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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAFE ALLIANCE, INC.		D Employer identification number 56-0529967
	Doing Business As		E Telephone number 704-332-9034
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 6,245,424.
	601 E. FIFTH STREET	400	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code CHARLOTTE, NC 28202		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: PHIL KLINE SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.SAFEALLIANCE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1909 M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE HOPE AND HEALING FOR PEOPLE IN CRISIS.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	21
	5 Total number of individuals employed in calendar year 2013 (Part VII, line 2a)	138
	6 Total number of volunteers (estimate if necessary)	1500
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	0.
b Net unrelated business taxable income from Form 990-T, line 47	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 5,775,759. Current Year: 5,392,066.
	9 Program service revenue (Part VIII, line 2g)	690,574. 587,032.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	633. 184.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	81,564. 78,576.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,548,530. 6,057,858.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	108,024. 50,586.
	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)	3,980,163. 4,106,577.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 701,403.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,540,395. 2,289,858.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,628,582. 6,447,021.
19 Revenue less expenses Subtract line 18 from line 12	-80,052. -389,163.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 11,747,508. End of Year: 10,477,990.
	21 Total liabilities (Part X, line 26)	2,090,504. 1,210,150.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,657,004. 9,267,840.

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 <i>Phil Kline</i>	Date 11/6/14			
	PHIL KLINE, PRESIDENT & CEO	Type or print name and title			
Preparer Use Only	Print/Type preparer's name JOHN NORMAN	Preparer's signature <i>John Norman</i>	Date 11-5-14	Check if self-employed <input type="checkbox"/>	PTIN P01506766
	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 41-0746749			
	Firm's address 101 NORTH TRYON STREET, SUITE 1000 CHARLOTTE, NC 28246	Phone no. 704-998-5200			

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

23 918

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROVIDE HOPE AND HEALING FOR PEOPLE IN CRISIS.

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 [X] No

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

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 \$ 1,583,505. including grants of \$ 250.) (Revenue \$ 521,443.) CLINICAL SERVICES: SAFE ALLIANCE (SA), FORMERLY UNITED FAMILY SERVICES (UFS), IS AN OUTPATIENT MENTAL HEALTH PROVIDER WHICH PROVIDES TRAUMA INFORMED, EVIDENCE BASED COUNSELING TO CHILDREN AND ADULTS EXPERIENCING EMOTIONAL TRAUMA USING LICENSED CLINICIANS. LAST YEAR, SA SERVED 2,798 INDIVIDUALS AND FAMILIES WITH 9,591 HOURS OF COUNSELING ACROSS FOUR COUNTIES. EIGHTY-EIGHT PERCENT OF OUR CLIENTS SERVED SHOWED IMPROVEMENT IN INDIVIDUAL AND/OR FAMILY FUNCTIONING.

4b (Code) (Expenses \$ 3,664,926. including grants of \$ 50,336.) (Revenue \$) VICTIM SERVICES: SAFE ALLIANCE (SA), FORMERLY UNITED FAMILY SERVICES (UFS), PROVIDES DOMESTIC VIOLENCE, SEXUAL ASSAULT AND CHILD ABUSE SERVICES USING AN EMPOWERMENT PHILOSOPHY AND INDUSTRY BEST PRACTICES. OUR CONTINUUM OF CARE FOR VICTIMS OF CRIME INCLUDES EMERGENCY SHELTER, CASE MANAGEMENT, CRISIS INTERVENTION, COURT ADVOCACY, JOB AND BENEFITS ASSISTANCE, SUPPORT GROUP AND MUCH MORE. EMERGENCY SHELTER WAS PROVIDED TO 813 WOMEN AND CHILDREN AT THE DOMESTIC VIOLENCE SHELTER LAST YEAR WITH 90% OF OUR CLIENTS REPORTING THAT THEY WERE LIVING WITHOUT PHYSICAL VIOLENCE FROM THEIR PARTNER SIX MONTHS AFTER LEAVING THE SHELTER. OUR COURT BASED SERVICES PROVIDED THROUGH OUR VICTIM ASSISTANCE PROGRAM INCLUDES COURT ACCOMPANIMENT TO CIVIL AND CRIMINAL COURT (5,544 CLIENTS SERVED LAST YEAR) AND LEGAL HOTLINE ASSISTANCE

4c (Code) (Expenses \$ 19,470. including grants of \$) (Revenue \$ 65,589.) ECONOMIC INDEPENDENCE: SAFE ALLIANCE (SA), FORMERLY UNITED FAMILY SERVICES (UFS), PROVIDED BUDGET AND CREDIT COUNSELING, MORTGAGE FORECLOSURE COUNSELING, AND REVERSE MORTGAGE AND BANKRUPTCY COUNSELING. UFS PROVIDED SERVICES TO FAMILIES WITH THIS CONTINUUM OF SERVICES. ON JUNE 30, 2012, SA DISCONTINUED ITS CONSUMER CREDIT COUNSELING SERVICES INCLUDED UNDER THE ECONOMIC INDEPENDENCE PROGRAM. SA WILL CONTINUE TO RECEIVE INCOME AND INCUR FEES FOR THE DEBT MANAGEMENT PLANS CREATED PRIOR TO DISCONTINUING THE SERVICE UNTIL THE PLANS ARE COMPLETED.

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,267,901.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

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

Main table with columns for question numbers (1a-14b), Yes/No, and numerical responses (e.g., 57, 0, 138, N/A).

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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

- 1a Enter the number of voting members of the governing body at the end of the tax year
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.
- 1b Enter the number of voting members included in line 1a, above, who are independent
- 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

	Yes	No
1a		21
1b		21
2		X
3		X
4		X
5		X
6		X
7a		X
7b		X
8a	X	
8b	X	
9		X

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

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

	Yes	No
10a		X
10b		
11a	X	
11b		
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website
 - Another's website
 - Upon request
 - Other (explain 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, physical address, and telephone number of the person who possesses the books and records of the organization.

CFSC SHARED SERVICES, LLC - 704-943-9631
601 E. FIFTH STREET, NO. 400, CHARLOTTE, NC 28202

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 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) JOHN TIGHE IMMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(2) JAMIE ADAMS BOARD MEMBER	1.00	X						0.	0.	0.
(3) TOM BELL BOARD MEMBER	1.00	X						0.	0.	0.
(4) KATHRYN BLACK BOARD MEMBER	1.00	X						0.	0.	0.
(5) ERICA BRYANT BOARD MEMBER	1.00	X						0.	0.	0.
(6) WILL CAULDER BOARD MEMBER	1.00	X						0.	0.	0.
(7) NICK CALCANES BOARD MEMBER	1.00	X						0.	0.	0.
(8) JEAN DAVIS BOARD MEMBER	1.00	X						0.	0.	0.
(9) TREY DEMPSEY BOARD MEMBER	1.00	X						0.	0.	0.
(10) BARBARA DARE BOARD MEMBER	1.00	X						0.	0.	0.
(11) TIM DOLAN BOARD MEMBER	1.00	X						0.	0.	0.
(12) TANA GREENE BOARD MEMBER	1.00	X						0.	0.	0.
(13) BO HUSSEY BOARD MEMBER	1.00	X						0.	0.	0.
(14) ELIZABETH KELLIGREW BOARD MEMBER	1.00	X						0.	0.	0.
(15) MICHELE KELSEY BOARD MEMBER	1.00	X						0.	0.	0.
(16) RON KIMBLE SECRETARY	1.00	X		X				0.	0.	0.
(17) CHARLES KIRBY BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) ANGELA MATHERLY BOARD MEMBER	1.00	X						0.	0.	0.
(19) STEVE MENAKER TREASURER	1.00	X		X				0.	0.	0.
(20) LAURA MONK 1ST VICE CHAIR	1.00	X		X				0.	0.	0.
(21) CHARLES PAGE CHAIR	1.00	X		X				0.	0.	0.
(22) NICK PAGE 2ND VICE CHAIR	1.00	X		X				0.	0.	0.
(23) LESLIE WICKHAM BOARD MEMBER	1.00	X						0.	0.	0.
(24) ANNE SEYMOUR BOARD MEMBER	1.00	X						0.	0.	0.
(25) MARK SIMMONS BOARD MEMBER	1.00	X						0.	0.	0.
(26) JENNY WARD BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								118,080.	0.	20,640.
d Total (add lines 1b and 1c)								118,080.	0.	20,640.

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

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BALFOUR BEATTY CONSTRUCTION, LLC, 1930 CAMDEN RD, STE. 380, CHARLOTTE, NC 28203	CONSTRUCTION	726,050.
CHILDREN & FAMILY SERVICE CENTER SHARED SER 601 E 5TH ST., CHARLOTTE, NC 28202	FINANCE, HR & IT	246,470.
CLEAR CHANNEL BROADCASTING DBA WHQC/WEND/WR LOCK BOX 406018, ATLANTA, GA 30384	ADVERTISING	103,087.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

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	1 a	Federated campaigns	1a 1,292,080.				
	b	Membership dues	1b				
	c	Fundraising events	1c 257,074.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 2,308,899.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,534,013.				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		5,392,066.			
	Program Service Revenue	2 a	PROGRAM FEES	Business Code 624100	587,032.	587,032.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		587,032.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		184.		184.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
		Less rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		Less cost or other basis and sales expenses					
		Gain or (loss)					
		Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 257,074. of contributions reported on line 1c). See Part IV, line 18	a 263,203.				
	b	Less: direct expenses	b 187,566.				
	c	Net income or (loss) from fundraising events		75,637.		75,637.	
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less. direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a					
	Less cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
	b						
	c						
	d	All other revenue	900099	2,939.		2,939.	
	e	Total. Add lines 11a-11d		2,939.			
12	Total revenue. See instructions.		6,057,858.	587,032.	0.	78,760.	

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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	50,586.	50,586.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	129,063.		129,063.	
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	3,044,841.	2,773,116.		271,725.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	60,980.	52,333.	4,469.	4,178.
9 Other employee benefits	579,748.	506,134.	17,958.	55,656.
10 Payroll taxes	291,945.	258,210.	10,302.	23,433.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	684,803.	361,069.	269,461.	54,273.
12 Advertising and promotion	131,949.	131,729.		220.
13 Office expenses	300,657.	189,305.	30,779.	80,573.
14 Information technology				
15 Royalties				
16 Occupancy	482,839.	404,447.	11,083.	67,309.
17 Travel	27,194.	20,938.	2,654.	3,602.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,779.	18,530.	310.	939.
20 Interest	48,393.	48,393.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	417,451.	416,084.		1,367.
23 Insurance	21,557.	21,557.		
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 SPECIAL EVENTS	144,742.	6,701.	793.	137,248.
b DUES	8,657.	7,096.	845.	716.
c SUBSCRIPTIONS	1,837.	1,673.		164.
d				
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	6,447,021.	5,267,901.	477,717.	701,403.
26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1
	2	Savings and temporary cash investments	1,293,069.	2 1,020,677.
	3	Pledges and grants receivable, net	3,031,034.	3 2,530,238.
	4	Accounts receivable, net	178,014.	4 75,375.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	48,416.	9 62,490.
	10a	Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D	10a 7,970,502.	
	b	Less: accumulated depreciation	10b 1,204,775.	10c 6,765,727.
	11	Investments - publicly traded securities	8,639.	11 8,639.
	12	Investments - other securities See Part IV, line 11		12
	13	Investments - program-related See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	15,928.	15 14,844.
16	Total assets. Add lines 1 through 15 (must equal line 34)	11,747,508.	16 10,477,990.	
Liabilities	17	Accounts payable and accrued expenses	90,276.	17 119,827.
	18	Grants payable		18
	19	Deferred revenue		19
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties	1,996,320.	23 1,071,320.
	24	Unsecured notes and loans payable to unrelated third parties		24
	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	3,908.	25 19,003.
	26	Total liabilities. Add lines 17 through 25	2,090,504.	26 1,210,150.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	8,317,282.	27 7,795,714.
	28	Temporarily restricted net assets	1,331,083.	28 1,463,487.
	29	Permanently restricted net assets	8,639.	29 8,639.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	33	Total net assets or fund balances	9,657,004.	33 9,267,840.
	34	Total liabilities and net assets/fund balances	11,747,508.	34 10,477,990.

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	6,057,858.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,447,021.
3	Revenue less expenses. Subtract line 2 from line 1	3	-389,163.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,657,004.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,267,841.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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	X	
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?		X
3b	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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

SAFE ALLIANCE, INC.

Employer identification number

56-0529967

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 11, 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)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9892786.	4703477.	7016434.	5775759.	5445180.	32833636.
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	9892786.	4703477.	7016434.	5775759.	5445180.	32833636.
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						32833636.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	9892786.	4703477.	7016434.	5775759.	5445180.	32833636.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,336.	4,057.	928.	633.	184.	12,138.
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 IV.)	57,408.	8,772.	165,608.	246,010.	266,142.	743,940.
11 Total support. Add lines 7 through 10						33589714.
12 Gross receipts from related activities, etc. (see instructions)					12	4,237,666.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	97.75 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	98.25 %
16a 33 1/3% support test - 2013. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. 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 ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV)						
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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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 **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12
Also complete this part for any additional information (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FUNDRAISING AND OTHER

2009 AMOUNT: \$ 57,408.

2010 AMOUNT: \$ 8,772.

2011 AMOUNT: \$ 165,608.

2012 AMOUNT: \$ 246,010.

2013 AMOUNT: \$ 266,142.

Multiple horizontal lines for additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

SAFE ALLIANCE, INC.

Employer identification number

56-0529967

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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" to 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 Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | |
| b Total acreage restricted by conservation easements | |
| c Number of conservation easements on a certified historic structure included in (a) | |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | |
- 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, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, 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" to 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) Revenues included in 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 Revenues included in 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" to 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? 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" to 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	8,639.	8,639.	8,639.	8,639.	7,799.
b Contributions					
c Net investment earnings, gains, and losses					840.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	8,639.	8,639.	8,639.	8,639.	8,639.

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 100.00 %
 - c Temporarily restricted endowment _____%
- The percentages in 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)		X
3a(ii)		X
3b		

b If "Yes" to 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" to 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		1,233,661.		1,233,661.
b Buildings		5,698,778.	570,681.	5,128,097.
c Leasehold improvements		61,146.	56,363.	4,783.
d Equipment		477,094.	320,980.	156,114.
e Other		499,823.	256,751.	243,072.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,765,727.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to 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" to 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	
(2) DEFERRED SERVICE REVENUE	5,229.
(3) REFUNDABLE ADVANCES	13,774.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	19,003.

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	6,242,556.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2a		
	b Donated services and use of facilities	2b	184,699.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII)	2d		
	e Add lines 2a through 2d	2e	184,699.	
3	Subtract line 2e from line 1		3	6,057,857.
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		
	c Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,057,857.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	6,631,720.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	184,699.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	184,699.	
3	Subtract line 2e from line 1		3	6,447,021.
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		
	c Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,447,021.

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

PART V, LINE 4:

EXPLANATION: FOR THE SAFE ALLIANCE ENDOWMENT AND THE ENDOWMENT FOR THE SHELTER FOR DOMESTIC VIOLENCE.

PART X, LINE 2:

EXPLANATION: THE AGENCY FOLLOWS THE INCOME TAX STANDARD FOR UNCERTAIN TAX PROVISIONS. AS A RESULT OF THE IMPLEMENTATION, THE AGENCY HAS EVALUATED ITS TAX POSITION AND MANAGEMENT BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2014. THE AGENCY'S INCOME TAX RETURNS FOR THE YEARS ENDED JUNE 30, 2011, 2012, AND 2013 ARE OPEN FOR INSPECTION BY TAXING AUTHORITIES. THE AGENCY IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS OR ANY ACTIVITIES THAT ARE SUBJECT TO TAX

Part XIII Supplemental Information *(continued)*

ON UNRELATED BUSINESS INCOME OR EXCISE OR OTHER TAXES.

Lined area for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		ART WITH HEART (event type)	ANNUAL MEETING (event type)	8 (total number)	(add col. (a) through col (c))	
Revenue	1	Gross receipts	144,951.	115,942.	250,490.	511,383.
	2	Less: Contributions	122,091.		134,983.	257,074.
	3	Gross income (line 1 minus line 2)	22,860.	115,942.	115,507.	254,309.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs			8,583.	8,583.
	7	Food and beverages	32,871.	18,953.	53,331.	105,155.
	8	Entertainment	516.		6,195.	6,711.
	9	Other direct expenses	28,710.	14,689.	23,719.	67,118.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				187,567.
	11	Net income summary Subtract line 10 from line 3, column (d)				66,742.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain _____

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PAYMENT TO 3RD PARTIES FOR HOTEL STAYS, MEALS, AND TRANSPORTATION FOR VICTIM	813	50,586.	0.		

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

PART I, LINE 2:

EXPLANATION: SAFE ALLIANCE DOES NOT PROVIDE MONETARY ASSISTANCE DIRECTLY TO ITS CLIENTS. SAFE ALLIANCE ASSISTS SOME CLIENTS, PRIMARILY THOSE RESIDING AT THE SHELTER, WITH TRANSPORTATION ASSISTANCE. WE DISTRIBUTE BUS VOUCHERS OR CONTRACT WITH PRIVATE COMPANIES TO ARRANGE CAB SERVICE. IN EXTREME CIRCUMSTANCES, WHEN THE SHELTER IS AT CAPACITY, WE MAY CONTRACT WITH A LOCAL HOTEL TO SHELTER CLIENTS IN IMMINENT DANGER.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

SAFE ALLIANCE, INC.

Employer identification number

56-0529967

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

(3,580). OUR LEGAL REPRESENTATION PROJECT VOLUNTEERS AND ATTORNEYS PROVIDED LEGAL REPRESENTATION TO 433 DOMESTIC VIOLENCE AND SEXUAL ASSAULT VICTIMS DURING CIVIL COURT PROCEEDINGS WITH 100% OF OUR CLIENTS REPORTING THAT THEY FELT SUPPORTED BY OUR LEGAL VOLUNTEERS. OUR STAFF ALSO PROVIDED COUNSELING AND EDUCATIONAL GROUPS TO 1,790 WOMEN IN THE MECKLENBURG COUNTY JAIL. OUR RAPE CRISIS COMPANION VOLUNTEERS AND STAFF ACCOMPANIED 133 RAPE VICTIMS TO LOCAL HOSPITALS AS RAPE KITS WERE COMPLETED AND THEY ANSWERED 838 CALLS ON OUR FOUR RAPE CRISIS HOTLINES. AT OUR CHILD ADVOCACY CENTER (THE TREE HOUSE), WE PROVIDED FORENSIC EXAMINATIONS TO 151 CHILD ABUSE AND SEXUAL ASSAULT VICTIMS AND SUPPORT TO THOSE CHILDREN AND THEIR NON-OFFENDING CAREGIVERS THROUGH THE HEALING PROCESS. OUR STAFF AND SPEAKER'S BUREAU VOLUNTEERS PROVIDED EDUCATIONAL SESSIONS AND OUTREACH TO 21,955 PEOPLE IN OUR COMMUNITIES.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE AGENCY ADMINISTRATIVE TEAM AND BOARD FINANCE COMMITTEE REVIEW THE DRAFT FORM 990 TO MAKE COMMENTS AND CORRECTIONS. AFTER THIS REVIEW IT IS FINALIZED AND SENT TO THE FULL BOARD PRIOR TO FILING WITH THE IRS. THE ADMINISTRATIVE TEAM AND FINANCE COMMITTEE REVIEW IS DETAILED AND INVOLVES FULL REVIEW AND RECOMMENDATIONS FOR CHANGES.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: BOTH BOARD AND STAFF ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY. THE BOARD POLICY EXTENDS TO FAMILY MEMBERS AND COVERS FINANCIAL INTERESTS SUCH AS OWNERSHIP INTEREST OR COMPENSATION ARRANGEMENT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization

SAFE ALLIANCE, INC.

Employer identification number

56-0529967

WITH AN ENTITY WITH WHOM THE AGENCY CONDUCTS BUSINESS, AS WELL AS A POTENTIAL OWNERSHIP INTEREST OR COMPENSATION ARRANGEMENT WITH AN ENTITY WITH WHOM THE AGENCY IS CONSIDERING DOING BUSINESS. EACH BOARD MEMBER ANNUALLY DISCLOSES ANY POTENTIAL CONFLICT OF INTEREST AND MUST NOTIFY THE CHAIRPERSON OF THE BOARD OF ANY CHANGES THROUGHOUT THE YEAR. ANY BOARD MEMBER WHO HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN ANY BOARD VOTE CONCERNING THAT TRANSACTION. FOR STAFF THE POLICY EXTENDS TO GIVING PREFERENTIAL TREATMENT FOR SERVICES, ACCEPTING FROM OR STEERING REFERRALS TO PRIVATE PRACTICE. STAFF MEMBERS ARE ASKED TO DISCLOSE ANY POTENTIAL CONFLICTS AT THE TIME OF HIRE AND ANNUALLY AFTERWARD.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE BOARD APPROVED A NEW CEO COMPENSATION AND PERFORMANCE REVIEW POLICY IN MAY, 2009. INCLUDED IN THE POLICY IS THE PROCEDURE THAT THE PERSONNEL COMMITTEE SHALL CONDUCT A COMPENSATION SURVEY AT LEAST EVERY TWO YEARS THAT REVIEWS LOCAL AND NATIONAL DATA AND REPORTS THE FINDINGS TO THE EXECUTIVE COMMITTEE WHICH IS CHARGED WITH RECOMMENDING CEO COMPENSATION TO THE BOARD FOR APPROVAL. THE EXECUTIVE COMMITTEE REVIEWED RELEVANT DATA IN 2010 IN DETERMINING COMPENSATION. THE MAJOR SOURCE FOR REVIEW IS A COMPENSATION REVIEW THAT THE ALLIANCE FOR CHILDREN & FAMILIES CONDUCTS ON AN ANNUAL BASIS. COMPENSATION SURVEY INFORMATION WAS RECEIVED IN JULY 2014 AND THAT WILL BE REVIEWED BY THE EXECUTIVE COMMITTEE AT THE AUGUST 2014 MEETING.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: SAFE ALLIANCE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization

SAFE ALLIANCE, INC.

Employer identification number

56-0529967

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER INDEPENDENT CONTRACTOR SERVICES:

PROGRAM SERVICE EXPENSES	361,069.
MANAGEMENT AND GENERAL EXPENSES	269,461.
FUNDRAISING EXPENSES	54,273.
TOTAL EXPENSES	684,803.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	684,803.

FORM 990, PART XII, LINE 2C:

EXPLANATION: THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

State of North Carolina
Department of the Secretary of State

ARTICLES OF AMENDMENT
NONPROFIT CORPORATION

Pursuant to §55A-10-05 of the General Statutes of North Carolina, the undersigned corporation hereby submits the following Articles of Amendment for the purpose of amending its Articles of Incorporation.

1. The name of the corporation is: United Family Services, Inc.

2. The text of each amendment adopted is as follows (state below or attach):

attached

3. The date of adoption of each amendment was as follows: June 10, 2013

4. (Check a, b, and/or c, as applicable)

a. The amendment(s) was (were) approved by a sufficient vote of the board of directors or incorporators, and member approval was not required because (set forth a brief explanation of why member approval was not required) there are no members

b. The amendment(s) was (were) approved by the members as required by Chapter 55A.

c. Approval of the amendment(s) by some person or persons other than the members, the board, or the incorporators was required pursuant to N.C.G.S. §55A-10-30, and such approval was obtained.

5. These articles will be effective upon filing, unless a date and/or time is specified: July 1, 2013

This the 10th day of June, 2013

United Family Services, Inc.

Name of Corporation

Laura Monk

Signature

Laura Monk, Secretary

Type or Print Name and Title

Notes:

1. Filing fee is \$25. This document and one exact or conformed copy of these articles must be filed with the Secretary of State.

The text of each amendment adopted is as follows:

1. The name of the corporation is SAFE ALLIANCE , INC.

6. The county and street address of the initial registered office of the corporation in the State of North Carolina is 601 East Fifth St., Suite 400, Charlotte, 28202, Mecklenburg County, North Carolina; and the name of its registered agent at such address is Philip Kline.