Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning **07/01/23** , and ending **06/30/24**

88-0314066

S.A.F.E. HOUSE, INC.

Net Asset / Fund Balance at Beginning of Year				**2,657,827**
Revenue				
Contributions		**2,177,189**		
Program service revenue		**74,543**		
Investment income		**57,328**		
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue	**6,597**			
Direct expenses	**6,597**			
Net income		**0**		
Other income		**2,997**		
Total revenue			**2,312,057**	
Expenses				
Program services		**2,105,152**		
Management and general		**259,327**		
Fundraising		**68,238**		
Total expenses			**2,432,717**	
Excess / (deficit)				**-120,660**
Changes				**170,315**
Net Asset / Fund Balance at End of Year				**2,707,482**

Reconciliation of Revenue

Total revenue per financial statements	**2,484,042**
Less:	
Unrealized gains	**170,315**
Donated services	**1,670**
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	**2,312,057**

Reconciliation of Expenses

Total expenses per financial statements	**2,434,387**
Less:	
Donated services	**1,670**
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	**2,432,717**

Balance Sheet

	Beginning	**Ending**	**Differences**
Assets	**2,857,141**	**3,061,897**	
Liabilities	**199,314**	**354,415**	
Net assets	**2,657,827**	**2,707,482**	**49,655**

Miscellaneous Information

Amended return	
Return / extended due date	**11/15/24**
Failure to file penalty	

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 07/01/23 , and ending 06/30/24

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

C Name of organization
S.A.F.E. HOUSE, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) **921 AMERICAN PACIFIC, SUITE 300**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code **HENDERSON NV 89014**

D Employer identification number **88-0314066**

E Telephone number **702-451-4203**

G Gross receipts $ **2,318,654**

F Name and address of principal officer:
ELIZABETH FLORY
921 AMERICAN PACIFIC, STE 300
HENDERSON NV 89014

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

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

J Website: **WWW.SAFEHOUSENV.ORG**

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: **1995**

M State of legal domicile: **NV**

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
S.A.F.E. HOUSE PROVIDES A COMPREHENSIVE APPROACH TO END DOMESTIC VIOLENCE THAT INCLUDES CRISIS INTERVENTION, SAFE SHELTER, COUNSELING, ADVOCACY, HOUSING, AND COMMUNITY EDUCATION.

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	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	42
6 Total number of volunteers (estimate if necessary)	6	26
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,003,362	2,177,189
9 Program service revenue (Part VIII, line 2g)	94,956	74,543
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	65,268	57,328
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,602	2,997
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,165,188	2,312,057

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	141,717	262,940
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)	1,489,088	1,606,349
16a Professional fundraising fees (Part IX, column (A), line 11e)	69,000	62,000
b Total fundraising expenses (Part IX, column (D), line 25) **68,238**		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	426,240	501,428
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,126,045	2,432,717
19 Revenue less expenses. Subtract line 18 from line 12	39,143	-120,660

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,857,141	3,061,897
21 Total liabilities (Part X, line 26)	199,314	354,415
22 Net assets or fund balances. Subtract line 21 from line 20	2,657,827	2,707,482

Part II Signature Block

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

Sign Here

Signature of officer

Date

ELIZABETH FLORY EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JESSICA P SAYLES	JESSICA P SAYLES	04/21/25		P01530213

Firm's name **HOULDSWORTH, RUSSO & COMPANY, P.C** Firm's EIN **88-0374623**

Firm's address **8675 S EASTERN AVE STE A LAS VEGAS, NV 89123** Phone no. **702-269-9992**

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2023)

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:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses $ 1,126,350 including grants of $ 236,268) (Revenue $)

SEE SCHEDULE O

4b (Code:) (Expenses $ 388,327 including grants of $) (Revenue $)

S.A.F.E. HOUSE, INC. ACKNOWLEDGES THE SIGNIFICANT ROLE THAT MENTAL HEALTH PLAYS IN THE JOURNEY FROM VICTIM TO SURVIVOR. COUNSELING SERVICES ARE ACCESSIBLE TO BOTH CHILDREN AND ADULTS, OFFERED AT BOTH THE SHELTER AND THE COUNSELING AND ADVOCACY CENTER SITUATED IN HENDERSON. OUR DEDICATED COUNSELORS ASSIST CLIENTS IN COMPREHENDING THE PROFOUND IMPACT OF DOMESTIC VIOLENCE, GUIDING THEM TOWARDS HEALING OPTIONS, ENHANCING LIFE SKILLS, AND FOSTERING GREATER SELF-AWARENESS. ADDITIONALLY, THE COUNSELING DEPARTMENT ADMINISTERS COURT-ORDERED DOMESTIC VIOLENCE CLASSES, FURTHER EMPHASIZING OUR COMMITMENT TO STOP ABUSE IN THE FAMILY ENVIRONMENT.

4c (Code:) (Expenses $ 432,429 including grants of $ 26,292) (Revenue $ 74,543)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses $ 158,046 including grants of $ 380) (Revenue $)

4e Total program service expenses 2,105,152

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)? *If "Yes," complete Schedule A*	**1**	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	**2**	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	**3**		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? *If "Yes," complete Schedule C, Part II*	**4**		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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	**5**		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? *If "Yes," complete Schedule D, Part I*	**6**		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? *If "Yes," complete Schedule D, Part II*	**7**		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	**8**		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? *If "Yes," complete Schedule D, Part IV*	**9**		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	**10**		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? *If "Yes," complete Schedule D, Part VI*	**11a**	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? *If "Yes," complete Schedule D, Part VII*	**11b**		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? *If "Yes," complete Schedule D, Part VIII*	**11c**		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? *If "Yes," complete Schedule D, Part IX*	**11d**	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	**11e**	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)? *If "Yes," complete Schedule D, Part X*	**11f**		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	**12a**	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	**12b**		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**13**		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	**14a**		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? *If "Yes," complete Schedule F, Parts I and IV*	**14b**		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? *If "Yes," complete Schedule F, Parts II and IV*	**15**		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? *If "Yes," complete Schedule F, Parts III and IV*	**16**		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? *If "Yes," complete Schedule G, Part I.* See instructions	**17**	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? *If "Yes," complete Schedule G, Part II*	**18**	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	**19**		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	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? *If "Yes," complete Schedule J*	23		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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	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 ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	**42**		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		**13a**		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		**15**		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		**16**		X
	If "Yes," complete Form 4720, Schedule O.				
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		**17**		
	If "Yes," complete Form 6069.				

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 on Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12		
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?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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 on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on 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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on 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?	16a		X
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?	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 (1024 or 1024-A, 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 on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

ELIZABETH FLORY **921 AMERICAN PACIFIC, SUITE 300**
HENDERSON **NV 89014** **702-451-4203**

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) ELIZABETH FLORY	40.00									
EXECUTIVE DIRECTOR	0.00			X				98,349	0	2,647
(2) GLADYS MORALES	40.00									
FINANCIAL MANAGER	0.00			X				57,635	0	3,847
(3) DAVID GILL	2.00									
PRESIDENT	0.00	X		X				0	0	0
(4) REGINA PORTER	2.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(5) BARRY HERR	2.00									
TREASURER	0.00	X		X				0	0	0
(6) AMANDA BAKER	2.00									
SECRETARY	0.00	X		X				0	0	0
(7) SABRINA MERCADANTE	2.00									
DIRECTOR	0.00		X					0	0	0
(8) JUDY BELANGER, EDD	2.00									
DIRECTOR	0.00	X						0	0	0
(9) GREGG LOWE	2.00									
DIRECTOR	0.00	X						0	0	0
(10) TIM HACKER	2.00									
DIRECTOR	0.00	X						0	0	0
(11) ROSA MARTINS	2.00									
DIRECTOR	0.00	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(12) JULIE PROCTOR										
(12)	2.00									
DIRECTOR	0.00	X						0	0	0
(13) PHILLIP DIGIACOMO										
(13)	2.00									
DIRECTOR	0.00	X						0	0	0
(14) KAITLIN PAXTON, ESQ										
(14)	2.00									
DIRECTOR	0.00	X						0	0	0
(15)										
(16)										
(17)										
(18)										
(19)										
1b **Subtotal**								155,984		6,494
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								155,984		6,494

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 **0**

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
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*		X
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*		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

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 **0**

Part VIII **Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	19,158				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,741,266				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	416,765				
	g Noncash contributions included in lines 1a-1f	1g	$ 86,110				
	h **Total.** Add lines 1a–1f			2,177,189			
Program Service Revenue		Business Code					
	2a **TANF CONTRACT**	812900		74,543	74,543		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			74,543			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			57,328			57,328
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a						
	b Less: rental expenses 6b						
	c Rental inc. or (loss) 6c						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a						
	b Less: cost or other basis and sales exps. 7b						
	c Gain or (loss) 7c						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ 19,158 of contributions reported on line 1c). See Part IV, line 18	8a	6,597				
	b Less: direct expenses	8b	6,597				
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a **REIMBURSED EXPENSES**	812900		2,997			2,997
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			2,997			
	12 **Total revenue.** See instructions			2,312,057	74,543	0	60,325

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	262,940	262,940		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	156,945	55,580	101,365	
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	1,188,037	1,166,673	21,364	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	135,102	127,287	7,815	
10 Payroll taxes	126,265	115,128	11,137	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	24,500		24,500	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	62,000			62,000
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	15,000		15,000	
12 Advertising and promotion	35,088	5,088	30,000	
13 Office expenses	145,494	109,223	30,033	6,238
14 Information technology				
15 Royalties				
16 Occupancy	177,131	166,653	10,478	
17 Travel	15,393	15,393		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,436		2,436	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,465	42,052	1,413	
23 Insurance	42,921	39,135	3,786	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,432,717	2,105,152	259,327	68,238
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	105,187	1	118,480
	2	Savings and temporary cash investments	180,835	2	221,331
	3	Pledges and grants receivable, net	394,707	3	232,705
	4	Accounts receivable, net	32,786	4	46,032
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	26,310	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 1,027,626			
	b	Less: accumulated depreciation — 10b: 778,568	255,726	10c	249,058
	11	Investments—publicly traded securities	1,819,346	11	1,957,970
	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	42,244	15	236,321
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	2,857,141	16	3,061,897
Liabilities	17	Accounts payable and accrued expenses	160,583	17	122,665
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	38,731	25	231,750
	26	**Total liabilities.** Add lines 17 through 25	199,314	26	354,415
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	2,638,730	27	2,667,164
	28	Net assets with donor restrictions	19,097	28	40,318
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	2,657,827	32	2,707,482
	33	Total liabilities and net assets/fund balances	2,857,141	33	3,061,897

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	2,312,057
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,432,717
3	Revenue less expenses. Subtract line 2 from line 1	3	-120,660
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,657,827
5	Net unrealized gains (losses) on investments	5	170,315
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,707,482

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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A (Form 990)

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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

S.A.F.E. HOUSE, INC.

Employer identification number

88-0314066

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,641,242	1,654,015	1,917,596	2,003,362	2,177,189	9,393,404
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	1,641,242	1,654,015	1,917,596	2,003,362	2,177,189	9,393,404
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						9,393,404

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1,641,242	1,654,015	1,917,596	2,003,362	2,177,189	9,393,404
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				65,268	57,328	122,596
9 Net income from unrelated business activities, whether or not the business is regularly carried on		4,732	2,386			7,118
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				1,602	2,997	4,599
11 **Total support.** Add lines 7 through 10						9,527,717

12	Gross receipts from related activities, etc. (see instructions)	12	709,203

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	98.59 %
15	Public support percentage from 2022 Schedule A, Part II, line 14	15	99.13 %

16a **33 1/3% support test — 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test — 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test — 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test — 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2023.** 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 — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	**1**		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	**2**		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	**3a**		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*	**3b**		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*	**3c**		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	**4a**		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	**4b**		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	**4c**		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	**5a**		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	**5b**		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	**5c**		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*	**6**		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	**7**		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	**8**		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*	**9a**		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*	**9b**		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*	**9c**		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	**10a**		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	**10b**		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

- **a** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- **c** ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. *Answer lines 2a and 2b below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. *Answer lines 3a and 3b below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors *(explain in detail in Part VI)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in Part VI*)	5	
6	Other distributions (*describe in Part VI*). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI.* See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI.* See instructions.			
7	**Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

REIMBURSED EXPENSES	**$**	**1,602**

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2023

Name of the organization

S.A.F.E. HOUSE, INC.

Employer identification number

88-0314066

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(**3**) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ . . . . . .

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
S.A.F.E. HOUSE, INC.

Employer identification number
88-0314066

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE GIVING STORE 274 E. LAKE MEAD PKWY HENDERSON NV 89015	$ 70,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

S.A.F.E. HOUSE, INC.

Employer identification number

88-0314066

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

Part II Conservation Easements

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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 2a	
b	Total acreage restricted by conservation easements 2b	
c	Number of conservation easements on a certified historic structure included on line 2a 2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

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

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

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

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

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

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

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

b Assets included in Form 990, Part X $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
- **e** ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

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

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

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

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

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

Part V Endowment Funds

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

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

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

- **a** Board designated or quasi-endowment ____ %
- **b** Permanent endowment ____ %
- **c** Term endowment ____ %

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

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

		Yes	No
(i) Unrelated organizations?	**3a(i)**		
(ii) Related organizations?	**3a(ii)**		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		567,355	347,188	220,167
c Leasehold improvements				
d Equipment		460,271	431,380	28,891
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				249,058

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

	(a) Description	(b) Book value
(1)	**OPERATING LEASE ROU ASSETS**	**230,571**
(2)	**DEPOSITS**	**5,750**
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*		**236,321**

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	**OPERATING LEASE LIABILITIES**	**231,750**
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*		**231,750**

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

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

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

1	Total revenue, gains, and other support per audited financial statements			1	2,484,042
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	170,315		
b	Donated services and use of facilities	2b	1,670		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	171,985
3	Subtract line **2e** from line **1**			3	2,312,057
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	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	2,312,057

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

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

1	Total expenses and losses per audited financial statements			1	2,434,387
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	1,670		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	1,670
3	Subtract line **2e** from line **1**			3	2,432,717
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	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	2,432,717

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 XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

S.A.F.E. HOUSE, INC.

Employer identification number

88-0314066

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [ ] Phone solicitations
- **d** [ ] In-person solicitations
- **e** [X] Solicitation of non-government grants
- **f** [X] Solicitation of government grants
- **g** [X] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [ ] No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1	MILLION DOLLAR MASTER 2540 BECHAMEL PLACE HENDERSON NV 89044	FUNDRAISE		X	1,693,645	77,000	1,616,645
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					1,693,645	77,000	1,616,645

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

NEVADA

Part II **Fundraising Events.** Complete if the organization answered "Yes" on 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 HALLOWEEN CARNI (event type)	(b) Event #2 CRAWL FOR A CAU (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	15,812	9,943		25,755
	2 Less: Contributions	10,517	8,641		19,158
	3 Gross income (line 1 minus line 2)	5,295	1,302		6,597
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages		1,200		1,200
	8 Entertainment				
	9 Other direct expenses	5,295	102		5,397
	10 Direct expense summary. Add lines 4 through 9 in column (d)				6,597
	11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III **Gaming.** Complete if the organization answered "Yes" on 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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ 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 conducts gaming activities:

a Is the organization licensed to conduct 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:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCH G, PART I, LINE 2B, COL (V) - FUNDRAISING VS. REIMBURSEMENT EXPLANATION

MILLION DOLLAR MASTER FEES PAID FOR FUNDRAISING

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

S.A.F.E. HOUSE, INC.

Employer identification number

88-0314066

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

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

3 Enter total number of other organizations listed in the line 1 table

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	RENT, UTILITIES, TRAVEL	317	262,940			
2						
3						
4						
5						
6						
7						

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

S.A.F.E. HOUSE, INC. HAS A PROCESS TO MONITOR THE USE OF GRANT FUNDS.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2023

Open To Public Inspection

Name of the organization

S.A.F.E. HOUSE, INC.

Employer identification number

88-0314066

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	X		46,580	FAIR MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
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	X	25	17,102	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (SUPPLIES)	X	150	21,893	FAIR MARKET VALUE
26	Other (GIFT CARDS)	X	25	535	FAIR MARKET VALUE
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		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?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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.			

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 O (Form 990)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	2023
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to *www.irs.gov/Form990* for the latest information.	Open to Public Inspection

Name of the organization	Employer identification number
S.A.F.E. HOUSE, INC.	88-0314066

FORM 990 - ORGANIZATION'S MISSION

S.A.F.E. HOUSE IS A COMMUNITY BASED NON-PROFIT ORGANIZATION COMMITTED TO STOP ABUSE IN THE FAMILY ENVIRONMENT BY PROVIDING A COMPREHENSIVE APPROACH TO END DOMESTIC VIOLENCE THAT INCLUDES CRISIS INTERVENTION, SAFE SHELTER, COUNSELING, ADVOCACY, AND COMMUNITY EDUCATION.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

S.A.F.E. HOUSE, INC. OPERATES ONE OF THE LARGEST CONFIDENTIAL EMERGENCY SHELTERS IN THE STATE AND HAS 62 SHELTER BEDS, WHICH REPRESENTS NEARLY 45% OF THE UNDISCLOSED, DOMESTIC VIOLENCE SHELTER BEDS IN CLARK COUNTY. A VICTIM'S JOURNEY TO SAFETY BEGINS WHEN THEY CALL S.A.F.E. HOUSE, INC.'S 24/7 EMERGENCY HOTLINE OR COME IN CONTACT WITH LOCAL LAW ENFORCEMENT OR OTHER AGENCIES WHO REFER THEM TO THE SHELTER. UPON ARRIVAL AT THE SHELTER, A SURVIVOR'S MOST BASIC NEEDS ARE ATTENDED TO, WHICH INCLUDES ASSESSING THE CLIENT'S SAFETY, MEDICAL, AND PHYSICAL NEEDS. WITHIN 48 HOURS, THE CLIENT MEETS WITH THE CASE MANAGER AND BEGINS TO DEVELOP A CASE PLAN. OVER TIME, THIS PLAN EXPANDS INTO A COMPREHENSIVE GUIDE FOR ALL OF THE SERVICES A VICTIM OF DOMESTIC VIOLENCE WILL NEED SUCH AS SUPPORT GROUP ATTENDANCE, INDIVIDUAL COUNSELING, PARENTING CLASSES, EMPLOYMENT ISSUES, EDUCATIONAL ISSUES, HOUSING NEEDS, AND HOUSEHOLD NECESSITIES. S.A.F.E. HOUSE, INC. ADDRESSES THE NEEDS OF THE CHILDREN TOO AND PROVIDES THEM WITH CLOTHING, FOOD, AND SOCIAL ACTIVITIES THAT CAN HELP THEM FEEL AT HOME. IN ADDITION, THE SERVICES INCLUDE FINANCIAL ASSISTANCE THROUGH THE S.A.F.E. HOUSE, INC.'S CLIENT EMPOWERMENT FUND, WHICH SUPPORTS CLIENTS' EMPLOYMENT AND HOUSING GOALS. WHEN FUNDS ARE AVAILABLE, CLIENTS ARE PROVIDED WITH

Name of the organization: S.A.F.E. HOUSE, INC.

Employer identification number: 88-0314066

FINANCIAL ASSISTANCE FOR EMPLOYMENT EXPENSES, DAYCARE, TRANSPORTATION, UTILITIES, HOUSING, AND ANY OTHER EXPENSES NECESSARY TO HELP THEM MAINTAIN THEIR SELF-SUFFICIENCY AFTER THE ABUSE.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

S.A.F.E. HOUSE, INC. ADOPTS A VICTIM-DEFINED ADVOCACY APPROACH TO ADDRESS THE UNIQUE NEEDS OF SURVIVORS OF DOMESTIC VIOLENCE. THOSE SEEKING ADVOCACY SUPPORT CAN AVAIL THEMSELVES OF VARIOUS SERVICES, INCLUDING: (1) COURT ACCOMPANIMENT; (2) ASSISTANCE WITH VICTIM NOTIFICATION; (3) AID IN PREPARING VICTIM IMPACT STATEMENTS; (4) GUIDANCE ON COMPLETING VICTIMS OF CRIME COMPENSATION FORMS; (5) ENROLLMENT IN NEVADA'S CONFIDENTIAL ADDRESS PROGRAM; AND (6) ACTING AS A LIAISON BETWEEN VICTIMS OF CRIME, LAW ENFORCEMENT, THE PROSECUTING ATTORNEY'S OFFICE, THE CRIMINAL JUSTICE SYSTEM, AND COMMUNITY RESOURCES. OUR DEDICATED ADVOCATES ARE AVAILABLE TO ACCOMPANY DOMESTIC VIOLENCE VICTIMS TO APPOINTMENTS, ENSURING ACCESS TO ESSENTIAL SERVICES SUCH AS HOUSING, HEALTHCARE, PUBLIC BENEFITS, AND MORE. THIS COMPREHENSIVE ADVOCACY APPROACH UNDERSCORES OUR COMMITMENT TO EMPOWERING SURVIVORS AND FACILITATING THEIR JOURNEY TOWARDS SAFETY AND STABILITY.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

HOUSING

OUR HOUSING PROGRAM IS A COMPASSIONATE INITIATIVE DEDICATED TO SUPPORTING INDIVIDUALS ON THEIR JOURNEY OUT OF ABUSE AND INTO THEIR OWN SAFE HOME. THESE SERVICES ARE AVAILABLE TO VICTIMS RESIDING IN OUR EMERGENCY SHELTER, AND THOSE WHO MAY NOT NEED IMMEDIATE SHELTER. WITH A FOCUS ON EMPOWERMENT AND REBUILDING LIVES, OUR HOUSING MANAGER SUPPORTS CLIENTS WITH FINDING

Name of the organization: S.A.F.E. HOUSE, INC.

Employer identification number: 88-0314066

AFFORDABLE HOUSING, BUDGETING, AND CONNECTING TO COMMUNITY RESOURCES. THE HOUSING MANAGER FACILITATES ACCESS TO SECURE AND AFFORDABLE HOUSING OPTIONS WITHIN THE COMMUNITY BY BUILDING RELATIONSHIPS WITH LOCAL PROPERTY OWNERS AND MANAGERS. THROUGH OUR CLIENT EMPOWERMENT FUND, WE ALSO PROVIDE SHORT TERM FINANCIAL ASSISTANCE FOR SECURITY DEPOSITS AND RENT. RECOGNIZING THE UNIQUE CHALLENGES FACED BY DOMESTIC VIOLENCE VICTIMS, OUR PROGRAM NOT ONLY ADDRESSES IMMEDIATE HOUSING NEEDS BUT ALSO STRIVES TO CREATE A FOUNDATION FOR LONG-TERM STABILITY.

OUTREACH AND EDUCATION

THE OUTREACH AND EDUCATION PROGRAM IS DEDICATED TO PROVIDING TRAINING AND INFORMATION TO THE PUBLIC, AIMING TO EDUCATE INDIVIDUALS ON IDENTIFYING AND ASSISTING VICTIMS OF DOMESTIC VIOLENCE WHILE AMPLIFYING AWARENESS OF THE ISSUE. THE COMMUNITY ENGAGEMENT MANAGER ACTIVELY ENGAGES WITH OVER 2,500 COMMUNITY MEMBERS ANNUALLY, REACHING OUT TO VARIOUS GROUPS, SCHOOLS, CHURCHES, AND ORGANIZATIONS WHOSE MEMBERS CAN BENEFIT FROM AWARENESS AND EDUCATIONAL SESSIONS. ANOTHER KEY OBJECTIVE IS TO HEIGHTEN AWARENESS OF DOMESTIC VIOLENCE'S IMPACT WITHIN UNDERSERVED POPULATIONS. THE COMMUNITY ENGAGEMENT MANAGER CONSISTENTLY CONDUCTS OUTREACH TO YOUTH, SENIORS, AND THE LGBTQIA2+ COMMUNITY, DISSEMINATING INFORMATION THROUGH COMMUNITY PARTNERS AND FACILITATING EDUCATIONAL SESSIONS. ADDITIONALLY, THE COMMUNITY ENGAGEMENT MANAGER PLAYS A CRUCIAL ROLE IN ONBOARDING VOLUNTEERS, ENABLING COMPASSIONATE COMMUNITY MEMBERS TO CONTRIBUTE THEIR TIME IN FURTHERING S.A.F.E. HOUSE'S MISSION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE AUDIT COMMITTEE REVIEWS AND APPROVES THE FORM 990 BEFORE IT IS SIGNED AND FILED.

Name of the organization: S.A.F.E. HOUSE, INC.

Employer identification number: 88-0314066

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE BOARD OF DIRECTORS SIGN A CONFLICT OF INTEREST ANNUALLY. THE STAFF HAS A CONFLICT OF INTEREST POLICY IN THE HANDBOOK AND IT IS REVIEWED AND SIGNED AT DATE OF HIRE AND ANY UPDATE OF THE HANDBOOK.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION OF THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE EXECUTIVE DIRECTOR REVIEWS AND APPROVES THE COMPENSATION OF ALL OTHER EMPLOYEES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
1	Balance from FY96	6/30/96	1,345				1,345	5	HY	200DB	1,345	0
2	Fax	4/08/97	375				375	5	HY	200DB	375	0
3	Computer	6/30/98	2,400				2,400	5	HY	200DB	2,400	0
4	Computer	8/02/96	1,899				1,899	5	HY	200DB	1,899	0
5	Computer	7/07/97	1,799				1,799	5	HY	200DB	1,799	0
6	American Home Patient	1/22/98	2,550				2,550	5	HY	200DB	2,550	0
7	Computer Renassince	4/23/98	396				396	5	HY	200DB	396	0
8	Conated Fax / Computer	6/30/98	1,000				1,000	5	HY	200DB	1,000	0
9	Shelter Appliances	3/31/99	1,544				1,544	5	HY	200DB	1,544	0
23	Funiuters balance from FY96	6/30/96	950				950	7	HY	200DB	950	0
24	Chairs	4/08/97	1,044				1,044	7	HY	200DB	1,044	0
25	Filing Cabinet	4/08/97	400				400	7	HY	200DB	400	0
26	Folding Tables	2/06/97	300				300	7	HY	200DB	300	0
27	Bookcase cart	4/08/97	388				388	7	HY	200DB	388	0
28	Oak Express	7/04/97	1,040				1,040	7	HY	200DB	1,040	0
29	Ecologic	10/27/97	8,784				8,784	7	HY	200DB	8,784	0
30	Modular Desk	6/30/98	2,800				2,800	7	HY	200DB	2,800	0
31	Baby Center	6/30/98	4,834				4,834	7	HY	200DB	4,834	0
32	Furniture & Fixture	3/05/99	790				790	7	HY	200DB	790	0
33	RLC	4/08/99	692				692	7	HY	200DB	692	0
34	NHC	6/30/99	853				853	7	HY	200DB	853	0
42	Shelter	8/09/97	183,364				183,364	27	MM	S/L	172,525	6,668
			219,547				219,547				208,708	6,668
Other Depreciation:												
10	Fax	4/07/99	150				150	5	MO	S/L	150	0
11	Computer	1/01/01	4,324				4,324	5	MO	S/L	4,324	0
12	Telephones	4/15/01	609				609	5	MO	S/L	609	0
13	Refrigerator	8/17/00	1,795				1,795	5	MO	S/L	1,795	0
14	Dell Computer	8/15/01	1,776				1,776	5	MO	S/L	1,776	0
15	Water Heaters	11/15/01	4,600				4,600	5	MO	S/L	4,600	0
16	Fire System	11/15/01	2,076				2,076	5	MO	S/L	2,076	0
17	Dell Computer	12/17/01	714				714	5	MO	S/L	714	0
18	Dell Computer	12/10/01	1,648				1,648	5	MO	S/L	1,648	0
19	2003 Additions	6/30/03	12,595				12,595	5	MO	S/L	12,595	0
20	Washer & Dryer	6/30/04	700				700	7	MO	S/L	700	0
21	Stoves	6/30/04	660				660	7	MO	S/L	660	0
22	6 Telephone sets	6/30/04	1,173				1,173	7	MO	S/L	1,173	0
35	2000 Additions	6/30/00	2,475				2,475	5	MO	S/L	2,475	0
36	Blinds	4/16/01	1,476				1,476	5	MO	S/L	1,476	0
38	2 Desks	5/31/02	1,316				1,316	5	MO	S/L	1,316	0
39	Desk/Chair	5/31/02	969				969	5	MO	S/L	969	0
40	TV	6/30/04	950				950	5	MO	S/L	950	0
43	Concrete Patio	6/15/01	2,700				2,700	27	MO	S/L	2,160	98
44	Buuilding improvements	6/30/98	5,126				5,126	27	MO	S/L	4,844	186
45	Building improvements	6/30/02	639				639	27	MO	S/L	511	23
47	Carpets	2/28/05	6,250				6,250	5	MO	S/L	6,250	0
48	Flooring	5/06/05	16,311				16,311	15	MO	S/L	16,311	0
49	Restoration/Remodel	5/06/05	2,880				2,880	15	MO	S/L	2,880	0
50	Condensor	8/27/04	1,623				1,623	5	MO	S/L	1,623	0
51	File Cabinet	10/21/04	558				558	7	MO	S/L	558	0
52	Security System	10/21/04	9,627				9,627	7	MO	S/L	9,627	0
53	Washers & Dryers	6/16/05	6,421				6,421	5	MO	S/L	6,421	0
54	Remodeled 14 Rooms in Shelter	6/30/05	51,275				51,275	5	MO	S/L	51,275	0
55	Air Conditioner	2/20/06	12,500				12,500	5	MO	S/L	12,500	0
56	Landscaping	5/04/06	10,720				10,720	7	MO	S/L	10,720	0
57	Water Heater	4/19/06	557				557	5	MO	S/L	557	0
58	Antivirus Software	12/09/05	863				863	3	MO	S/L	863	0
59	Toshiba Voice Mail System	2/01/06	1,879				1,879	5	MO	S/L	1,879	0
60	Dell Computer Products	6/30/06	2,592				2,592	5	MO	S/L	2,592	0
61	Ashley Home Furnishings	4/21/06	2,596				2,596	7	MO	S/L	2,596	0
62	Computer	6/01/07	3,892				3,892	3	MO	S/L	3,892	0
63	Dell Mini Server	7/14/06	2,592				2,592	3	MO	S/L	2,592	0
64	Computer equipment - Lewis	12/20/06	427				427	3	MO	S/L	427	0
65	Laptop for senior advocate	3/23/07	2,098				2,098	3	MO	S/L	2,098	0
66	Van for Focus Property Group	3/30/07	21,044				21,044	5	MO	S/L	21,044	0
67	RC Wiley Home Furnishings	4/13/07	1,394				1,394	7	MO	S/L	1,394	0

Federal Asset Report
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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
68	Shelter Remodel	6/14/07	61,587				61,587	15	MO	S/L	61,587	0
69	Milk dispenser	1/03/07	1,548				1,548	5	MO	S/L	1,548	0
70	Computer and related equipment	2/23/07	1,769				1,769	3	MO	S/L	1,769	0
71	Refrigerator - Shelter	6/10/08	2,000				2,000	5	MO	S/L	2,000	0
72	Exit light	2/06/09	552				552	7	MO	S/L	552	0
73	Alice Software	8/08/08	1,225				1,225	5	MO	S/L	1,225	0
74	GiftWorks Software	8/22/08	797				797	5	MO	S/L	797	0
75	A/C Coil Change Out	12/12/08	2,512				2,512	7	MO	S/L	2,512	0
77	Plumbing - Copper reroute	5/15/09	25,000				25,000	15	MO	S/L	23,611	1,389
78	Phone System	6/18/10	15,746				15,746	5	MO	S/L	15,746	0
79	washers	2/01/10	1,891				1,891	5	MO	S/L	1,891	0
80	dishwasher	3/03/10	733				733	5	MO	S/L	733	0
81	stovetop	3/03/10	832				832	5	MO	S/L	832	0
82	Computers	6/01/10	5,348				5,348	3	MO	S/L	5,348	0
83	Conference table	6/01/11	997				997	7	MO	S/L	997	0
84	Conference room chairs (14)	6/01/11	2,086				2,086	7	MO	S/L	2,086	0
85	Computer for shelter	5/05/11	642				642	3	MO	S/L	642	0
86	shelter security doors	1/27/11	2,700				2,700	15	MO	S/L	2,235	180
87	freezer at the shelter	8/23/10	755				755	5	MO	S/L	755	0
88	Beds for the shelter	6/19/12	776				776	7	MO	S/L	776	0
89	HP Laser Jet M2727nf Monon Laser	6/19/12	600				600	5	MO	S/L	600	0
90	Dell Computers	6/15/12	3,428				3,428	3	MO	S/L	3,428	0
91	Dell Server	2/01/13	2,383				2,383	3	MO	S/L	2,383	0
92	Security System	5/24/13	5,931				5,931	7	MO	S/L	5,931	0
93	Julie's Furniture	2/19/14	2,425				2,425	7	MO	S/L	2,425	0
94	Donated materials	6/30/14	700				700	7	MO	S/L	700	0
95	ARC Cardiac Science - Defribrilator	8/16/13	1,625				1,625	7	MO	S/L	1,625	0
96	Towers	12/20/13	1,473				1,473	5	MO	S/L	1,473	0
97	PBX Server Hardware	12/20/13	1,476				1,476	5	MO	S/L	1,476	0
98	Donated materials	6/30/14	1,828				1,828	39	MO	S/L	422	47
99	Donated labor/construction costs	6/30/14	10,000				10,000	39	MO	S/L	2,308	256
100	Walmart furniture	3/23/15	1,067				1,067	7	MO	S/L	1,067	0
101	Twin beds	8/24/15	610				610	7	MO	S/L	610	0
102	HVAC	6/30/16	24,980				24,980	15	MO	S/L	11,657	1,666
103	Security cameras	6/30/16	16,907				16,907	7	MO	S/L	16,907	0
104	Shelter lighting	6/30/16	10,754				10,754	15	MO	S/L	5,019	716
105	HD cameras, donated	6/30/16	45,120				45,120	7	MO	S/L	45,120	0
106	Donated improvements	6/30/16	35,726				35,726	39	MO	S/L	6,412	916
107	Computer software	6/30/17	6,000				6,000	3	MO	S/L	6,000	0
108	Computer	6/30/17	8,999				8,999	5	MO	S/L	8,999	0
109	Furniture and fixtures	6/30/17	17,331				17,331	7	MO	S/L	14,855	2,476
110	Capital improvements, shelter	6/30/17	150,397				150,397	39	MO	S/L	23,138	3,856
112	Shelter mattresses	11/25/19	13,965				13,965	7	MO	S/L	7,149	1,995
113	Shelter freezer	6/26/20	3,247				3,247	7	MO	S/L	1,392	463
114	Technology upgrade	7/26/19	5,051				5,051	5	MO	S/L	3,957	1,010
115	Shelter kitchen repairs	2/07/20	7,010				7,010	15	MO	S/L	1,597	467
116	Shelter repairs	6/25/20	3,666				3,666	15	MO	S/L	733	244
117	Computers	4/03/20	5,704				5,704	5	MO	S/L	3,708	1,140
118	Shelter doors	12/30/19	12,347				12,347	15	MO	S/L	2,881	823
119	Shelter doors	1/24/20	5,200				5,200	15	MO	S/L	1,184	347
120	Shelter plumbing	1/24/20	3,065				3,065	15	MO	S/L	698	204
121	Shelter countertops	2/07/20	6,000				6,000	15	MO	S/L	1,367	400
125	Shelter Painting Repairs	4/17/20	6,715				6,715	15	MO	S/L	1,418	447
126	Dishwasher Am.Pac.	5/01/20	3,205				3,205	7	MO	S/L	1,450	458
127	Plumbing	3/06/20	1,795				1,795	15	MO	S/L	399	120
128	ADA Bathroom Project	9/15/23	23,300				23,300	15	MO	S/L	0	1,294
	Total Other Depreciation		786,096				786,096				523,750	21,221
	Total ACRS and Other Depreciation		786,096				786,096				523,750	21,221
Listed Property:												
111	Vehicle	6/30/17	21,987				21,987	5	MO	S/L	16,147	2,075
			21,987				21,987				16,147	2,075

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
	Grand Totals		1,027,630				1,027,630				748,605	29,964
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		1,027,630				1,027,630				748,605	29,964

NV Asset Report
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Asset	Description	Date In Service	Cost	Basis for Depr	NV Prior	NV Current	Federal Current	Difference Fed - NV
Prior MACRS:								
1	Balance from FY96	6/30/96	1,345	1,345	1,345	0	0	0
2	Fax	4/08/97	375	375	375	0	0	0
3	Computer	6/30/98	2,400	2,400	2,400	0	0	0
4	Computer	8/02/96	1,899	1,899	1,899	0	0	0
5	Computer	7/07/97	1,799	1,799	1,799	0	0	0
6	American Home Patient	1/22/98	2,550	2,550	2,550	0	0	0
7	Computer Renassince	4/23/98	396	396	396	0	0	0
8	Conated Fax / Computer	6/30/98	1,000	1,000	1,000	0	0	0
9	Shelter Appliances	3/31/99	1,544	1,544	1,544	0	0	0
23	Funiuters balance from FY96	6/30/96	950	950	950	0	0	0
24	Chairs	4/08/97	1,044	1,044	1,044	0	0	0
25	Filing Cabinet	4/08/97	400	400	400	0	0	0
26	Folding Tables	2/06/97	300	300	300	0	0	0
27	Bookcase cart	4/08/97	388	388	388	0	0	0
28	Oak Express	7/04/97	1,040	1,040	1,040	0	0	0
29	Ecologic	10/27/97	8,784	8,784	8,784	0	0	0
30	Modular Desk	6/30/98	2,800	2,800	2,800	0	0	0
31	Baby Center	6/30/98	4,834	4,834	4,834	0	0	0
32	Furniture & Fixture	3/05/99	790	790	790	0	0	0
33	RLC	4/08/99	692	692	692	0	0	0
34	NHC	6/30/99	853	853	853	0	0	0
42	Shelter	8/09/97	183,364	183,364	172,529	6,668	6,668	0
			219,547	219,547	208,712	6,668	6,668	0
Other Depreciation:								
10	Fax	4/07/99	150	150	150	0	0	0
11	Computer	1/01/01	4,324	4,324	4,324	0	0	0
12	Telephones	4/15/01	609	609	609	0	0	0
13	Refrigerator	8/17/00	1,795	1,795	1,795	0	0	0
14	Dell Computer	8/15/01	1,776	1,776	1,776	0	0	0
15	Water Heaters	11/15/01	4,600	4,600	4,600	0	0	0
16	Fire System	11/15/01	2,076	2,076	2,076	0	0	0
17	Dell Computer	12/17/01	714	714	714	0	0	0
18	Dell Computer	12/10/01	1,648	1,648	1,648	0	0	0
19	2003 Additions	6/30/03	12,595	12,595	12,595	0	0	0
20	Washer & Dryer	6/30/04	700	700	700	0	0	0
21	Stoves	6/30/04	660	660	660	0	0	0
22	6 Telephone sets	6/30/04	1,173	1,173	1,173	0	0	0
35	2000 Additions	6/30/00	2,475	2,475	2,475	0	0	0
36	Blinds	4/16/01	1,476	1,476	1,476	0	0	0
38	2 Desks	5/31/02	1,316	1,316	1,316	0	0	0
39	Desk/Chair	5/31/02	969	969	969	0	0	0
40	TV	6/30/04	950	950	950	0	0	0
43	Concrete Patio	6/15/01	2,700	2,700	2,168	98	98	0
44	Buuilding improvements	6/30/98	5,126	5,126	4,660	186	186	0
45	Building improvements	6/30/02	639	639	488	23	23	0
47	Carpets	2/28/05	6,250	6,250	6,250	0	0	0
48	Flooring	5/06/05	16,311	16,311	16,311	0	0	0
49	Restoration/Remodel	5/06/05	2,880	2,880	2,880	0	0	0
50	Condensor	8/27/04	1,623	1,623	1,623	0	0	0
51	File Cabinet	10/21/04	558	558	558	0	0	0
52	Security System	10/21/04	9,627	9,627	9,627	0	0	0
53	Washers & Dryers	6/16/05	6,421	6,421	6,421	0	0	0
54	Remodeled 14 Rooms in Shelter	6/30/05	51,275	51,275	51,275	0	0	0
55	Air Conditioner	2/20/06	12,500	12,500	12,500	0	0	0
56	Landscaping	5/04/06	10,720	10,720	10,720	0	0	0
57	Water Heater	4/19/06	557	557	557	0	0	0
58	Antivirus Software	12/09/05	863	863	863	0	0	0
59	Toshiba Voice Mail System	2/01/06	1,879	1,879	1,879	0	0	0
60	Dell Computer Products	6/30/06	2,592	2,592	2,592	0	0	0
61	Ashley Home Furnishings	4/21/06	2,596	2,596	2,596	0	0	0
62	Computer	6/01/07	3,892	3,892	3,892	0	0	0
63	Dell Mini Server	7/14/06	2,592	2,592	2,592	0	0	0
64	Computer equipment - Lewis	12/20/06	427	427	427	0	0	0
65	Laptop for senior advocate	3/23/07	2,098	2,098	2,098	0	0	0
66	Van for Focus Property Group	3/30/07	21,044	21,044	21,044	0	0	0
67	RC Wiley Home Furnishings	4/13/07	1,394	1,394	1,394	0	0	0

NV Asset Report
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Asset	Description	Date In Service	Cost	Basis for Depr	NV Prior	NV Current	Federal Current	Difference Fed - NV
68	Shelter Remodel	6/14/07	61,587	61,587	61,587	0	0	0
69	Milk dispenser	1/03/07	1,548	1,548	1,548	0	0	0
70	Computer and related equipment	2/23/07	1,769	1,769	1,769	0	0	0
71	Refrigerator - Shelter	6/10/08	2,000	2,000	2,000	0	0	0
72	Exit light	2/06/09	552	552	552	0	0	0
73	Alice Software	8/08/08	1,225	1,225	1,225	0	0	0
74	GiftWorks Software	8/22/08	797	797	797	0	0	0
75	A/C Coil Change Out	12/12/08	2,512	2,512	2,512	0	0	0
77	Plumbing - Copper reroute	5/15/09	25,000	25,000	23,611	1,389	1,389	0
78	Phone System	6/18/10	15,746	15,746	15,746	0	0	0
79	washers	2/01/10	1,891	1,891	1,891	0	0	0
80	dishwasher	3/03/10	733	733	733	0	0	0
81	stovetop	3/03/10	832	832	832	0	0	0
82	Computers	6/01/10	5,348	5,348	5,348	0	0	0
83	Conference table	6/01/11	997	997	997	0	0	0
84	Conference room chairs (14)	6/01/11	2,086	2,086	2,086	0	0	0
85	Computer for shelter	5/05/11	642	642	642	0	0	0
86	shelter security doors	1/27/11	2,700	2,700	2,235	180	180	0
87	freezer at the shelter	8/23/10	755	755	755	0	0	0
88	Beds for the shelter	6/19/12	776	776	776	0	0	0
89	HP Laser Jet M2727nf Monon Laser	6/19/12	600	600	600	0	0	0
90	Dell Computers	6/15/12	3,428	3,428	3,428	0	0	0
91	Dell Server	2/01/13	2,383	2,383	2,383	0	0	0
92	Security System	5/24/13	5,931	5,931	5,931	0	0	0
93	Julie's Furniture	2/19/14	2,425	2,425	2,425	0	0	0
94	Donated materials	6/30/14	700	700	700	0	0	0
95	ARC Cardiac Science - Defribrilator	8/16/13	1,625	1,625	1,625	0	0	0
96	Towers	12/20/13	1,473	1,473	1,473	0	0	0
97	PBX Server Hardware	12/20/13	1,476	1,476	1,476	0	0	0
98	Donated materials	6/30/14	1,828	1,828	422	47	47	0
99	Donated labor/construction costs	6/30/14	10,000	10,000	2,308	256	256	0
100	Walmart furniture	3/23/15	1,067	1,067	1,067	0	0	0
101	Twin beds	8/24/15	610	610	610	0	0	0
102	HVAC	6/30/16	24,980	24,980	11,657	1,666	1,666	0
103	Security cameras	6/30/16	16,907	16,907	16,907	0	0	0
104	Shelter lighting	6/30/16	10,754	10,754	5,019	716	716	0
105	HD cameras, donated	6/30/16	45,120	45,120	45,120	0	0	0
106	Donated improvements	6/30/16	35,726	35,726	6,412	916	916	0
107	Computer software	6/30/17	6,000	6,000	6,000	0	0	0
108	Computer	6/30/17	8,999	8,999	8,999	0	0	0
109	Furniture and fixtures	6/30/17	17,331	17,331	14,855	2,476	2,476	0
110	Capital improvements, shelter	6/30/17	150,397	150,397	23,138	3,856	3,856	0
112	Shelter mattresses	11/25/19	13,965	13,965	7,149	1,995	1,995	0
113	Shelter freezer	6/26/20	3,247	3,247	1,392	463	463	0
114	Technology upgrade	7/26/19	5,051	5,051	3,957	1,010	1,010	0
115	Shelter kitchen repairs	2/07/20	7,010	7,010	1,597	467	467	0
116	Shelter repairs	6/25/20	3,666	3,666	733	244	244	0
117	Computers	4/03/20	5,704	5,704	3,708	1,140	1,140	0
118	Shelter doors	12/30/19	12,347	12,347	2,881	823	823	0
119	Shelter doors	1/24/20	5,200	5,200	1,184	347	347	0
120	Shelter plumbing	1/24/20	3,065	3,065	698	204	204	0
121	Shelter countertops	2/07/20	6,000	6,000	1,367	400	400	0
125	Shelter Painting Repairs	4/17/20	6,715	6,715	1,418	447	447	0
126	Dishwasher Am.Pac.	5/01/20	3,205	3,205	1,450	458	458	0
127	Plumbing	3/06/20	1,795	1,795	399	120	120	0
128	ADA Bathroom Project	9/15/23	23,300	23,300	0	1,294	1,294	0
	Total Other Depreciation		786,096	786,096	523,551	21,221	21,221	0
	Total ACRS and Other Depreciation		786,096	786,096	523,551	21,221	21,221	0
Listed Property:								
111	Vehicle	6/30/17	21,987	21,987	16,147	2,075	2,075	0
			21,987	21,987	16,147	2,075	2,075	0

NV Asset Report
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Asset	Description	Date In Service	Cost	Basis for Depr	NV Prior	NV Current	Federal Current	Difference Fed - NV
	Grand Totals		1,027,630	1,027,630	748,410	29,964	29,964	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		1,027,630	1,027,630	748,410	29,964	29,964	0

AMT Asset Report
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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
1	Balance from FY96	6/30/96	1,346				1,346	6	HY	150DB	1,346	0
2	Fax	4/08/97	375				375	5	HY	150DB	0	0
3	Computer	6/30/98	2,400				2,400	5	HY	150DB	2,400	0
4	Computer	8/02/96	1,899				1,899	5	HY	150DB	1,899	0
5	Computer	7/07/97	1,799				1,799	5	HY	150DB	1,799	0
6	American Home Patient	1/22/98	2,550				2,550	5	HY	150DB	2,550	0
7	Computer Renassince	4/23/98	396				396	5	HY	150DB	396	0
8	Conated Fax / Computer	6/30/98	1,000				1,000	5	HY	150DB	1,000	0
9	Shelter Appliances	3/31/99	1,544				1,544	5	HY	150DB	1,544	0
20	Washer & Dryer	6/30/04	700			X	350	7	HY	200DB	700	0
22	6 Telephone sets	6/30/04	1,173			X	587	7	HY	200DB	1,173	0
23	Funiuters balance from FY96	6/30/96	950				950	7	HY	150DB	950	0
24	Chairs	4/08/97	1,044				1,044	7	HY	150DB	1,044	0
25	Filing Cabinet	4/08/97	400				400	7	HY	150DB	400	0
26	Folding Tables	2/06/97	300				300	7	HY	150DB	300	0
27	Bookcase cart	4/08/97	388				388	7	HY	150DB	388	0
28	Oak Express	7/04/97	1,040				1,040	7	HY	150DB	1,040	0
29	Ecologic	10/27/97	8,784				8,784	7	HY	150DB	8,784	0
30	Modular Desk	6/30/98	2,800				2,800	7	HY	150DB	2,800	0
31	Baby Center	6/30/98	4,834				4,834	7	HY	150DB	4,834	0
32	Furniture & Fixture	3/05/99	790				790	7	HY	150DB	790	0
33	RLC	4/08/99	692				692	7	HY	150DB	692	0
34	NHC	6/30/99	853				853	7	HY	150DB	853	0
42	Shelter	8/09/97	183,364				183,364	40	MM	S/L	87,098	4,584
47	Carpets	2/28/05	6,250				6,250	5	HY	150DB	6,250	0
48	Flooring	5/06/05	16,311				16,311	20	HY	S/L	15,087	816
52	Security System	10/21/04	9,627			X	4,813	7	HY	200DB	9,627	0
93	Julie's Furniture	2/19/14	2,425			X	1,213	7	HY	200DB	2,425	0
94	Donated materials	6/30/14	700				700	7	HY	150DB	700	0
95	ARC Cardiac Science - Defribrilator	8/16/13	1,625			X	812	7	HY	200DB	1,625	0
96	Towers	12/20/13	1,473			X	737	5	HY	200DB	1,473	0
97	PBX Server Hardware	12/20/13	1,476			X	738	5	HY	200DB	1,476	0
98	Donated materials	6/30/14	1,828				1,828	39	MM	S/L	424	47
99	Donated labor/construction costs	6/30/14	10,000				10,000	39	MM	S/L	2,318	257
100	Walmart furniture	3/23/15	1,067			X	533	7	HY	200DB	1,067	0
101	Twin beds	8/24/15	610			X	305	7	MQ	200DB	610	0
102	HVAC	6/30/16	24,980			X	12,490	15	HY	S/L	18,735	833
103	Security cameras	6/30/16	16,907			X	8,453	7	MQ	200DB	16,907	0
104	Shelter lighting	6/30/16	10,754			X	5,377	15	HY	S/L	8,065	359
105	HD cameras, donated	6/30/16	45,120			X	22,560	7	MQ	200DB	45,120	0
106	Donated improvements	6/30/16	35,726			X	17,863	39	MM	S/L	21,088	458
107	Computer software	6/30/17	6,000			X	3,000	5	MQ	200DB	6,000	0
108	Computer	6/30/17	8,999			X	4,499	5	MQ	200DB	8,999	0
109	Furniture and fixtures	6/30/17	17,331			X	8,665	7	MQ	200DB	16,669	662
110	Capital improvements, shelter	6/30/17	150,397			X	75,198	39	MM	S/L	86,848	1,928
112	Shelter mattresses	11/25/19	13,965			X	0	7	HY	200DB	13,965	0
113	Shelter freezer	6/26/20	3,247			X	0	7	HY	200DB	3,247	0
114	Technology upgrade	7/26/19	5,051			X	0	5	HY	200DB	5,051	0
115	Shelter kitchen repairs	2/07/20	7,010			X	0	15	HY	S/L	7,010	0
116	Shelter repairs	6/25/20	3,666			X	0	15	HY	S/L	3,666	0
117	Computers	4/03/20	5,704			X	0	5	HY	200DB	5,704	0
118	Shelter doors	12/30/19	12,347			X	0	15	HY	S/L	12,347	0
			642,017				422,830				447,283	9,944
Other Depreciation:												
10	Fax	4/07/99	0				0	0	HY		0	0
11	Computer	1/01/01	0				0	0	HY		0	0
12	Telephones	4/15/01	0				0	0	HY		0	0
13	Refrigerator	8/17/00	0				0	0	HY		0	0
14	Dell Computer	8/15/01	0				0	0	HY		0	0
15	Water Heaters	11/15/01	0				0	0	HY		0	0
16	Fire System	11/15/01	0				0	0	HY		0	0
17	Dell Computer	12/17/01	0				0	0	HY		0	0
18	Dell Computer	12/10/01	0				0	0	HY		0	0
19	2003 Additions	6/30/03	0				0	0	HY		0	0
21	Stoves	6/30/04	0				0	0	HY		0	0
35	2000 Additions	6/30/00	0				0	0	HY		0	0

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
36	Blinds	4/16/01	0				0	0	HY		0	0
38	2 Desks	5/31/02	0				0	0	HY		0	0
39	Desk/Chair	5/31/02	0				0	0	HY		0	0
40	TV	6/30/04	0				0	0	HY		0	0
43	Concrete Patio	6/15/01	0				0	0	HY		0	0
44	Buuilding improvements	6/30/98	0				0	0	HY		0	0
45	Building improvements	6/30/02	0				0	0	HY		0	0
49	Restoration/Remodel	5/06/05	0				0	0	HY		0	0
50	Condensor	8/27/04	0				0	0	HY		0	0
51	File Cabinet	10/21/04	0				0	0	HY		0	0
53	Washers & Dryers	6/16/05	0				0	0	HY		0	0
54	Remodeled 14 Rooms in Shelter	6/30/05	0				0	0	HY		0	0
55	Air Conditioner	2/20/06	12,500				12,500	5	MO	S/L	12,500	0
56	Landscaping	5/04/06	0				0	0	HY		0	0
57	Water Heater	4/19/06	0				0	0	HY		0	0
58	Antivirus Software	12/09/05	0				0	0	HY		0	0
59	Toshiba Voice Mail System	2/01/06	0				0	0	HY		0	0
60	Dell Computer Products	6/30/06	2,592				2,592	5	MO	S/L	2,592	0
61	Ashley Home Furnishings	4/21/06	0				0	0	HY		0	0
62	Computer	6/01/07	0				0	0	HY		0	0
63	Dell Mini Server	7/14/06	0				0	0	HY		0	0
64	Computer equipment - Lewis	12/20/06	0				0	0	HY		0	0
65	Laptop for senior advocate	3/23/07	0				0	0	HY		0	0
66	Van for Focus Property Group	3/30/07	0				0	0	HY		0	0
67	RC Wiley Home Furnishings	4/13/07	0				0	0	HY		0	0
68	Shelter Remodel	6/14/07	0				0	0	HY		0	0
69	Milk dispenser	1/03/07	0				0	0	HY		0	0
70	Computer and related equipment	2/23/07	0				0	0	HY		0	0
71	Refrigerator - Shelter	6/10/08	0				0	0	HY		0	0
72	Exit light	2/06/09	0				0	0	HY		0	0
73	Alice Software	8/08/08	0				0	0	HY		0	0
74	GiftWorks Software	8/22/08	0				0	0	HY		0	0
75	A/C Coil Change Out	12/12/08	0				0	0	HY		0	0
77	Plumbing - Copper reroute	5/15/09	0				0	0	HY		0	0
78	Phone System	6/18/10	0				0	0	HY		0	0
79	washers	2/01/10	0				0	0	HY		0	0
80	dishwasher	3/03/10	0				0	0	HY		0	0
81	stovetop	3/03/10	0				0	0	HY		0	0
82	Computers	6/01/10	0				0	0	HY		0	0
83	Conference table	6/01/11	0				0	0	HY		0	0
84	Conference room chairs (14)	6/01/11	0				0	0	HY		0	0
85	Computer for shelter	5/05/11	0				0	0	HY		0	0
86	shelter security doors	1/27/11	0				0	0	HY		0	0
87	freezer at the shelter	8/23/10	0				0	0	HY		0	0
88	Beds for the shelter	6/19/12	0				0	0	HY		0	0
89	HP Laser Jet M2727nf Monon Laser	6/19/12	0				0	0	HY		0	0
90	Dell Computers	6/15/12	0				0	0	HY		0	0
91	Dell Server	2/01/13	0				0	0	HY		0	0
92	Security System	5/24/13	0				0	0	HY		0	0
119	Shelter doors	1/24/20	0				0	0	HY		0	0
120	Shelter plumbing	1/24/20	0				0	0	HY		0	0
121	Shelter countertops	2/07/20	0				0	0	HY		0	0
125	Shelter Painting Repairs	4/17/20	0				0	0	HY		0	0
126	Dishwasher Am.Pac.	5/01/20	0				0	0	HY		0	0
127	Plumbing	3/06/20	0				0	0	HY		0	0
128	ADA Bathroom Project	9/15/23	0				0	0	HY		0	0
	Total Other Depreciation		15,092				15,092				15,092	0
	Total ACRS and Other Depreciation		15,092				15,092				15,092	0
Listed Property:												
111	Vehicle	6/30/17	21,987			X	10,994	5	MQ	200DB	21,987	0
			21,987				10,994				21,987	0

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
	Grand Totals		679,096				448,916				484,362	9,944
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		679,096				448,916				484,362	9,944

Bonus Depreciation Report
Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
102	HVAC	6/30/16	24,980		0	0	0	24,980
104	Shelter lighting	6/30/16	10,754		0	0	0	10,754
106	Donated improvements	6/30/16	35,726		0	0	0	35,726
110	Capital improvements, shelter	6/30/17	150,397		0	0	0	150,397
115	Shelter kitchen repairs	2/07/20	7,010		0	0	0	7,010
116	Shelter repairs	6/25/20	3,666		0	0	0	3,666
118	Shelter doors	12/30/19	12,347		0	0	0	12,347
	Grand Total		244,880		0	0	0	244,880

Federal Aggregate Report

Asset	Description	Date In Service	Cost	179	Salvage	Prior	Current	Total	Net Book Value	Method	Life
	2003 Additions	6/30/03	12,595	0	0	12,595	0	12,595	0	S/L	5
19	2003 Additions	6/30/03	12,595	0	0	12,595	0	12,595	0	S/L	5
	Grand Totals		12,595	0	0	12,595	0	12,595	0		
	Less: Dispositions		0	0	0	0	0	0	0		
	Net Grand Totals		12,595	0	0	12,595	0	12,595	0		

NV Aggregate Report

Asset	Description	Date In Service	Cost	179	Salvage	Prior	Current	Total	Net Book Value	Method	Life
	2003 Additions	6/30/03	12,595	0	0	12,595	0	12,595	0	S/L	5
19	2003 Additions	6/30/03	12,595	0	0	12,595	0	12,595	0	S/L	5
	Grand Totals		12,595	0	0	12,595	0	12,595	0		
	Less: Dispositions		0	0	0	0	0	0	0		
	Net Grand Totals		12,595	0	0	12,595	0	12,595	0		

AMT Aggregate Report

Asset	Description	Date In Service	Cost	179	Salvage	Prior	Current	Total	Net Book Value	Method	Life
	2003 Additions	6/30/03	0	0	0	0	0	0	0		0
19	2003 Additions	6/30/03	0	0	0	0	0	0	0		0
	Grand Totals		0	0	0	0	0	0	0		
	Less: Dispositions		0	0	0	0	0	0	0		
	Net Grand Totals		0	0	0	0	0	0	0		

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	Balance from FY96	0	0	0
Page 1	1	2	Fax	0	0	0
Page 1	1	3	Computer	0	0	0
Page 1	1	4	Computer	0	0	0
Page 1	1	5	Computer	0	0	0
Page 1	1	6	American Home Patient	0	0	0
Page 1	1	7	Computer Renassince	0	0	0
Page 1	1	8	Conated Fax / Computer	0	0	0
Page 1	1	9	Shelter Appliances	0	0	0
Page 1	1	23	Funiuters balance from FY96	0	0	0
Page 1	1	24	Chairs	0	0	0
Page 1	1	25	Filing Cabinet	0	0	0
Page 1	1	26	Folding Tables	0	0	0
Page 1	1	27	Bookcase cart	0	0	0
Page 1	1	28	Oak Express	0	0	0
Page 1	1	29	Ecologic	0	0	0
Page 1	1	30	Modular Desk	0	0	0
Page 1	1	31	Baby Center	0	0	0
Page 1	1	32	Furniture & Fixture	0	0	0
Page 1	1	33	RLC	0	0	0
Page 1	1	34	NHC	0	0	0
Page 1	1	42	Shelter	6,668	4,584	2,084
				6,668	4,584	2,084

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	Balance from FY96	6/30/96	1,345	0	0
2	Fax	4/08/97	375	0	0
3	Computer	6/30/98	2,400	0	0
4	Computer	8/02/96	1,899	0	0
5	Computer	7/07/97	1,799	0	0
6	American Home Patient	1/22/98	2,550	0	0
7	Computer Renassince	4/23/98	396	0	0
8	Conated Fax / Computer	6/30/98	1,000	0	0
9	Shelter Appliances	3/31/99	1,544	0	0
23	Funiuters balance from FY96	6/30/96	950	0	0
24	Chairs	4/08/97	1,044	0	0
25	Filing Cabinet	4/08/97	400	0	0
26	Folding Tables	2/06/97	300	0	0
27	Bookcase cart	4/08/97	388	0	0
28	Oak Express	7/04/97	1,040	0	0
29	Ecologic	10/27/97	8,784	0	0
30	Modular Desk	6/30/98	2,800	0	0
31	Baby Center	6/30/98	4,834	0	0
32	Furniture & Fixture	3/05/99	790	0	0
33	RLC	4/08/99	692	0	0
34	NHC	6/30/99	853	0	0
42	Shelter	8/09/97	183,364	4,171	4,584
			219,547	4,171	4,584
Other Depreciation:					
10	Fax	4/07/99	150	0	0
11	Computer	1/01/01	4,324	0	0
12	Telephones	4/15/01	609	0	0
13	Refrigerator	8/17/00	1,795	0	0
14	Dell Computer	8/15/01	1,776	0	0
15	Water Heaters	11/15/01	4,600	0	0
16	Fire System	11/15/01	2,076	0	0
17	Dell Computer	12/17/01	714	0	0
18	Dell Computer	12/10/01	1,648	0	0
19	2003 Additions	6/30/03	12,595	0	0
20	Washer & Dryer	6/30/04	700	0	0
21	Stoves	6/30/04	660	0	0
22	6 Telephone sets	6/30/04	1,173	0	0
35	2000 Additions	6/30/00	2,475	0	0
36	Blinds	4/16/01	1,476	0	0
38	2 Desks	5/31/02	1,316	0	0
39	Desk/Chair	5/31/02	969	0	0
40	TV	6/30/04	950	0	0
43	Concrete Patio	6/15/01	2,700	98	0
44	Buuilding improvements	6/30/98	5,126	96	0
45	Building improvements	6/30/02	639	23	0
47	Carpets	2/28/05	6,250	0	0
48	Flooring	5/06/05	16,311	0	408
49	Restoration/Remodel	5/06/05	2,880	0	0
50	Condensor	8/27/04	1,623	0	0
51	File Cabinet	10/21/04	558	0	0
52	Security System	10/21/04	9,627	0	0
53	Washers & Dryers	6/16/05	6,421	0	0
54	Remodeled 14 Rooms in Shelter	6/30/05	51,275	0	0
55	Air Conditioner	2/20/06	12,500	0	0
56	Landscaping	5/04/06	10,720	0	0
57	Water Heater	4/19/06	557	0	0
58	Antivirus Software	12/09/05	863	0	0
59	Toshiba Voice Mail System	2/01/06	1,879	0	0
60	Dell Computer Products	6/30/06	2,592	0	0
61	Ashley Home Furnishings	4/21/06	2,596	0	0
62	Computer	6/01/07	3,892	0	0
63	Dell Mini Server	7/14/06	2,592	0	0
64	Computer equipment - Lewis	12/20/06	427	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
65	Laptop for senior advocate	3/23/07	2,098	0	0
66	Van for Focus Property Group	3/30/07	21,044	0	0
67	RC Wiley Home Furnishings	4/13/07	1,394	0	0
68	Shelter Remodel	6/14/07	61,587	0	0
69	Milk dispenser	1/03/07	1,548	0	0
70	Computer and related equipment	2/23/07	1,769	0	0
71	Refrigerator - Shelter	6/10/08	2,000	0	0
72	Exit light	2/06/09	552	0	0
73	Alice Software	8/08/08	1,225	0	0
74	GiftWorks Software	8/22/08	797	0	0
75	A/C Coil Change Out	12/12/08	2,512	0	0
77	Plumbing - Copper reroute	5/15/09	25,000	0	0
78	Phone System	6/18/10	15,746	0	0
79	washers	2/01/10	1,891	0	0
80	dishwasher	3/03/10	733	0	0
81	stovetop	3/03/10	832	0	0
82	Computers	6/01/10	5,348	0	0
83	Conference table	6/01/11	997	0	0
84	Conference room chairs (14)	6/01/11	2,086	0	0
85	Computer for shelter	5/05/11	642	0	0
86	shelter security doors	1/27/11	2,700	180	0
87	freezer at the shelter	8/23/10	755	0	0
88	Beds for the shelter	6/19/12	776	0	0
89	HP Laser Jet M2727nf Monon Laser	6/19/12	600	0	0
90	Dell Computers	6/15/12	3,428	0	0
91	Dell Server	2/01/13	2,383	0	0
92	Security System	5/24/13	5,931	0	0
93	Julie's Furniture	2/19/14	2,425	0	0
94	Donated materials	6/30/14	700	0	0
95	ARC Cardiac Science - Defribrilator	8/16/13	1,625	0	0
96	Towers	12/20/13	1,473	0	0
97	PBX Server Hardware	12/20/13	1,476	0	0
98	Donated materials	6/30/14	1,828	47	47
99	Donated labor/construction costs	6/30/14	10,000	257	256
100	Walmart furniture	3/23/15	1,067	0	0
101	Twin beds	8/24/15	610	0	0
102	HVAC	6/30/16	24,980	1,665	832
103	Security cameras	6/30/16	16,907	0	0
104	Shelter lighting	6/30/16	10,754	717	358
105	HD cameras, donated	6/30/16	45,120	0	0
106	Donated improvements	6/30/16	35,726	916	458
107	Computer software	6/30/17	6,000	0	0
108	Computer	6/30/17	8,999	0	0
109	Furniture and fixtures	6/30/17	17,331	0	0
110	Capital improvements, shelter	6/30/17	150,397	3,857	1,928
112	Shelter mattresses	11/25/19	13,965	1,995	0
113	Shelter freezer	6/26/20	3,247	464	0
114	Technology upgrade	7/26/19	5,051	84	0
115	Shelter kitchen repairs	2/07/20	7,010	467	0
116	Shelter repairs	6/25/20	3,666	245	0
117	Computers	4/03/20	5,704	856	0
118	Shelter doors	12/30/19	12,347	823	0
119	Shelter doors	1/24/20	5,200	347	0
120	Shelter plumbing	1/24/20	3,065	205	0
121	Shelter countertops	2/07/20	6,000	400	0
125	Shelter Painting Repairs	4/17/20	6,715	448	0
126	Dishwasher Am.Pac.	5/01/20	3,205	458	0
127	Plumbing	3/06/20	1,795	119	0
128	ADA Bathroom Project	9/15/23	23,300	1,554	0
	Total Other Depreciation		786,096	16,321	4,287
	Total ACRS and Other Depreciation		786,096	16,321	4,287
Listed Property:					
111	Vehicle	6/30/17	21,987	2,075	0

Asset	Description	Date In Service	Cost	Tax	AMT
			21,987	2,075	0
	Grand Totals		1,027,630	22,567	8,871

Asset	Description	Date In Service	Cost	NV
Prior MACRS:				
1	Balance from FY96	6/30/96	1,345	0
2	Fax	4/08/97	375	0
3	Computer	6/30/98	2,400	0
4	Computer	8/02/96	1,899	0
5	Computer	7/07/97	1,799	0
6	American Home Patient	1/22/98	2,550	0
7	Computer Renassince	4/23/98	396	0
8	Conated Fax / Computer	6/30/98	1,000	0
9	Shelter Appliances	3/31/99	1,544	0
23	Funiuters balance from FY96	6/30/96	950	0
24	Chairs	4/08/97	1,044	0
25	Filing Cabinet	4/08/97	400	0
26	Folding Tables	2/06/97	300	0
27	Bookcase cart	4/08/97	388	0
28	Oak Express	7/04/97	1,040	0
29	Ecologic	10/27/97	8,784	0
30	Modular Desk	6/30/98	2,800	0
31	Baby Center	6/30/98	4,834	0
32	Furniture & Fixture	3/05/99	790	0
33	RLC	4/08/99	692	0
34	NHC	6/30/99	853	0
42	Shelter	8/09/97	183,364	4,167
			219,547	4,167
Other Depreciation:				
10	Fax	4/07/99	150	0
11	Computer	1/01/01	4,324	0
12	Telephones	4/15/01	609	0
13	Refrigerator	8/17/00	1,795	0
14	Dell Computer	8/15/01	1,776	0
15	Water Heaters	11/15/01	4,600	0
16	Fire System	11/15/01	2,076	0
17	Dell Computer	12/17/01	714	0
18	Dell Computer	12/10/01	1,648	0
19	2003 Additions	6/30/03	12,595	0
20	Washer & Dryer	6/30/04	700	0
21	Stoves	6/30/04	660	0
22	6 Telephone sets	6/30/04	1,173	0
35	2000 Additions	6/30/00	2,475	0
36	Blinds	4/16/01	1,476	0
38	2 Desks	5/31/02	1,316	0
39	Desk/Chair	5/31/02	969	0
40	TV	6/30/04	950	0
43	Concrete Patio	6/15/01	2,700	99
44	Buuilding improvements	6/30/98	5,126	187
45	Building improvements	6/30/02	639	23
47	Carpets	2/28/05	6,250	0
48	Flooring	5/06/05	16,311	0
49	Restoration/Remodel	5/06/05	2,880	0
50	Condensor	8/27/04	1,623	0
51	File Cabinet	10/21/04	558	0
52	Security System	10/21/04	9,627	0
53	Washers & Dryers	6/16/05	6,421	0
54	Remodeled 14 Rooms in Shelter	6/30/05	51,275	0
55	Air Conditioner	2/20/06	12,500	0
56	Landscaping	5/04/06	10,720	0
57	Water Heater	4/19/06	557	0
58	Antivirus Software	12/09/05	863	0
59	Toshiba Voice Mail System	2/01/06	1,879	0
60	Dell Computer Products	6/30/06	2,592	0
61	Ashley Home Furnishings	4/21/06	2,596	0
62	Computer	6/01/07	3,892	0
63	Dell Mini Server	7/14/06	2,592	0
64	Computer equipment - Lewis	12/20/06	427	0

Asset	Description	Date In Service	Cost	NV
65	Laptop for senior advocate	3/23/07	2,098	0
66	Van for Focus Property Group	3/30/07	21,044	0
67	RC Wiley Home Furnishings	4/13/07	1,394	0
68	Shelter Remodel	6/14/07	61,587	0
69	Milk dispenser	1/03/07	1,548	0
70	Computer and related equipment	2/23/07	1,769	0
71	Refrigerator - Shelter	6/10/08	2,000	0
72	Exit light	2/06/09	552	0
73	Alice Software	8/08/08	1,225	0
74	GiftWorks Software	8/22/08	797	0
75	A/C Coil Change Out	12/12/08	2,512	0
77	Plumbing - Copper reroute	5/15/09	25,000	0
78	Phone System	6/18/10	15,746	0
79	washers	2/01/10	1,891	0
80	dishwasher	3/03/10	733	0
81	stovetop	3/03/10	832	0
82	Computers	6/01/10	5,348	0
83	Conference table	6/01/11	997	0
84	Conference room chairs (14)	6/01/11	2,086	0
85	Computer for shelter	5/05/11	642	0
86	shelter security doors	1/27/11	2,700	180
87	freezer at the shelter	8/23/10	755	0
88	Beds for the shelter	6/19/12	776	0
89	HP Laser Jet M2727nf Monon Laser	6/19/12	600	0
90	Dell Computers	6/15/12	3,428	0
91	Dell Server	2/01/13	2,383	0
92	Security System	5/24/13	5,931	0
93	Julie's Furniture	2/19/14	2,425	0
94	Donated materials	6/30/14	700	0
95	ARC Cardiac Science - Defribrilator	8/16/13	1,625	0
96	Towers	12/20/13	1,473	0
97	PBX Server Hardware	12/20/13	1,476	0
98	Donated materials	6/30/14	1,828	47
99	Donated labor/construction costs	6/30/14	10,000	257
100	Walmart furniture	3/23/15	1,067	0
101	Twin beds	8/24/15	610	0
102	HVAC	6/30/16	24,980	1,665
103	Security cameras	6/30/16	16,907	0
104	Shelter lighting	6/30/16	10,754	717
105	HD cameras, donated	6/30/16	45,120	0
106	Donated improvements	6/30/16	35,726	916
107	Computer software	6/30/17	6,000	0
108	Computer	6/30/17	8,999	0
109	Furniture and fixtures	6/30/17	17,331	0
110	Capital improvements, shelter	6/30/17	150,397	3,857
112	Shelter mattresses	11/25/19	13,965	1,995
113	Shelter freezer	6/26/20	3,247	464
114	Technology upgrade	7/26/19	5,051	84
115	Shelter kitchen repairs	2/07/20	7,010	467
116	Shelter repairs	6/25/20	3,666	245
117	Computers	4/03/20	5,704	856
118	Shelter doors	12/30/19	12,347	823
119	Shelter doors	1/24/20	5,200	347
120	Shelter plumbing	1/24/20	3,065	205
121	Shelter countertops	2/07/20	6,000	400
125	Shelter Painting Repairs	4/17/20	6,715	448
126	Dishwasher Am.Pac.	5/01/20	3,205	458
127	Plumbing	3/06/20	1,795	119
128	ADA Bathroom Project	9/15/23	23,300	1,554
	Total Other Depreciation		786,096	16,413
	Total ACRS and Other Depreciation		786,096	16,413
Listed Property:				
111	Vehicle	6/30/17	21,987	2,075

Asset	Description	Date In Service	Cost	NV
			21,987	2,075
	Grand Totals		1,027,630	22,655

Form **990**

Two Year Comparison Report

For calendar year 2023, or tax year beginning **07/01/23** , ending **06/30/24**

2022 & 2023

Name

S.A.F.E. HOUSE, INC.

Taxpayer Identification Number

88-0314066

			2022	2023	Differences
Revenue	1. Contributions, gifts, grants	1.	361,096	435,923	74,827
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	1,642,266	1,741,266	99,000
	4. Program service revenue	4.	94,956	74,543	-20,413
	5. Investment income	5.	65,268	57,328	-7,940
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	1,602	2,997	1,395
	12. **Total revenue.** Add lines 1 through 11	12.	2,165,188	2,312,057	146,869
Expenses	13. Grants and similar amounts paid	13.	141,717	262,940	121,223
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	162,025	156,945	-5,080
	16. Salaries, other compensation, and employee benefits	16.	1,327,063	1,449,404	122,341
	17. Professional fundraising fees	17.	69,000	62,000	-7,000
	18. Other professional fees	18.	69,523	39,500	-30,023
	19. Occupancy, rent, utilities, and maintenance	19.	155,958	177,131	21,173
	20. Depreciation and Depletion	20.	37,828	43,465	5,637
	21. Other expenses	21.	162,931	241,332	78,401
	22. **Total expenses.** Add lines 13 through 21	22.	2,126,045	2,432,717	306,672
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	39,143	-120,660	-159,803
Other Information	24. Total exempt revenue	24.	2,165,188	2,312,057	146,869
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	161,826	134,868	-26,958
	27. Total assets	27.	2,857,141	3,061,897	204,756
	28. Total liabilities	28.	199,314	354,415	155,101
	29. Retained earnings	29.	2,657,827	2,707,482	49,655
	30. Number of voting members of governing body	30.	12	12	
	31. Number of independent voting members of governing body	31.	12	12	
	32. Number of employees	32.	36	42	
	33. Number of volunteers	33.	66	26	

Form **990**

Tax Return History

2023

Name
S.A.F.E. HOUSE, INC.

Employer Identification Number
88-0314066

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	1,641,242	1,654,015	1,917,596	2,003,362	2,177,189	
Membership dues						
Program service revenue	102,272	55,816	89,997	94,956	74,543	
Capital gain or loss	54,576					
Investment income	30,036	105,146	156,437	65,268	57,328	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue		5,732	3,386	1,602	2,997	
Total revenue	1,828,126	1,820,709	2,167,416	2,165,188	2,312,057	
Grants and similar amounts paid	118,978	73,410	69,897	141,717	262,940	
Benefits paid to or for members						
Compensation of officers, etc.	104,498	170,572	187,579	162,025	156,945	
Other compensation	1,085,697	1,083,627	1,219,460	1,327,063	1,449,404	
Professional fees	82,885	99,735	94,290	138,523	101,500	
Occupancy costs	135,189	150,806	141,716	155,958	177,131	
Depreciation and depletion	43,929	44,327	43,578	37,828	43,465	
Other expenses	131,327	145,441	228,748	162,931	241,332	
Total expenses	1,702,503	1,767,918	1,985,268	2,126,045	2,432,717	
Excess or (Deficit)	125,623	52,791	182,148	39,143	-120,660	
Total exempt revenue	1,828,126	1,820,709	2,167,416	2,165,188	2,312,057	
Total unrelated revenue						
Total excludable revenue	186,884	166,694	249,820	161,826	134,868	
Total Assets	2,538,349	3,039,416	2,654,901	2,857,141	3,061,897	
Total Liabilities	141,209	155,093	160,858	199,314	354,415	
Net Fund Balances	2,397,140	2,884,323	2,494,043	2,657,827	2,707,482	