN FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

THE SAFE CHILDREN FOUNDATION

Employer identification number 46-1358388

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) zenor adviced ianiae	(2)
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		funds
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor		
Par		ganization answered "Yes" on Form 990. Part	
1	Purpose(s) of conservation easements held by the organizat	-	,
·	Preservation of land for public use (for example, recreations)		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	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		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic st		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year ►		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conserv	vation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatior	n easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense sta	atement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	s that describes the
	organization's accounting for conservation easements.		
Par			er Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 99		
	of art, historical treasures, or other similar assets held for pu		erance of public
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 99		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthera	ance 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 tre	- · · · · · · · · · · · · · · · · · · ·	ain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Par	t III Organizations Maintaining C	ollections of A	rt, Histo	orical Tr	easures, c	or Other	Similar	Asse	ts (contin	ued)
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following tha	t make sig	nificant us	se of its		
	collection items (check all that apply):									
а	Public exhibition	d	ı 🗌 L	oan or exc	hange progra	am				
b	Scholarly research	е	· 🗌 c	Other						
С	c Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how the	ey further t	he organizatio	on's exem	pt purpose	e in Parl	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	torical trea	sures, or othe	er similar a	assets		_	
	to be sold to raise funds rather than to be ma							<u> L</u>	Yes	No_
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered "	'Yes" on F	orm 990, I	Part IV,	ine 9, or	
	reported an amount on Form 990, Part X, line 21.									
1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included									
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or co	ustodial acco	unt liabilit	y?	L	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete if							6 1.		
	-	(a) Current year	(b) Pr	ior year	(c) Two year	s back (c	i) inree yea	rs dack	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland		ı, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	·	6								
_	The percentages on lines 2a, 2b, and 2c should be a sh									
за	Are there endowment funds not in the posses	ssion of the organiz	ation that	are neid a	ina administe	red for the	e organizat	ion	Г	Yes No
	by:									Tes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
D		-							3b	
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		owment it	anus.						
· u	Complete if the organization answered) Part IV	line 11a S	See Form 990) Part X li	ne 10			
	Description of property	(a) Cost or o			or other		cumulated		(d) Book	- valuo
	besomption of property	basis (investr			(other)	٠,	eciation		(a) BOOK	value
12	Land	,		230,0		3001				
	Buildings		+							
	Leasehold improvements			1	7,737.		17,73	7.		0.
	Equipment				0,497.		67,228		23	3,269.
	Other				,		,			
	. Add lines 1a through 1e. (Column (d) must ed		X, colum	n (B). line 1	10c.)		ì		23	3,269.
	3 . = . (- / - / - / - / - / - / - / - / - / -		,	. //	,					

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 THE SAFE CH	HILDREN FOUND	ΔΨΤΟΝ ΔΑ	5-1358388 _{Page}
Part VII Investments - Other Securities.	IIIDREIN I CONDI	111011	7 1330300 Page
Complete if the organization answered "Yes"	" on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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... X

Schedule D (Form 990) 2021

(7) (8)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.	Scriedule D	(1 01111 990) 202 1	1111 51111	CILLEDICEIO	1 001101111011		
	Part XI	Reconciliation of	Revenue per	Audited Fina	ncial Statements \	With Revenue per Re	turn.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	1,465,877.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	68,895.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	63,979.		
е	Add lines 2a through 2d			2e	132,874.
3	Subtract line 2e from line 1			3	1,333,003.
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			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,333,003.

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses 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	1,34/,431
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	68,895.		
	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	63,979.		
е	Add lines 2a through 2d			2e	132,874.
3	Subtract line 2e from line 1			3	1,214,557.
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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,214,557.

Part 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.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020, THERE WAS NO UNRELATED BUSINESS INCOME. THE TAX RECORDS FROM THE ORGANIZATION GENERALLY REMAIN OPEN FOR THREE YEARS FROM THE DATE OF FILING FOR INCOME TAX EXAMINATIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES INCLUDED IN CALCULATION OF

REVENUES

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

THE SAFE CHILDREN FOUNDATION

Employer identification number 46-1358388

1112 5111	L CHILDREDIC LOCKDILL	T 011			10 100	500	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization rais		na acti	vities	Check all that apply			
a Mail solicitations				overnment grants	•		
b Internet and email solicitations				nment grants			
	g Special	lunura	using	events			
d In-person solicitations		() I		ee:			
2 a Did the organization have a written of							
key employees listed in Form 990, P				~			
b If "Yes," list the 10 highest paid indiv		ant to	agree	ements under which	the fundraiser is to b	oe .	
compensated at least \$5,000 by the	organization.						
		(iii)	Did		(v) Amount paid		
(i) Name and address of individual	(ii) Activity	fundr	Did aiser ustody trol of	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)	
or entity (fundraiser)	(, / .c)	or cor contrib	trol of utions?	from activity	fundraiser listed in col. (i)	organization	
		Yes	No				
⁻ otal			•				
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration							
or licensing.							

132081 10-21-21

Schedule G (Form 990) 2021

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990		events with gross receip	ots greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			GOLF	5K	_	(add col. (a) through	
			TOURNAMENT	SUPERHEROES	1	col. (c))	
<u>e</u>			(event type)	(event type)	(total number)		
Revenue			064 546	62 440	05 500	252 445	
Rev	1	Gross receipts	264,746.	63,112.	25,589.	353,447.	
			140 504	61 422	25 500	227 605	
	2	Less: Contributions	140,594.	61,422.	25,589.	227,605.	
	2	Gross income (line 1 minus line 2)	124,152.	1,690.		125,842.	
		Gloss income (line 1 milius line 2)	121/1321	270300		123,0121	
	4	Cash prizes					
	5	Noncash prizes					
ses							
oen	6	Rent/facility costs		505.		505.	
Direct Expenses			06 440	004		06.666	
rect	7	Food and beverages	26,442.	224.		26,666.	
⊡	_						
		Entertainment Other divises and are assets	26,460.	3,137.	75.	29,672.	
	9 10	Other direct expenses Direct expense summary. Add lines 4 through				56,843.	
		Net income summary. Subtract line 10 from li				68,999.	
Pa						, , , , , , , , , , , , , , , , , , , ,	
		\$15,000 on Form 990-EZ, line 6a.			•		
е			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add	
Revenue			(a) Billigo	bingo/progressive bingo	(o) other gaming	col. (a) through col. (c))	
Rev							
	1	Gross revenue					
	•	Cook avines					
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
t Ex	Ū	Trendan prizes					
irec.	4	Rent/facility costs					
	5	Other direct expenses					
			Yes %	Yes %	Yes %		
	6	Volunteer labor	└── No	│	└── No		
	_	5			_		
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		>		
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)				
		Net garning income summary. Subtract line r	Trom line 1, column (a)				
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:				
a Is the organization licensed to conduct gaming activities in each of these states? Yes No							
		No," explain:					
			_				
		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No	
b	If "	Yes," explain:					

Schedule G (Form 990) 2021

132082 10-21-21

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

THE SAFE CHILDREN FOUNDATION

Employer identification number 46-1358388

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SUPPORT SERVICES FOR CHILD ABUSE VICTIMS AND THEIR FAMILIES AS THEY NAVIGATE THE INVESTIGATION AND AFTERMATH OF ABUSE. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: IMPACTS ON THE CLIENT'S ABILITY TO DEAL WITH ANXIETY AND DEPRESSION AND TO UTILIZE APPROPRIATE COPING SKILLS INTO ADULTHOOD. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: CHILD PROTECTIVE SERVICES, AND VICTIM ADVOCATES - AND CAN BECOME EVIDENCE IN CRIMINAL PROSECUTION. FORM 990, PART VI, SECTION A, LINE 2: FOUR BOARD MEMBERS ARE HUSBAND/WIFE. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED BY THE BOARD PRESIDENT AND MANAGING DIRECTOR. THE 990 IS AVAILABLE TO ALL BOARD MEMBERS FOR REVIEW. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY REQUIRES BOARD MEMBERS TO SELF-IDENTIFY ANY CONFLICTS OF INTEREST.

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

THE BOARD DETERMINES THE SALARY OF THE MANAGING DIRECTOR BASED ON

COMPARATIVE DATA AND VARIOUS OTHER FACTORS.

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FORM 990, PART VI, SECTION C, LINE 19:	
ITESM AVAILABLE FOR REVIEW UPON REQUEST.	