,		990-T	Ex	empt Organ	nization	Bus	iness l	ncome	Tax	Retur	ր, Լ	OMB No 1545-0047	
	Form				proxy tax					2/3	<u> </u> 4	_െ 4 ∩	
		~	For cale	ndar year 2019 or othe ► Go to www.irs							' -	<u> </u>	
		ment of the Treasury I Revenue Service	▶ Do	not enter SSN number							(3)	Open to Public Inspection for 501(c)(3) Organizations Only	
	Ā	Check box if		Name of organization	1 1		ne changed and				D Emplo	yer identification number	
		address changed									(Employ	yees' trust, see instructions)	
	$\overline{}$	mpt under section		<u>SAFE</u> HOME, I									
	X	501(C <u>O8</u>)	Print	Number, street, and re	oom or suite no I	faPO	box, see instru	ctions		<u> </u>		917798	
	\vdash	408(e) 220(e)	Туре	DO DOV 45.03	,							ated business activity code structions)	
	-	408A530(a)		PO BOX 4563 City or town, state or		u and 7	IP or foreign no	stal code					
		529(a) k value of all assets		OVERLAND PA	-		ir oi loreigh po	stal code					
		nd of year	F Gro	up exemption number	•					J.			1
		6,377,513.		ck organization type				501(0	c) trust		401(a) 1	trust Other trust	1
	H Er			nization's unrelated tr						Describe		(or first) unrelated	1
	tra	ide or business her	e ▶ <u>Ā</u>	rch 1				If only one,	, compl	- ete Parts I-\	/ If more	than one, describe the	
	fir	st in the blank spa	ice at the	end of the previous	sentence, cor	mplete	Parts I and II,	complete a S	Schedul	e M for each	n addition	al	
		ide or business, th											
				corporation a subsid				nt-subsidiary	controll	ed group? .		▶ Yes X No	
		'Yes," enter the na		Identifying number o	the parent co	rporatio	n ▶	Telepho	00 000	ber ▶ 913	3-432-	9300	
				or Business Inco			(A) In		ne num	(B) Expens		(C) Net	
	1a	Gross receipts or		n Dusiness inco	, ,		(~)	COMIC		(D) Expens		(G) Mei	
7		Less returns and allowa			c Balance ▶	1c							
3	2	Cost of goods sol		ule A, line 7)		2							
9	3	Gross profit Sub	tract line	2 from line 1c	In 7.1.1.	3							
-4		Capital gain net ii	-	7.1		4a					_		
_	b			Part II, line 17) (attach		4b				RECE	100		
7	C			rusts		4c			*/		. VE	2 1	
S	5										200-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	
	6 7	•	•	come (Schedule E)		7					<u> </u>	₩ Ŏ	
3	8			nts from a controlled organi		_			O	CACT			
٦ ک	9	-		I(c)(7), (9), or (17) organiz						XUE IV	, UT		
Ŋ	10	Exploited exempt	activity ii	ncome (Schedule I)		10				1		H	
	11	Advertising incom	ne (Sched	ule J)		11						<u> </u>	
	12	Other income (Se	ee instruç	tions, attach schedule	∍)	12							
	13			ough 12		13	£ 1 A	0.	<u> </u>	<u> </u>		Land and the discosting	
	Par	Deduction	ns Not dwyth th	laken Elsewher ne-unrelated-bus	e (See instr	ructioi	ns for limit	ations on o	aeauc	tions) (D	eauctic	ons must be directly	
	14			directors, and trustee									
	15												
	16	Repairs and main	tenance			:					. 16		
	17	Bad debts			/	<u>.</u>				. 	. 17		
	18	Interest (attach se	chedule) (see instructions)	/						. 18		
	19										. 19		
	20			4562)									
	21	Less depreciation	claimed	on Schedule A and e	elsewhere on re	eturn .		21a			21b		
	22			compensation plans									
	23 24			s							1 '		
	2 4 25			Schedule I)									
	26			chedule J)									
	27			chedule)									
	28			s 14 through 27.									
	29	Unrelated busine	ss taxab	le income before r	net operating	loss c	deduction S	ubtract line	28 fr	om line 13	3 29		
		•	•	g loss arising in tax	-	-							
				income Subtract li		29		<u> </u>		<u></u>	. 31	5 000 T	
/	For P JSA	aperwork Reduct	ion Act N	lotice, see instruction	ns							Form 990-T (2019)	
27	40 1 00	0634DF K03	2 10	/23/2020 12::	31.59 DM	V 10	9_7 বদ		1195	970		PAGE 43	3
		PODARE VAS	.2 10/	23/2020 12:	JI.JJ EN	A T.	, ,.Jr		11 J	<i>.</i> ,			•
												514	

	Par	t III Total Unrelated Business Taxable Income					
	32	Total of unrelated business taxable income computed from all unrelated trades or businesses (s	ee				
•		instructions)		32			
	33	Amounts paid for disallowed fringes , , , , ,	L	33			
	34	Charitable contributions (see instructions for limitation rules)	[34			
	35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line					
		34 from the sum of lines 32 and 33	- 1	35			0.
	36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (s		T			
		instructions)	- 1	36			
	37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		37			
	38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	<i>l'</i>	38		1,0	000.
	39	Unrelated business taxable income, Subtract line 38 from line 37 If line 38 is greater than line 3		1			
		tenter the smaller of zero or line 37	- 1	39			0.
1		t IV Tax Computation					
1	40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	.▶[40			*
1	41	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax of					
	• •	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	- 1	41			
	42	Proxy tax. See instructions		42			
	43	Alternative minimum tax (trusts only)		43			
	44	Tax on Noncompliant Facility Income. See instructions		44			
		/Total, Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45			
)	Par	Tax and Payments		1			
		Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116), 46a					
		Other credits (see instructions)					
		General business credit Attach Form 3800 (see instructions)	\neg				
		Credit for prior year minimum tax (attach Form 8801 or 8827)					
		Total credits. Add lines 46a through 46d		160			
	47	Subtract line 46e from line 45		47			
	48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule		4B			
	49	Total tax. Add lines 47 and 48 (see instructions)		49			0.
	50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3,		50			
	51 a	Payments A 2018 overpayment credited to 2019	Γ	T			
	b	2019 estimated tax payments		- 1			
	c	Tax deposited with Form 8868					
	d	Foreign organizations Tax paid or withheld at source (see instructions)					
	Θ	Backup withholding (see Instructions)					
	f	Credit for small employer health insurance premiums (attach Form 8941)					
	g	Other credits, adjustments, and payments Form 2439		İ			
		Form 4136 Other Total ▶ 51 g					
	52	Total payments. Add lines 51a through 51g	_ L	52			
	53	Estimated tax penalty (see instructions) Check if Form 2220 is attached		53			
	54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	▶ !	54			
1		Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	▶ [55			
丿	-56~	Enter the amount of line 55 you want		56			
	Part	VI Statements Regarding Certain Activities and Other Information (see Instruct	ons)	1			
		At any time during the 2019 calendar year, did the organization have an interest in or a signature				es	No_
		over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization					
	1	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	e fo	reign	country		
		here >					<u> </u>
		During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	reign	trust?		;	<u> </u>
		If "Yes," see instructions for other forms the organization may have to file					
	59	Enter the amount of tax-exempt Interest received or accrued during the tax year > \$					
	•	Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	e best	of my k	nowledge and	belief,	, rl iş
	Sign		Mav	the IRS	discuss th	is ret	urn
	Here		with	the pre	eparer show		
			(ទបឋ រោ	structions			No
	Paid		eck L		PTIN		
	Prepa		(f-emp		P01721		
	Use (Only Firm's name DAD, LLP	m's El		4-01602		
	JSA	Firm's address ► 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246 Ph	one no	816	-221-63		
					- DOA	T (0	

Form **990-T** (2019)

Total dividends-received deductions included in column 8

Form 990-T (2019)	SAFEHOME									917798 Page 4	
Schedule F – Interest, Ann	uities, Royalties						i ons (se	e instruction	ons)	·	
		Exem	pt Contr	olled Or	ganizatio	ons				•	
1 Name of controlled organization	2 Employer identification number	e				af an antiod l		f column 4 th in the contro ion's gross ind	lling	6 Deductions directly connected with income in column 5	
(1)											
(2)								.,			
(3)											
(4)					L						
Nonexempt Controlled Organi	zations					40.00		0.05-0-	4.	L Dadisation dispatiti	
7 Taxable Income	8 Net unrelated in (loss) (see instruct	I		of specific nents made		ınclud	rt of column ed in the co ation's gros	ntrolling		Deductions directly inected with income in column 10	
(1)											
(2)											
(3)					_	 					
(4)						۸۵۵	and was 5 o	nd 10		id columns 6 and 11	
						Enter	columns 5 a here and on , line 8, colu	page 1,	Ent	ter here and on page 1, rt I, line 8, column (B)	
Totals	<u> </u>				<u></u> ▶						
Schedule G-Investment I	ncome of a Sec	tion 501(c	;)(7), (9 			nization				5 Total deductions	
1 Description of income	2 Amount of	ıncome	,	3 Deduction 3 Dedu	nnected			4 Set-asides (attach schedule)		and set-asides (col 3 plus col 4)	
(1)	•						- 		\dashv		
(2)			-					-	-		
(3)			 								
(4)	Enter here and of Part I, line 9, co					L				Enter here and on page 1 Part I, line 9, column (B)	
Totals ▶											
Schedule I-Exploited Exe	empt Activity Inc	come, Othe	er Than	Advert	ising In	come (see instru	ctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business inc	with 2	Net incorom unrelated business the minus colf a gain, colf a three col	ted trade (column lumn 3) ompute	from ac	s income livity that unrelated is income	6 Exper attributal columi	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)	 										
(3)				_							
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Pai line 10, col	rt I,							Enter here and on page 1, Part II, line 25	
Totals	Icome (see instri	ictions)									
Part I Income From Per			nsolida	ited Rad	sis	-		-			
income From Fer	Todicais Report	<u> </u>	7.15511de				-	T		T	
1 Name of periodical	2 Gross advertising income	3 Direct advertising of	costs	4 Adver gain or (tos 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute		Circulation 6 Readership income costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)								<u> </u>		 	
(2)		_			,						
(3)									-		
(4)								<u> </u>			
			<u> </u>								
Totals (carry to Part II, line (5))										Form 990-T (2019	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part i ▶				•		
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, ' Part II, line 26
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers. D	irectors, and Tr	ustees (see instri	uctions)	-	•

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

Form **990-T** (2019)

ATTACHMENT 1

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

ATTACHMENT 2

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
STEPHANIE HERBST PO BOX 4563 OVERLAND PARK, KS 66204	DIRECTOR	0	0.
SOLANA P. FLORA PO BOX 4563 OVERLAND PARK, KS 66204	VICE CHAIR, PROGRAM EVALUATION	0	0.
RACHEL TUCKER PO BOX 4563 OVERLAND PARK, KS 66204	DIRECTOR	0	0.
MARIA O'DELL PO BOX 4563 OVERLAND PARK, KS 66204	DIRECTOR	0	0.
CHRIS BAXTER PO BOX 4563 OVERLAND PARK, KS 66204	DIRECTOR	0	0.
CECILIA D'AGOSTINO PO BOX 4563 OVERLAND PARK, KS 66204	DIRECTOR	0	0.
-CHRTS-CHANEY	TREASURER		0.
PO BOX 4563 OVERLAND PARK, KS 66204	INDIVIDA	· ·	•
TRISH REEDY PO BOX 4563 OVERLAND PARK, KS 66204	DIRECTOR	0	0.
JILL PHILLIPS PO BOX 4563 OVERLAND PARK, KS 66204	DIRECTOR	0	0.
JOHN RITTER PO BOX 4563 OVERLAND PARK, KS 66204	DIRECTOR	0	0.

ATTACHMENT 2 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
RITA D'AGOSTINO PO BOX 4563 OVERLAND PARK, KS 66204	BOARD CHAIR	0	0.
KARA DORSSOM LARSON PO BOX 4563 OVERLAND PARK, KS 66204	VICE CHAIR, BOARD DEVELOPMENT	0	0.
MARCIE ARTMAN PO BOX 4563 OVERLAND PARK, KS 66204	VICE CHAIR, DEVELOPMENT	0	0.
GREG O'HALLORAN PO BOX 4563 OVERLAND PARK, KS 66204	SECRETARY	0	0.
MIKE BOYD PO BOX 4563 OVERLAND PARK, KS 66204	DIRECTOR	0	0.
JAMES BOYD PO BOX 4563 OVERLAND PARK, KS 66204	DIRECTOR	0	0.
BROOKE-CONNELL PO BOX 4563 OVERLAND PARK, KS 66204	DIRECTOR	0	0.,
KEN DUMAS PO BOX 4563 OVERLAND PARK, KS 66204	DIRECTOR	0	0.
APRIL GARLINGTON PO BOX 4563 OVERLAND PARK, KS 66204	DIRECTOR	0	0.
STEPHANIE VOLK PO BOX 4563 OVERLAND PARK, KS 66204	CHIEF OPERATING OFFICER	0	0.

ATTACHMENT 2 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
RANDY DUNCAN PO BOX 4563 OVERLAND PARK, KS 66204	CHIEF FINANCIAL OFFICER	0	0.
HEIDI WOOTEN PO BOX 4563 OVERLAND PARK, KS 66204	CHIEF EXECUTIVE OFFICER	0	0.
TOTAL COMPENSATION			0.