

Form **990**
Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
SAFE CHILDREN COALITION INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1500 INDEPENDENCE BLVD NO 210

City or town, state or province, country, and ZIP or foreign postal code
SARASOTA, FL 34234

D Employer identification number
59-1618413

E Telephone number
(941) 371-4799

G Gross receipts \$ 48,118,305

F Name and address of principal officer:
STACEY L WALKER
1500 INDEPENDENCE BLVD NO 210
SARASOTA, FL 34234

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.SCCFL.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1945

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	726
6 Total number of volunteers (estimate if necessary)	6	30
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	25,882

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	40,996,805	41,465,495
9 Program service revenue (Part VIII, line 2g)	6,686,659	284,165
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-261,210	-6,009,701
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-8,337	-3,184
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,413,917	35,736,775
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	216,532	52,095
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15,849,810	12,981,830
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 57,421		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	31,632,358	28,424,262
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	47,698,700	41,458,187
19 Revenue less expenses. Subtract line 18 from line 12	-284,783	-5,721,412
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	17,804,165	10,666,526
21 Total liabilities (Part X, line 26)	5,923,367	4,800,610
22 Net assets or fund balances. Subtract line 21 from line 20	11,880,798	5,865,916

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2021-01-30

STACEY L WALKER CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00585910
Firm's name ▶ KERKERING BARBERIO & CO			Firm's EIN ▶ 59-1753337	
Firm's address ▶ PO BOX 49348 SARASOTA, FL 342306348			Phone no. (941) 365-4617	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE SAFE CHILDREN COALITION IS A COMMUNITY COALITION BLENDING AVAILABLE RESOURCES TO SUPPORT, ADVOCATE, GROW AND EDUCATE THE CHILDREN AND FAMILIES WE SERVE.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 37,548,821 including grants of \$) (Revenue \$)

See Additional Data

4b (Code:) (Expenses \$ 1,896,998 including grants of \$ 3,000) (Revenue \$)

See Additional Data

4c (Code:) (Expenses \$ 416,930 including grants of \$ 41,182) (Revenue \$)

See Additional Data

(Code:) (Expenses \$ 306,567 including grants of \$ 7,913) (Revenue \$ 284,165)

HEALTH ENHANCEMENT AND EARLY CHILDHOOD DEVELOPMENT: FOR THE GOOD OF OUR OVERALL ORGANIZATION, THE HEALTH AND WELLNESS SEGMENT CEASED OPERATIONS ON SEPTEMBER 13, 2019. THE YMCA FITNESS BRANCHES WERE NO LONGER FINANCIALLY VIABLE. THE YMCA CHARTER WAS RETURNED TO Y OF THE USA AND ALL SOCIAL SERVICE PROGRAMS WERE REORGANIZED UNDER THE NAME, SAFE CHILDREN COALITION.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 306,567 including grants of \$ 7,913) (Revenue \$ 284,165)

4e Total program service expenses ▶ 40,169,316

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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



Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed (FL); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [x] Another's website [x] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: STACEY L WALKER 1500 INDEPENDENCE BLVD 210 SARASOTA, FL 34234 (941) 371-4799

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERIK ARROYO DIRECTOR	1.00	X						0	0	0
(2) JAMES BUCHANAN DIRECTOR	1.00	X						0	0	0
(3) RICK CARO DIRECTOR	1.00	X						0	0	0
(4) LYNETTE MANCUSO DIRECTOR	1.00	X						0	0	0
(5) BILL MCCLURE DIRECTOR	1.00	X						0	0	0
(6) JIM SARTORI DIRECTOR	1.00	X						0	0	0
(7) PETER POWERS TREASURER	1.00	X		X				0	0	0
(8) DAN DANNHEISSER SECRETARY	1.00	X		X				0	0	0
(9) KIM GITHLER VICE CHAIR THRU JAN. 2020	1.00	X		X				0	0	0
(10) MICHELE GRIMES CHAIR	1.00	X		X				0	0	0
(11) STEVE BOURNE INTERIM CEO/CFO THRU OCT. 2019	40.00			X				148,631	0	17,760
(12) BONNIE GAUSPOHL SVP HR / RISK MANAGEMENT	40.00			X				114,902	0	15,434
(13) BRENA SLATER SVP CBC OPERATIONS/CEO EFF. OCT 2019	40.00			X				148,332	0	16,979
(14) STEVEN HURWITZ CHIEF LEGAL OFFICER	40.00			X				100,335	0	467
(15) KATHLEEN COWAN VP COMMUNITY BASED CARE	40.00			X				0	0	0
(16) STACEY WALKER CFO AS OF OCT 2019	40.00			X				78,564	0	12,101

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 52			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d 459,652			
	e Government grants (contributions)	1e 40,432,775			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 573,016			
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		41,465,495		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a PROGRAM SERVICE FEES		713940	284,165	284,165		
b						
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			284,165			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,925			9,925	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	6a 541				
			(ii) Personal				
		b Less: rental expenses	6b 0				
		c Rental income or (loss)	6c 541				
	d Net rental income or (loss)			541			541
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a 597,374	5,752,869			
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b 576,189	11,793,680			
		c Gain or (loss)	7c 21,185	-6,040,811			
	d Net gain or (loss)			-6,019,626			-6,019,626
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a 1,211				
		b Less: direct expenses	8b 11,661				
		c Net income or (loss) from fundraising events			-10,450		-10,450
	9a Gross income from gaming activities. See Part IV, line 19		9a				
		b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances		10a 1,856				
b Less: cost of goods sold		10b 0					
c Net income or (loss) from sales of inventory			1,856			1,856	
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS REVENUE	900099		4,869			4,869	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			4,869				
12 Total revenue. See instructions			35,736,775	284,165	0	-6,012,885	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	52,095	52,095		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	677,910	268,030	409,880	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,907,174	9,739,565	140,478	27,131
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	446,313	446,263		50
9 Other employee benefits	1,055,774	1,029,236	26,423	115
10 Payroll taxes	894,659	852,693	39,848	2,118
11 Fees for services (non-employees):				
a Management				
b Legal	6,058	5,729	242	87
c Accounting	77,190	60,864	15,407	919
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 Schedule O)	812,469	605,830	197,484	9,155
12 Advertising and promotion	4,014	4,014		
13 Office expenses	561,240	541,760	17,564	1,916
14 Information technology				
15 Royalties				
16 Occupancy	1,322,001	1,136,228	182,755	3,018
17 Travel	302,864	302,453	411	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	95,197	94,064	809	324
20 Interest	23,541	373	23,168	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	210,599	133,452	77,025	122
23 Insurance	344,687	318,810	25,877	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACTED SERVICES	24,325,470	24,325,470		
b EQUIPMENT RENTAL AND MA	242,654	166,127	65,331	11,196
c DUES & LICENSES	58,371	56,034	2,471	-134
d BANK CHARGES	32,562	25,600	5,558	1,404
e All other expenses	5,345	4,626	719	
25 Total functional expenses. Add lines 1 through 24e	41,458,187	40,169,316	1,231,450	57,421
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	94,590
	2 Savings and temporary cash investments	1,639,123	2	4,819,509
	3 Pledges and grants receivable, net	1,350,760	3	1,760,044
	4 Accounts receivable, net	92,105	4	31,851
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	83,017	9	131,895
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,161,404		
	b Less: accumulated depreciation	3,952,325		
	11 Investments—publicly traded securities	425,516	11	
	12 Investments—other securities. See Part IV, line 11	3,888,482	12	3,608,249
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	16,163	15	11,309
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,804,165	16	10,666,526	
Liabilities	17 Accounts payable and accrued expenses	1,976,590	17	2,025,481
	18 Grants payable		18	
	19 Deferred revenue	337,171	19	163,956
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,612,908	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	1,223,637
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	996,698	25	1,387,536
	26 Total liabilities. Add lines 17 through 25	5,923,367	26	4,800,610
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,025,143	27	2,828,393
	28 Net assets with donor restrictions	2,855,655	28	3,037,523
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	11,880,798	32	5,865,916	
33 Total liabilities and net assets/fund balances	17,804,165	33	10,666,526	

Part XI 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)	1	35,736,775
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,458,187
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,721,412
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,880,798
5	Net unrealized gains (losses) on investments	5	-13,237
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 in Schedule O)	9	-280,233
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,865,916

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 59-1618413

Name: SAFE CHILDREN COALITION INC

Form 990 (2019)

Form 990, Part III, Line 4a:

CHILD WELFARE/FOSTER CARE: IN 1997 SAFE CHILDREN COALITION PIONEERED THE CURRENT FOSTER CARE DELIVERY SYSTEM IN FLORIDA THAT HAS BEEN ADOPTED THROUGHOUT THE STATE. COLLABORATING WITH STATE AND COMMUNITY PARTNERS THE SCC TOOK CARE OF 3,851 CHILDREN IN MANATEE, SARASOTA AND DE SOTO COUNTIES. THE CONTINUUM OF SERVICES PROVIDED INCLUDE: DIVERSION TO PREVENT CHILDREN ENTERING THE WELFARE SYSTEM, EARLY INTERVENTION, CHILD/FAMILY ASSESSMENT, CASE PLANNING AND MANAGEMENT, COORDINATION OF SERVICES, FAMILY PRESERVATION SERVICES, CHILD PLACEMENT IN FOSTER HOMES/RESIDENTIAL HOMES OR PSYCHIATRIC CARE, ADOPTION SERVICES, FAMILY REUNIFICATION SERVICES AND TRANSITIONAL LIVING PROGRAMS TO ASSIST CHILDREN ON THEIR ROAD TO INDEPENDENCE.

Form 990, Part III, Line 4b:

YOUTH AND FAMILY SERVICES: SERVICES ARE PROVIDED THROUGH ONE RESIDENTIAL AND TWO COMMUNITY BASED PROGRAMS AND AN ALTERNATIVE SCHOOL. THE YOUTH SHELTER PROVIDES TEMPORARY HOUSING AND CARE FOR CHILDREN BETWEEN THE AGES OF 10 AND 18 WHO HAVE RUN AWAY, ARE EXPERIENCING CONFLICT, OR HAVE BEEN LOCKED OUT OF THEIR HOMES. THE YOUTH SHELTER PROVIDED A SAFE PLACE FOR 160 CHILDREN IN A FAMILY-LIKE ATMOSPHERE. THE CHILDREN RECEIVE DAILY TRANSPORTATION TO AND FROM SCHOOL AND AFTER SCHOOL TUTORING. EACH CHILD PARTICIPATES IN INDIVIDUAL, GROUP AND FAMILY COUNSELING AND A VARIETY OF EDUCATIONAL AND RECREATIONAL ACTIVITIES. YOUTH PREVENTION SERVICES PROVIDED FREE COUNSELING SERVICES TO 259 YOUTH (AGES 10-17) AND THEIR FAMILIES IN THE AREAS OF ANGER MANAGEMENT, PEER RELATIONS, SELF-ESTEEM, SCHOOL AND HOME BEHAVIORS. THE SCHOOLHOUSE LINK PROGRAM IN PARTNERSHIP WITH THE SARASOTA COUNTY SCHOOL BOARD HELPED 729 IDENTIFIED HOMELESS STUDENTS IN THE COUNTY. THE PROGRAM'S GOAL IS TO ENSURE THAT STUDENTS IN TRANSITION ARE ABLE TO ENROLL, ATTEND AND SUCCEED IN SCHOOL. SCHOOLHOUSE LINK SUPPORTS EACH STUDENT BY HELPING CREATE EDUCATIONAL STABILITY AND BY REMOVING ANY BARRIERS LIMITING THEIR SUCCESS.

Form 990, Part III, Line 4c:

EDUCATIONAL OUTREACH PROGRAMS (EOS): A CONTINUUM OF PROGRAMS DESIGNED TO ELEVATE THE QUALITY OF CHILD CARE (CENTER-BASED, FAITH-BASED, FAMILY CHILD CARE AND AFTERSCHOOL CARE), EDUCATION, AND FAMILY INVOLVEMENT FOR CHILDREN FROM KINDERGARTEN TO GRADE 12. HIPPIY (HOME INSTRUCTION FOR PARENTS OF PRESCHOOL YOUNGSTERS) INFLUENCED 123 CHILDREN AND 100 PARENTS BY ASSISTING PARENTS IN BECOMING MORE INVOLVED WITH THE EDUCATION OF THEIR CHILDREN BETWEEN THE AGES OF AGES 3-5. THERE WERE 283 STUDENTS WHO PARTICIPATED IN THE Y-ACHIEVERS PROGRAMS WHOSE MISSION IS TO EMPOWER AT-RISK YOUTH TO MAKE AND ACHIEVE POSITIVE GOALS. THE PROGRAM ENCOURAGES CONTINUOUS GROWTH IN THE AREAS OF: 1. PERSONAL DEVELOPMENT 2. COLLEGE PREPARATION 3. COMMUNITY SERVICE AND LEADERSHIP 4. WORKFORCE READINESS 5. RECREATION. IN FISCAL YEAR 2020, \$44,182 WAS AWARDED IN SCHOLARSHIPS TO GRADUATES OF THE ACHIEVERS PROGRAM FOR CONTINUING COLLEGE EDUCATION.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SAFE CHILDREN COALITION INC

Employer identification number
59-1618413

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	35,291,979	36,929,043	38,782,117	40,996,805	41,465,495	193,465,439
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	35,291,979	36,929,043	38,782,117	40,996,805	41,465,495	193,465,439
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4.						193,465,439

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4.	35,291,979	36,929,043	38,782,117	40,996,805	41,465,495	193,465,439
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	177,327	155,788	104,324	101,618	10,466	549,523
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.).	44,113	117,384	20,593	244,128	4,869	431,087
11	Total support. Add lines 7 through 10						194,446,049
12	Gross receipts from related activities, etc. (see instructions)					12	33,502,249

13 First five 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 2019 (line 6, column (f) divided by line 11, column (f))	14	99.500 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	99.210 %

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 performed, 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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
Section 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):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 59-1618413

Name: SAFE CHILDREN COALITION INC

Part 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, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V 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).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization
SAFE CHILDREN COALITION INC

Employer identification number
59-1618413

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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 easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 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.

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 SFAS 116 (ASC 958), not 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 furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (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 furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		30,000		30,000
b Buildings		129,041	101,900	27,141
c Leasehold improvements		279,555	267,507	12,048
d Equipment		3,722,808	3,582,918	139,890
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				209,079

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	3,608,249	F
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶ 3,608,249	

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶	

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 1,387,536

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	35,713,731
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-13,237
b	Donated services and use of facilities	2b	312,692
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-314,586
e	Add lines 2a through 2d	2e	-15,131
3	Subtract line 2e from line 1	3	35,728,862
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	7,913
c	Add lines 4a and 4b	4c	7,913
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	35,736,775

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	41,728,613
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	312,692
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	-34,353
e	Add lines 2a through 2d	2e	278,339
3	Subtract line 2e from line 1	3	41,450,274
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	7,913
c	Add lines 4a and 4b	4c	7,913
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	41,458,187

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-1618413

Name: SAFE CHILDREN COALITION INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC), THE SCC AND FOUNDATION HAVE REVIEWED AND EVALUATED THE RELEVANT TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	EQUITY GAIN ON INVESTMENT 6,882. CHANGE IN VALUE OF BENEFICIAL INTEREST IN NET ASSETS OF THE FOUNDATION -287,115. AMOUNTS REPORTED ON SAFE CHILDREN COALITION FOUNDATION EIN 59-2115 288 194,225. INTERCOMPANY ELIMINATIONS -228,578.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	PROGRAM DISCOUNTS NETTED AGAINST REVENUE PER BOOKS 7,913.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	AMOUNTS REPORTED ON SAFE CHILDREN COALITION FOUNDATION EIN 59-2115288 481,340. INTERCOMPANY ELIMINATIONS -515,693.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	PROGRAM DISCOUNTS NETTED AGAINST REVENUE PER BOOKS 7,913.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SAFE CHILDREN COALITION INC

Employer identification number

59-1618413

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) PROGRAM ASSISTANCE	27	7,913		FMV	FINANCIAL ASSISTANCE BASED ON THE FEDERAL POVERTY GUIDELINES IS PROVIDED TO INDIVIDUALS AND FAMILIES IN THE FORM OF DISCOUNTS ON PROGRAM PARTICIPATION.
(2) COLLEGE SCHOLARSHIPS	37	44,182			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	FINANCIAL ASSISTANCE BASED ON THE FEDERAL POVERTY GUIDELINES IS PROVIDED TO INDIVIDUALS AND FAMILIES IN THE FORM OF A DISCOUNTED RATE FOR PROGRAM FEES (IE, AFTER SCHOOL). A FORMAL APPLICATION MUST BE MADE BY THE RECIPIENT AND THE AMOUNT OF ASSISTANCE IS BASED ON A SLIDING SCALE USING THE FEDERAL POVERTY GUIDELINES. IN ADDITION, COLLEGE STUDENTS WHO GRADUATED FROM THE ACHIEVERS PROGRAM MAY QUALIFY FOR A COLLEGE SCHOLARSHIP.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization SAFE CHILDREN COALITION INC	Employer identification number 59-1618413
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEVE BOURNE INTERIM CEO/CFO THRU OCT. 2019	(i)	148,631	0	0	10,699	7,061	166,391	0
	(ii)	0	0	0	0	0	0	0
2 BRENA SLATER SVP CBC OPERATIONS/CEO EFF. OCT 2019	(i)	148,332	0	0	8,885	8,094	165,311	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**SCHEDULE N
(Form 990 or 990-EZ)**

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No. 1545-0047

2019

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
SAFE CHILDREN COALITION INC

Employer identification number

59-1618413

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36.
Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
---	--	--------------------------	---	--	----------------------	-----------------------------------	---

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:		
a	Become a director or trustee of a successor or transferee organization?	2a	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	
c	Become a direct or indirect owner of a successor or transferee organization?	2c	
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d	
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ▶		

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

Yes	No
-----	----

- 3** Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III
- 4a** Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- b** If "Yes," did the organization provide such notice?
- 5** Did the organization discharge or pay all of its liabilities in accordance with state laws?
- 6a** Did the organization have any tax-exempt bonds outstanding during the year?
- b** If "Yes" on line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?
- c** If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.

3		
4a		
4b		
5		
6a		
6b		

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part

if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

See Additional Data Table

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

- 2** Did or will any officer, director, trustee, or key employee of the organization:
 - a** Become a director or trustee of a successor or transferee organization?
 - b** Become an employee of, or independent contractor for, a successor or transferee organization?
 - c** Become a direct or indirect owner of a successor or transferee organization?
 - d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
 - e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ►

Yes	No
2a	
2b	
2c	
2d	

Part III Supplemental Information.

Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation
SCHEDULE N, PART II, LINE 1	<p>IN 2019, THE ORGANIZATION DETERMINED THAT THE OPERATIONS OF THE NON-PERFORMING SEGMENT, THE FITNESS CENTERS, SHOULD BE DISCONTINUED. ONE FITNESS CENTER IN HARDEE COUNTY WAS CLOSED ON APRIL 12, 2019. THE REMAINING TWO FITNESS CENTERS, LOCATED IN SARASOTA COUNTY, WERE CLOSED ON SEPTEMBER 13, 2019. THE CLOSING OF ALL FITNESS CENTERS PRECIPITATED THE RETURN OF THE YMCA CHARTER TO Y USA. SAFE CHILDREN COALITION, INC. CONTINUES TO OPERATE THE GRANT AND CONTRACT FUNDED SEGMENT AND REMAINS IN FULL OPERATION. THE CLOSING OF THE FITNESS CENTERS RESULTED IN THE ESTABLISHMENT OF A COMMUNITY ORGANIZATION THAT BELIEVES THAT THE SARASOTA FITNESS CENTERS CAN BE FINANCIALLY VIABLE. THEY WERE INCORPORATED AS SAVE OUR Y, INC. (SOY), AN UNRELATED FLORIDA NOT-FOR-PROFIT CORPORATION, RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT UNDER SECTION 501(C)3 OF THE INTERNAL REVENUE CODE OF 1986. MANAGEMENT ENTERED INTO AN AGREEMENT WITH SOY THAT PROVIDED RENTAL REVENUE THROUGH MARCH 24, 2020. IN ADDITION, THE AGREEMENT PROVIDED SOY WITH AN OPTION TO PURCHASE THE FITNESS CENTERS. THE SALE OF THE FITNESS CENTERS TO SOY WAS COMPLETED ON MARCH 25, 2020. THE ASSETS SOLD CONSISTED OF THE LAND, BUILDINGS, AND EQUIPMENT OF THE FITNESS CENTERS. THE TERMS OF THE SALE ESTABLISH COVENANTS AND AGREEMENTS WHEREBY SOY MUST: 1) MAINTAIN ITS STATUS AS A CHARITABLE ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; 2) CONTINUALLY OPERATE A NOT-FOR-PROFIT HEALTH AND WELLNESS FACILITY (YMCA-LIKE FACILITY) AT EACH OF THE TWO EXISTING BRANCH LOCATIONS; 3) CONTINUALLY OFFER PROGRAMS WITHIN THE YMCA-LIKE FACILITIES THAT ARE MATERIALLY SIMILAR TO THOSE WHICH IT IS CURRENTLY OFFERING; 4) CONTINUE TO GIVE SCHOLARSHIPS TO THOSE WHO NEED FINANCIAL HELP IN ORDER TO UTILIZE THE FACILITIES AND PROGRAMS AT THE BRANCHES. IF THESE CONDITIONS ARE NOT MET, SOY IS REQUIRED TO COMMENCE EFFORTS TO SELL THE PROPERTIES. SOY OR ANY SUCCESSORS SHALL NOT PROFIT FROM ANY FUTURE SALE OF THE PROPERTIES. IF SOLD, THE NET SALES PROCEEDS SHALL BE PAID TO THE ORGANIZATION. THESE COVENANTS AND RESTRICTIONS ARE APPLICABLE FOR TEN YEARS BEGINNING MARCH 26, 2020.</p>

Additional Data

Software ID:

Software Version:

EIN: 59-1618413

Name: SAFE CHILDREN COALITION INC

Form 990, Schedule N, Part II - Sale, Exchange, Disposition or Other Transfer of more than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) Ein of recipient	(f) Name and address of recipient	(g) IRC Code section recipient(s) (if tax-exempt) or type of entity
	FITNESS CENTERS - ALL LAND, BUILDINGS AND EQUIPMENT	03-25-2020	4,400,000	SALE PRICE	84-2889884	SAVE OUR Y INC 1075 S EUCLID AVENUE SARASOTA, FL 34237	501(C)(3)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the Organization

SAFE CHILDREN COALITION INC

Employer identification number

59-1618413

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 ORGANIZATION'S MOST SIGNIFICANT ACTIVITIES	SAFE CHILDREN COALITION, INC. IS A 501(C)3 NON-PROFIT ORGANIZATION FOUNDED IN 1945 COMMITTED TO PROVIDING A DIVERSE ARRAY OF SERVICES TO THE MOST DISADVANTAGED AND AT-RISK YOUTH AND FAMILIES IN OUR COMMUNITY. SINCE 1997, SCC HAS BEEN THE CONTRACTED LEAD AGENCY WITH THE DEPARTMENT OF CHILDREN AND FAMILIES TO PROVIDE FOSTER CARE, ADOPTIONS AND RELATED CHILD WELFARE SERVICES IN CIRCUIT 12, COVERING SARASOTA, MANATEE AND DESOTO COUNTIES. SCC'S SOCIAL SERVICE PROGRAMS ALSO INCLUDE EARLY CHILDHOOD LITERACY THROUGH OUR HOME INSTRUCTION FOR PARENTS OF PRESCHOOL YOUNGSTERS (HIPPI) PROGRAM WITH SERVICES TO MORE THAN 200 PARENTS AND CHILDREN EACH YEAR. OUR HOMELESS YOUTH EDUCATION SUPPORT PROGRAM (SCHOOLHOUSE LINK), SERVES MORE 800 YOUTH EVERY SCHOOL YEAR. WE OPERATE THE ONLY SHELTER FOR HOMELESS, FOSTER AND RUNAWAY YOUTH IN SARASOTA, SERVE MORE THAN 1,500 ABUSED AND NEGLECTED CHILDREN EVERY YEAR, HELP OVER 135 YOUTH GET ADOPTED ANNUALLY AND ASSIST OVER 280 YOUTH IN OUR ACHIEVERS PROGRAM WITH COLLEGE AND CAREER PREPARATION. OUR ADVENTURE CLUB PROGRAM PROVIDES BEFORE AND/OR AFTER SCHOOL PROGRAMMING FOR 3 ELEMENTARY SCHOOLS WITHIN SARASOTA COUNTY. FOR THE GOOD OF OUR OVERALL ORGANIZATION, THE HEALTH AND WELLNESS SEGMENT CEASED OPERATIONS ON SEPTEMBER 13, 2019. THE YMCA FITNESS BRANCHES WERE NO LONGER FINANCIALLY VIABLE. THE YMCA CHARTER WAS RETURNED TO Y OF THE USA AND ALL SOCIAL SERVICE PROGRAMS WERE REORGANIZED UNDER THE NAME, SAFE CHILDREN COALITION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6 VOLUNTEERS	VOLUNTEERS HELP CHILDREN TO IMPROVE THEIR READING SKILLS, TUTOR AND COUNSEL YOUTH, PARTICIPATE IN FUNDRAISING EVENTS, OBTAIN AND ORGANIZE CLOTHES/SCHOOL SUPPLIES/OTHER NEEDED ITEMS FOR NEEDY CHILDREN AND PARTICIPATE AS BOARD AND COMMITTEE MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	ON SEPTEMBER 13, 2019 THE ORGANIZATION CLOSED ALL YMCA FITNESS BRANCHES IN SARASOTA COUNTY, ENDING ALL HEALTH AND WELLNESS PROGRAMS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	<p>AMENDED AND RESTATED BYLAWS OF THE ORGANIZATION, APPROVED BY THE BOARD OF DIRECTORS, WERE ADOPTED EFFECTIVE AS OF SEPTEMBER 30, 2019. OLD ARTICLE I (REMOVED ENTIRELY): THE YOUNG MEN'S CHRISTIAN ASSOCIATION IS UNIVERSALLY REGARDED AS BEING, IN ITS ESSENTIAL GENIUS, A WORLDWIDE FELLOWSHIP OF PERSONS UNITED BY A COMMON LOYALTY TO GOD FOR THE PURPOSE OF DEVELOPING JUDEO-CHRISTIAN VALUES WITHIN THE COMMUNITIES WE SERVE. NEW ARTICLE 1 OF THE AMENDED BY LAWS STATES THAT THE NAME OF THIS CORPORATION SHALL BE "SAFE CHILDREN COALITION, INC.". OLD ARTICLE III - PURPOSE HAS BEEN REPLACED BY AMENDED AND RESTATED ARTICLE 2: PURPOSE. OLD ARTICLE III - PURPOSE: SECTION 1. THE PURPOSE AND OBJECT OF THIS CORPORATION SHALL BE TO DEVELOP AND IMPROVE THE SPIRITUAL, SOCIAL, MENTAL AND PHYSICAL LIFE OF YOUTH AND ADULTS AND, IN COOPERATION WITH OTHER ORGANIZATIONS AND WITH INDIVIDUALS, TO RENDER SUCH SERVICES TO THE COMMUNITY AS WILL SECURE BETTER ECONOMIC, SOCIAL AND MORAL CONDITIONS FOR YOUTH AND ADULTS. SECTION 2. THIS CORPORATION SHALL ESTABLISH AND MAINTAIN MEMBERSHIP IN THE NATIONAL COUNCIL OF THE YOUNG MEN'S CHRISTIAN ASSOCIATIONS OF THE UNITED STATES OF AMERICA (THE "NATIONAL COUNCIL"), THE CONSTITUTION OF WHICH IT ACCEPTS; IT SHALL BE ORGANIZED IN CONFORMITY WITH STANDARDS ESTABLISHED BY THE NATIONAL COUNCIL. IN THE EVENT OF FAILURE TO MAINTAIN SUCH MEMBERSHIP IT SHALL RELINQUISH THE USE OF THE NAME "YOUNG MEN'S CHRISTIAN ASSOCIATION," THE LETTERS "YMCA," THE LETTER "Y," AND THE SYMBOLS AND TRADEMARKS USED OR REGISTERED ON BEHALF OF THE NATIONAL COUNSEL AND THE NATIONAL BOARD OF YMCAS. SECTION 3. NO INDIVIDUAL MAY BE DENIED THE SERVICES OF THE SARASOTA FAMILY YOUNG MEN'S CHRISTIAN ASSOCIATION, INC., DUE TO THAT INDIVIDUAL'S INABILITY TO PAY. FINANCIAL ASSISTANCE AND FEES BASED ON A SLIDING SCALE WILL BE OFFERED TO ANY PARTICIPANT IN SARASOTA FAMILY YOUNG MEN'S CHRISTIAN ASSOCIATION, INC. EVENTS WHO IS IN NEED OF SUCH ASSISTANCE. AMENDED AND RESTATED ARTICLE 2: PURPOSE: 2.1 THIS CORPORATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR CHARITABLE, PURPOSES AS FOLLOWS: (A) TO PROVIDE SERVICES TO NEGLECTED, ABUSED, HOMELESS AND AT-RISK CHILDREN AND THEIR FAMILIES SEEKING TO PREVENT THE AFORESAID CONDITIONS ALONE AND IN COOPERATION WITH OTHER ORGANIZATIONS, (B) TO RENDER SUCH SERVICES TO THE COMMUNITY INTENDED TO SECURE BETTER ECONOMIC, SOCIAL AND MORAL CONDITIONS FOR CHILDREN AND THEIR FAMILIES. (C) TO ENGAGE IN AND DO ANY AND ALL LAWFUL ACTIVITIES NECESSARY OR DESIRABLE FOR THE ACCOMPLISHMENT OF ANY OF THE ABOVE DESCRIBED OBJECTIVES AND PURPOSES. OLD ARTICLE IV - PRINCIPAL OFFICE HAS BEEN REPLACED BY AMENDED AND RESTATED ARTICLE 3: PRINCIPAL OFFICE. THE PRINCIPAL OFFICE HAS MOVED FROM ONE SOUTH SCHOOL AVENUE, SARASOTA, FL TO 1500 INDEPENDENCE BOULEVARD, SARASOTA, FL. OLD ARTICLE V - MANAGEMENT AND MEETINGS OF THE DIRECTORS, SECTIONS 1, 2, AND 14A) HAVE BEEN REPLACED BY AMENDED AND RESTATED ARTICLE 4: MANAGEMENT AND MEETINGS OF THE DIRECTORS, SECTIONS 4.1, 4.2</p>

990 Schedule O, Optional Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION A, LINE 4</p>	<p>AND 4.13A). OLD ARTICLE V - (SECTIONS REMOVED): SECTION 1. THE MANAGEMENT OF THIS CORPORATION SHALL BE VESTED IN A BOARD OF DIRECTORS OF NOT LESS THAN TWELVE (12) NOR MORE THAN 24 (TWENTY-FOUR) PERSONS. A DIRECTOR MUST BE AT LEAST EIGHTEEN (18) YEARS OF AGE. SECTION 2. DIRECTORS SHALL BE ELECTED AT THE ANNUAL MEETING OF DIRECTORS. ADDITIONAL DIRECTORS MAY BE ELECTED AT OTHER MEETINGS OF THE BOARD OF DIRECTORS FOR WHICH NOTICE OF SUCH ELECTION HAS BEEN PROPERLY GIVEN. EACH DIRECTOR ELECTED SHALL HOLD OFFICE AS FOLLOWS: (A) A DIRECTOR SHALL BE ELECTED FOR AN INITIAL TERM THAT EXPIRES AT THE NEXT ANNUAL MEETING OF DIRECTORS THAT OCCURS AT LEAST FOUR (4) MONTHS AFTER THAT DIRECTOR'S INITIAL TERM COMMENCES. (B) UPON THE COMPLETION OF THE INITIAL TERM, A MEMBER OF THE BOARD OF DIRECTORS SHALL BE ELIGIBLE TO HOLD OFFICE FOR A TERM OF THREE (3) YEARS, UNTIL RESIGNATION OR UNTIL A SUCCESSOR IS ELECTED AND QUALIFIED. (C) BEGINNING WITH THE ANNUAL MEETING OF DIRECTORS HELD IN JUNE 2013, A DIRECTOR MAY NOT SERVE FOR MORE THAN TWO (2) SUCCESSIVE THREE (3) YEAR TERMS. THEREAFTER, A DIRECTOR MUST HAVE AT LEAST A ONE (1) YEAR HIATUS BEFORE BEING ELIGIBLE TO SERVE AGAIN ON THE BOARD OF DIRECTORS. THIS CLAUSE (C) PROVISION MAY BE WAIVED AS TO ANY DIRECTOR PROVIDED SUCH WAIVER IS APPROVED BY THE MAJORITY OF ALL OTHER MEMBERS OF THE BOARD OF DIRECTORS. SECTION 14A) THE ADVISORY COMMITTEES SHALL INCLUDE AN AUDIT COMMITTEE, A FINANCE COMMITTEE, A YOUTH AND FAMILY SERVICES COMMITTEE, A WELLNESS COMMITTEE, A DEVELOPMENT COMMITTEE AND A GOVERNANCE COMMITTEE AND MAY ALSO INCLUDE SUCH OTHER COMMITTEES AS THE BOARD OF DIRECTORS MAY FROM TIME TO TIME DEEM APPROPRIATE. THE TREASURER OF THIS CORPORATION SHALL SERVE AS CHAIR OF THE FINANCE COMMITTEE. THE CHAIRMAN OF THE BOARD OF DIRECTORS SHALL ANNUALLY APPOINT A CHAIR FOR EACH COMMITTEE. EACH COMMITTEE MAY ELECT A VICE CHAIRPERSON FROM AMONG ITS MEMBERS. BEGINNING IN JUNE 2013, COMMITTEE CHAIRS (OTHER THAN THE CHAIR OF THE FINANCE COMMITTEE) SHALL NOT SERVE FOR MORE THAN THREE (3) CONSECUTIVE ONE YEAR TERMS. THIS TERM LIMIT MAY BE WAIVED AS TO ANY INDIVIDUAL SERVING AS COMMITTEE CHAIR BY THE BOARD OF DIRECTORS. AMENDED AND RESTATED ARTICLE 4: MANAGEMENT AND MEETINGS OF THE DIRECTORS: 4.1 THE MANAGEMENT OF THIS CORPORATION SHALL BE VESTED IN A BOARD OF DIRECTORS OF NOT LESS THAN THREE (3) NOR MORE THAN TWENTY-FOUR (24) PERSONS. A DIRECTOR MUST BE AT LEAST EIGHTEEN (18) YEARS OF AGE. 4.2 DIRECTORS SHALL BE ELECTED AT THE ANNUAL MEETING OF DIRECTORS. ADDITIONAL DIRECTORS MAY BE ELECTED AT OTHER MEETINGS OF THE BOARD OF DIRECTORS FOR WHICH NOTICE OF SUCH ELECTION HAS BEEN PROPERLY GIVEN. EACH DIRECTOR ELECTED SHALL HOLD OFFICE AS FOLLOWS: (A) THE TERMS OF THE MEMBERS OF THIS CORPORATION'S BOARD OF DIRECTORS IN OFFICE AT THIS CORPORATION'S NEXT ANNUAL MEETING IN JUNE 2020 SHALL EXPIRE AT SUCH MEETING. COMMENCING WITH THAT ANNUAL MEETING, THE BOARD OF DIRECTORS SHALL BE A STAGGERED BOARD IN WHICH THE TERMS OF APPROXIMATELY ONE THIRD</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION A, LINE 4</p>	<p>D (1/3) OF THE FULL NUMBER OF DIRECTORS EXPIRES AT EACH ANNUAL MEETING. AT THIS CORPORATION'S NEXT ANNUAL MEETING IN JUNE 2020, AN ELECTION OF DIRECTORS SHALL BE HELD IN WHICH APPROXIMATELY ONE THIRD OF THE PERSONS THEN ELECTED SHALL HAVE A ONE-YEAR TERM EXPIRING AT THE NEXT ANNUAL MEETING IN JUNE 2021, APPROXIMATELY ONE THIRD OF THE PERSONS THEN ELECTED SHALL HAVE A TERM EXPIRING AT THE FOLLOWING ANNUAL MEETING, AND APPROXIMATELY ONE THIRD OF THE PERSONS THEN ELECTED SHALL HAVE A TERM EXPIRING AT THE THIRD ANNUAL MEETING IN JUNE 2022. WHENEVER A PERSON IS ELECTED TO BE A DIRECTOR, THE BOARD OF DIRECTORS SHALL SPECIFY THE ANNUAL MEETING AT WHICH THE TERM OF THE DIRECTOR THEN-ELECTED EXPIRES BASED UPON THE REQUIREMENT TO MAINTAIN A STAGGERED BOARD WITH APPROXIMATELY ONE THIRD OF THE DIRECTORS' TERMS EXPIRING AT EACH ANNUAL MEETING. (B) A DIRECTOR MAY NOT SERVE FOR MORE THAN SIX (6) SUCCESSIVE YEARS. THEREAFTER, A DIRECTOR MUST HAVE AT LEAST A ONE (1) YEAR HIATUS BEFORE BEING ELIGIBLE TO SERVE AGAIN ON THE BOARD OF DIRECTORS. THIS CLAUSE (B) PROVISION MAY BE WAIVED AS TO ANY DIRECTOR PROVIDED SUCH WAIVER IS APPROVED BY THE MAJORITY OF ALL OTHER MEMBERS OF THE BOARD OF DIRECTORS. FOR THE PURPOSE OF APPLYING THE ABOVE SIX (6) YEAR LIMITATION, SERVICE AS A DIRECTOR OF THIS CORPORATION PRIOR TO JUNE 2020 SHALL BE DEEMED TO BE THE LESSER OF: (I) TWO YEARS OR (II) THE NUMBER OF FULL YEARS AS A DIRECTOR OF THIS CORPORATION THAT THE SUCH INDIVIDUAL HAS COMPLETED THROUGH THE JUNE 2020 ANNUAL MEETING. 4.13 A) THE ADVISORY COMMITTEES SHALL INCLUDE AN AUDIT COMMITTEE, A FINANCE COMMITTEE, AND A GOVERNANCE COMMITTEE AND MAY ALSO INCLUDE SUCH OTHER COMMITTEES AS THE BOARD OF DIRECTORS MAY FROM TIME TO TIME DEEM APPROPRIATE. THE TREASURER OF THIS CORPORATION SHALL SERVE AS CHAIR OF THE FINANCE COMMITTEE. THE CHAIRMAN OF THE BOARD OF DIRECTORS SHALL ANNUALLY APPOINT A CHAIR FOR EACH COMMITTEE. EACH COMMITTEE MAY ELECT A VICE CHAIRPERSON FROM AMONG ITS MEMBERS. COMMITTEE CHAIRS (OTHER THAN THE CHAIR OF THE FINANCE COMMITTEE) SHALL NOT SERVE FOR MORE THAN THREE (3) CONSECUTIVE ONE-YEAR TERMS. THIS TERM LIMIT MAY BE WAIVED AS TO ANY INDIVIDUAL SERVING AS COMMITTEE CHAIR BY THE BOARD OF DIRECTORS. OLD ARTICLE X - BRANCH ADVISORY BOARDS, RELATING TO THE OPERATION OF SEPARATE PHYSICAL FACILITIES AND THEIR ASSOCIATED ADVISORY BOARDS, HAS BEEN REMOVED IN ITS ENTIRETY. THERE ARE NO LONGER ANY BRANCHES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. IT IS REVIEWED BY THE ORGANIZATION'S MANAGEMENT. A PAPER OR ELECTRONIC COPY OF THE RETURN IS PROVIDED TO ALL BOARD MEMBERS. THE FORM 990 IS PRESENTED AT A REGULAR BOARD MEETING WHERE THE FLOOR IS OPEN FOR QUESTIONS AND DISCUSSION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	TRANSACTIONS WITH DIRECTORS, OFFICERS AND EMPLOYEES OF THE ORGANIZATION ARE DISCOURAGED. SHOULD A TRANSACTION INVOLVING A DIRECTOR, OFFICER OR EMPLOYEE BE DEEMED NECESSARY, THE CONFLICT OF INTEREST MUST BE SUBMITTED TO THE AUDIT COMMITTEE FOR APPROVAL. ANNUALLY, CONFLICT OF INTEREST STATEMENTS ARE PROVIDED AND SIGNED BY ALL DIRECTORS, OFFICERS AND EMPLOYEES WHO ARE EXEMPT OR IN KEY POSITIONS AND ALL TRANSACTIONS MUST BE AUTHORIZED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S COMPENSATION IS REVIEWED ANNUALLY BY THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS USING COMPARABILITY DATA. THIS DATA MAY BE PROVIDED BY AN INDEPENDENT CONSULTANT OF THE ORGANIZATION'S HR DEPARTMENT. THE REVIEW PROCESS IS DOCUMENTED AND ALL FINDINGS AND RECOMMENDATIONS ARE PRESENTED TO THE FULL BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF SCC FOUNDATION, INC. -287,115. EQUITY GAIN ON INVESTMENT 6,882.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C AUDIT REVIEW PROCESS	THE ORGANIZATION HAS AN AUDIT COMMITTEE WHICH IS RESPONSIBLE FOR AUDIT OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
SAFE CHILDREN COALITION INC

Employer identification number

59-1618413

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)SAFE CHILDREN COALITION FOUNDATION INC 1500 INDEPENDENCE BLVD STE 210 SARASOTA, FL 34234 59-2115288	RECEIVE & DISTRIBUTE FUNDS TO SUPPORT ACTIVITIES OF SAFE CHILDREN COALITION	FL	501(C)(3)	LINE 7			No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation