

A For the 2023 calendar year, or tax year beginning 10/01/23, and ending 09/30/24

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

SAFELIGHT, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

317 NORTH WASHINGTON STREET

City or town, state or province, country, and ZIP or foreign postal code

HENDERSONVILLE NC 28739

F Name and address of principal officer:

LAUREN WILKIE

317 NORTH WASHINGTON STREET

HENDERSONVILLE NC 28739

D Employer identification number

56-1469847

E Telephone number

828-693-3840

G Gross receipts\$

3,848,539

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.SAFELIGHTFAMILY.ORG

K Form of organization:

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation:

1990

M State of legal domicile:

NC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

THE MISSION OF THE ORGANIZATION IS TO PROVIDE SUPPORT FOR VICTIMS OF DOMESTIC / INTERPERSONAL VIOLENCE, SEXUAL ASSAULT, AND CHILD ABUSE.

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, Part I, line 11

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

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

LAUREN WILKIE

Type or print name and title

EXECUTIVE DIRECTOR

Date

Paid Preparer Use Only

Print/Type preparer's name

MATTHEW V PHILLIPS

Firm's name

PHILLIPS CPAS & ADVISORS

Firm's address

201 LAVINIA AVE
GREENVILLE, SC 29601

Preparer's signature

MATTHEW V PHILLIPS

Date

06/23/25

Check ☐ if self-employed

PTIN

P01360869

Firm's EIN

88-3651234

Phone no.

864-236-1380

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2023)