

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE JOE TORRE SAFE AT HOME FOUNDATION

Employer identification number

03-0442514

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TRACY WEBER-THOMAS CHIEF OPERATING OFFICER	(i)	169,515.	0.	0.	9,271.	174.	178,960.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE JOE TORRE SAFE AT HOME FOUNDATION** Employer identification number **03-0442514**

Part I		Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	3	125,192.	FMV ON DATE RECEIVED
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS RECEIVED DURING THE YEAR

Lined area for supplemental information.

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.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

THE JOE TORRE SAFE AT HOME FOUNDATION

Employer identification number

03-0442514

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

STRONGER; RAISE AWARENESS ON HOW TO PREVENT VIOLENCE; AND EMPOWER YOUNG PEOPLE TO BECOME ADVOCATES AND LEADERS. SINCE OUR FOUNDING, WE HAVE SUPPORTED MORE THAN 125,000 CHILDREN AGES 11-18.

THE PROBLEM

THE LANDMARK ADVERSE CHILDHOOD EXPERIENCES STUDY DEMONSTRATED THAT EXPOSURE TO ABUSE AND VIOLENCE AS CHILDREN CAN HAVE DEVASTATING, LONG-TERM EFFECTS. EXAMPLES OF ADVERSE CHILDHOOD EXPERIENCES INCLUDE VERBAL, PHYSICAL, AND/OR SEXUAL ABUSE; DOMESTIC VIOLENCE; AND FAMILY DYSFUNCTION.

WITHOUT SUPPORT, YOUTH WITH THESE EXPERIENCES ARE AT GREATER RISK FOR A VARIETY OF ISSUES, BOTH AS ADOLESCENTS AND AS ADULTS. THIS INCLUDES GREATER RISK OF MENTAL HEALTH ISSUES, INCLUDING DEPRESSION, ANXIETY, AND SUICIDAL IDEATION; GREATER RISK OF CHRONIC DISEASE, INCLUDING CANCER, DIABETES, STROKE, AND HIGH BLOOD PRESSURE; GREATER RISK OF SELF-HARM AND RISKY BEHAVIORS, INCLUDING SUBSTANCE ABUSE; AND DECREASED EDUCATIONAL AND OCCUPATIONAL POTENTIAL.

WITH SUCH EXPOSURES, INTERVENTION IS CRITICAL. IN FACT, THE ADVERSE CHILDHOOD EXPERIENCES STUDY SHOWED THAT CERTAIN PROTECTIVE FACTORS CAN DECREASE OR EVEN PREVENT THESE NEGATIVE OUTCOMES. THESE PROTECTIVE FACTORS INCLUDE BUILDING RESILIENCE, SELF-ESTEEM, POSITIVE COPING SKILLS, STRONG SUPPORT NETWORKS, A SENSE OF HOPE, AND A SUPPORTIVE RELATIONSHIP WITH A TRUSTING ADULT. OUR MARGARET'S PLACE MODEL IS

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

THE JOE TORRE SAFE AT HOME FOUNDATION

Employer identification number

03-0442514

DESIGNED WITH THESE PROTECTIVE FACTORS IN MIND.

OUR MARGARET'S PLACE MODEL

AT EACH LOCATION, THE WORK OF THE MARGARET'S PLACE PROGRAM IS MANAGED BY A FULL-TIME, MASTER'S-LEVEL THERAPIST.

THERE ARE FIVE CORE COMPONENTS OF THE MARGARET'S PLACE MODEL THAT THE THERAPIST IS RESPONSIBLE FOR: INDIVIDUAL AND GROUP COUNSELING; VIOLENCE PREVENTION WORKSHOPS FOR STUDENTS (INCLUDING YES AND TOPICAL WORKSHOPS); STAFF WORKSHOPS; PARENT/CAREGIVER WORKSHOPS; AND PEER LEADERSHIP.

COUNSELING: THE THERAPIST IS RESPONSIBLE FOR PROVIDING INDIVIDUAL COUNSELING AND GROUP COUNSELING. THESE SESSIONS FOCUS ON PSYCHOEDUCATION, DEVELOPMENT OF EMPOWERMENT AND VOICE, DECREASING NEGATIVE IMPACTS OF TRAUMA, INCREASING SAFETY AND COPING SKILLS, AND SAFETY PLANNING AND CRISIS INTERVENTION. GROUP COUNSELING FOCUSES ON BUILDING SOCIAL CONNECTIONS AND RESILIENCY, RELYING ON TOPICAL GROUPS AND MULTI-MODAL, ARTS-BASED GROUPS.

VIOLENCE PREVENTION WORKSHOPS FOR STUDENTS: OUR THERAPIST AND ALUMNI STAFF ALSO LEAD A SERIES OF 5 WORKSHOPS FOR 7TH AND 9TH GRADERS. THESE VIOLENCE PREVENTION WORKSHOPS ARE ENTITLED YOUTH EMPOWERED TO SPEAK (YES), AND EDUCATE STUDENTS ABOUT VIOLENCE, THE IMPACT OF TRAUMA, SAFE COPING SKILLS, SAFETY STRATEGIES, AND HOW TO HELP A FRIEND. YES ENCOURAGES STUDENTS TO SEEK HELP AND TEACHES ALTERNATIVES TO VIOLENCE.

STAFF WORKSHOPS: OUR MODEL'S IMPACT IS FURTHER EXPANDED BY OUR

Name of the organization

THE JOE TORRE SAFE AT HOME FOUNDATION

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INCLUSION OF PARENT AND STAFF TRAINING. SCHOOL STAFF PARTICIPATE IN UP TO TWO WORKSHOPS PER YEAR, WHICH PROVIDE EDUCATION ON THE IMPACT OF VIOLENCE AND ABUSE ON CHILDREN, AND HOW TO IDENTIFY AND BETTER SUPPORT YOUTH IMPACTED BY TRAUMA.

PARENT/CAREGIVER WORKSHOPS: PARENTS/CAREGIVERS ALSO HAVE THE OPTION TO PARTICIPATE IN WORKSHOPS ON A VARIETY OF TOPICS, SUCH AS HEALTHY CHILD DEVELOPMENT, HEALTHY RELATIONSHIPS, MANAGING STRESS, AND IDENTIFYING KEY COMMUNITY RESOURCES.

PEER LEADERSHIP: OUR THERAPIST AND ALUMNI STAFF ARE ALSO RESPONSIBLE FOR MANAGING THE PEER LEADERSHIP PROGRAM - A CORE COMPONENT WHERE CURRENT STUDENTS FOSTER SOCIAL AND LEADERSHIP SKILLS AND LEARN MORE ABOUT CONFLICT, VIOLENCE, AND ABUSE AT AN ADVANCED LEVEL. THIS TEAM OF PEER LEADERS SHOWCASE THEIR KNOWLEDGE AND SKILLS BY PLANNING AND IMPLEMENTING AWARENESS CAMPAIGNS THROUGHOUT THE YEAR - BOTH ON VIOLENCE/ABUSE, AND ON OTHER RELATED TOPICS SUCH AS DEPRESSION, SUICIDE AWARENESS, AND MORE.

IN ADDITION TO OUR MARGARET'S PLACE MODEL, SAH ALSO OFFERS:

PROFESSIONAL DEVELOPMENT AND TRAINING OPPORTUNITIES TO INCREASE KNOWLEDGE OF THE IMPACT OF VIOLENCE, ABUSE, AND TRAUMA, TRAUMA-INFORMED SERVICES BEST PRACTICES, AND YOUTH STAFF DEVELOPMENT PROGRAMS, AMONG OTHER TOPICS.

DIGITAL RESOURCES TO ADULTS AND YOUTH ON TOPICS RELATED TO PREVENTION OF VIOLENCE, ABUSE, AND TRAUMA, INCLUDING PODCASTS, WEBISODES,

Name of the organization

THE JOE TORRE SAFE AT HOME FOUNDATION

Employer identification number

03-0442514

TOOLKITS, AND OTHER RESOURCE MATERIALS.

BECAUSE SAFE AT HOME IS A SCHOOL-BASED MODEL, THERE WAS AN ABRUPT TRANSITION FROM IN-PERSON SCHOOLING TO VIRTUAL SCHOOLING STARTING MARCH 2020. CONCURRENTLY, THE PANDEMIC HEIGHTENED THE STRAIN ON OUR PARTICIPANTS AND THEIR FAMILIES, AS THEY INCREASINGLY WORRIED ABOUT THEIR HEALTH, LOSS OF EMPLOYMENT, CLOSURE OF CHILD CARE FACILITIES AND SCHOOLS, AND MORE. WE QUICKLY ADAPTED AND SAFE AT HOME WAS ABLE TO RESUME PREVENTION SERVICES IN APRIL 2020 AND THEN ALL SERVICES - INCLUDING CLINICAL COUNSELING - STARTING IN AUGUST 2020 IN A VIRTUAL AND HYBRID FORMAT FOR THE 2020-2021 SCHOOL YEAR.

FORM 990, PART VI, SECTION A, LINE 2:

THE CHAIRMAN AND PRESIDENT HAVE A FAMILY RELATIONSHIP.

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

FORM 990 IS REVIEWED AND APPROVED BY THE AUDIT AND GOVERNANCE COMMITTEE PRIOR TO FILING.

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

TO BE SIGNED BY ALL BOARD MEMBERS ANNUALLY

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

THE BOARD IS RESPONSIBLE FOR SELECTING, MONITORING, EVALUATING AND SETTING COMPENSATION FOR THE EXECUTIVE DIRECTOR AS WELL AS OTHER KEY PERSONNEL.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

Name of the organization

THE JOE TORRE SAFE AT HOME FOUNDATION

Employer identification number

03-0442514

ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S PRACTICE
REQUIRES THAT EACH BOARD MEMBER SIGN A CONFLICT OF INTEREST FORM UPON
JOINING THE BOARD, AND ASKS EACH BOARD MEMBER TO REAFFIRM COMPLIANCE WITH
THE POLICY ON AN ANNUAL BASIS. RECUSAL IS REQUIRED BY THE POLICY ITSELF.

FORM 990, PART XI, LINE 2C

NO CHANGES FROM PRIOR YEAR

2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	COMPUTERS	11/01/03	SL	5.00		HY17	13,073.				13,073.	13,073.		0.	13,073.
2	(D)SOFTWARE	11/01/03	SL	3.00		HY17	4,568.				4,568.	4,568.		0.	4,568.
3	TELEPHONE SYSTEM	11/01/04	SL	5.00		HY17	40,602.				40,602.	40,602.		0.	40,602.
4	SECURITY SYSTEM	11/01/04	SL	5.00		HY17	9,901.				9,901.	9,901.		0.	9,901.
5	COMPUTERS	11/01/05	SL	5.00		HY17	4,602.				4,602.	4,602.		0.	4,602.
6	COMPUTERS	11/01/06	SL	5.00		HY17	4,408.				4,408.	4,408.		0.	4,408.
7	(D)COMPUTERS	11/01/07	SL	5.00		HY17	29,543.				29,543.	29,543.		0.	29,543.
8	FURNITURE AND EQUIPMENT	11/01/08	SL	7.00		HY17	11,095.				11,095.	11,095.		0.	11,095.
9	(D)SOFTWARE	11/01/08	SL	3.00		HY17	5,097.				5,097.	5,097.		0.	5,097.
10	(D)SOFTWARE	11/01/09	SL	3.00		HY17	12,343.				12,343.	12,343.		0.	12,343.
11	COMPUTERS	11/01/10	SL	5.00		HY17	1,434.				1,434.	1,434.		0.	1,434.
12	(D)SOFTWARE	11/01/10	SL	3.00		HY17	9,185.				9,185.	9,185.		0.	9,185.
13	LEASEHOLD IMPROVEMENTS	11/01/10	SL	5.00		HY17	14,940.				14,940.	14,940.		0.	14,940.
14	COMPUTERS	11/01/11	SL	5.00		HY17	3,464.				3,464.	3,464.		0.	3,464.
15	(D)SOFTWARE	11/01/11	SL	3.00		HY17	14,780.				14,780.	14,780.		0.	14,780.
17	EQUIPMENT	11/01/12	SL	5.00		HY17	50.				50.	50.		0.	50.
18	(D)SOFTWARE	11/01/12	SL	3.00		HY17	9,398.				9,398.	9,398.		0.	9,398.
19	FURNITURE AND EQUIPMENT	11/01/13	SL	5.00		HY17	414.				414.	414.		0.	414.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
20	(D)SOFTWARE	11/01/13	SL	3.00		HY17	9,473.				9,473.	9,473.		0.	9,473.
21	(D)COMPUTER SOFTWARE	11/01/14	SL	3.00		HY17	9,933.				9,933.	9,933.		0.	9,933.
22	FURNITURE AND EQUIPMENT	11/01/15	SL	5.00		HY17	396.				396.	356.		40.	396.
23	LEASEHOLD IMPROVEMENTS	11/01/15	SL	5.00		HY17	17,689.				17,689.	11,106.		2,468.	13,574.
24	(D)COMPUTER SOFTWARE	11/01/15	SL	3.00		HY17	10,759.				10,759.	10,758.		0.	10,758.
25	FURNITURE AND EQUIPMENT	11/01/16	SL	5.00		HY17	18,164.				18,164.	12,715.		3,633.	16,348.
26	LEASEHOLD IMPROVEMENTS	11/01/16	SL	5.00		HY17	1,038.				1,038.	729.		208.	937.
27	(D)COMPUTER SOFTWARE	11/01/16	SL	3.00		HY17	22,068.				22,068.	22,068.		0.	22,068.
28	FURNITURE AND EQUIPMENT	11/01/17	SL	5.00		HY17	7,987.				7,987.	3,994.		1,597.	5,591.
29	FURNITURE AND EQUIPMENT	11/01/18	SL	5.00		HY17	887.				887.	266.		177.	443.
30	FURNITURE AND EQUIPMENT	11/01/19	SL	5.00		HY17	286.				286.	30.		57.	87.
31	FURNITURE AND EQUIPMENT	11/01/20	SL	5.00		HY19B	19,937.				19,937.			1,994.	1,994.
	* TOTAL 990 PAGE 10 DEPR						307,514.				307,514.	270,325.		10,174.	280,499.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						287,577.			0.	287,577.	270,325.			278,505.
	ACQUISITIONS						19,937.			0.	19,937.	0.			1,994.
	DISPOSITIONS/RETIRED						137,147.			0.	137,147.	137,146.			137,146.
	ENDING BALANCE						170,367.			0.	170,367.	133,179.			143,353.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ENDING ACCUM DEPR LESS DISPOSITIONS											143,353.			
	ENDING BOOK VALUE											27,014.			

Depreciation and Amortization
 (Including Information on Listed Property) 990

OMB No. 1545-0172

2020

Attachment
 Sequence No. 179

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return THE JOE TORRE SAFE AT HOME FOUNDATION	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 03-0442514
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,040,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,590,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2020	17	8,180.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		19,937.	5 YRS.	HY	SL	1,994.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	10,174.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with columns for percentage and other details

27 Property used 50% or less in a qualified business use: Table with columns for percentage and S/L status

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) Vehicle and rows 30-36 regarding miles driven and personal use availability

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with rows 37-41 regarding policy statements and requirements for employees

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2020 tax year: Table with columns for percentage and other details

43 Amortization of costs that began before your 2020 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44