

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2024** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization A Safe Place, Inc.		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	
	PO Box 1271		G Gross receipts \$ 3,059,425.
	City or town, state or province, country, and ZIP or foreign postal code Wrightsville Beach, NC 28480		
F Name and address of principal officer: Colleen Karr same as C above		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	

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

J Website: **www.asafeplacetogo.com**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **2011** **M** State of legal domicile: **NC**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: A Safe Place, Inc. 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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	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)	1,120,148.	2,855,875.
	9 Program service revenue (Part VIII, line 2g)	11,494.	4,800.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	11,055.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	260,602.	136,715.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,392,244.	3,008,445.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
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)		551,911.	526,022.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		151,699.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		752,096.	426,990.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,304,007.	953,012.	
19 Revenue less expenses. Subtract line 18 from line 12	88,237.	2,055,433.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,517,102.	End of Year 3,034,633.
	21 Total liabilities (Part X, line 26)	560,528.	22,626.
	22 Net assets or fund balances. Subtract line 21 from line 20	956,574.	3,012,007.

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	<i>Malisa Umstead</i> Signature of officer	08/29/2025 Date
Paid Preparer Use Only	Preparer's name Ryan Skuce, CPA	Preparer's signature Ryan Skuce, CPA
	Date 08/29/25	Check if self-employed <input type="checkbox"/> PTIN P00947356
	Firm's name EARNEY Accountants & Advisors, PLLC	Firm's EIN 56-1719839
	Firm's address 700 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

See Schedule O for Organization Mission Statement Continuation

2024 Exempt Organization 05256 V1

SSR Document History

August 29, 2025

Delivered Date:	August 29, 2025
By:	Kylie Zanol(knason@earney.com)
Status:	USERSIGNED
Transaction ID:	2QKKZP39Y45439HY60RFQCKHH8

"2024 Exempt Organization 05256 V1" History

-  Document created by Kylie Nason(knason@earney.com)
8/29/2025 11:16:19 AM Eastern Daylight Time - IP address: 12.43.103.100
-  Document viewed by A Safe Place, Inc.(malisa@asafepacetogo.com)
8/29/2025 11:29:15 AM Eastern Daylight Time - IP address: 65.184.135.87
-  Additional document was e-signed by A Safe Place, Inc.(malisa@asafepacetogo.com)
Signature Date: 8/29/2025 11:30:13 AM Eastern Daylight Time - IP address: 65.184.135.87