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SAFE STREETS CAMPAIGN 714 S 27TH ST FLOOR 1 TACOMA, WA 98409

SAFE STREETS CAMPAIGN:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2021 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

JEREMY B. FOGELQUIST

DocuSign Envelope ID: 7FF7625C-B9C0-4C1D-BAD7-DB63FE61D1FA

Form 8879-TE	1	RS e-file Signature for a Tax Exen	Authorization	F	OMB No. 1545-0047
	For calendar year 2021,	or fiscal year beginning	• •	, 20	0004
Department of the Treasury	-	Do not send to the IRS. Keeping			2021
Internal Revenue Service		Go to www.irs.gov/Form8879TE	for the latest information.		
Name of filer				EIN or SSN	
SAFE S	TREETS CAM			91-170)4402
Name and title of officer or pe		LAUREN SUREK			
Part I Type of		TREASURER urn Information			
Form 5330 filers may ente or 10a below, and the amo	r dollars and cents. I ount on that line for t	using this Form 8879-TE and ente For all other forms, enter whole dol the return being filed with this form). But, if you entered -0- on the retu	lars only. If you check the box on was blank, then leave line 1b,	n line 1a, 2a, 3a 2b, 3b, 4b, 5b, 6	a, 4a, 5a, 6a, 7a, 8a, 9a 3b, 7b, 8b, 9b, or 10b,
	nere 🕨 🗶	b Total revenue, if any (Form 99	90. Part VIII. column (A), line 12)	-	њ 1,689,258.
2a Form 990-EZ che		b Total revenue, if any (Form 99			2b
3a Form 1120-POL 0		b Total tax (Form 1120-POL, lin			Bb
4a Form 990-PF che		b Tax based on investment inc			lb
5a Form 8868 check		b Balance due (Form 8868, line			ib
6a Form 990-T chec		b Total tax (Form 990-T, Part III)b
7a Form 4720 check		b Total tax (Form 4720, Part III,			′b
8a Form 5227 check		b FMV of assets at end of tax			Bb
9a Form 5330 check		b Tax due (Form 5330, Part II, li			b
10a Form 8038-CP ch		b Amount of credit payment re	,		10b
Part II Declarat	tion and Signatu	are Authorization of Office	r or Person Subject to T	ax	
Under penalties of perjury,	, I declare that X	I am an officer of the above entity	or 🔲 I am a person subject t	o tax with respe	ct to (name
of entity)			, (EIN) a	and that I have e	xamined a copy of the
entry to the financial institu financial institution to debi later than 2 business days payment of taxes to receive	ution account indica it the entry to this ac prior to the paymen e confidential inform	. Treasury and its designated Finar ted in the tax preparation software count. To revoke a payment, I mus t (settlement) date. I also authorize nation necessary to answer inquirie nature for the electronic return and	for payment of the federal taxes st contact the U.S. Treasury Fina the financial institutions involve as and resolve issues related to t	s owed on this re ancial Agent at 1 ed in the process the payment. I ha	eturn, and the -888-353-4537 no -ave selected a
PIN: check one box only					
X I authorize JO	HNSON STON	E & PAGANO, P.S.		to enter my PIN	12345
		ERO firm name			Enter five numbers, but do not enter all zeros
with a state age on the return's c	ncy(ies) regulating cl disclosure consent s		e program, I also authorize the a	aforementioned I	eturn is being filed ERO to enter my PIN
return. If I have i	indicated within this	x with respect to the entity, I will er Docusioned by: return that a copy of the return is t with on the return's disclosure c	peing filed with a state agency(ie	the tax year 202 es) regulating cha	arities as part of the 9/23/2022
Signature of officer or person subje	ct to tax 🕨	-0E7EF24C13C5482		Date	
	ation and Authe	ntication			
ERO's EFIN/PIN. Enter yo	our six-digit electroni	c filing identification			
number (EFIN) followed by	v your five-digit self-s	elected PIN.	9141095678		
-		I, which is my signature on the 202 equirements of Pub. 4163, Moder	-	cated above. I co	
ERO's signature 🕨			Date 🕨		
		RO Must Retain This Form			
	Do Not Su	bmit This Form to the IRS	Unless Requested To D	o So	
LHA For Privacy act and	Paperwork Reduc	tion Act Notice, see instructions.			Form 8879-TE (2021)

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

• F	ile a	separate	application	for eac	h return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	dentification	number (TIN)
print	NT SAFE STREETS CAMPAIGN				91-170	4402
File by the due date f filing your	ue date for Number, street, and room or suite no. If a P.O. box, see instructions.					
return. See		oreign addı	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	e a separat	te application for each return)			0 1
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01	Form 1041-A			08
Form 47	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
Form 99	90-T (corporation)	07				
 If thi box 1 tr tr 	e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright request an automatic 6-month extension of time until ne organization named above. The extension is for the organization named above. The extension is for the organization represented above is for the organization the organization named above. The extension is for the organization the organization named above. The extension is for the organization the organization named above. The extension is for the organization the organization named above. The extension is for the organization the organization named above. The extension is for the organization the organization named above. The extension is for the organization the organization named above. The extension is for the organization the organization named above. The extension is for the organization the organization named above. The extension is for the organization the organization named above. The extension is for the organization the organization named above. The extension is for the organization the organization named above. The extension is for the organization of time until the organization named above. The extension is for the organization of the organization	Group Exe and atta NOVEN anization's , an	mption Number (GEN) I ch a list with the names and TINs of MBER 15, 2022 , to file return for: d ending	f this is fo all membe	r the whole gr ers the extens npt organizatio	ion is for.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.), enter the	tentative tax, less	3a	\$	0.
b lf	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
e	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.
сB	alance due. Subtract line 3b from line 3a. Include your pa	ayment with	h this form, if required, by			
u	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.
Caution instruct	 If you are going to make an electronic funds withdrawal ions. 	(direct det	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879-1	E for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form	990
FOIIII	220

Department of the Treasury Internal Revenue Service

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when 0001 and and an

EXTENDED TO NOVEMBER 15, 2022 Return of Organization Exempt From Income Tax

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

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

ممثله مرم اممر

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

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A	FOI THE	2021 Calendar year, of tax year beginning and	ending		
	Check if applicable	c Name of organization		D Employer identific	cation number
Г	Addre	SAFE STREETS CAMPAIGN			
F	Name chang		91-17044	02	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
	Final return/	711 9 27	Room/suite FLOOR	253-272-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,712,777.
	Ameno	TACOMA, WA 98409		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer.		for subordinates	
	pendir	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1	Tax-exe	empt status: $X = 501(c)(3) = 501(c) () < (insert no.) = 4947(a)(1)$	or 527		list. See instructions
		e: SAFEST.ORG		H(c) Group exemption	n number 🕨
		organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1996 N	State of legal domicile: WA
Pa	art I	Summary			
đ	1	Briefly describe the organization's mission or most significant activities: $1 \sqrt{1}$			
uc.		A PUBLIC MEETING TO DISCUSS STRATEGIES TO) ADDRE	SS THE EXTR	EME
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more		
Ň	3				20
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		19	
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a) \ldots			40
iti	6	Total number of volunteers (estimate if necessary)			1681
Activities &	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	<u> </u>		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		1,443,365.	1,709,167.
Revenue	9	Program service revenue (Part VIII, line 2g)		0. 506.	<u> </u>
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-6,874.	-20,543.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,436,997.	1,689,258.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,430,997.	1,009,250.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		913,422.	1,121,700.
ses	15	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	loa b	Total fundraising expenses (Part IX, column (A), line 11e) $208, 4$	11.	0.	
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		321,872.	330,242.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,235,294.	1,451,942.
		Revenue less expenses. Subtract line 18 from line 12		201,703.	237,316.
or				ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		740,286.	995,359.
Net Assets	21	Total liabilities (Part X, line 26)		66,087.	85,844.
Net,	22	Net assets or fund balances. Subtract line 21 from line 20		674,199.	909,515.
P	art II	Signature Block		• • • • • • •	2027010

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

Sign	Signature of officer		Date			
Here	LAUREN SUREK, TREASURE	R				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	JEREMY B. FOGELQUIST			self-employed P01800962		
Preparer	Firm's name 🕒 JOHNSON STONE &	PAGANO, P.S.	Firm's	EIN 91-1623649		
Use Only	Firm's address 🕨 1501 REGENTS BLV	D., SUITE 100				
	FIRCREST, WA 984	66	Phone	eno.(253) 566-7070		
May the IF	May the IRS discuss this return with the preparer shown above? See instructions					
132001 12-09	32001 12-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2021) SAFE STREETS CAMPAIGN	91-1704402	Page 2
	rt III Statement of Program Service Accomplishments		. uge
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		[==]
•	THE MISSION OF SAFE STREETS IS TO UNITE AND INSPIRE YOU	TH NETGHBORS	
	AND BUSINESSES TO BUILD SAFE, HEALTHY, THRIVING COMMUNI		/
	STREETS FULFILLS OUR MISSION THROUGH IMPLEMENTATION OF		
	WELL-ESTABLISHED PROGRAMS, NEIGHBORHOOD ORGANIZING AND		
		1001II DEADING	
2	Did the organization undertake any significant program services during the year which were not listed on the		XNo
	prior Form 990 or 990-EZ?	Yes	
	If "Yes," describe these new services on Schedule O.	-	T
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	iers, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$588,678. including grants of \$) (Rev)
	COMMUNITY MOBILIZATION-COMMUNITY MOBILIZATION HAS ORGAN		
		OP CRIME AND	
	VIOLENCE IN THEIR COMMUNITY AND CREATE OPPORTUNITIES FO		
	ENGAGEMENT. THIS WORK HAS BEEN ACHIEVED BY NEIGHBORHOO		
	ORGANIZING, LEADERSHIP DEVELOPMENT, PUBLIC EDUCATION AN		
	AND BUILDING PARTNERSHIPS FOR A SAFE, HEALTHY AND THRIV		
	IN 2021, WE MAINTAINED OVER 77 NEIGHBORHOOD GROUPS INVO	LVING OVER 55	7
	UNDUPLICATED GROUP MEMBERS. ALL PROGRAM SERVICES ARE O	PEN TO ALL AT	NO
	CHARGE. WE HAVE ADDED WASTE WIZARDS (LITTER CLEANUP AN	D	
	BEAUTIFICATION) PROGRAM TO OUR MENU OF SERVICES. SAFE	STREETS HAS	
	PARTNERSHIPS WITH CITY OF TACOMA, PIERCE COUNTY, TACOMA	SCHOOL	
	DISTRICT, FRANKLIN PIERCE SCHOOL DISTRICT, CITY OF TACO	MA POLICE	
4b		venue \$)
	YOUTH LEADING CHANGE-YOUTH LEADING CHANGE (YLC) IS A FR		
		Y MIDDLE AND	
	HIGH SCHOOL YOUTH IN PIERCE COUNTY. YOUTH EXPLORE CAREE		
	LEADERSHIP AND SOCIAL-EMOTIONAL LEARNING SKILLS AND IMP		LED
	PROJECTS TO IMPROVE THEIR SCHOOL AND LARGER COMMUNITIES		
	STRENGTHENS PROTECTIVE FACTORS FOR YOUTH PARTICIPANTS,		
	EVIDENCE-BASED STRATEGY THAT PREVENTS VIOLENCE, MENTAL		
	SUBSTANCE USE DISORDER. THE YLC PROGRAM IS ACTIVE IN TH		
	PIERCE AND TACOMA SCHOOL DISTRICTS WITH STUDENTS FROM F		OLS
	AND TWO MIDDLE SCHOOLS. SAFE STREETS CONTINUES TO UTIL		
	COMMUNITY BASED YLC CHAPTER (ONE FOR HIGH SCHOOL AND ON		
	SCHOOL) AND REACH OUT TO YOUTH THAT MAY NOT ATTEND THE	SCHOOLS WHERE	
4c)
	YOUTH SERVING AGENCIES NETWORK (YSAN) AND IMAGINE JUST		
	SAFE STREETS HAS COORDINATED AND LED YSAN FOR SEVERAL Y		
	THE PREVIOUS FAMILY, YOUTH, AND COMMUNITY OUTREACH & ED		
	(FYCOES) PROGRAM. THE FUNDING FOR FYCOES EXPIRED AND W		
	SUPPORT YSAN. RECENTLY, SAFE STREETS RECEIVED AN AMERI	CORPS PLANNIN	<u> </u>
	GRANT TO DEVELOP A PROJECT TO SUPPORT THE NETWORK. THE	IMAGINE JUSTI	CE
	PROJECT WAS CODESIGNED BY A COLLABORATIVE OF YOUTH-SERV	ING AGENCIES	
	ACROSS PIERCE COUNTY WHO PRIMARILY SERVE BIPOC, LOW-INC		
	YOUTH WHO ARE CURRENTLY CONNECTED OR AT HIGH-RISK OF BE	COMING CONNEC	TED
	TO THE JUVENILE COURT SYSTEM. THESE ORGANIZATIONS ARE M	EMBERS OF THE	
	EXISTING YOUTH-SERVING AGENCIES NETWORK (YSAN) THAT IS	WORKING ON	
	BUILDING COORDINATION AND COLLABORATION ACROSS YOUTH-SE		S
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,063,251.		
		Q	

 Form 990 (2021)
 SAFE
 STREETS
 CAMPAIGN

 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			
	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 X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	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			- v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
L	Part VI	<u>11a</u>	л	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
•	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	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			- 23
u	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		X
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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a		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

Form 990 (2021)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>x</u>
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		<u> </u>
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>
		24b		──
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		──
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		──
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		
~~	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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	07		x
20	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
•	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
Ь	"Yes," complete Schedule L, Part IV	20a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
U	"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	25		<u> </u>
00	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		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<u> </u>
02	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

(gambling) winnings to prize winners?

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
0-		. r		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	40			
h	filed for the calendar year ending with or within the year covered by this return 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions.		20		
3a			3a		х
			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authori	F			
	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 Account	s (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
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and \$100,000, and \$100,000,000,000,000,000,000,000,000,000	nization solicit			
	any contributions that were not tax deductible as charitable contributions?	Г	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	gifts			
	were not tax deductible?	·····	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).		_	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services p	rovided to the payor?	7a	X X	
		·····	7b	Δ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ		7.		x
لم	to file Form 8282?	·····	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year <u>7d</u> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	· 2	7e		х
e f	Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?		7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889		7g		
9 h	If the organization received a contribution of qualified interlocation property, and the organization rile rolling of the organization file	· · · · · ·	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
-	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		-		
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:	.			
а	Gross income from members or shareholders 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.) 11b				
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 12b				
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	. l			
	organization is licensed to issue qualified health plans 13b				
	Enter the amount of reserves on hand 13c		140		x
14a h	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>		14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of		עדי		<u> </u>
.0	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incom	ne?	16		х
-	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form	990	(2021)
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SAFE STREETS CAMPAIGN

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 thi	a Dort VI
Check if Schedule O contains a response of hote to any line in the	15 Fail VI

X

a Enter the number of volting members of the governing body at the end of the tax year Image: the second seco	Sec	tion A. Governing Body and Management					
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by delegated trand authority to an examite committer or similar committer, explain on Schulet 0. 19 2 Def 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 X 3 Dot the organization delegate control over management duites customanity performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X 4 DX Explanation takes guardiantic on the set of a significant duestic of the organization's assets? 5 X 5 Dd the organization become aware during the year of a significant duestic of the organization's assets? 5 X 6 Dd the organization bave members is stockholders? 6 X 70 Dd the organization bave members is obtacholders? 7 X 8 Dd the organization asset of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 8 X 8 D ach comparization have incellageheld of written actions undertaken during the yark the tollowing: 8 X 8 D ach comparization have forced infrances on the organization stochabes and tradicesses on Schedule O Ves. No <td>ia</td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td>	ia				-		
b Enter the number of volting members included on line 1s, above, who are independent 10 10 2 Did any officer, director, trustee, or key employee have a family relationship with any other officer, director, trustee, or key employees to a management outles customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management outles customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management outles customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management diversion of the organization have members or stockholders, or other person? 2 X 4 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 X 5 Did the organization have members, stockholders, or other governing body? 7 X 6 Did the organization truste, or key employees listel in PAVI, Section A, who cannot be reached at the organization's maling address? If 'Yes', 'moradic the names and addresses on Schedule O. 7 X 8 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 seempt purpose? 10 10 9 I 'Yes, 'idd the organization have written policies and							
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	20		nks and	records			
	20	JENNIFER ORANSKY - 253-272-6824	and an				
714 S 27TH ST 1ST FLOOR, TACOMA, WA 98402							

Form 990 (2	021) SAFE STREETS CAMPAIGN	91-1704402	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the organization's	s tax year.
● List a	I of the organization's current officers, directors, trustees (whether individuals or organizations), regardle	ess of amount of compens	ation.

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.

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruster	l trus		/ee	npen		1099-NEC)	1033-NEO)	and related
	below	dual t	Institutional trustee	L_	m ploy	st col	L.	1000 1120)		organizations
	line)	Indivi	In stitu	Officer	Key employee	Highest compensated employee	Former			5
(1) PRISCILLA LISICICH	40.00									
EXECUTIVE DIRECTOR				x				132,358.	Ο.	3,225.
(2) WAYNE MANNIE	4.00									
PRESIDENT		Х		X				0.	Ο.	0.
(3) WES CARTER	4.00									
PAST PRESIDENT		Х		X				0.	Ο.	0.
(4) RUBEN SCHUTZ	4.00									
SECRETARY		Х		Х				0.	0.	0.
(5) LAUREN SUREK	4.00									
TREASURER		Х		Х				0.	0.	0.
(6) CHRIS BEALE	4.00									
DIRECTOR		Х						0.	0.	0.
(7) JOHN CHEESMAN	4.00									
DIRECTOR		Х						0.	0.	0.
(8) DIANE CLARKSON	4.00									
DIRECTOR		Х						0.	0.	0.
(9) ED FISCHER	4.00									
DIRECTOR		Х						0.	0.	0.
(10) SHARON HOLCOMB	4.00									
DIRECTOR		Х						0.	0.	0.
(11) CHARLEEN KENYON	4.00									
DIRECTOR		Х						0.	0.	0.
(12) ENRIQUE LEON	4.00									
DIRECTOR		Х						0.	0.	0.
(13) A.J. LOSOYA	4.00									
DIRECTOR		х						0.	0.	0.
(14) JEFF MCINNIS	4.00									
DIRECTOR		х						0.	0.	0.
(15) LYLE QUASIM	4.00									
DIRECTOR		Х						0.	0.	0.
(16) TRINA TAN	4.00							_	•	•
DIRECTOR	4 00	Х						0.	0.	0.
(17) DONNA THOMPSON	4.00								•	•
DIRECTOR		Х						0.	0.	0.

Form 990 (2021) SAFE STRE									91-17	7044	102	Page 8
Part VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C		, ,			
(A) Name and title	Average hours per week	hours per box, unless person is both an compensation compen								I	Esti amo	(F) imated ount of ther
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fro orga and	ensation m the nization related nizations
(18) DEBBIE WINSKILL	4.00											
DIRECTOR	1 00	Х						0.		0.		0.
(19) RACHEL YOUNG DIRECTOR	4.00	х						0.		0.		0.
(20) JUSTIN NATALI	4.00											
DIRECTOR		х						0.		0.		0.
1b Subtotal						L		132,358.		0.	3	,225.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0.		0.	3	0.
2 Total number of individuals (including but no	ot limited to th						o re		000 of reportable			,225.
compensation from the organization												1 Yes No
3 Did the organization list any former officer,	director truste	e k	ev e	mol	ove	e or	hia	hest compensated empl	ovee on	ſ		
line 1a? If "Yes," complete Schedule J for su	-			•	•		Ŭ	• •			3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	ne organization		4	X
5 Did any person listed on line 1a receive or a	ccrue compen	Isatio	on fr	oma	any	unre	late	ed organization or individ	lual for services			
rendered to the organization? <i>If "Yes." com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ich r	bers	on .					5	X
1 Complete this table for your five highest co	•	•							•	ensat	ion fror	n
the organization. Report compensation for t (A)						or wi		the organization's tax y (B) Description of s		0	(C) ompen:	
Name and business	audress	NC	ONE				_	Description of s	ervices	0	ompen	Salion
2 Total number of independent contractors (ir	ocluding but p	nt lin	niter	l to t	thos		ted	above) who received m	ore than			
\$100,000 of compensation from the organiz	•			0 1	unos (.50					

						rs	CAMPAIGN			91-1704	402 Pag	ge 9
Ра	rt V										Г	
			Check if Schedule O	conta	ains a respo	onse	or note to any lin	ie in this Part VIII (A)	(B)	(C)	(D)	
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclu from tax und	
									lanetion revenue		sections 512 -	
nts nts	1 :	а	Federated campaigns		1 a			4				
Contributions, Gifts, Grants and Other Similar Amounts	I		Membership dues				41 520	-				
ts, An			Fundraising events				41,532.	-				
, Gif nilar			Related organizations			1	081,270.	-				
ons, Sin			Government grants (contr All other contributions, gifts,		· · · - +	<u> </u>	001,270.	-				
butio		•	similar amounts not included	-			586,365.					
a ot		g	Noncash contributions included in				2,000.					
Cor and		-	Total. Add lines 1a-1f					1,709,167.				
							Business Code					
e	2 8	а										
ervi	I	b										
n Sí		С										
gram Ser Revenue	(d										
Program Service Revenue		e f	All other pregram convice	rovor	2110							
-			All other program service Total. Add lines 2a-2f									
	3	9	Investment income (includ									
	_		other similar amounts)					594.			59	4.
	4		Income from investment of									
	5		Royalties	· · <u>· · · · · · · · ·</u>			►					
					(i) Rea	ıl	(ii) Personal					
	6	а	Gross rents	6a				4				
	I		Less: rental expenses	6b				-				
			Rental income or (loss)	6c								
			Net rental income or (loss	s)	(i) Securi	tion	(ii) Other					
	1	а	Gross amount from sales of assets other than inventory	7-		lies	(ii) Other 40.	-				
		h	Less: cost or other basis	7a				-				
e			and sales expenses	7b			0.					
venue		с	Gain or (loss)	7c			40.					
			Net gain or (loss)				►	40.	40.			
Other Re	8 :	а	Gross income from fundraisi									
₽			including \$ 41	.,5	32. of							
			contributions reported on									
			Part IV, line 18					-				
			Less: direct expenses				23,519.	-21,269.			-21,26	0
			Net income or (loss) from Gross income from gamin		-		····· P	-21,209.			-21,20	
	9	d	Part IV, line 19	-								
		b	Less: direct expenses					1				
			Net income or (loss) from				>					
			Gross sales of inventory,									
			and allowances			10a						
		b	Less: cost of goods sold			10b						
	(С	Net income or (loss) from	sales	of invento	ory	>					
S			MTCO				Business Code	700	700			
Miscellaneous Revenue	11 :		MISC				900099	726.	726.			
ilan ven		b										
Be		с d	All other revenue									
ž			Total. Add lines 11a-11d					726.				
	12		Total revenue. See instruction					1,689,258.	766.	0.	-20,67	5.

Check here

22

23

24

а

b

С

d

е

25

26

Insurance

STIPENDS

All other expenses

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered

PROGRAM EXPENSES

PROGRAM SUPPLIES

above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)

STRATEGIC PLANNING EXPE

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Joint costs. Complete this line only if the organization

if following SOP 98-2 (ASC 958-720)

Form	990 (2021) SAFE STREETS			91-1
Pa	rt IX Statement of Functional Expense	S		
Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All other	r organizations must con	nplete column (A).
	Check if Schedule O contains a response	((
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses
1	Grants and other assistance to domestic organizations			
	and domestic governments. See Part IV, line 21			
2	Grants and other assistance to domestic			
	individuals. See Part IV, line 22			
3	Grants and other assistance to foreign			
	organizations, foreign governments, and foreign			
	individuals. See Part IV, lines 15 and 16			
4	Benefits paid to or for members			
5	Compensation of current officers, directors,			
	trustees, and key employees	135,583.	101,339.	13,594.
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	820,859.	613,540.	82,299.
8	Pension plan accruals and contributions (include			
	section 401(k) and 403(b) employer contributions)			
9	Other employee benefits	81,001.	69,394.	2,927. 7,969.
10	Payroll taxes	84,257.	63,862.	7,969.
11	Fees for services (nonemployees):			
а	Management			
b	Legal			
С	Accounting	26,116.	4,026.	21,296.
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,	10		44 000
	column (A), amount, list line 11g expenses on Sch 0.)	19,707.		11,389.
12	Advertising and promotion	6,727.	00 700	<u> </u>
13	Office expenses	31,787.	20,738.	6,160.
14	Information technology	24,654.	15,868.	5,439.
15	Royalties			
16	Occupancy	71,724.	51,525.	9,777.
17	Travel	31,541.	27,269.	2,384.
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	13,649.	9,570.	2,098.
22	Depreciation depletion and amortization	13.049.	9.5/0.1	2.098.

13,649.

17,537.

71,523.

12,200.

1,451,942.

2,131.

701.

245.

(D) Fundraising expenses

20,650.

125,020.

8,680.

794.

8,318. 6,648.

4,889.

3,347.

10,422.

2,098.

2,540.

12,200.

180,280.

92.

37.

9,570.

12,566.

70,549.

2,131.

1,063,251.

701.

173.

1,888.

1,981.

2,431.

882.

35.

12,426.

208,411.

SAFE	STREETS	CAMPAIGN
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		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			619,911.	1	829,009.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			73,015.	4	123,355.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqual	ified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	— ··· · · · · · ·			3,545.	9	11,473.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	60,204.			
	b	Less: accumulated depreciation		29,250.	42,815.	10c	30,954.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,000.	15	568.
	16	Total assets. Add lines 1 through 15 (must equ			740,286.	16	995,359.
	17	Accounts payable and accrued expenses			66,087.	17	85,844.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ŷ	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
abil		controlled entity or family member of any of the	se perso	ons		22	
1	23	Secured mortgages and notes payable to unrela	ated thi	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D				25	
	26				66,087.	26	85,844.
		Organizations that follow FASB ASC 958, che	eck her	e ▶ X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions		651,886.	27	702,324.	
Ba	28	Net assets with donor restrictions			22,313.	28	207,191.
pu		Organizations that do not follow FASB ASC 9	958, che	eck here 🕨 🗌			
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e	quipmer	nt fund		30	
As	31	Retained earnings, endowment, accumulated in	ncome, o	or other funds		31	
Net	32	Total net assets or fund balances			674,199.	32	909,515.
	33	Total liabilities and net assets/fund balances			740,286.	33	995,359.

995,359. Form **990** (2021)

Part X | Balance Sheet

Form	aan	(2021)	
FUIII	990	(2021)	

Form	990 (2021) SAFE STREETS CAMPAIGN	91-17	04402	Pad	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,689),2	58.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,451	.,94	42.
3	Revenue less expenses. Subtract line 2 from line 1	3	237	7,33	16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	674	1,1	99.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	-2	2,0	00.
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	909),5	15.
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>	<u></u>		X
				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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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 the	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	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3 a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

I.

Name of the organizatio

Name of the organization Employer identification number								
		STREETS CA					9	1-1704402
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The orga	anization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1	A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(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).							
4	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:							
5	An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7 X	An organization that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ie general p	public described in
	_ section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
	university:							
10	An organization that norma							
	activities related to its exen							-
	income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.
	See section 509(a)(2). (Co				/			
	An organization organized a	-	•	•				
12	An organization organized a	-	-	-			•	
	more publicly supported or	-						Jneck the box on
a [lines 12a through 12d that	• •					-	aivina
a	Type I. A supporting orga		-	• • •	-			
	the supported organization organization. You must o			majonty o				ipporting
b	Type II. A supporting org	-		tion with its	sunnorte	d organizatio	a(e) by bay	vina
D L	control or management o	-				-		-
	organization(s). You mus			ane perso	13 1141 00			bonted
c	Type III functionally inte	-		in connect	ion with a	and functional	lv integrate	d with
• -	its supported organization	• • • •					ly integrate	
d	Type III non-functionally	.,.	-			-	ted organiz	zation(s)
	that is not functionally int	• •					°,	
	requirement (see instruct			•		-		
е [Check this box if the orga						I, Type III	
	functionally integrated, or							
f Er	nter the number of supported of	organizations						
g Pr	ovide the following information	about the supporte						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	2	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Total								1

132022 01-04-22

13

SAFE STREETS CAMPAIGN Schedule A (Form 990) 2021 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (c) 2019 (d) 2020 (e) 2021 (b) 2018 1 Gifts, grants, contributions, and membership fees received. (Do not 1443365. 1709167. include any "unusual grants.") 748,454. 889,094. 1538336. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 748,454. 889,094. 1538336. 1443365. 1709167. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support <u>(e)</u>2021 Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 889,094. 1538336. 1443365. 748,454 1709167. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 1. 62. 306. 1. and income from similar sources 9 Net income from unrelated business activities, whether or not the 64,785. business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **11 Total support.** Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

Schedule A (Form 990) 2021

stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

(f) Total

6328416.

6328416.

6328416.

(f) Total

6328416.

964.

64,785.

6394165.

98.97

98.47

%

%

►X

594.

Schedule A	Form 990) 202

SAFE STREETS CAMPAIGN

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.)

Se	ction A. Public Support	<u></u>					
Cale	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.")						
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						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•		•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	• Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		 		 	01(-)(0)	··
14	First 5 years. If the Form 990 is for the	-					
Se	check this box and stop here ction C. Computation of Publi	ic Support Per					
	Public support percentage for 2021 (I		¥	column (f))		15	%
	Public support percentage from 2020		-			16	%
	ction D. Computation of Inves						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2021. If the					· · · ·	
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

SAFE STREETS CAMPAIGN

1

Yes

No

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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

	(Form 990) 2021			CAMPAIGN
Part IV	Supporting Organi	zations (continued)	

1

2

Yes No

Yes No

			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	tion 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 estivities. If the organization had more than one supported			

	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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. Section C. Type II Supporting Organizations

 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
 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 managed
 Image: No
 Image: No

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Section D. All Type III Supporting Organizations	

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	

Section 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 year	(see instructions)
		1000 1100 000000

- a 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	vou supported a government	al entity (see instructions).
---	--	------------------------------	----------------------	-------------------------	----------------------------	-------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- 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.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** 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.**
- **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.*

2a

2b

3a

	edule A (Form 990) 2021 SAFE STREETS CAMPAIGN	Orga	nizations	91-1704402 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Bart VI) Soo instructions
•	All other Type III non-functionally integrated supporting organizations must of		,	
Sect	ion A - Adjusted Net Income	Jompiot	(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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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		

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

6 Multiply line 5 by 0.035.

7

8

Section 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-function	ally integra	ted Type III supporting organ	nization (see

7

8

instructions).

Schedule A (Form 990) 2021

neaule A	(⊢orm	990)	2021	
				_

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	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	ne organization is responsive			
	(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	r		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(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				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
<u> </u>	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
<u> i </u>	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	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, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2017 Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2020				

Schedule A (Form 990) 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12	<u>;</u>
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Sec line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	tion C,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

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

Employer identification number

91-1704402

o or the organizatio			
	SAFE	STREETS	CAMPAIGN

Section:
X 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 $\dots \longrightarrow$

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

SAFE STREETS CAMPAIGN

Name of organization

Employer identification number

91-1704402

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 THE BAMFORD FOUNDATION X Person Payroll P.O. BOX 2274 62,983. Noncash \$ (Complete Part II for TACOMA, WA 98401 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 DEPARTMENT OF COMMERCE X Person Payroll P.O. BOX 42525 120,000. Noncash \$ (Complete Part II for OLYMPIA, WA 98504 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 WASHINGTON HEALTH CARE AUTHORITY X Person Payroll 52,244. P.O. BOX 45510 Noncash \$ (Complete Part II for OLYMPIA, WA 98504 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 TACOMA PUBLIC SCHOOLS Person X Payroll P.O. BOX 1375 \$ 38,250. Noncash (Complete Part II for TACOMA, WA 98401 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 PIERCE COUNTY BUDGET AND FINANCE X Person Payroll 950 FAWCETT AVE SUITE 100 400,000. Noncash \$ (Complete Part II for TACOMA, WA 98402 noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 6 X WASHINGTON STATE SERVICE CORPS Person Payroll 123,715. Noncash 801 CAPITAL WAY SOUTH \$ (Complete Part II for OLYMPIA , WA 98501 noncash contributions.)

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

SAFE STREETS CAMPAIGN

Name of organization

Employer identification number

91-1704402

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	BEN B CHENEY FOUNDATION 3110 RUSTON WAY TACOMA, WA 98402	\$75,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	NORCLIFFE FOUNDATION 600 UNIVERSITY ST SUITE 2003 SEATTLE, WA 98101	\$ <u>35,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	SCHULTZ FAMILY FOUNDATION 516 YALE AVE N SEATTLE, WA 98109	\$ <u>241,548.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person 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.)		

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123453 11-11-21

SAFE STREETS CAMPAIGN

Part II	INONCASH 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			
		-				
		- - _ \$				

Employer identification number

91 - 1704402

Page 3

Name of or	rganization	Employer identification number			
SAFE S	STREETS CAMPAIGN		91-1704402		
Part III		 through (e) and the following line er charitable, etc., contributions of \$1,000 or 	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gi			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	Transferee's name, address, a	(e) Transfer of gi nd ZIP + 4	gift Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gi	gift Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		

	n 990) Complete	mental Financial Stateme if the organization answered "Yes" on Form 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a,	n 990,	F	OMB No. 15	545-0047 21
	Department of the Treasury Attach to Form 990.				Open to	
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			Employer is	Inspection	
nam	e of the organization SAFE STREETS	CAMPATGN		Employer ic	-17044	
Pa		Advised Funds or Other Similar Fu	nds or Ac			
	organization answered "Yes" on Form 990,					
		(a) Donor advised funds	(b) Funds and o	other accourt	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor a		advised func	ls		
	are the organization's property, subject to the orga	nization's exclusive legal control?			Yes	No No
6	Did the organization inform all grantees, donors, a	nd donor advisors in writing that grant funds ca	n be used o	nly		
	for charitable purposes and not for the benefit of the	ne donor or donor advisor, or for any other pur	oose conferri	ing _		
					Yes	No No
Pa	·	te if the organization answered "Yes" on Form	990, Part IV,	line 7.		
1 2	Purpose(s) of conservation easements held by the Preservation of land for public use (for exam Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization he	ple, recreation or education) Preservat	ion of a certi	prically importa fied historic str nservation ease	ructure	
	day of the tax year.	•			the End of the	
а	Total number of conservation easements			2a		
b				2b		
с	Number of conservation easements on a certified I	nistoric structure included in (a)		2c		
d	Number of conservation easements included in (c)	acquired after 7/25/06, and not on a historic st	tructure			
	listed in the National Register			2d		
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terminated b	by the organiz	zation during t	ne tax	
	year 🕨					
4	Number of states where property subject to conse	rvation easement is located				
5	Does the organization have a written policy regard	ing the periodic monitoring, inspection, handlin	g of	-		
	violations, and enforcement of the conservation ea				Yes	No No
6	Staff and volunteer hours devoted to monitoring, in	nspecting, handling of violations, and enforcing	conservatio	n easements d	uring the ye	ear
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and enforcing cons	servation eas	sements during	the year	
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of section	170(h)(4)(B)	(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue and exp	ense statem	ent and		
	balance sheet, and include, if applicable, the text of	of the footnote to the organization's financial st	atements tha	at describes the	e	
_	organization's accounting for conservation easeme					
Pa		ctions of Art, Historical Treasures, o	or Other S	imilar Asse	ts.	
	Complete if the organization answered "Yes	s" on Form 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FAS	BASC 958, not to report in its revenue statem	ent and bala	ance sheet wor	ks	
	of art, historical treasures, or other similar assets h	eld for public exhibition, education, or research	n in furtheran	ice of public		
	service, provide in Part XIII the text of the footnote	to its financial statements that describes these	e items.			

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works	s of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rvice,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	

	(i) Revenue included on Form 990, Part VIII, line 1		\$	
	(ii) Assets included in Form 990, Part X		\$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	rovid	е	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$	
b	Assets included in Form 990, Part X		\$	

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

Schedule D (Form 990) 2021

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Sche		REETS CAMP						04402	Pa	ige 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical Ti	easures, or C	Other S	imilar	Assets	(continu	ied)	
3	Using the organization's acquisition, accession	n, and other record	s, check any of the	e following that m	iake signi	ficant u	ise of its			
	collection items (check all that apply):									
а	Public exhibition	c	l 🗌 Loan or e	change program						
b	Scholarly research	e	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	lections and explai	n how they further	the organization's	s exempt	purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, historical tre	asures, or other s	similar ass	sets				
	to be sold to raise funds rather than to be ma	ntained as part of t	he organization's o	ollection?				Yes		No
Par	t IV Escrow and Custodial Arrang						, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par		-							
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for contributio	ns or other asset	s not incl	uded				
	on Form 990, Part X?							Yes	Х	No
b	If "Yes," explain the arrangement in Part XIII a									
								Amount		
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		_		
	Did the organization include an amount on Fo				•			Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds. Complete if					Thusau	aava baali	(-) [l
		(a) Current year	(b) Prior year	(c) Two years t	раск (а)	Three y	ears dack	(e) Four y	/ears i	Jack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
	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 curre	•	e (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment 🕨 _		_%							
b	Permanent endowment	%								
С	Term endowment	6								
	The percentages on lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the posses	sion of the organiza	ation that are held	and administered	for the o	rganiza	ition	_		
	by:								/es	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	red on Schedule R	?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered		, ,		,					
	Description of property	(a) Cost or o basis (investr	• •	st or other s (other)	(c) Accu depre	imulate ciation	d	(d) Book	value)
1a	Land									
b	Buildings									
	Leasehold improvements									
d	Equipment			19,428.		1,13			, 29	
e	Other	.		40,776.	1	8,11	L3.		,66	
Tota	. Add lines 1a through 1e. (Column (d) must ed	ual Form 990, Part	X. column (B). line	10c.)				30	,95	54.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021	SAFE	STREETS	CAMPAIGN
Part VII Investments -	Other Sec	urities.	

Complete if the organization answered "Yes" o	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	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" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	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" of	on Form 990, Part IV, line	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) line	15)		
Part X Other Liabilities.	,		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25)		

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

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 SAFE STREETS CAMPAIGN			91-1	1704402	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With F	levenue per Re	turn.		9
	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	1,689	,258.
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				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,689	,258.
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	1,689	,258.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Returr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	1,453	,942.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities	2a	2,000.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,000.
3	Subtract line 2e from line 1			3	1,451	,942.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 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	1,451	,942.
Pa	t XIII Supplemental Information.					

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

SCHEDULE G	Suppleme	ntal Information Regard	ing Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" organization entered more thar				or 19, o	or if the	2021
Department of the Treasury Internal Revenue Service		Attach to Form						Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for i	nstruction	s and	the latest informati	on.	Employer i	dentification number
name er tre ergamzater		REETS CAMPAIGN					91-170	
Part I Fundrais	ing Activities.	Complete if the organization ar	nswered "Y	es" or	n Form 990, Part IV, I	ine 17	. Form 990-	EZ filers are not
	complete this part							
a Mail solicitat	0	e funds through any of the follo e Sol	-		Check all that apply. overnment grants			
	email solicitations			•	nment grants			
c Phone solici	tations		ecial fundra					
d 🗌 In-person so	licitations							
•		or oral agreement with any individ	•	Ũ		tees, o		
		art VII) or entity in connection wi /iduals or entities (fundraisers) p	•		•	he fun		′es ∐No be
compensated at le	•	· / ·		ugreer				
			(iii)	Did		(v) 4	Amount paid	
(i) Name and addres		(ii) Activity	(iii) fundr have c	ustody	(iv) Gross receipts	to (or retained by) to (or re		
or entity (func	iraiser)		or con contrib	trol of utions?	from activity			organization
			Yes	No				
Total								
3 List all states in whito or licensing.	ich the organizatio	n is registered or licensed to sol	icit contrib	utions	or has been notified	it is e	xempt from	registration

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

Schedule G (Form 990) 2021

SAFE STREETS CAMPAIGN

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.

		(a) Event #1 ANNUAL LUNCHEON	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	- col. (c))
1	Gross receipts	39,073.	3,765.	944.	43,782
2	Less: Contributions	39,073.	1,765.	694.	41,532
3	Gross income (line 1 minus line 2)		2,000.	250.	2,250
4	Cash prizes				
5	Noncash prizes		900.	382.	1,282
6	Rent/facility costs		2,363.	2,895.	5,258
6	Food and beverages		2,832.	289.	3,121
8	Entertainment	7,976.			
		1 7 976	2,946.	2 9 2 2	13,858
9			· ·	2,936.	
1	D Direct expense summary. Add lines 4 throug	h 9 in column (d)	·	►	23,519
1(1	D Direct expense summary. Add lines 4 throug	h 9 in column (d) line 3, column (d)		►	23,519
1(1	 Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from 	h 9 in column (d) line 3, column (d)	n 990, Part IV, line 19, or r	►	23,519 -21,269
10 11 art	D Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization	h 9 in column (d) line 3, column (d)		►	23,519 -21,269 (d) Total gaming (add
1(1	 Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 	h 9 in column (d) line 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	23,519 -21,269 (d) Total gaming (add
10 11 art	D Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	23,519 -21,269 (d) Total gaming (add
10 11 art	D Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	23,519 -21,269 (d) Total gaming (add
10 11 art	D Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	23,519 -21,269 (d) Total gaming (add
10 11 art	 Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs 	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add col. (a) through col. (c
10 11 11 11 11 11 11 11 11 11 11 11 11 1	 Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses 	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than	23,519 -21,269 (d) Total gaming (add
10 11 11 11 11 11 11 11 11 11 11 11 11 1	 Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor 	h 9 in column (d) ine 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo Yes% No	b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	23,519 -21,269 (d) Total gaming (add

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ______ Yes _____ Yes _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

 b If "Yes," explain:

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Yes

No

No

Sch	edule G (Form 990) 2021	SAFE STREETS	CAMPAIGN	91-1704402 Page 3
11	Does the organization conduct ga	ming activities with nonme	mbers?	Yes No
12	Is the organization a grantor, bene	eficiary or trustee of a trust,	or a member of a partnership or other entity formed	
				Yes No
	Indicate the percentage of gaming			1 1
14	Enter the name and address of the	e person who prepares the	organization's gaming/special events books and record	us:
	Name 🕨			
	Address 🕨			
15a	Does the organization have a cont	tract with a third party from	whom the organization receives gaming revenue?	Yes No
k	If "Yes," enter the amount of gami	ng revenue received by the	e organization \blacktriangleright \$ and the amo	ount
	of gaming revenue retained by the	e third party 🕨 💲		
c	If "Yes," enter name and address	of the third party:		
	Nama N			
	Name			
	Address ►			
16	Gaming manager information:			
	Name 🕨			
	Gaming manager compensation	\$		
	Description of services provided	•		
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions:			
	•	state law to make charitab	le distributions from the gaming proceeds to	
	retain the state gaming license?			Yes No
k		•	be distributed to other exempt organizations or spent	in the
Da	organization's own exempt activiti Int IV Supplemental Inform			
Га			anations required by Part I, line 2b, columns (iii) and (v) ny additional information. See instructions.	; and Part III, lines 9, 9b, 10b,
_				

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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



91-1704402

SAFE STREETS CAMPAIGN

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GANG-RELATED VIOLENCE IN PIERCE COUNTY. APPROXIMATELY 200 PEOPLE WERE

EXPECTED TO ATTEND, BUT MORE THAN 2,000 FLOODED INTO THE HIGH SCHOOL

GYMNASIUM THAT NIGHT. FROM THIS GATHERING, SAFE STREETS EMERGED AS A

GRASSROOTS INITIATIVE TO EMPOWER NEIGHBORS TO UNITE AGAINST CRIME. IN

THE INTERVENING 32 YEARS, SAFE STREETS HAS ORGANIZED, TRAINED AND

MOBILIZED A NETWORK OF OVER 125 NEIGHBORHOOD GROUPS IN HIGH-RISK AREAS,

EMPOWERING MORE THAN 13,500 COMMUNITY LEADERS AND 190,000 RESIDENTS TO

ENSURE THAT THEIR NEIGHBORHOODS AND SCHOOLS ARE SAFE. IN RESPONSE TO

EVOLVING COMMUNITY NEEDS, OUR WORK IS INCREASINGLY FOCUSED ON 1)

CREATING SAFE, POSITIVE, AND INCLUSIVE NEIGHBORHOODS AND ENVIRONMENTS

WHERE CHILDREN AND YOUTH CAN THRIVE; AND 2) ENGAGING AND SUPPORTING

YOUNG PEOPLE TO BECOME TOMORROW'S CIVIC LEADERS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CHANGE, AS WELL AS THE RECENTLY DEVELOPED IMAGINE JUSTICE PROJECT. OUR 40 STAFF MEMBERS AND 20 BOARD MEMBERS REFLECT THE DIVERSITY OF THE PIERCE COUNTY COMMUNITY WE SERVE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DEPARTMENT, AND THE PIERCE COUNTY SHERIFF'S DEPARTMENT. WE HAVE

PARTNERSHIPS WITH MULTIPLE COALITIONS THROUGHOUT PIERCE COUNTY. SAFE

STREETS HAS ALSO DEVELOPED A WHOLE NEIGHBORHOODS INITIATIVE TO SUPPORT

THE NEIGHBORHOOD GROUPS IN PARTICIPATORY BUDGETING OF FUNDS TO CREATE

PROJECTS THAT ALIGN WITH CREATING SAFE AND WELCOMING SPACES FOR YOUTH

AND FAMILIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: THE PROGRAM IS OFFERED. THESE YOUTH RECEIVE THE SAME MENTORSHIP, TRAINING, SOCIAL EMOTIONAL SKILLS AND TRAINING AND ARE INCLUDED IN ALL OTHER SERVICE PROJECTS AND BONDING ACTIVITIES. THE YLC PROGRAM HOLDS QUARTERLY TRAININGS, ADVOCACY OPPORTUNITIES AND AN ANNUAL LEADERSHIP ACADEMY DURING THE SUMMER AS WELL OTHER ACTIVITIES AND EVENTS THAT PROMOTE PRO SOCIAL AND SAFE AND DRUG FREE SCHOOLS AND COMMUNITIES. IN 2021, YLC ENGAGED 91 YOUTH ACROSS TACOMA AND UNINCORPORATED PIERCE COUNTY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: TO MAXIMIZE OUR POSITIVE IMPACT ON YOUNG PEOPLE. THE IMAGINE JUSTICE PROJECT SEEKS TO ADVANCE POSITIVE YOUTH DEVELOPMENT AND JUVENILE JUSTICE SYSTEM TRANSFORMATION.

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

A DRAFT OF THE 990 PRESENTED TO THE FINANCE COMMITTEE FOR THEIR REVIEW AND COMMENTS. AFTER THE DRAFT IS UPDATED FOR THE FINANCE COMMITTEE, THE COMMITTEE APPROVES THE 990, AND IT IS FORWARDED TO THE BOARD FOR THE FINAL REVIEW AND APPROVAL. THE COPY OF THE 990 SENT TO ALL BOARD BEFORE THE NEXT BOARD MEETING FOR THEIR REVIEW. ONCE THE 990 IS REVIEWED AND APPROVED BY THE BOARD, THE APPROVED 990 IS SUBMITTED TO THE IRS.

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

ALL BOARD MEMBERS ARE REQUIRED TO SIGN CONFLICT OF INTEREST STATEMENT

ANNUALLY. IF A BOARD MEMBER DETERMINES THAT THEY HAVE CONFLICT OF INTEREST,

THEY NOTIFY THE BOARD PRESIDENT. HE OR SHE REVIEWS THE SITUATION AND
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Schedule O (Form 990) 2021

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

THE SALARY OF ALL EMPLOYEES INCLUDING THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY TO DETERMINE IF SALARIES ARE IN LINE WITH THE MARKET FOR ALL POSITIONS. THIS IS DONE USING PUBLIC AND PRIVATE ANNUAL SALARY SURVEYS AND TALKING WITH OTHER NONPROFITS. IN ADDITION, MANY SAFE STREETS BOARD MEMBERS SERVE ON OTHER NONPROFIT BOARDS AND BRING THEIR KNOWLEDGE OF THE SALARY LEVELS AT OTHER BOARDS TO THE ANNUAL SALARY REVIEW. ALL ADJUSTMENTS ARE APPROVED BY THE BOARD IN THE ANNUAL APPROVAL OF THE SAFE STREETS BUDGET.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR REVIEW AT THE SAFE STREETS OFFICE AT 714 S 27TH ST, FLOOR 1, TACOMA, WA 98409. THE ANNUAL FINANCIAL RESULTS ARE PUBLISHED IN AN ANNUAL REVIEW WHICH IS AVAILABLE TO THE PUBLIC.

FORM 990 PART XII QUESTION 2C:

SAFE STREETS CAMPAIGN HAS ITS FINANCIAL STATEMENTS AUDITED EACH YEAR BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT. THE FINANCIAL COMMITTEE HAS OVERSIGHT OF THE AUDIT OF OUR FINANCIAL STATEMENTS AND HAS AUTHORITY TO RECOMMEND A CHANGE IN AUDITORS SHOULD THAT BECOME NECESSARY.