Form 990-T	į į	Exempt Orga				Tax Returi	ŋ ₋	OMB No 1545-0687				
		(and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019 2018										
•	For ca						<u> 19</u>	ZU 10				
Department of the Treasury Internal Revenue Service	•	► Go to www Do not enter SSN numb	v.irs.gov/Form990T for ers on this form as it ma					Open to Public Inspection for 501(c)(3) Organizations Only	0017			
A Check box if address changed		Name of organization (Check box if name	change	d and see instructions.)		l (Fmr	oloyer identification number oloyees' trust, see	7761			
B Exempt under section	Print,	SAFE ALLIAN	ICE INC.	_			C	*-***9967				
\mathbf{X} 501(c)(3()	or	Tune Number, Sireer, and room of suite no. if a r.o. box, see instructions.										
408(e)220(e)	lype	OUL E. FIFTH STREET, NO. 400										
408A 530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code CHARLOTTE, NC 28202 900099										
C Book value of all assets at end of year 7,682,3												
7,682,3												
	Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated											
		PLOYER PAID				, complete Parts I-V.						
describe the first in the t	olank spa	ace at the end of the previo	ous sentence, complete F	Parts I ar	nd II, complete a Schedu	le M for each additio	nal trad	e or				
business, then complete								1 1				
		poration a subsidiary in an		ent-subs	sidiary controlled group?	•	Y	es X No				
		tifying number of the pare			-		704	042 0621				
J The books are in care of		de or Business Inc		LLC	(A) Income	none number > 7		(C) Net				
		de or business in	T	1	(A) income	(B) Expense	15	(C) Net				
1 a Gross receipts or sal			- Polones	1.								
b Less returns and allo			c Balance	1c 2								
2 Cost of goods sold (\$3 Gross profit, Subtrac		•		3		 		<u> </u>				
4a Capital gain net incor				4a		 -···		 				
	•	Part II, line 17) (attach Forr	n 4707)	4b		 						
c Capital loss deductio			11 47 37)	4c		 	,	-				
•		ship or an S corporation (a	attach statement)	5	· · · · · · · · · · · · · · · · · · ·	 						
6 Rent income (Schedi	•	omp or an o corporation (c	itadii statoiiidiitj	6		†						
7 Unrelated debt-finance		me (Schedule E)		7								
_		and rents from a controlled	organization (Schedule F									
	-	on 501(c)(7), (9), or (17) o	-	<u> </u>								
10 Exploited exempt act			, g	10		<u> </u>						
11 Advertising income (•	,		11				1				
12 Other income (See in		•		12								
13 Total, Combine lines		•		13	0.							
Part II Deduction	ns Ño	ot Taken Elsewhe	re (See instructions	for limit	ations on deductions)						
. (Except for	contrib	utions, deductions mus	t be directly connected	ed with	the unrelated busines	ss income)						
14 Compensation of of	ficers, di	rectors, and trustees (Sch	ــے edule K)		ECEIVED		14					
15 Salaries and wages			1	K	ECEIVED	10	15					
16 Repairs and mainter	nance					181	16					
17 Bad debts			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ğ 1	10V 2 2 2019	IRS-0SC	17					
18 Interest (attach scho	edule) (s	ee instructions)	/5			7 別	18					
19 Taxes and licenses			1	ا	GDEN, UT	1	19					
		e instructions for limitation	rules)	(JODEIN, O.		20					
21 Depreciation (attach					21		<u>ا</u> ــــــــــــــــــــــــــــــــــــ					
<u> </u>	aimed o	n Schedule A and elsewhe	re on return		[22a]		22b	ļ				
23 Depletion							23					
24 Contributions to def							24					
25 Employee benefit pr							25	 				
26 Excess exempt expe							26					
27 Excess readership c							27					
28 Other deductions (a		•					28					
29 Total deductions. A					0.4		29	0.				
		ncome before net operatin					30	0.				
		loss arising in tax years be		ary 1, 20	ארע (see instructions)		31	 				
		ncome. Subtract line 31 from					32	0 . Form 990-T (2018)				

10111 330-1	SAFE AUDIANCE INC.	30-03	29901	rage
Part I				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	** * * * * * * * * * * * * * * * * * * *	33	0.
34	Amounts paid for disallowed fringes		34	31,259.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	31,259.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36		38	30,259.
Part I	✓ Tax Computation	<u> </u>	. 1 90	30,233.
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)		39	6,354.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from		33	0,334.
70		_	40	
44				<u> </u>
41	Proxy tax. See instructions			
42	Alternative minimum tax (trusts only)		42	
	Tax on Noncompliant Facility Income. See instructions		43	<u> </u>
	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	* * * * * * * * * * * * * * * * * * * *	44	6,354.
Part V				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		_	
b	Other credits (see instructions)	**	_	
C	General business credit. Attach Form 3800			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 45a through 45d		45e	-
			46	6,354.
47	Subtract line 45e from line 44 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other	(attach schedule)	47	
	Total tax. Add lines 46 and 47 (see instructions)		48	6,354.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments: A 2017 overpayment credited to 2018	353		
	2018 estimated tax payments 50b	5,653		
c	Tax deposited with Form 8868 50c	,	 	
4	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		-	
	Backup withholding (see instructions) 50e		-	
•	Credit for small employer health insurance premiums (attach Form 8941) 50f	-	-	
	Other credits, adjustments, and payments Form 2439		-	
9				
			┥	c 00c
51	Total payments. Add lines 50a through 50g			6,006.
	Estimated tax penalty (see instructions) Check if Form 2220 is attached		52	240
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount ovied		53	348.
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	
		efunded 🕨	55	
Part V				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other author	•		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to fi	le		1 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	<i>(</i>		
	here >			
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	reign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
	Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to	the best of my kr	nowledge and bel	lef, it is true,
Sign	correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle			
Here	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		May the IHS disc the preparer show	uss this return with yn below (see
	Signature of officer Date Title		_	X Yes No
	Print/Type preparer's name Preparer's sugnature Date	Check	If PTIN	
De:4		self- employe		
Paid	JOHN NORMAN 10/29/19	Jon Gripioye		506766
Prepa	CITEMONIAD CONTACT EN TED	Firm's EIN		746749
Use O	227 WEST TRADE STREET, SUITE 800	T I I I I S E IN S	- 4T_/	,, ,, 0/4/
	Firm's address CHARLOTTE, NC 28202	Рһопе по	704-998	8-5200
92711 ne		Tenoneno		
823711 01			Fo	rm 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation N/A		17 1 T.	-		_
1 Inventory at beginning of year	1	6	Inventory at end of year	ır		6		_	
2 Purchases	2	7 Cost of goods sold. S				ine 6			_
3 Cost of labor	3		1	from line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes N	Vo.
b Other costs (attach schedule)	4b		1	property produced or a	acquired	I for resale) apply to			
5 Total. Add lines 1 through 4b	5		7	the organization?	•				_
Schedule C - Rent Income	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	pert	ty)	
(see instructions)									
1. Description of property									
(1)									_
(2)						·			
(3)				•					_
(4)									
		ed or accrued				3(a) Deductions directly	, 00000	oted with the income in	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	columns 2(a) ar	nd 2(b)	(attach schedule)	
(1)									_
(2)									
(3)		ĺ							
(4)									
Total	0.	Total			0.]			
(c) Total income. Add totals of columns		ter				(b) Total deductions. Enter here and on page 1,	_	,	n
here and on page 1, Part I, line 6, column Schedule E - Unrelated Del		► Income (see	aatuu	etions)	0.	Part I, line 6, column (B)	<u> </u>	·	<u>) .</u>
Scriedule L - Officiated Del	DI-T IIIaiiceu	i ilicollie (see	Instru	ctions)	Ι	3. Deductions directly con	nected	with or allocable	_
			2	Gross income from	L	to debt-financ	ed pro		
 Description of debt-fit 	inanced property		or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)	
(1)			1				1		_
(2)				<u> </u>		1 10	┰		_
(3)							1		_
(4)									_
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	,	8. Allocable deductions (column 6 x total of column 3(a) and 3(b))	
(1)	Ī			%			I^-		
(2)				%					\equiv
(3)				%				•	
(4)				%					
-						nter here and on page 1, art I, line 7, column (A)		Enter here and on page 1, Part I, line 7, cotumn (B)	_
Totals				•		0			o .
Total dividends-received deductions in	ncluded in column	8				•	·I		<u>.</u>
								Form 990-T (20	401

Schedule F - Interest,	, interior, ite	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Controlled O				- (300 1113	a dottor i	~ /
1. Name of controlled organiz	ation 2	. Employer lentification number	3. Net uni (loss) (see	related income e instructions)	4 Total of specified payments made		5. Part of column 4 th included in the contro organization's gross in		olling	6. Deductions directly connected with income in column 5
(1)	_									
(2)										
(3)					,					
(4)									<u> </u>	
Nonexempt Controlled Organ	nizations	•								
7. Taxable Income .	8. Net unrelated (see instru		9. Total	of specified pay made	ments	10. Part of colur in the controlli gross				ductions directly connected income in column 10
(1)										
(2)										
(3)										
(4)			<u> </u>							
						Enter here and	nns 5 and 1 on page 1 column (A)	, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals		_			▶			0.		0.
Schedule G - Investm (see ins	ent Income of tructions)	a Sectio	n 501(c)(7), (9), or	(17) Or					_
1. Des	scription of income			2. Amount of	ıncome	 Deduction directly conne (attach sched) 	cted	4. Set-a (attach sc	sides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)		<u>-</u>								
				Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Totals			•		0.					0.
Schedule I - Exploited (see instr	•	vity Incor	ne, Othe	r Than Ac	lvertisi	ng Income)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p	expenses or connected production nrelated ess income	4. Net incomfrom unrelated business (cominus colum gain, comput through	I trade or slumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)	Ī				1					
(3)	L				İ					
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, 0, col (B)		_					Enter here and on page 1, Part II, line 26
Schedule J - Advertis				1						
Part I Income From				solidated	Basis	11. 11. 11. 11. 11. 11. 11. 11. 11. 11.				
1. Name of periodical	2. Gro advertis incom	ing a	3. Direct vertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th		5. Circulati		6. Reader		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2)										
(3)	+			⊣						
(4)	-									
Totals (carry to Part II, line (5))	•	0.	0	•						0
										Form 990-T (2018

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Form 990-T (2018) SAFE ALLIANCE INC. **-**99 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

	1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			-					
(2) .		Î						
(3)	•							
(4)								_
Totals from	Part I	▶	0:	0.				0.
			Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Par	t II (lines 1-5)	▶	0.	0.	i			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		.%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)