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CLIENT'S COPY



1501 Regents Blvd., Suite 100 Fircrest, WA 98466 Phone (253) 566.7070 Fax (253) 566.7100 jspcpa.com

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

SAFE STREETS CAMPAIGN:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2023 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2023 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,

CRAIG P. CATLIN

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2023

PREPARED FOR:

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

PREPARED BY:

JOHNSON STONE & PAGANO, P.S. 1501 REGENTS BLVD., SUITE 100 FIRCREST, WA 98466

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2024.

Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2023, or fiscal year beginning	, 2023, and ending	, 20

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer SAFE STREETS CAMPAIGN 91-1704402 Name and title of officer or person subject to tax JOHN HINES BOARD PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) ______ **1b** ______ **1, 174, 377.** Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) **2b** 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) Form 1120-POL check here 3a **b Tax based on investment income** (Form 990-PF, Part V, line 5) 4a Form 990-PF check here 4b b Balance due (Form 8868, line 3c) 5b Form 8868 check here 5a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6b 6a Form 4720 check here 7a b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here **b Tax due** (Form 5330, Part II, line 19) Form 5330 check here 9a 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the processing the restriction account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on the payment of the federal tax financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize JOHNSON STONE & PAGANO, P.S. to enter my PIN 12345 Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 91410956789 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8868**

(Rev. January 2024)

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return. Department of the Treasury Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 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. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** SAFE STREETS CAMPAIGN 91-1704402 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour C/O JSP - 1501 REGENTS BLVD STE 100 instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. FIRCREST, WA 98466 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of JENNIFER ORANSKY 714 S 27TH ST 1ST FLOOR - TACOMA, WA 98402 Telephone No. 253-272-6824 Fax No. If the organization does not have an office or place of business in the United States, check this box

 If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
. If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for

Initial return

Final return

За

using EFTPS (Electronic Federal Tax Payment System). See instructions. For Privacy Act and Paperwork Reduction Act Notice, see instructions.

X calendar year 20 23 or

Change in accounting period

any nonrefundable credits. See instructions.

the organization named above. The extension is for the organization's return for:

If the tax year entered in line 1 is for less than 12 months, check reason:

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

tax year beginning ______, 20 ____, and ending ___

Form 8868 (Rev. 1-2024)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

ΑI	For the	e 2023 calendar year, or tax year beginning and er	nding		
	Check if applicable	C Name of organization		D Employer identifie	cation number
	Addre:				
	Name chang	Doing business as		91-17044	02
	Initial return Final return	71/ 3 27 11 37	oom/suite LOOR	E Telephone number 253-272-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,189,291.
	Ameno	TACOMA, WA 98409		H(a) Is this a group re	
	Application pendir	Finame and address of principal officer:		for subordinates	—
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	·	list. See instructions
	Websit		T. v	H(c) Group exemption	
	art I	organization: X Corporation Trust Association Other Summary			1 State of legal domicile: WA
Ð	1	Briefly describe the organization's mission or most significant activities: IN 198			
Governance		A PUBLIC MEETING TO DISCUSS STRATEGIES TO			
ern	2	Check this box if the organization discontinued its operations or disposed		1.1	
30	3			3	13 12
		Number of independent voting members of the governing body (Part VI, line 1b)			14
Activities &	5 6	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			1800
<u>`</u> ‡	72	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ą	l 'a	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
_	<u> </u>	Net diriciated business taxable moonie nonit onit 550 1,1 art 1, into 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,451,072.	988,586.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		520.	402.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-13,340.	185,389.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,438,252.	1,174,377.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,196,668.	859,936.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
x De	. b	Total fundraising expenses (Part IX, column (D), line 25) 143,165	5.		
Û	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		459,546.	291,755.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,656,214.	1,151,691.
_	19	Revenue less expenses. Subtract line 18 from line 12		-217,962.	22,686.
Net Assets or			Beg	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		989,891.	961,274.
etA	21	Total liabilities (Part X, line 26)		297,592. 692,299.	246,289. 714,985.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		034,433.	/14,900.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules at	nd stateme	nts, and to the hest of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which		•	knowledge and belief, it is
1140	, 001100	g and completes become and or property (earlier and content to be bedood on an information of minor	ii proparor	Indo uny kitowiougo:	
Sig	n	Signature of officer		Date	
Her		JOHN HINES, BOARD PRESIDENT			
		Type or print name and title			
Paid	d	Print/Type preparer's name CRAIG P. CATLIN Preparer's signature	D	Oate Check if self-employ	PTIN P00741890
	parer	Firm's name JOHNSON STONE & PAGANO, P.S.			1-1623649
	Only	Firm's address 1501 REGENTS BLVD., SUITE 100		THIII S LIN J	
	2,	FIRCREST, WA 98466		Phone no. (2	53) 566-7070
Mar	v the IF	RS discuss this return with the preparer shown above? See instructions		Ti nono no. (2	X Yes No
a	,				

Par	Till Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III]
1	Briefly describe the organization's mission:	
	THE MISSION OF SAFE STREETS IS TO UNITE AND INSPIRE YOUTH, NEIGHBORS,	_
	AND BUSINESSES TO BUILD SAFE, HEALTHY, THRIVING COMMUNITIES. SAFE	_
	STREETS FULFILLS OUR MISSION THROUGH IMPLEMENTATION OF TWO	_
	WELL-ESTABLISHED PROGRAMS, NEIGHBORHOOD ORGANIZING AND YOUTH LEADING	_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?)
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No)
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	_
4a	(Code:) (Expenses \$ 801,489. including grants of \$) (Revenue \$)	.)
	COMMUNITY MOBILIZATION COMMUNITY MOBILIZATION HAS ORGANIZED MANY	_
	NEIGHBORHOODS AND COMMUNITY GROUPS THROUGHOUT PIERCE COUNTY TO TAKE	_
	ACTION IN CREATING SAFE COMMUNITIES AND CREATE OPPORTUNITIES FOR RESIDENT ENGAGEMENT. THIS WORK HAS BEEN ACHIEVED BY NEIGHBORHOOD AND	_
	COMMUNITY ORGANIZING, LEADERSHIP DEVELOPMENT, PUBLIC EDUCATION AND	_
	PRESENTATIONS, AND BUILDING PARTNERSHIPS FOR A SAFE, HEALTHY, THRIVING	_
	COMMUNITY. IN 2023, WE SUPPORTED UP TO 125 NEIGHBORHOOD GROUPS	_
	INVOLVING 586 UNDUPLICATED GROUP MEMBERS. SOME OF THESE GROUPS WERE	-
	PRE-PANDEMIC GROUPS THAT REACTIVATED IN THE LAST YEAR AND CHOOSE TO	_
	MEET IN PERSON. ALL PROGRAM SERVICES ARE OPEN TO ALL AT NO CHARGE. WE	-
	HAVE ADDED WASTE WIZARDS (LITTER CLEANUP AND BEAUTIFICATION) PROGRAM TO	-
	OUR MENU OF SERVICES. STAFF RECEIVED TRAINING IN ADMINISTERING	_
4b	(Code:) (Expenses \$ 121,677 •	_
75	YOUTH LEADING CHANGE YOUTH LEADING CHANGE (YLC) IS A FREE,	,
	OUT-OF-SCHOOL EXPANDED LEARNING PROGRAM AVAILABLE TO ANY HIGH SCHOOL	_
	YOUTH IN PIERCE COUNTY. YOUTH EXPLORE CAREERS, BUILD LEADERSHIP AND	_
	SOCIAL-EMOTIONAL LEARNING SKILLS AND IMPLEMENT YOUTH-LED PROJECTS TO	_
	IMPROVE THEIR SCHOOL AND LARGER COMMUNITIES. YLC STRENGTHENS PROTECTIVE	_
	FACTORS FOR YOUTH PARTICIPANTS, AN EVIDENCE-BASED STRATEGY THAT	
	SUPPORTS PREVENTION AROUND VIOLENCE, MENTAL HEALTH AND SUBSTANCE MISUSE	
	DISORDERS. THE YLC PROGRAM IS ACTIVE IN THE FRANKLIN PIERCE AND TACOMA	
	SCHOOLS AND WORKS WITH LOCAL YOUTH SERVING ORGANIZATIONS TO WORK WITH	
	ALL HIGH SCHOOL YOUTH REGARDLESS OF SCHOOL ATTENDANCE. IN 2023 WE ADDED	
	A YOUTH MENTAL HEALTH INITIATIVE THAT IS NOW A PROGRAM CALLED YOUTH	
	HEALTH IS WEALTH. WE HAVE PARTNERED WITH TOGETHER TACOMA TO FACILITATE	_
4c	(Code:) (Expenses \$)
		_
		_
		_
		_
		_
		_
		_
		_
		-
		-
		-
4d	Other program services (Describe on Schedule O.)	-
-t u		
<u>4</u> e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 923,166.	_

Form 990 (2023) 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)?		37	
	If "Yes," complete Schedule A	1	X	
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			37
_	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	_		37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			, v
_	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,	_		, v
_	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			, v
_	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?			37
	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			37
	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,			
-	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		Х
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
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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	·	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х

Form 990 (2023) SAFE STREETS CAMPAIGN
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		21
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		21
b	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?	000		
	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		х
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				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		7-	
	(gambling) winnings to prize winners?	1c	X	<u> </u>

Form 990 (2023)

SAFE STREETS CAMPAIGN

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

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
_	filed for the calendar year ending with or within the year covered by this return		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4 -		х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Λ
D	If "Yes," enter the name of the foreign country Con instructions for filing requirements for FigCFN Form 114. Penert of Foreign Reply and Figure 1. Accounts (FRAR)			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Eo.		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u> 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		21
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
va	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- OD		
	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	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ī	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	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 income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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 (2023) SAFE STREETS CAMPAIGN 91-1704402 Page
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.

<u></u>						X
Sec	tion A. Governing Body and Management					ı
		1 1	1 2 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	_13			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form		ı	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			7 4		
b				7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year.			7.0		
		-		0-	х	
	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-			_		₩.
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)				
			1		Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the for	m?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," describe				
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organisms.					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			.00		
	List the states with which a copy of this Form 990 is required to be filed					
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (section FO:	1(0)(2)0	Only	availal	
18		and 990-1 (Section 50	1 (0)(3)8	Oi iiy)	avallal	JI C
	for public inspection. Indicate how you made these available. Check all that apply. Y Output Y Apothor's pushes Y Upon request Other ()					
40	• •	in on Schedule O)		c		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict of interest polic	cy, and	rinand	ciai	
	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 bo	ooks and records				
	JENNIFER ORANSKY - 253-272-6824					
	714 S 27TH ST 1ST FLOOR, TACOMA, WA 98402					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one o an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) NORA FLEMMING DE SANDOVAL EXECUTIVE DIRECTOR	40.00			х				109,954.	0.	2,824.
(2) JOHN HINES	4.00			Λ				109,954.	0.	2,024.
PRESIDENT	4.00	х		Х				0.	0.	0.
(3) NICHOLE FISHER	4.00	T-							0.1	
SECRETARY		х		х				0.	0.	0.
(4) LAUREN SUREK	4.00									
TREASURER		Х		Х				0.	0.	0.
(5) JOHN CHEESMAN	4.00									
DIRECTOR		Х						0.	0.	0.
(6) SHARON HOLCOMB	4.00									
DIRECTOR		Х						0.	0.	0.
(7) ENRIQUE LEON	4.00									
DIRECTOR		Х						0.	0.	0.
(8) MICHELE OGDEN	4.00									
DIRECTOR		Х						0.	0.	0.
(9) JENNIFER SCHOMBURG	4.00	1						_		_
DIRECTOR		Х						0.	0.	0.
(10) TRINA TAN	4.00									•
DIRECTOR	4 00	Х						0.	0.	0.
(11) REBECCA WILLIAMSON	4.00								•	•
DIRECTOR	4 00	Х						0.	0.	0.
(12) DEBBIE WINSKILL	4.00	37						_	0.	0
OIRECTOR (13) MITCHELL WRIGHT	4.00	Х						0.	0.	0.
DIRECTOR	4.00	Х						0.	0.	0.
DIRECTOR	<u> </u>	Λ						0.	0.	0.
		1								
		1								
		1								

332007 12-21-23 Form **990** (2023)

Section A. Officers, Directors, Trus	tees, Key Em	pioy	ees,	and	ΙΗίζ	gnes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C	-			(D)	(E)			(F)	
Name and title	Average hours per	Position (do not check more than one box, unless person is both an						Reportable compensation	Reportable compensation			stimate nount	
	week		officer and a director/trustee)					from	from related		aı	other	UI
	(list any	ector						the	organization			pensa	
	hours for related	e or dir	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			om the anizati	
	organizations	truste	al trus		yee	mpen		1099-NEC)	1099-1120,	'		d relati	
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former	·			orga	anizatio	ons
	line)	lpul	lnst	Officer	Key	Hig	For						
								100.054				2 0	
1b Subtotal	I O							109,954.		0.		2,82	<u> </u>
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								109,954.		0.		2,82	
2 Total number of individuals (including but r									000 of reportable	_			
compensation from the organization						•		,					1
										1		Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	•	,	,	•	,	,	•		•		3		Х
4 For any individual listed on line 1a, is the si											J		
and related organizations greater than \$15											4		Х
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes." con	<u>plete Schedul</u>	e J f	or su	ıch <u>r</u>	oers	on .					5		X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated inc	lene	nder	nt co	ntra	actor	rs th	nat received more than \$	100 000 of com	nensat	tion fro	om.	
the organization. Report compensation for	· ·	-								poriou			
(A) Name and business	address	NC	ONE	7.				(B) Description of s	ervices	С)) compe	C) nsatio	n
			J111	_				·			•		
							+						
2 Total number of independent contractors (i	ncluding but n	ot lin	nitec	to t	thos	e lis	ted	above) who received mo	ore than				

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Form 990 (2023) SAFE STREETS CAMPAIGN
Part VIII Statement of Revenue

			Check if Schedule O c	ontai	ns a respor	ise (or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
တ တ	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
ହ୍ର ଧ			Fundraising events				9,525.				
fts, r A			Related organizations				70-01				
ig je			Government grants (contri				732,578.				
Sin			All other contributions, gifts,		· / 		732,370.				
ie Ei		١			1 1		246,483.				
έĐ			similar amounts not included				1,225.				
		_	Noncash contributions included in I	ines 1a	-1f 1g \$		1,223.	988,586.			
O a		n	Total. Add lines 1a-1f				Dusiness Code	300,300.			
							Business Code				
<u>.c</u>	2										
er v		b				_					
S c		С				_					
ran Sev		d				_					
Program Service Revenue		е				_					
≖		f	All other program service	even	ue						
		g	Total. Add lines 2a-2f								
	3		Investment income (includ	ing d	ividends, in	tere	st, and				
			other similar amounts)					2,549.			2,549.
	4		Income from investment o	f tax-	exempt bor	nd p	roceeds				
	5		Royalties								
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)								
	7		Gross amount from sales of		(i) Securitie	es	(ii) Other				
		_	assets other than inventory	7a			145.				
		h	Less: cost or other basis				-				
ø		~		7b			2.292.				
ne		С		7c			2,292. -2,147.				
ě			Net gain or (loss)				2/11/	-2,147.			-2,147.
ther Revenue			Gross income from fundraisir			·····		2,147			2,147.
Ĕ.	0	а	including \$9								
0											
			contributions reported on Part IV, line 18			0.	0.				
						8a 8b	12,622.				
			Less: direct expenses				10,000	-12,622.			-12,622.
			Net income or (loss) from t			S		14,044.			14,044.
	9	а	Gross income from gaming	-							
			Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from			<u> </u>	 T				
	10	а	Gross sales of inventory, le								
			and allowances			10a					
			Less: cost of goods sold			10b					
		С	Net income or (loss) from s	sales	of inventory	/	 T				
σ l							Business Code				
o o	11	а	MISC				900099	198,011.	198,011.		
ane		b				_					
Miscellaneous Revenue		С				_					
Alisi B		d	All other revenue								
_			Total. Add lines 11a-11d					198,011.			
	12		Total revenue. See instructio					1,174,377.	198,011.	0.	-12,220.

Part IX Statement of Functional Expenses

Content State-Builde Contrains a response or note to any line in this Part IX Contrains a mount are provided in fines 6b; 78, 86, 98, and 10b of Part VIII. Total expenses Program Services Progr	Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
Total expenses		Check if Schedule O contains a respon				
and domestic governments. See Part IV, line 21 2 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 12 and 16 4 Benefits paid for for members 5 Compensation of current officers, directors, trustees, and key employees 112,778 90,391 9,325 13,062 6 Compensation of current officers, directors, trustees, and key employees 112,778 90,391 9,325 13,062 6 Compensation not included above to disqualified persons (as direfined under section 4986/k(1)) and persons described in section 4986/k(3)(8) 7 Cother saniform and current section 4986/k(3)(8) 7 Cother section 4986/k(3)(8) 7 Cother saniform and current section 4986/k(3)(8) 7 Cother section 4986/k(3) 8 Cother section 4986/k(4) 8 Cother section 4		' '	Total expenses	Program service	Management and	Fundraising
2 Grants and other assistance to domestic individuals, Sae Part N, line 12 2 3 Grants and other assistance to foreign organizations, fronting governments, and foreign individuals. Sae Part N, lines 15 and 16	1	Grants and other assistance to domestic organizations				
Individuals. See Part V, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign involvables. See Part V, lines 15 and 16		and domestic governments. See Part IV, line 21				
3 Grants and other assistance to foreign organizations, foreign prognations, foreign powerments, and foreign individuals. See Part IV, lines 15 and 18	2	Grants and other assistance to domestic				
Companizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22				
Individuals, See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 112,778 90,391 9,325 13,062	3	Grants and other assistance to foreign				
### Description of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4960(f(1)) and persons described in section 4960(f(1)) and 490(f(1)) and 490(f						
112,778						
trustees, and keye employees Compensation not included above to disqualified persons (as defined under section 4958(pt)) and persons described in section 4958(pt) and persons described in section 4958(pt)) and persons described in section 4958(pt) and 493(pt) employer contributions (include section 4018) and 493(pt) employer contribution (include section 4018) and 493(pt) employer contribution (include section 4018) and 493(pt) employer contribution (include sect	4					
6 Compensation not included above to disqualified persons (as defined under section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan acruals and contributions (include section 4958(r)(3)(8) 9 Pension plan acruals and contributions (include section 493(r)) and an acruals and contributions (include section 491(r)) and 493(r) employer contributions) 9 Other employee benefits 10 Payrolit taxes 11 Pages for services (nonemployeese): 11 Faes for services (nonemployeese): 12 Management 1 Legal 1 1, 445,	5	· · · · · · · · · · · · · · · · · · ·	110 550	00 201	0 205	12 060
persons (as defined under section 4988(n)(1)) and persons described in section 4988(n)(3)(8) 7 Other salaries and wages 8 Persion plan accruals and contributions (include section 4016) and 403(n) employer contributions (include section 4016) and 403(n) employer contributions 9 Other employee benefits 60,456, 51,312, 1,362, 7,782, 61,584, 6,967, 772, 772, 772, 772, 772, 772, 772, 7			112,778.	90,391.	9,325.	13,062.
Persion plan accruals and wages 615,180. 493,066. 50,864. 71,250.	6	· · · · · · · · · · · · · · · · · · ·				
To the salaries and wages						
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9,935. 7,378. 1,005. 1,552. 10 Payroll taxes 60,456. 51,312. 1,362. 7,782. 11 Fees for services (nonemployees): 12 Management	_	. , , , , ,	615 100	102 066	E0 064	71 250
Section 401(k) and 403(b) employer contributions 9,935.			013,180.	493,000.	50,804.	/1,450.
11 Fees for services (nonemployees): a Management	8	,	0 035	7 270	1 005	1 550
11 Fees for services (nonemployees): a Management		` ' ` ` ` ` ' ' ' ' ' ' ' ' ' ' ' ' ' '	5,333. 60 456	51 212	1 362	7 700
11 Fees for services (nonemployees): a Management			61 587	19 076	5 5//	7,702 . 6 967
a Management b Legal			01,507.	49,070•	J,J44•	0,907.
b Legal						
C Accounting 29,743. 23,603. 1,125. 5,015.			1 //5		1 //5	
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 2 Advertising and promotion 10, 966. 1, 606. 9, 360. 3 Office expenses 12, 785. 9, 100. 1, 329. 2, 356. 4 Information technology 27, 417. 19, 400. 3, 637. 4, 380. 5 Royalties 7 Travel 114, 956. 13, 817. 611. 528. 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 10, 739. 8, 010. 920. 1, 809. 20 Interest 18, 861. 14, 052. 1, 629. 3, 180. 21 Insurance 18, 861. 14, 052. 1, 629. 3, 180. 22 Depreciation, depletion, and amortization 10, 739. 8, 010. 920. 1, 809. (Init and above, List miscellaneus expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, Ist line 24e amount exceeds 10% of line 25, column (A), amount, Ist line 24e amount exceeds 10% of line 25, column (A), amount, Ist line 24e amount exceeds 10% of line 25, column (A), amount, Ist line 24e amount exceeds 10% of line 25, column (A), amount, Ist line 24e amount exceeds 10% of line 25, column (A), amount, Ist line 24e amount exceeds 10% of line 25, column (A), amount, Ist line 24e amount exceeds 10% of line 25, column (A), amount, Ist line 24e amount exceeds 10% of line 25, column (A), amount, Ist line 24e amount exceeds 10% of line 25, column (A), amount, Ist line 24e amount exceeds 10% of line 25, column (A), amount, Ist line 24e amount exceeds 10% of line 25, column (A), amount, Ist line 24e amount exceeds 10% of line 25, column (A), amount, Ist line 24e amount exceeds 10% of line 25, column (A), amount, Ist line 24e amount exceeds 10% of line 25, column (A), amount, Ist line 24e amount exceeds 10% of line 25, column (A), amount, Ist line 24e amount exceeds 10% of line 25, column (A), amount, Ist line 24e amount exceeds 10% of line 25, column (A), amount,			29 743	23 603	1 125	5 015
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, if line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)			25,745	25,005	1,123.	3,013.
f Investment management fees g Other. (If fline 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)						
Solution (A), amount, list line 11g expenses on Sch 0.) 4,368. 3,688. 680. Advertising and promotion 10,966. 1,606. 9,360. Advertising and promotion 10,966. 1,606. 9,360. Office expenses 12,785. 9,100. 1,329. 2,356. Information technology 27,417. 19,400. 3,637. 4,380. Royalties		- · · · · · · · · · · · · · · · · · · ·				
Column (A), amount, list line 11g expenses on Sch 0. 4 , 368						
13	9	·	4.368.	3.688.		680.
13	12	· · ·	10,966.			9,360.
14			12,785.		1,329.	2,356.
15		Information technology				4,380.
16 Occupancy 78,782. 61,062. 6,229. 11,491. 17 Travel 14,956. 13,817. 611. 528. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings	15		-			-
17 Travel 14,956. 13,817. 611. 528.	16		78,782.	61,062.	6,229.	11,491.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings	17		14,956.	13,817.	611.	528.
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 10,739	18					
20 Interest		for any federal, state, or local public officials				
Payments to affiliates Depreciation, depletion, and amortization 10,739	19	Conferences, conventions, and meetings				
22 Depreciation, depletion, and amortization 10,739	20	Interest				
18,861. 14,052. 1,629. 3,180.	21					
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a PROGRAM EXPENSES b EQUIPMENT RENT c STIPENDS d PROGRAM SUPPLIES e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	22	Depreciation, depletion, and amortization				1,809.
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a PROGRAM EXPENSES FQUIPMENT RENT STIPENDS All other expenses Total functional expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e Total functional compaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) a PROGRAM SUPPLIES for the functional expenses and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) Total functional expenses and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	23		18,861.	14,052.	1,629.	3,180.
PROGRAM EXPENSES 75,772. 72,595. 26. 3,151.	24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
EQUIPMENT RENT STIPENDS A PROGRAM SUPPLIES All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 3,573. 2,662. 309. 602. 1,700. 1,700. 0. 0. 1,700. 923,166. 85,360.	а		75.772.	72,595.	26.	3.151.
C STIPENDS DROGRAM SUPPLIES E All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)						
PROGRAM SUPPLIES All other expenses Total functional expenses. Add lines 1 through 24e 1,151,691. 923,166. 85,360. 143,165. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)						
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 1,151,691. 923,166. 85,360. 143,165. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	_					
25 Total functional expenses. Add lines 1 through 24e 1,151,691. 923,166. 85,360. 143,165. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			-	-		
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			1,151,691.	923,166.	85,360.	143,165.
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)						
Check here if following SOP 98-2 (ASC 958-720)						
		educational campaign and fundraising solicitation.				
		Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or i	note to an	y line in this Part XI		I	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			627,106.	1	81,686.
	2	Savings and temporary cash investments				2	403,720.
	3	Pledges and grants receivable, net			100,432.	3	269,522.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial o	contributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ		6			
S	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ä	9	B			12,516.	9	4,095.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	49,203.			
	b	Less: accumulated depreciation	10b	44,290.	17,944.	10c	4,913.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lir			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		231,893.	15	197,338.	
	16	Total assets. Add lines 1 through 15 (must e	qual line 3	33)	989,891.	16	961,274.
	17	Accounts payable and accrued expenses		68,494.	17	50,794.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
ia de		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24)	. Complete Part X	220 000		105 405
		of Schedule D		·····	229,098.	25	195,495. 246,289.
	26	Total liabilities. Add lines 17 through 25	· · · ·	e X	297,592.	26	240,209.
တ္		Organizations that follow FASB ASC 958, o	neck ner	e 🕰			
nce	0.7	and complete lines 27, 28, 32, and 33.			676,522.	07	713,710.
ala	27		15,777.	27 28	1,275.		
В В	28	Net assets with donor restrictions	15,1110	20	1,213.		
Ë		Organizations that do not follow FASB ASC and complete lines 29 through 33.	, 936, CH	eck nere			
P	200		do			20	
ats	29	Capital stock or trust principal, or current fun			29		
\sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			692,299.	31	714,985.
ž	32	Total liabilities and not assets/fund balances		1	989,891.	32 33	961,274.
	33	Total liabilities and net assets/fund balances			203,031.	აა	JU1,4/4•

Pa	Reconciliation of Net Assets				
	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)		<u>,17</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	,15	1,6	<u>91.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	2	2,6	86.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	69	2,2	99.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	71	4,9	85.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				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	O.			
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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis 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	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 Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

Employer identification number

OMB No. 1545-0047

		SAFE	STREETS CA	AMPAIGN				9	1-1704402
Pa	rt I	Reason for Public C	Charity Status. (All organizations must c	omplete th	nis part.) S	ee instructions	3.	
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of chu	urches, or association	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	າ 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 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	or operate	ed by a go	vernmental un	it describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	ental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental i	unit or from th	e 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 Part	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	ınction with a l	and-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of t	he college	e or
		university:							
10	Ш	An organization that normal	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the orga	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11	\square	An organization organized a	•	•	•				
12		An organization organized a	•	•	•			•	
		more publicly supported org							Check the box on
		lines 12a through 12d that o	* *					-	
а			•		•	-			
		the supported organization			majority o	of the direc	tors or trustee	s of the su	upporting
		organization. You must o						(-) la la	d
b			· ·				-		-
		control or management of			ame perso	ns that coi	ntroi or manag	e the supp	оопеа
_		organization(s). You mus			in connect	المناسمة	and functional	. into avata	ad with
С		Type III functionally interiors its supported organization	- '					y iritegrate	eu wiiii,
d		Type III non-functionally						od organi	zation(s)
u		that is not functionally into						-	
		requirement (see instructi	-		-		-	arrattoriti	VOLICOS
е		Check this box if the orga	·	-				I Type III	
·		functionally integrated, or					1,700 1, 1,700 11	, 1)po	
f	Ente	er the number of supported o		,g.a.ca capper					
		vide the following information	•						
	(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	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in:	structions)	support (see instructions)
T - 4 -									

Schedule A (Form 990) 2023 SAFE STREETS CAMPAIGN 91-1704402 Page 2
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

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	(f) Total 7195279.
membership fees received. (Do not include any "unusual grants.") 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 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a	
include any "unusual grants.") 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 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a	
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 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a	
ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a	7105070
or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	7105070
The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	7105070
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	7105070
the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	7105070
4 Total. Add lines 1 through 3 1538336. 1443365. 1709167. 1451072. 1053339. The portion of total contributions by each person (other than a	7105070
5 The portion of total contributions by each person (other than a	7105070
by each person (other than a	7195279.
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.	7195279.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023	(f) Total
7 Amounts from line 4 1538336. 1443365. 1709167. 1451072. 1053339.	7195279.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources 62. 306. 594. 520. 2,549.	4,031.
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	
	7199310.
12 Gross receipts from related activities, etc. (see instructions)	
13 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 2023 (line 6, column (f), divided by line 11, column (f))	99.94 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	99.98 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box a	and
stop here. The organization qualifies as a publicly supported organization	X
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this b	box
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or	
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	tion
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 109	
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	

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		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified 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.)						
Se	ction B. Total Support		1	Γ		1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	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.)					12.47.1/21	
14	First 5 years. If the Form 990 is for the	_					
Sa	check this box and stop here ction C. Computation of Publi		centage				
	Public support percentage for 2023 (I			oolumn (f))		15	0/
	Public support percentage from 2022		•	.,,		16	<u>%</u>
	ction D. Computation of Inves	·				1 10 1	70
	Investment income percentage for 20			ne 13 column (f)		17	%
	Investment income percentage from					18	<u>%</u>
	33 1/3% support tests - 2023. If the						
136	more than 33 1/3%, check this box ar						7 15 1101
ŀ	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che	· ·			•	·	
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

Par	t IV Sup	porting Organizations (continued)			
				Yes	No
11	Has the org	anization accepted a gift or contribution from any of the following persons?			
а	A person wh	no 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		
		mber of a person described on line 11a above?	11b		
	•	rolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Par		11c		
		pe I Supporting Organizations			
				Yes	No
1	Did the gove	erning body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more suppo	rted organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		perated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the rganizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		anization operate for the benefit of any supported organization other than the supported			
		n(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		providing such benefit carried out the purposes of the supported organization(s) that operated,			
		or controlled the supporting organization.	2		
Sect	ion C. Ty	pe II Supporting Organizations			
				Yes	No
1	Were a majo	ority 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			
		nent of the supporting organization was vested in the same persons that controlled or managed			
	the supporte	ed organization(s).	1		
Sect	ion D. All	Type III Supporting Organizations			
				Yes	No
1	Did the orga	nization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization	a's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a co	ppy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization	a'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	n(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organiza	tion maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason o	f the relationship described on line 2, above, did the organization's supported organizations have a			
	significant v	oice in the organization's investment policies and in directing the use of the organization's			
	income or a	ssets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported o	rganizations played in this regard.	3		
Sect	ion E. Ty	pe III Functionally Integrated Supporting Organizations			
1	Check the b	ox next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		rganization satisfied the Activities Test. Complete line 2 below.			
b		rganization is the parent of each of its supported organizations. Complete line 3 below.			
С		rganization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	l' I	
2		st. Answer lines 2a and 2b below.		Yes	No
		tially all of the organization's activities during the tax year directly further the exempt purposes of			
		ed organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		orted organizations and explain how these activities directly furthered their exempt purposes,			
	•	anization was responsive to those supported organizations, and how the organization determined			
		ctivities constituted substantially all of its activities.	2a		
		vities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		reasons for the organization's position that its supported organization(s) would have engaged in	01-		
		ies but for the organization's involvement.	2b		
		upported Organizations. Answer lines 3a and 3b below.			
	_	anization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
		each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		anization exercise a substantial degree of direction over the policies, programs, and activities of each	٥L		
	บา แจ ธนุมุทุง	rted organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

Schedule A (Form 990) 2023

instructions).

	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ued)	<u> </u>
	on D - Distributions		(00		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	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro		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 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>_i</u>	Carryover from 2018 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2019				
<u>b</u>	Excess from 2020				
<u>c</u>	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

Part VI	Supplemental Information Device the supplemental for the Dath Forto Dath Forto
T dit VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, line 1c; 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.)

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

SAFE STREETS CAMPAIGN

Employer identification number

91-1704402

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 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 \$_ 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).

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

Schedule B (Form 990) (2023)

SAFE STREETS CAMPAIGN

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE BAMFORD FOUNDATION P.O. BOX 2274 TACOMA, WA 98401	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DEPARTMENT OF COMMERCE P.O. BOX 42525 OLYMPIA, WA 98504	\$ 126,243.	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
3	CITY OF TACOMA 747 MARKET STREET TACOMA, WA 98402	\$\$75,333.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4 ELEVATE HEALTH 2201 SOUTH 19TH STREET, SUITE 101 TACOMA, WA 98405	\$ 24,800.	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
5_	PIERCE COUNTY HUMAN SERVICES 3602 PACIFIC AVE., SUITE 200 TACOMA, WA 98418	\$ 395,000.	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
6_	TACOMA SCHOOL DISTRICT P. O. BOX 1357 TACOMA, WA 98401-1357	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

SAFE STREETS CAMPAIGN

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	DEPARTMENT OF TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	GOTTFRIED AND MARY FUCHS FOUNDATION 200 S 6TH ST MINNEAPOLIS, MN 55402	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	URBAN SUSTAINABILITY DIRECTORS NETWORK 500 WESTOVER DRIVE #14973 SANFORD, NC 27330	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	CARELON 200 STATE STREET, SUITE 302 BOSTON, MA 02109	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SAFE STREETS CAMPAIGN

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

rt III	STREETS CAMPAIGN Exclusively religious, charitable, etc., contribution	ons to organizations described in se	ction 501(d	91-1704402 c)(7), (8), or (10) that total more than \$1,000 for the				
	from any one contributor. Complete columns (a)	through (e) and the following line ent	rv. For orga	anizations				
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or	ess for the	year. (Enter this info. once.) \$				
N	Use duplicate copies of Part III if additional s	pace is needed.						
No. om	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
rt I	(b) Ful pose of gift	(c) Use of glit		(d) Description of now girt is field				
L								
		(e) Transfer of gif	t					
	Transferee's name, address, ar	nd 7 ID + 4	Pol	ationship of transferor to transferee				
H	Transieree S name, address, ar	IU ZIF + 4	nei					
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No.		1						
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	Transferee's name, address, ar			ationship of transferor to transferee				
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No.		nd ZIP + 4						
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No. om rt I		nd ZIP + 4						
No. om rt I		nd ZIP + 4						
No. om rt I		nd ZIP + 4						
No. om rt I		(c) Use of gift	Rel					
No. om rt I		nd ZIP + 4	Rel					
No. om rt I		(c) Use of gift	Rel					
No. om rt I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gif	Rel	(d) Description of how gift is held				
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

SAFE STREETS CAMPAIGN

Employer identification number 91-1704402

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Similar Funds	or Accou	nts. Complete if the			
	organization answered Tes Sitt Offi 550,1 art iv, iiii	(a) Donor adv	ised funds	(b) Fur	nds and other accounts			
1	Total number at end of year			. ,				
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in v		held in donor advis	sed funds				
	are the organization's property, subject to the organization's	-			Yes No			
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor or							
	impermissible private benefit?							
Pai	t II Conservation Easements. Complete if the org	ganization answered "	Yes" on Form 990,	Part IV, line 7				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y)					
	Preservation of land for public use (for example, recreated	tion or education)	Preservation o	f a historically	important land area			
	Protection of natural habitat		Preservation o	f a certified hi	storic structure			
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation cont	ribution in the form	of a conserva				
	day of the tax year.				Held at the End of the Tax Year			
а	Total number of conservation easements			<u>2a</u>				
b	-			2b				
С	Number of conservation easements on a certified historic structure included on line 2a							
d	Number of conservation easements included on line 2c acqui							
	on a historic structure listed in the National Register							
3	3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax							
_	year							
4	Number of states where property subject to conservation eas	_	and an incompliance of					
5	Does the organization have a written policy regarding the per							
•	violations, and enforcement of the conservation easements it		and anfaraing aga		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations,	and emorcing cons	servation ease	ements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enforcing conserva	ntion easemen	ts during the year			
•	Amount of expenses mounted in monitoring, inspecting, mand	aning of violations, and	critoreing conserve	tion cascinoi	its during the year			
8	Does each conservation easement reported on line 2d above	satisfy the requiremen	nts of section 170(h	n)(4)(B)(i)				
Ū					Yes No			
9								
_	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the							
	organization's accounting for conservation easements.							
Pai	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.							
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its r	evenue statement a	and balance s	heet works			
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public							
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.							
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of							
	art, historical treasures, or other similar assets held for public	exhibition, education	, or research in furtl	herance of pu	blic service,			
	provide the following amounts relating to these items.							
	(i) Revenue included on Form 990, Part VIII, line 1				\$			
					\$			
2	If the organization received or held works of art, historical treat			al gain, provid	е			
	the following amounts required to be reported under FASB A							
а	Revenue included on Form 990, Part VIII, line 1				\$			
b	Assets included in Form 990, Part X				\$			

	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Othe	r Sim	ilar A	ssets	(continu	ıed)	gc -
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the t	following that	make si	ignifica	ant use	of its			
	collection items (check all that apply).											
а	Public exhibition d Loan or exchange program											
b	Scholarly research	е	. 🗌	Other								
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	ne organizatio	n's exer	npt pu	ırpose ir	n Part)	XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, his	torical treas	sures, or othe	r similar	asset	S				
	to be sold to raise funds rather than to be ma	aintained as part of th	he organi	zation's co	llection?					Yes		No
Par	t IV Escrow and Custodial Arran	gements Comple	te if the c	rganizatior	answered "\	res" on	Form 9	990, Pai	t IV, lir	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.										
1a	Is the organization an agent, trustee, custod	an, or other intermed	diary for c	ontribution	s or other as	sets not	includ	led				
	on Form 990, Part X?								\square	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII											
										Amount		
С	Beginning balance						. [-	1c				
	Additions during the year							ld				
е	Distributions during the year							le				
f	Ending balance							1f				
2a	Did the organization include an amount on F								\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been	provided in P	art XIII						
Par	t V Endowment Funds Complete if	the organization ans	swered "\	es" on For	m 990, Part I	V, line 1	0.					
		(a) Current year		ior year	(c) Two year			ree years	back	(e) Four y	ears b	ack
1a	Beginning of year balance											
	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	rent vear end balance	e (line 1a.	column (a)) held as:							
а	Board designated or quasi-endowment	,	%	(-,	,,							
b	Permanent endowment	%										
		 ,-										
	The percentages on lines 2a, 2b, and 2c sho	•										
За	, ,	•	tion that	are held ar	nd administer	ed for th	ne					
	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No											
						3a(i)						
										3a(ii)		
b	(ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?							3b				
4	Describe in Part XIII the intended uses of the											
Par												
	Complete if the organization answere	d "Yes" on Form 990	, Part IV,	line 11a. S	ee Form 990	, Part X,	line 10) .				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumi	ulated	П	(d) Book	value	
		basis (investr			(other)	٠,	precia			(,		
1a	Land	· · ·	- 1		·							
	Buildings								_			
	Leasehold improvements								+			
d	Equipment			1	9,428.		16	,627	$\overline{}$	2	,80	1.
	Other				9,775.			,663		<u>-</u>	,11	$\frac{1}{2}$
	Add lines 1a through 1e (Column (d) must a		V line 10					,	+	<u> </u>	. 91	3.

Schedule D (Form 990) 2023 SAFE STREETS Part VIII Investments - Other Securities	CAMPAIGN	91	-1704402 Page
Complete if the organization answered "Yes" o	on Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
/ O =	(a) Dook value	(c) meaned or variable in coord or only	or your marker raise
(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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		+	
(9) Table (Col. (b) must equal Form 000. Port V. line 10. col. (B))			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) 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.	
	Description		(b) Book value
(1) OPERATING RIGHT-OF-USE ASS		CCUMULATED	. ,
(2) AMORTIZATION			197,338.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		197,338.
Part X Other Liabilities			
Complete if the organization answered "Yes" o	n 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			105 105
(2) OPERATING LEASE LIABILITY			195,495.
(3)			
(4)			
(5)			

(6) (7) (8) (9) 195,495. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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 O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SAFE STREETS CAMPAIGN

Employer identification number 91-1704402

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 34 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:

NARCAN/NALOXONE AND WE NOW HAVE NALOXONE AT OUR OFFICE TO SHARE WITH

THE COMMUNITY. STAFF WHO FEEL COMFORTABLE WITH USING IT, CARRY IT. SAFE

STREETS PARTNERS WITH CITY OF TACOMA, PIERCE COUNTY, TACOMA PUBLIC

SCHOOLS, FRANKLIN PIERCE SCHOOL DISTRICT, TACOMA POLICE DEPARTMENT AND

PIERCE COUNTY SHERIFF'S DEPARTMENT.

Schedule O (Form 990) 2023 Page 2

Name of the organization

SAFE STREETS CAMPAIGN

Employer identification number 91-1704402

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

THE PROGRAM IN SALISHAN AT THE FAMILY INVESTMENT CENTER. UNDUPLICATED
YOUTH SERVED THROUGH YOUTH LEADING CHANGE IN CLASSROOM WAS 61. YOUTH
WHO PARTICIPATED IN SPRING AND FALL CAMPUS CLEANUPS WERE NOT COUNTED.
AT HEALTH IS WEALTH, THERE WERE 27 UNDUPLICATED YOUTH OVER THE COURSE
OF THE PROGRAM.

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

DETERMINES HOW TO HANDLE THE SITUATION. UNTIL THE BOARD PRESIDENT MAKES A

DECISION, THE BOARD MEMBER ABSTAIN FROM VOTING ON THE ISSUE.

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

Schedule O (Form 990) 2023 Page **2**

Name of the organization SAFE STREETS CAMPAIGN	Employer identification number 91-1704402
LEVELS AT OTHER BOARDS TO THE ANNUAL SALARY REVIEW. ALL AD	JUSTMENTS 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 AR	E 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 AN	NUAL 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 NECESSAR	у.