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.

**2019**

Open to Public Inspection

### A. For the 2019 calendar year, or tax year beginning and ending

**B. Check if applicable**

<table>
<thead>
<tr>
<th>Name of organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAVY SAFE HARBOR FOUNDATION</td>
</tr>
</tbody>
</table>

**C. Name of organization**

<table>
<thead>
<tr>
<th>Doing business as</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAVY SAFE HARBOR FOUNDATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number and street (or P.O. box if mail is not delivered to street address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2961-A HUNTER MILL ROAD, SUITE 644</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City or town, state or province, county, and ZIP or foreign postal code</th>
</tr>
</thead>
<tbody>
<tr>
<td>OAKTON, VA 22124</td>
</tr>
</tbody>
</table>

**D. Employer identification number**

| 26-2884367 |

**E. Telephone number**

| 571-970-6369 |

**F. Name and address of principal officer: HEIDI WELLER**

**SAME AS C ABOVE**

**G. Gross receipts $**

| 374,687 |

**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)

**J. Website:**

| WWW.SAFEHARBORFOUNDATION.ORG |

**K. Form of organization:**

<table>
<thead>
<tr>
<th>Corporation</th>
<th>Trust</th>
<th>Association</th>
<th>Other</th>
</tr>
</thead>
</table>

**L. Year of formation:**

| 2008 |

**M. State of legal domicile:**

| VA |

### 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 |

**4. Number of independent voting members of the governing body (Part VI, line 1b)**

| 4 |

**5. Total number of individuals employed in calendar year 2019 (Part V, line 2a)**

| 5 |

**6. Total number of volunteers (estimate if necessary)**

| 6 |

**7a. Total unrelated business revenue from Part VIII, column (C), line 12**

| 7a |

**7b. Net unrelated business taxable income from Form 990-T, line 39**

| 0 |

**8. Contributions and grants (Part VIII, line 1h)**

| 179,949 |

**9. Program service revenue (Part VIII, line 2g)**

| 0 |

**10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)**

| 99 |

**11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**

| 36,406 |

**12. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**

| 216,454 |

**13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)**

| 124,209 |

**14. Benefits paid to or for members (Part IX, column (A), line 4)**

| 0 |

**15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**

| 0 |

**16a. Professional fundraising fees (Part IX, column (A), line 11e)**

| 0 |

**17. Total fundraising expenses (Part IX, column (D), line 25)**

| 0 |

**18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**

| 158,216 |

**19. Revenue less expenses. Subtract line 18 from line 12**

| 58,238 |

### 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.

**Signature of officer**

| HEIDI WELLER, PRESIDENT |

| Type or print name and title |

| Date 7/23/2020 |

**Preparer/Type of preparer’s name**

| TRICIA L. THOMAS |

**Preparer’s signature**

| TRICIA L. THOMAS |

**Date**

| 06/18/20 |

**PTIN**

| P00173345 |

**Preparer Firm’s name**

| GROSS, MENDELSON & ASSOCIATES, P.A. |

**Preparer Firm’s EIN**

| 52-0982413 |

**Preparer Firm’s address**

| 3877 FAIRFAX RIDGE ROAD, SUITE 200N |

**Preparer Phone number**

| 703-591-7200 |

**May the IRS discuss this return with the preparer shown above?**

| X Yes | No |

Form 990 (2019)