

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2019

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

Open to Public Inspection

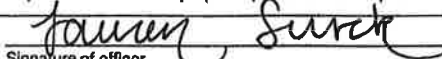
A For the 2019 calendar year, or tax year beginning 1/1, 2019, and ending 12/31, 20 19	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Safe Streets Campaign
	Doing business as Same as Above
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 622 Tacoma Ave. S. 1st Floor
	City or town, state or province, country, and ZIP or foreign postal code Tacoma, WA 98402
	F Name and address of principal officer: Same as Above
D Employer identification number 91-1704402	
E Telephone number 253-272-6824	
G Gross receipts \$ 1,573,669	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: safest.org	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 1996 M State of legal domicile: WA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 18
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17
Revenue	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 16
	6 Total number of volunteers (estimate if necessary) 6 2,130
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -0-
	b Net unrelated business taxable income from Form 990-T, line 39 7b -0-
	8 Contributions and grants (Part VIII, line 1h) 1,090,013 1,465,092
	9 Program service revenue (Part VIII, line 2g) -0- -0-
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1 62
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 41,747 65,974
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,131,761 1,531,128
	Expenses
14 Benefits paid to or for members (Part IX, column (A), line 4) -0- -0-	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 627,981 736,914	
16a Professional fundraising fees (Part IX, column (A), line 11e) -0- -0-	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 143,037	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 441,430 377,886	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,069,411 1,114,800	
19 Revenue less expenses. Subtract line 18 from line 12 62,350 416,328	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 134,278 544,728
	21 Total liabilities (Part X, line 26) 66,510 60,632
	22 Net assets or fund balances. Subtract line 21 from line 20 67,768 484,096

Part II Signature Block

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

Sign Here		7/15/20
	Treasurer	Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 455,421 including grants of \$) (Revenue \$)
Community Mobilization-See Schedule O**4b** (Code:) (Expenses \$ 287,666 including grants of \$) (Revenue \$)
Youth Leading Change-See Schedule O**4c** (Code:) (Expenses \$ 76,047 including grants of \$) (Revenue \$)
Family, Youth & Community Outreach & Education Strategies Program (FYOES)-See Schedule O**4d** Other program services (Describe on Schedule O.)

(Expenses \$ -0- including grants of \$) (Revenue \$)

4e Total program service expenses ► \$819,134

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	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	✓
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	✓
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	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	✓
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	✓
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	✓
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	✓
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	✓
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	✓
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	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	N/A
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	✓
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	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	✓

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	N/A
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	16
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	N/A
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country ▶ N/A See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	N/A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	✓
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	N/A
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A
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	N/A
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	N/A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	N/A
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	N/A
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	N/A
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	N/A
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	N/A
c	Enter the amount of reserves on hand	13c	N/A
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	N/A
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓

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

Section A. Governing Body and Management

	1a	1b	18	17	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year			18			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b Enter the number of voting members included on line 1a, above, who are independent			17			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2			✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3			✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4			✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5			✓
6 Did the organization have members or stockholders?			6			✓
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a			✓
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b			✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?			8a	✓		
b Each committee with authority to act on behalf of the governing body?			8b	✓		
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9			✓

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?														✓
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		N/A												
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			✓											
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.														
12a Did the organization have a written conflict of interest policy? If "No," go to line 13				✓										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					✓									
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done						✓								
13 Did the organization have a written whistleblower policy?							✓							
14 Did the organization have a written document retention and destruction policy?								✓						
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?														
a The organization's CEO, Executive Director, or top management official									✓					
b Other officers or key employees of the organization										✓				
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).														
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?														✓
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?														N/A

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► None

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 Priscilla Lisicich, 622 Tacoma Ave S. 1st Floor Tacoma, WA 98402 253-272-6824

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Wayne Mannie President	4 0	✓		✓				-0-	-0-	-0-
(2) Reuben Schultz Secretary	4 0	✓		✓				-0-	-0-	-0-
(3) Lauren Surek Treasurer	4 0	✓		✓				-0-	-0-	-0-
(4) Wes Carter Director	4 0	✓						-0-	-0-	-0-
(5) Tim Bricker Director	4 0	✓						-0-	-0-	-0-
(6) John Cheesman Director	4 0	✓						-0-	-0-	-0-
(7) Diane Clarkson Director	4 0	✓						-0-	-0-	-0-
(8) Ed Fischer Director	4 0	✓						-0-	-0-	-0-
(9) Sharon Holcomb Director	4 0	✓						-0-	-0-	-0-
(10) Charleen Kenyon Director	4 0	✓						-0-	-0-	-0-
(11) Conor Mearthy Director	4 0	✓						-0-	-0-	-0-
(12) Jeff Mcinnis Director	4 0	✓						-0-	-0-	-0-
(13) Lyle Quasim Director	4 0	✓						-0-	-0-	-0-
(14) Donna Thompson Director	4 0	✓						-0-	-0-	-0-

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Debbie Winskill Director	4 0	<input checked="" type="checkbox"/>						-0-	-0-	-0-
(16) Rachel Young Director	4 0	<input checked="" type="checkbox"/>						-0-	-0-	-0-
(17) Bob Sheehan Director	4 0	<input checked="" type="checkbox"/>						-0-	-0-	-0-
(18) Priscilla Lisicich Executive Director	40 0	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			111,565	-0-	2,231
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								111,565	-0-	2,231
c Total from continuation sheets to Part VII, Section A								-0-	-0-	-0-
d Total (add lines 1b and 1c)								111,565	-0-	2,231

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
N/A		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a -0-			
	b	Membership dues	1b -0-			
	c	Fundraising events	1c 72,280			
	d	Related organizations	1d -0-			
	e	Government grants (contributions)	1e 883,328			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 509,484			
	g	Noncash contributions included in lines 1a-1f	1g \$ -0-			
	h	Total. Add lines 1a-1f	1,465,092			
	Business Code					
Program Service Revenue	2a	None				
	b					
	c					
	d					
	e					
	f	All other program service revenue . .				
	g	Total. Add lines 2a-2f	-0-			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	62	-0-	-0-	62
	4	Income from investment of tax-exempt bond proceeds	-0-	-0-	-0-	-0-
	5	Royalties	-0-	-0-	-0-	-0-
	6a	Gross rents	(i) Real (ii) Personal			
	b	Less: rental expenses	None			
	c	Rental income or (loss)				
	d	Net rental income or (loss)	-0-	-0-	-0-	-0-
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b	Less: cost or other basis and sales expenses	None			
	c	Gain or (loss)				
	d	Net gain or (loss)	-0-	-0-	-0-	-0-
	8a	Gross income from fundraising events (not including \$ 72,280 of contributions reported on line 1c). See Part IV, line 18	8a 108,515			
	b	Less: direct expenses	8b 42,541			
	c	Net income or (loss) from fundraising events . .	65,974		-0-	-0-
	9a	Gross income from gaming activities. See Part IV, line 19	9a None			
	b	Less: direct expenses	9b			
	c	Net income or (loss) from gaming activities . . .	-0-	-0-	-0-	-0-
	10a	Gross sales of inventory, less returns and allowances	10a None			
	b	Less: cost of goods sold	10b			
c	Net income or (loss) from sales of inventory . . .	-0-	-0-	-0-	-0-	
Miscellaneous Revenue	11a	None	Business Code			
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	-0-			
	12	Total revenue. See instructions	1,531,128	-0-	-0-	62

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Safe Streets Campaign

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 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number
91-1704402

Form 990, Part 1, Line 1-Organization Mission or Significant Activities

Safe Streets mobilizes grassroots community by motivating and inspiring action in the community; teaching leadership strategies so community members solve their own problems; assisting neighborhoods and youth to define their vision for change; and connecting people and organizations for success.

Form 990, Part 111, Line 7-Organization Mission

Safe Streets mobilizes grassroots community by motivating and inspiring actions in the community; teaching leadership strategies so community members solve their own problems; assisting neighborhoods and youth to define their vision for change; and connecting people and organizations for success.

Form 990, Part III, Line 4-Program Service Accomplishments

4A-Community Mobilization (\$455,421)-Community Mobilization has organized many neighborhooda and communnity groups to take action to stop crime and violence in their community, create opportunities for resident engagement and over the last 30 years mobilize over 100,000 volunteers throughout Pierce County. This work has been done by neighborhood and community organizing, leadership development, public education and presentations, and building parterships for a safe, healthy and triving community. In 2019, Safe Streets engaged approximately 2,000 community members in its neighborhood organizing program accross 80 organized groups. Safe Streets has partnerships with City of Tacoma, Pierce County, Tacoma School District, Franklin Pierce School District. City of Tacoma Police Department and the Pierce County Sheriff's Department. Safe Streets is working on a "Whold Neighborhoods" Initiative which focuses on healthy youth development within the neighborhoods.

4B-Youth Leading Change (\$287,666)-Youth Leading Change (YLC) mobilizes high and middle school youth to impact their schools and communities where they live through engagement, community service, mentoring and service-learning efforts aimed at promotion of leadership development and prevention. The YLC program is active in five high schools and two middle schools in Tacoma and Franklin Pierce School Districts. Safe Streets also created a pilot "Community Based YLC" chapter to reach youth that may not attend the schools where YLC works. This includes all Tacoma and unincorporated Pierce County youth of high school age that may benefit from the YLC program. In 2019, YLC engaged 123 youth accross

Name of the organization
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91-1704402

4B Continued

the 7 schools. The YLC program conducts monthly all YLC meetings and leaderships trainings at Safe Streets and holds an annual leadership academy during the summer along with numerous other activities and events that promote pro social and safe and drug free schools and communities.

4C-Family, Youth, and Community Outreach & Education Strategy (76,047)-The Family, Youth, and Community Outreach &

Education Strategy (FYOCES) program is supported by Safe Streets and operated through a subcontract with Bold Solutions.

Through the FYOCES program, Bold Solutions works with youth and their parents who have been referred by the Pierce County Juvenile Court Family First Program due to domestic violence. These youth have not been charged with a violation of the law, but instead are required to participate in FYCOES to address family conflict and other problems. The FYCOES model is home and community-based, time-limited (three months), intensive (availability 24 hours a day, seven days a week), focused on multiple life domains as needed to affect positive change in the individual youth and family situation. In 2019, Bold Solutions provided services to approximately 14 youth and their families through the FYCOES program. Funding for the FYOCES program also supports the Youth Serving Agencies Network (YSAN) which is coordinated by Safe Streets. This is a coalition that provides services for court-connected youth in Tacoma and Pierce County. By developing strong ties between agencies, the vision of the entire group is to build capacity and increase opportunities for coordination of services so YSAN can, collectively, provide the best care for youth in its community. YSAN also seek to reduce redundancies and fill in gaps in services so fewer young people slip through the cracks. Focus areas include creating a learning and supporting community, building cross-agency relationships, sharing information, combining advocacy efforts, leveraging resources and funding, and securing training based on shared agency needs and interest.

Part VI Section B Policies

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 is 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.

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 determines how to handle the situation.

Name of the organization

Safe Streets Campaign

Employer identification number

91-1704402

Part VI Section B Policies 12 C continue

Until the Board President makes a decision, the Board member abstain from voting on the issue.

15. The salary of all employees including the Executive Director is reviewed annually to 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 board and bring their knowledge of the salary levels at other boards to the annual salary review. All adjustments are approve by the Board in the annual approval of the Safe Streets' budget.

Section C

19. The governing documents and conflict of interest policy are available for review at the Safe Streets' office at 622 Tacoma Ave S., 1st Floor, Tacoma, WA 98407. The annual financial results are published in an annual review which is available to the public.