Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning **07/01/24** , and ending **06/30/25**

88-0314066

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

Net Asset / Fund Balance at Beginning of Year				**2,707,482**
Revenue				
Contributions		**2,097,404**		
Program service revenue		**72,920**		
Investment income		**119,680**		
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue	**9,715**			
Direct expenses	**9,715**			
Net income		**0**		
Other income		**0**		
Total revenue			**2,290,004**	
Expenses				
Program services		**1,935,430**		
Management and general		**217,285**		
Fundraising		**98,520**		
Total expenses			**2,251,235**	
Excess / (deficit)				**38,769**
Changes				**92,395**
Net Asset / Fund Balance at End of Year				**2,838,646**

Reconciliation of Revenue

Total revenue per financial statements	**2,382,399**
Less:	
Unrealized gains	**92,395**
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	**2,290,004**

Reconciliation of Expenses

Total expenses per financial statements	**2,251,235**
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	**2,251,235**

Balance Sheet

	Beginning	Ending	Differences
Assets	**3,061,897**	**3,133,656**	
Liabilities	**354,415**	**295,010**	
Net assets	**2,707,482**	**2,838,646**	**131,164**

Miscellaneous Information

Amended return	
Return / extended due date	**05/15/26**
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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07/01/24 , and ending 06/30/25

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) | Room/suite
921 AMERICAN PACIFIC, SUITE 300

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 $ **2,299,719**

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	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	38
6 Total number of volunteers (estimate if necessary)	6	31
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)	2,177,189	2,097,404
9 Program service revenue (Part VIII, line 2g)	74,543	72,920
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	57,328	119,680
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,997	0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,312,057	2,290,004

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	262,940	246,247
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)	1,606,349	1,559,724
16a Professional fundraising fees (Part IX, column (A), line 11e)	62,000	69,000
b Total fundraising expenses (Part IX, column (D), line 25) **98,520**		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	501,428	376,264
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,432,717	2,251,235
19 Revenue less expenses. Subtract line 18 from line 12	-120,660	38,769

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,061,897	3,133,656
21 Total liabilities (Part X, line 26)	354,415	295,010
22 Net assets or fund balances. Subtract line 21 from line 20	2,707,482	2,838,646

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 CEO

Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JESSICA P SAYLES	JESSICA P SAYLES	05/06/26		P01530213

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

Firm's address **6001 S DECATUR BLVD STE P LAS VEGAS, NV 89118-3074** 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** (2024)

Part III **Statement of Program Service Accomplishments**

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

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 $ 1,058,969 including grants of $ 209,455) (Revenue $)
SEE SCHEDULE O

4b (Code:) (Expenses $ 378,500 including grants of $ 34) (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 $ 312,955 including grants of $ 8,874) (Revenue $ 72,920)
SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)
(Expenses $ 185,006 including grants of $ 27,884) (Revenue $)

4e Total program service expenses 1,935,430

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**	**38**		
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? If "Yes," see instructions and file Form 4720, Schedule N.		**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		X
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? If "Yes," complete Form 6069.		**17**		

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	11		
	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	11		
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									
CEO	0.00			X				114,125	0	4,641
(2) **KATE SHEN**	40.00									
FINANCIAL MANAGER	0.00			X				52,239	0	9,451
(3) **DAVID GILL**	2.00									
PRESIDENT	0.00	X		X				0	0	0
(4) **PHILLIP DIGIACOMO**	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) **REGINA PORTER**	2.00									
DIRECTOR	0.00	X						0	0	0
(9) **ROSA MARTINS**	2.00									
DIRECTOR	0.00	X						0	0	0
(10) **JULIE PROCTOR**	2.00									
DIRECTOR	0.00	X						0	0	0
(11) **KAITLIN PAXTON, ESQ**	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) CHASE PAVLOV										
(12)	2.00									
DIRECTOR	0.00	X						0	0	0
(13) CHRIS BEHUNIN										
(13)	2.00									
DIRECTOR	0.00	X						0	0	0
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal								166,364		14,092
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								166,364		14,092

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

		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*	3		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*	4		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*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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	14,557				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,653,230				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	429,617				
	g Noncash contributions included in lines 1a-1f	1g	$ 72,835				
	h **Total.** Add lines 1a–1f			2,097,404			
Program Service Revenue		Business Code					
	2a **TANF CONTRACT**	812900		72,920	72,920		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			72,920			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			119,680			119,680
	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 $ 14,557 of contributions reported on line 1c). See Part IV, line 18	8a	9,715				
	b Less: direct expenses	8b	9,715				
	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						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d						
	12 **Total revenue.** See instructions			2,290,004	72,920	0	119,680

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	246,247	246,247		
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	189,281	59,821	129,460	
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	1,129,454	1,111,450		18,004
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	126,624	123,770	912	1,942
10 Payroll taxes	114,365	102,471	10,316	1,578
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	27,000		27,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	69,000			69,000
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.)	8,191	3,559	4,432	200
12 Advertising and promotion	164		164	
13 Office expenses	92,464	55,756	29,340	7,368
14 Information technology				
15 Royalties				
16 Occupancy	168,659	159,131	9,528	
17 Travel	10,527	10,527		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,162		2,162	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,061	34,889	1,172	
23 Insurance	31,036	27,809	2,799	428
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	2,251,235	1,935,430	217,285	98,520
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	118,480	1	164,937
	2	Savings and temporary cash investments	221,331	2	122,403
	3	Pledges and grants receivable, net	232,705	3	333,911
	4	Accounts receivable, net	46,032	4	2,098
	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		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 1,140,647			
	b	Less: accumulated depreciation — 10b: 801,133	249,058	10c	339,514
	11	Investments—publicly traded securities	1,957,970	11	2,003,019
	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	236,321	15	167,774
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	3,061,897	16	3,133,656
Liabilities	17	Accounts payable and accrued expenses	122,665	17	128,801
	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	231,750	25	166,209
	26	**Total liabilities.** Add lines 17 through 25	354,415	26	295,010
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	2,667,164	27	2,781,518
	28	Net assets with donor restrictions	40,318	28	57,128
		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	2,707,482	32	2,838,646
	33	Total liabilities and net assets/fund balances	3,061,897	33	3,133,656

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	2,290,004
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,251,235
3	Revenue less expenses. Subtract line 2 from line 1	3	38,769
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,707,482
5	Net unrealized gains (losses) on investments	5	92,395
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	2,838,646

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

2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,654,015	1,917,596	2,003,362	2,177,189	2,097,404	9,849,566
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	1,654,015	1,917,596	2,003,362	2,177,189	2,097,404	9,849,566
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						9,849,566

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	1,654,015	1,917,596	2,003,362	2,177,189	2,097,404	9,849,566
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			65,268	57,328	119,680	242,276
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						10,103,559

12	Gross receipts from related activities, etc. (see instructions)	12	649,815

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 2024 (line 6, column (f), divided by line 11, column (f))	14	97.49 %
15	Public support percentage from 2023 Schedule A, Part II, line 14	15	98.59 %

16a **33 1/3% support test — 2024.** 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 — 2023.** 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 — 2024.** 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 — 2023.** 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2024.** 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 — 2023.** 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 each of its 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 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI.* See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

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	**$ 4,599**

Schedule B
(Form 990)
(Rev. December 2024))
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

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	$ 60,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	CLARK COUNTY, NEVADA 1600 PINTO LANE LAS VEGAS NV 89106	$ 95,815	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	STATE OF NEVADA DIVISION OF CHILD AND FAMILY SERVICES 4126 TECHNOLOGY WAY CARSON CITY NV 89706	$ 652,937	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	CITY OF HENDERSON PO BOX 95050 MSC 211 HENDERSON NV 89009	$ 178,740	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	HENDERSON POLICE DEPARTMENT 223 LEAD ST HENDERSON NV 89015	$ 58,773	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)
(Rev. December 2024)
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

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)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	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 conversation 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 in 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		**680,376**	**361,439**	**318,937**
c Leasehold improvements				
d Equipment		**460,271**	**439,694**	**20,577**
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				**339,514**

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	118,160
(2)	FINANCE LEASE ROU ASSETS	43,864
(3)	DEPOSITS	5,750
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*		167,774

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	120,714
(3)	FINANCE LEASE LIABILITIES	45,495
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*		166,209

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	2,382,399
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	92,395		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	92,395
3	Subtract line 2e from line 1			3	2,290,004
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	2,290,004

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	2,251,235
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	2,251,235
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	2,251,235

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)
(Rev. December 2024)
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

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 nongovernment 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	1,006,755	49,000	957,755
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					1,006,755	49,000	957,755

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 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	24,272			24,272
	2 Less: Contributions	14,557			14,557
	3 Gross income (line 1 minus line 2)	9,715			9,715
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	7,584			7,584
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,131			2,131
	10 Direct expense summary. Add lines 4 through 9 in column (d)				9,715
	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 tha 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)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

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? . . . . . [X] 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	392	246,247			
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

2024

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		47,096	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	34	7,438	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (SUPPLIES)	X	69	18,046	FAIR MARKET VALUE
26	Other (GIFT CARDS)	X	2	255	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)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number
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 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,

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number
88-0314066

AND THOSE WHO MAY NOT NEED IMMEDIATE SHELTER. WITH A FOCUS ON EMPOWERMENT AND REBUILDING LIVES, OUR HOUSING MANAGER SUPPORTS CLIENTS WITH FINDING 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.

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 CHIEF EXECUTIVE OFFICER (CEO).

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

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return: **S.A.F.E. HOUSE, INC.**

Identifying number **88-0314066**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	16,321

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	4,171
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	2,075
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	22,567
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

S.A.F.E. HOUSE, INC. **88-0314066**

Form 4562 (2024)

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

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

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

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions						**25**		
26 Property used more than 50% in a qualified business use:								
VEHICLE	06/30/17	100.00 %	21,987	21,987	5.0	S/L-	2,075	
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						**28**	2,075	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

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

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year (see instructions):					
43 Amortization of costs that began before your 2024 tax year				**43**	
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	

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	179,193	4,171
			219,547				219,547				215,376	4,171
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	2,258	98
44	Buuilding improvements	6/30/98	5,126				5,126	27	MO	S/L	5,030	96
45	Building improvements	6/30/02	639				639	27	MO	S/L	534	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
Form 990, Page 1

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	25,000	0
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	2,415	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	469	47
99	Donated labor/construction costs	6/30/14	10,000				10,000	39	MO	S/L	2,564	257
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	13,323	1,665
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	5,735	717
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	7,328	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	17,331	0
110	Capital improvements, shelter	6/30/17	150,397				150,397	39	MO	S/L	26,994	3,857
112	Shelter mattresses	11/25/19	13,965				13,965	7	MO	S/L	9,144	1,995
113	Shelter freezer	6/26/20	3,247				3,247	7	MO	S/L	1,855	464
114	Technology upgrade	7/26/19	5,051				5,051	5	MO	S/L	4,967	84
115	Shelter kitchen repairs	2/07/20	7,010				7,010	15	MO	S/L	2,064	467
116	Shelter repairs	6/25/20	3,666				3,666	15	MO	S/L	977	245
117	Computers	4/03/20	5,704				5,704	5	MO	S/L	4,848	856
118	Shelter doors	12/30/19	12,347				12,347	15	MO	S/L	3,704	823
119	Shelter doors	1/24/20	5,200				5,200	15	MO	S/L	1,531	347
120	Shelter plumbing	1/24/20	3,065				3,065	15	MO	S/L	902	205
121	Shelter countertops	2/07/20	6,000				6,000	15	MO	S/L	1,767	400
125	Shelter Painting Repairs	4/17/20	6,715				6,715	15	MO	S/L	1,865	448
126	Dishwasher Am.Pac.	5/01/20	3,205				3,205	7	MO	S/L	1,908	458
127	Plumbing	3/06/20	1,795				1,795	15	MO	S/L	519	119
128	ADA Bathroom Project	9/15/23	23,300				23,300	15	MO	S/L	1,294	1,554
129	HVAC	6/30/25	29,263				29,263	5	MO	S/L	0	0
130	Shelter renovation-bathrooms/1st floor offic	6/30/25	83,758				83,758	15	MO	S/L	0	0
	Total Other Depreciation		899,117				899,117				544,971	16,321
	Total ACRS and Other Depreciation		899,117				899,117				544,971	16,321
Listed Property:												
111	Vehicle	6/30/17	21,987				21,987	5	MO	S/L	18,222	2,075

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
			21,987				21,987				18,222	2,075
	Grand Totals		1,140,651				1,140,651				778,569	22,567
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		1,140,651				1,140,651				778,569	22,567

NV Asset Report
Form 990, Page 1

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	179,197	4,167	4,171	4
			219,547	219,547	215,380	4,167	4,171	4
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	2,266	99	98	-1
44	Buuilding improvements	6/30/98	5,126	5,126	4,846	187	96	-91
45	Building improvements	6/30/02	639	639	511	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
Form 990, Page 1

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	25,000	0	0	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	2,415	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	469	47	47	0
99	Donated labor/construction costs	6/30/14	10,000	10,000	2,564	257	257	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	13,323	1,665	1,665	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	5,735	717	717	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	7,328	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	17,331	0	0	0
110	Capital improvements, shelter	6/30/17	150,397	150,397	26,994	3,857	3,857	0
112	Shelter mattresses	11/25/19	13,965	13,965	9,144	1,995	1,995	0
113	Shelter freezer	6/26/20	3,247	3,247	1,855	464	464	0
114	Technology upgrade	7/26/19	5,051	5,051	4,967	84	84	0
115	Shelter kitchen repairs	2/07/20	7,010	7,010	2,064	467	467	0
116	Shelter repairs	6/25/20	3,666	3,666	977	245	245	0
117	Computers	4/03/20	5,704	5,704	4,848	856	856	0
118	Shelter doors	12/30/19	12,347	12,347	3,704	823	823	0
119	Shelter doors	1/24/20	5,200	5,200	1,531	347	347	0
120	Shelter plumbing	1/24/20	3,065	3,065	902	205	205	0
121	Shelter countertops	2/07/20	6,000	6,000	1,767	400	400	0
125	Shelter Painting Repairs	4/17/20	6,715	6,715	1,865	448	448	0
126	Dishwasher Am.Pac.	5/01/20	3,205	3,205	1,908	458	458	0
127	Plumbing	3/06/20	1,795	1,795	519	119	119	0
128	ADA Bathroom Project	9/15/23	23,300	23,300	1,294	1,554	1,554	0
129	HVAC	6/30/25	29,263	29,263	0	0	0	0
130	Shelter renovation-bathrooms/1st floor offic	6/30/25	83,758	83,758	0	0	0	0
	Total Other Depreciation		899,117	899,117	544,772	16,413	16,321	-92
	Total ACRS and Other Depreciation		899,117	899,117	544,772	16,413	16,321	-92
Listed Property:								
111	Vehicle	6/30/17	21,987	21,987	18,222	2,075	2,075	0

NV Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NV Prior	NV Current	Federal Current	Difference Fed - NV
			21,987	21,987	18,222	2,075	2,075	0
	Grand Totals		1,140,651	1,140,651	778,374	22,655	22,567	-88
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		1,140,651	1,140,651	778,374	22,655	22,567	-88

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
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	91,682	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	15,903	408
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	471	47
99	Donated labor/construction costs	6/30/14	10,000				10,000	39	MM	S/L	2,575	256
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	19,568	832
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	8,424	358
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	21,546	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	17,331	0
110	Capital improvements, shelter	6/30/17	150,397			X	75,198	39	MM	S/L	88,776	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				457,227	8,871
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

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
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
129	HVAC	6/30/25	0				0	0	HY		0	0
130	Shelter renovation-bathrooms/1st floor offic	6/30/25	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

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
			21,987				10,994				21,987	0
	Grand Totals		679,096				448,916				494,306	8,871
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		679,096				448,916				494,306	8,871

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	4,171	4,584	-413
				4,171	4,584	-413

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	0	4,584
			219,547	0	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	99	0
44	Buuilding improvements	6/30/98	5,126	0	0
45	Building improvements	6/30/02	639	24	0
47	Carpets	2/28/05	6,250	0	0
48	Flooring	5/06/05	16,311	0	0
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	105	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	46	46
99	Donated labor/construction costs	6/30/14	10,000	256	257
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	833
103	Security cameras	6/30/16	16,907	0	0
104	Shelter lighting	6/30/16	10,754	717	359
105	HD cameras, donated	6/30/16	45,120	0	0
106	Donated improvements	6/30/16	35,726	917	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	3,856	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	0	0
115	Shelter kitchen repairs	2/07/20	7,010	468	0
116	Shelter repairs	6/25/20	3,666	244	0
117	Computers	4/03/20	5,704	0	0
118	Shelter doors	12/30/19	12,347	823	0
119	Shelter doors	1/24/20	5,200	346	0
120	Shelter plumbing	1/24/20	3,065	204	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	457	0
127	Plumbing	3/06/20	1,795	120	0
128	ADA Bathroom Project	9/15/23	23,300	1,553	0
129	HVAC	6/30/25	29,263	5,853	0
130	Shelter renovation-bathrooms/1st floor office	6/30/25	83,758	5,584	0
	Total Other Depreciation		899,117	26,644	3,881
	Total ACRS and Other Depreciation		899,117	26,644	3,881
Listed Property:					
111	Vehicle	6/30/17	21,987	1,690	0

Asset	Description	Date In Service	Cost	Tax	AMT
			21,987	1,690	0
	Grand Totals		1,140,651	28,334	8,465

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	0
			219,547	0
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	98
44	Buuilding improvements	6/30/98	5,126	93
45	Building improvements	6/30/02	639	24
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	105
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	46
99	Donated labor/construction costs	6/30/14	10,000	256
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	917
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	3,856
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	0
115	Shelter kitchen repairs	2/07/20	7,010	468
116	Shelter repairs	6/25/20	3,666	244
117	Computers	4/03/20	5,704	0
118	Shelter doors	12/30/19	12,347	823
119	Shelter doors	1/24/20	5,200	346
120	Shelter plumbing	1/24/20	3,065	204
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	457
127	Plumbing	3/06/20	1,795	120
128	ADA Bathroom Project	9/15/23	23,300	1,553
129	HVAC	6/30/25	29,263	5,853
130	Shelter renovation-bathrooms/1st floor office	6/30/25	83,758	5,584
	Total Other Depreciation		899,117	26,736
	Total ACRS and Other Depreciation		899,117	26,736
Listed Property:				
111	Vehicle	6/30/17	21,987	1,690

Asset	Description	Date In Service	Cost	NV
			21,987	1,690
	Grand Totals		1,140,651	28,426

Form **990**

Two Year Comparison Report

For calendar year 2024, or tax year beginning **07/01/24** , ending **06/30/25**

2023 & 2024

Name

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

Taxpayer Identification Number

88-0314066

			2023	2024	Differences
Revenue	1. Contributions, gifts, grants	1.	435,923	444,174	8,251
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	1,741,266	1,653,230	-88,036
	4. Program service revenue	4.	74,543	72,920	-1,623
	5. Investment income	5.	57,328	119,680	62,352
	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.	2,997		-2,997
	12. **Total revenue.** Add lines 1 through 11	12.	2,312,057	2,290,004	-22,053
Expenses	13. Grants and similar amounts paid	13.	262,940	246,247	-16,693
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	156,945	189,281	32,336
	16. Salaries, other compensation, and employee benefits	16.	1,449,404	1,370,443	-78,961
	17. Professional fundraising fees	17.	62,000	69,000	7,000
	18. Other professional fees	18.	39,500	35,191	-4,309
	19. Occupancy, rent, utilities, and maintenance	19.	177,131	168,659	-8,472
	20. Depreciation and Depletion	20.	43,465	36,061	-7,404
	21. Other expenses	21.	241,332	136,353	-104,979
	22. **Total expenses.** Add lines 13 through 21	22.	2,432,717	2,251,235	-181,482
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	-120,660	38,769	159,429
Other Information	24. Total exempt revenue	24.	2,312,057	2,290,004	-22,053
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	134,868	192,600	57,732
	27. Total assets	27.	3,061,897	3,133,656	71,759
	28. Total liabilities	28.	354,415	295,010	-59,405
	29. Retained earnings	29.	2,707,482	2,838,646	131,164
	30. Number of voting members of governing body	30.	12	11	
	31. Number of independent voting members of governing body	31.	12	11	
	32. Number of employees	32.	42	38	
	33. Number of volunteers	33.	26	31	

Form **990**

Tax Return History

2024

Name

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

Employer Identification Number

88-0314066

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	1,654,015	1,917,596	2,003,362	2,177,189	2,097,404	
Membership dues						
Program service revenue	55,816	89,997	94,956	74,543	72,920	
Capital gain or loss						
Investment income	105,146	156,437	65,268	57,328	119,680	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	5,732	3,386	1,602	2,997		
Total revenue	1,820,709	2,167,416	2,165,188	2,312,057	2,290,004	
Grants and similar amounts paid	73,410	69,897	141,717	262,940	246,247	
Benefits paid to or for members						
Compensation of officers, etc.	170,572	187,579	162,025	156,945	189,281	
Other compensation	1,083,627	1,219,460	1,327,063	1,449,404	1,370,443	
Professional fees	99,735	94,290	138,523	101,500	104,191	
Occupancy costs	150,806	141,716	155,958	177,131	168,659	
Depreciation and depletion	44,327	43,578	37,828	43,465	36,061	
Other expenses	145,441	228,748	162,931	241,332	136,353	
Total expenses	1,767,918	1,985,268	2,126,045	2,432,717	2,251,235	
Excess or (Deficit)	52,791	182,148	39,143	-120,660	38,769	
Total exempt revenue	1,820,709	2,167,416	2,165,188	2,312,057	2,290,004	
Total unrelated revenue						
Total excludable revenue	166,694	249,820	161,826	134,868	192,600	
Total Assets	3,039,416	2,654,901	2,857,141	3,061,897	3,133,656	
Total Liabilities	155,093	160,858	199,314	354,415	295,010	
Net Fund Balances	2,884,323	2,494,043	2,657,827	2,707,482	2,838,646	