

Someplace Safe

INCOME TAX RETURNS

September 30, 2019

CarlsonSV, LLP Privacy Policy

Tax professionals, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding the privacy of client information. Our firm has been, and continues to be, bound by professional standards of confidentiality that are even more stringent than those required by law. We have always protected your right to privacy.

Types of Nonpublic Personal Information We Collect

We collect nonpublic personal information that is either provided by you or obtained with your authorization.

Parties to Whom We Disclose Information

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law for both current and former clients. Permitted disclosures include, for instance, providing information to our employees, and in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

Protecting the Confidentiality and Security of Current and Former Clients' Information

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

January 15, 2020

Someplace Safe
PO Box 815
Fergus Falls, MN 56538-0815

Dear Sheila:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Minnesota Charitable Organization Initial Registration & Annual Report Form

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 9/30/19 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

CarlsonSV, LLP
2450 College Way
Fergus Falls,, MN 56537

***Important:* Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.**

Minnesota Charitable Organization Filing Instructions

The filing fee for the tax year ended 9/30/19 is \$25. The Annual Report Form must be signed and dated on page 5 by two duly constituted officers of the organization. Include a check payable to the State of Minnesota and write "E.I.N. 41-1358654, for the year ended 9/30/19" on the check. Mail the return by April 15, 2020 to:

Minnesota Attorney General's Office
Suite 1200, Bremer Tower
445 Minnesota Street
St. Paul, MN 55101-2130

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

CarlsonSV, LLP

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning 10/01/18 , and ending 09/30/19

41-1358654

SOMEPLACE SAFE

Net Asset / Fund Balance at Beginning of Year 1,021,877

Revenue

Contributions	<u>1,794,728</u>	
Program service revenue		
Investment income	<u>2,146</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>98,434</u>	
Direct expenses	<u>37,295</u>	
Net income	<u>61,139</u>	
Other income	<u>572,322</u>	
Total revenue		<u>2,430,335</u>

Expenses

Program services	<u>2,086,713</u>	
Management and general	<u>256,894</u>	
Fundraising	<u>84,166</u>	
Total expenses		<u>2,427,773</u>

Excess / (deficit) 2,562

Changes 9,706

Net Asset / Fund Balance at End of Year 1,034,145

Reconciliation of Revenue

Total revenue per financial statements	<u>2,477,336</u>
Less:	
Unrealized gains	<u>9,706</u>
Donated services	
Recoveries	
Other	<u>37,295</u>
Plus:	
Investment expenses	
Other	
Total revenue per return	<u>2,430,335</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>2,465,068</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	<u>37,295</u>
Plus:	
Investment expenses	
Other	
Total expenses per return	<u>2,427,773</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>1,124,437</u>	<u>1,125,597</u>	
Liabilities	<u>102,560</u>	<u>91,452</u>	
Net assets	<u>1,021,877</u>	<u>1,034,145</u>	<u>12,268</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 02/18/20
 Failure to file penalty _____

Form **990****Two Year Comparison Report****2017 & 2018**For calendar year 2018, or tax year beginning **10/01/18**, ending **09/30/19**

Name

Taxpayer Identification Number

SOMEPLACE SAFE**41-1358654**

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1. 375,133	331,164	-43,969
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 1,469,057	1,463,564	-5,493
	4. Program service revenue	4.		
	5. Investment income	5. 931	2,146	1,215
	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. 57,232	61,139	3,907
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10. 398,299	435,236	36,937
	11. Other revenue	11. 128,106	137,086	8,980
	12. Total revenue. Add lines 1 through 11	12. 2,428,758	2,430,335	1,577
Expenses	13. Grants and similar amounts paid	13. 116,612	101,375	-15,237
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 77,845	89,531	11,686
	16. Salaries, other compensation, and employee benefits	16. 1,442,996	1,588,992	145,996
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 112,927	57,267	-55,660
	19. Occupancy, rent, utilities, and maintenance	19. 195,151	208,658	13,507
	20. Depreciation and Depletion	20. 39,617	23,051	-16,566
	21. Other expenses	21. 309,726	358,899	49,173
	22. Total expenses. Add lines 13 through 21	22. 2,294,874	2,427,773	132,899
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 133,884	2,562	-131,322
Other Information	24. Total exempt revenue	24. 2,428,758	2,430,335	1,577
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 527,336	579,648	52,312
	27. Total assets	27. 1,124,437	1,125,597	1,160
	28. Total liabilities	28. 102,560	91,452	-11,108
	29. Retained earnings	29. 1,021,877	1,034,145	12,268
	30. Number of voting members of governing body	30. 11	11	
	31. Number of independent voting members of governing body	31. 11	11	
	32. Number of employees	32. 78	73	
	33. Number of volunteers	33. 476	376	

Form **990****Tax Return History****2018**

Name

SOMEPLACE SAFE

Employer Identification Number

41-1358654

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	1,415,035	1,879,384	2,011,465	1,844,190	1,794,728	
Membership dues						
Program service revenue						
Capital gain or loss		-766	-8,149			
Investment income	670	567	526	931	2,146	
Fundraising revenue (income/loss)	48,021	61,052	66,740	57,232	61,139	
Gaming revenue (income/loss)						
Other revenue	127,468	113,227	115,988	526,405	572,322	
Total revenue	1,591,194	2,053,464	2,186,570	2,428,758	2,430,335	
Grants and similar amounts paid	15,389	49,511	100,309	116,612	101,375	
Benefits paid to or for members						
Compensation of officers, etc.				77,845	89,531	
Other compensation	1,111,079	1,353,852	1,443,053	1,442,996	1,588,992	
Professional fees	37,239	34,763	73,760	112,927	57,267	
Occupancy costs	174,065	179,954	218,030	195,151	208,658	
Depreciation and depletion	18,959	36,779	40,970	39,617	23,051	
Other expenses	291,910	320,426	311,874	309,726	358,899	
Total expenses	1,648,641	1,975,285	2,187,996	2,294,874	2,427,773	
Excess or (Deficit)	-57,447	78,179	-1,426	133,884	2,562	
Total exempt revenue	1,591,194	2,053,464	2,186,570	2,428,758	2,430,335	
Total unrelated revenue						
Total excludable revenue	176,159	118,415	113,907	527,336	579,648	
Total Assets	879,738	946,302	953,505	1,124,437	1,125,597	
Total Liabilities	96,798	85,184	77,912	102,560	91,452	
Net Fund Balances	782,940	861,118	875,593	1,021,877	1,034,145	

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.

A For the 2018 calendar year, or tax year beginning 10/01/18, and ending 09/30/19

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 <div style="text-align: center; font-weight: bold;">SOMEPLACE SAFE</div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 815 City or town, state or province, country, and ZIP or foreign postal code FERGUS FALLS MN 56538-0815	D Employer identification number 41-1358654 E Telephone number 218-739-3359 G Gross receipts \$ 2,467,630
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F Name and address of principal officer: SHEILA KORBY PO BOX 815 FERGUS FALLS MN 56537	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)
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I Tax-exempt status: 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527

J Website: **WWW.SOMEPLACESAFE.INFO** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1979** **M** State of legal domicile: **MN**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CREATE SAFER COMMUNITIES IN WEST CENTRAL MINNESOTA BY PROVIDING HIGH QUALITY CRIME VICTIM SERVICES.	
	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)	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	11
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	73
	6 Total number of volunteers (estimate if necessary)	376
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0
	7b Net unrelated business taxable income from Form 990-T, line 38	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,844,190	1,794,728
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	931	2,146
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	583,637	633,461
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,428,758	2,430,335
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	116,612	101,375
	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)	1,520,841	1,678,523
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 84,166		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	657,421	647,875
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,294,874	2,427,773	
19 Revenue less expenses. Subtract line 18 from line 12	133,884	2,562	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,124,437	1,125,597
	21 Total liabilities (Part X, line 26)	102,560	91,452
	22 Net assets or fund balances. Subtract line 21 from line 20	1,021,877	1,034,145

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 <div style="text-align: center; font-weight: bold; font-size: 1.2em;">KENDALL CHURCHILL</div> Type or print name and title	Date <div style="text-align: center; font-weight: bold; font-size: 1.2em;">CHAIRPERSON</div>
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Paid Preparer Use Only	Print/Type preparer's name JESSE D. MARK, EA	Preparer's signature JESSE D. MARK, EA	Date 01/15/20	Check <input type="checkbox"/> if self-employed	PTIN P01700583
	Firm's name } CARLSONSV, LLP 2450 COLLEGE WAY Firm's address } FERGUS FALLS, MN 56537			Firm's EIN } 41-1562398	Phone no. 218-739-3267

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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:

CREATE SAFER COMMUNITIES IN WEST CENTRAL MINNESOTA BY PROVIDING HIGH QUALITY CRIME VICTIM SERVICES.

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 \$ **2,086,713** including grants of \$ **101,375**) (Revenue \$ **113,497**)

SOMEPLACE SAFE WORKS TO ASSIST VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, SEXUAL EXPLOITATION, SEX TRAFFICKING, LABOR TRAFFICKING, AND OTHER CRIMES (INCLUDING; STALKING, ELDER ABUSE, IDENTITY THEFT, ROBBERY, THEFT, ETC.), AS THEY NAVIGATE THE SOCIAL, EMOTIONAL AND ECONOMIC IMPACTS THEY FACE AS VICTIMS ON THE PATH TO BECOMING SURVIVORS. IN FISCAL YEAR 2019 4,148 SURVIVORS OF CRIME ARE PROVIDED SERVICES EACH YEAR THROUGH TEN ADVOCACY OFFICES, FIVE PARENTING TIME CENTERS, AND TWO THRIFT STORES LOCATED IN BIG STONE, DOUGLAS, GRANT, OTTER TAIL, POPE, STEVENS, TRAVERSE, WADENA, AND WILKIN COUNTIES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u** **2,086,713**