

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2020 calendar year, or tax year beginning _____ and ending _____

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization The Centre of Redemption dba A Safe Place		D Employer identification number 45-4267424
	Doing business as A Safe Place		E Telephone number (855) 723-7529
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 832,219.
	PO Box 1271		
	City or town, state or province, country, and ZIP or foreign postal code Wrightsville Beach, NC 28480		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: Vic Roberts same as C above		H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			H(c) Group exemption number ▶
J Website: ▶ www.asafepacetogo.com			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 2011	M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The Centre of Redemption is an empowerment organization focusing on prevention, advocacy and		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	39
	6 Total number of volunteers (estimate if necessary)	6	80
	7 a 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	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	542,246.	786,020.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	6,725.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	87,293.	30,180.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	629,539.	822,925.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	493,233.	381,282.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 45,169.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	221,391.	319,333.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	714,624.	700,615.
19 Revenue less expenses. Subtract line 18 from line 12	-85,085.	122,310.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	197,171.	374,798.
	22 Net assets or fund balances. Subtract line 21 from line 20	63,922.	119,239.
		133,249.	255,559.

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	08/19/2021			
	Molly Johnson, Treasurer	Date			
Paid Preparer Use Only	Print/Type preparer's name Ryan Skuce, CPA	Preparer's signature	Date 08/19/21	Check if self-employed <input type="checkbox"/>	PTIN P00947356
	Firm's name ▶ Earney & Company, L.L.P.	Firm's EIN ▶ 56-1719839	Firm's address ▶ 710 Military Cutoff Road, Suite 250 Wilmington, NC 28405		
Phone no. (910) 256-9995					

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

