



Important: Print in CAPITAL letters using black ink.

Taxpayer Identification Number (TIN) **88-228467**
 Number of business locations In DC: **1** Outside DC: **0**

Tax period ending (MMDDYYYY) **12312023**

OFFICIAL USE ONLY Vendor ID# **0002**

Name of corporation **Safe LGBT Place dba/Safe Place**

Fill in if QHTC located in DC Ballpark TIF Area

Business mailing address #1 **800 Maine Avenue SW**

Fill in if Amended Return

Business mailing address #2 **Suite 200**

Fill in if Final Return

City **Washington**

State **DC** Zip Code + 4 **20024**

Fill in if Certified QHTC

Designated Agent Name **Melvin Moore Adams**

Fill in if Combined Report*
 *You must fill in the Designated Agent info below

Fill in if Worldwide**

**Worldwide form must be filed with this return

Designated Agent TIN **88228467**

•READ INSTRUCTIONS BEFORE PREPARING RETURN• (To allocate non-business items, see instructions)

Enter dollar amounts only. If amount is zero, leave line blank; if minus, enter amount and fill in oval.

GROSS INCOME

1	Gross receipts, minus returns and allowances	1	870 00
2	Cost of goods sold (from D-20 Schedule A) and/or operations (attach statement)	2	0 00
3	Gross profit from sales and/or operations Line 1 minus Line 2	3	0 00
4	Dividends from Form D-20, Schedule B	4	0 00
5	Interest (attach statement)	5	0 00
6	Gross rental income from D-20, Schedule I, Column 3, Line 6	6	0 00
7	Gross royalties (attach statement)	7	0 00
8(a)	Net capital gain (loss) (attach a copy of your federal Schedule D) Fill in if minus:	8(a)	0 00
8(b)	Ordinary gain (loss) from Part II, fed. Form 4797, (attach copy) Fill in if minus:	8(b)	0 00
9	Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund	9	0 00
10	Other income (loss) (attach statement) Fill in if minus:	10	0 00
11	Total gross income. Add Lines 3-10 Fill in if minus:	11	870 00

DEDUCTIONS

12	Compensation of officers from Form D-20, Schedule C	12	0 00
13	Salaries and wages	13	0 00
14	Repairs	14	0 00
15	Bad debts	15	0 00
16	Rent	16	200 00
17	Taxes from Form D-20, Schedule D	17	00
18(a)	Interest payments \$ 00	18(a)	00
18(b)	Minus nondeductible payments to related entities \$ 00 = 18c	18(b)	00
19	Contributions and/or gifts (attach statement)	19	0 00
20	Amortization (attach a copy of your federal Form 4562)	20	0 00
21	Depreciation (attach a copy of your federal Form 4562. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation)	21	0 00
22	Depletion (attach statement)	22	0 00
23(a)	Enter royalty payments made \$ 0 00	23(a)	0 00
23(b)	Minus nondeductible payments to related entities \$ 0 00 = 23c	23(b)	0 00

Taxpayer Name: **Safe LGBT Place dba/Safe Place**

Taxpayer Identification Number: **88-228467**



2 3 0 2 0 0 1 2 0 0 0 2

ENTER DOLLAR AMOUNTS ONLY

DEDUCTIONS	24	Pension, profit-sharing plans	24	0 00
	25	Capital gains deferred due to DC approved investment in a DC Qualified Opportunity Fund	25	0 00
	26	Other deductions (attach statement)	26	0 00
	27	Total deductions. Add Lines 12-26.	27	0 00
	28	Net income Line 11 minus Line 27. Fill in if minus:	28	870 00
	29	(a) Non-business income/state adjustment (attach statement) Fill in if minus:	29a	0 00
		(b) Expense related to non-business income (attach statement)	29b	0 00
		(c) 29(a) minus 29(b) Fill in if minus:	29c	0 00
	30	Net income subject to apportionment Line 28 minus Line 29(c) Fill in if minus:	30	0 00
	31	DC apportionment factor from Form D-20, Schedule F, Col. 3, Line 5. If Combined Report, from Combined Reporting Schedule 2A, Col. 3, Line 9.	31	0 00
	32	Net income from trade or business apportioned to DC Line 30 amount multiplied by Line 31 factor. Fill in if minus:	32	0 00
	33	Other income/deductions attributable to DC (attach statement - see instructions) Fill in if minus:	33	0 00
	34	Total taxable income before apportioned NOL deduction Line 32 plus or minus Line 33. Fill in if minus:	34	0 00
	35	Apportioned NOL deduction (Losses occurring in year 2000 and later)* *(Losses occurring in tax year 2018 or later are limited to 80%. See instructions.)	35	0 00
	36	Total DC taxable income. Line 34 minus Line 35. Fill in if minus:	36	870 00
	37	Tax 8.25% of Line 36.	37	72 00
	38	Minus nonrefundable credits from Schedule UB, Line 9	38	0 00
	39	Total DC gross receipts from Line '4' MTLGR Worksheet	39	0 00
	40	Net tax. Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M.	40	72 00
	41	Payments and refundable credits:	41a	0 00
		(a) Tax paid, if any, with request for an extension of time to file	41b	0 00
		(b) Tax paid, if any, with original return if this is an amended return	41c	0 00
		(c) 2023 estimated franchise tax payments	41d	0 00
		(d) Refundable credits from Schedule UB, Line 12	41d	0 00
42	If this is an amended 2023 return, enter refund requested with original return.	42	0 00	
43	Total payments and credits. Add Lines 41(a) through 41(d). Do not include Line 42.	43	0 00	
44	Estimated tax interest (Fill in oval if D-2220 attached)	44	0 00	
45	Total Amount Due. If Line 43 is smaller than the total of Lines 40 and 44, enter amount due. Will this payment come from an account outside of the U.S.? Yes <input checked="" type="radio"/> No <input type="radio"/> See instructions.	45	72 00	
46	Overpayment. If Line 43 is larger than the total of Lines 40 and 44, enter amount overpaid.	46	0 00	
47	Amount you want to apply to your 2024 estimated franchise tax.	47	0 00	
48	Amount to be refunded. Line 46 minus Line 47.	48	0 00	

Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions.

Designee's name _____ Phone number _____

PLEASE SIGN HERE Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

Charlene Miller *Chief Leadership Officer* 9/10/2024 2028006755

Officer's signature Title Date Telephone number of person to contact

PAID PREPARER ONLY Preparer's signature (if other than taxpayer) _____ Date _____ Firm name _____ Firm address _____

Preparer's PTIN _____

Email Address _____

If you want to allow the preparer to discuss this return with the Office of Tax and Revenue fill in the oval.

Taxpayer Name: **Safe LGBT Place dba/Safe Place**

Taxpayer Identification Number: **88-228467**



Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)		Schedule B - Dividends (See specific instructions for Line 4.)	
1. Inventory at beginning of year.....	\$	NAME AND ADDRESS OF DECLARING CORPORATION	AMOUNT
2. Merchandise bought for manufacture or sale.....			\$
3. Salaries and wages.....			
4. Other costs per books (attach statement)..... <small>(Additional federal depreciation and additional IRC § 179 expenses are not allowable.)</small>			
5. Total	\$		
6. Minus: Inventory at end of tax year.....			
7. Cost of goods sold (Enter here and on D-20 Line 2.)	\$		
Method of inventory valuation:		Total Dividends	
		Minus deduction for Subpart F Income.	\$
		Minus deduction for dividends received from wholly-owned subsidiary	
		TOTAL (Enter here and on D-20, Line 4.)	\$

Schedule C - Compensation of officers (See specific instructions for Line 12. If more than 3 offices attach additional sheets as needed.)						
Col. 1 Name and Address of Officer	Col. 2 Official Title	Col. 3 Percent of Time Devoted to Business	Percent of Corporation Stock Owned		Col. 6 Amount of Compensation	Col. 7 Expense Account Allowances
			Col. 4 Common	Col. 5 Preferred		
		%	%	%	\$	\$
		%	%	%		
		%	%	%		
TOTAL COMPENSATION OF OFFICERS (Enter here and on D-20, Line 12.)					\$	

Schedule D - Taxes (See specific instructions for Line 17.)			
EXPLANATION	AMOUNT	EXPLANATION	AMOUNT
	\$		\$
TOTAL (Enter here and on D-20, Line 17.)			\$

Schedule E - Reconciliation of the net income reported on Federal and DC returns			
1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return).	\$	7. Total DC taxable income reported (from D-20, Line 36.	\$
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME		NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIONS	
2. Income taxes (see specific instructions for Line 17).		8. Net income apportioned or allocated to outside DC.	
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.		9. Other non-taxable income and additional deductions including NOL (itemize):	
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.		(a) .	
5. Other unallowable deductions and additional income (itemize, include additional federal depreciation and additional IRC § 179 expenses).		(b) .	
(a) .			
(b) .			
6. TOTAL of Lines 1-5.	\$	10. TOTAL of Lines 7, 8 and 9.	\$

Taxpayer Name: **Safe LGBT Place dba/Safe Place**

Taxpayer Identification Number: **88-228467**



Schedule F - DC apportionment factor (See instructions) Note: If this is a combined report do not use Schedule F to derive the apportionment factor for the group. Leave Schedule F blank. Use Combined Reporting Schedule 2A, Line 9 instead.

Round cents to the nearest dollar. Carry all factors to six decimal places and truncate.

	Column 1 TOTAL	Column 2 in DC	Column 3 Factor (Column 2 divided by Column 1)
For all businesses other than financial institutions:			
1. SALES FACTOR: All gross receipts of the business other than gross receipts from non-business income.	\$ <input type="text"/> 00	\$ <input type="text"/> 00	.
For Financial Institutions:			
2. SALES FACTOR: All gross income of the financial institution other than gross income from non-business income.	\$ <input type="text"/> 00	\$ <input type="text"/> 00	.
3. PAYROLL FACTOR: Total compensation paid or accrued by the financial institution.	\$ <input type="text"/> 00	\$ <input type="text"/> 00	.
4. SUM OF FACTORS: (For Financial Institutions add Lines 2 and 3 of Column 3)			.
5. DC APPORTIONMENT FACTOR: For businesses other than financial institutions enter the number from Line 1, Column 3. Enter on D-20, Line 31. For financial institutions divide Line 4, Column 3 by 2. Enter on D-20, Line 31.			.

Schedule G - Balance Sheets

	Beginning of Taxable Year		End of Taxable Year	
	(A) Amount	(B) Total	(A) Amount	(B) Total
ASSETS				
1. Cash				
2. Trade notes and accounts receivable				
(a) MINUS: Allowance for bad debts				
3. Inventories				
4. Gov't obligations:				
(a) U.S. and its instrumentalities				
(b) States, subdivisions thereof, etc.				
5. Other current assets (attach statement)				
6. Loans to stockholders				
7. Mortgage and real estate loans				
8. Other investments (attach statement)				
9. Buildings and other fixed depreciable assets				
(a) MINUS: Accumulated depreciation				
10. Depletable assets				
(a) MINUS: Accumulated depletion				
11. Land (net of any amortization)				
12. Intangible assets (amortizable only)				
(a) MINUS: Accumulated amortization				
13. Other assets (attach statement)				
14. TOTAL ASSETS				
LIABILITIES AND CAPITAL				
15. Accounts payable				
16. Mortgages, notes, bonds payable in less than 1 year				
17. Other current liabilities (attach statement)				
18. Loans from stockholders				
19. Mortgages, notes, bonds payable in 1 year or more				
20. Other liabilities (attach statement)				
21. Capital stock:				
(a) Preferred stock				
(b) Common stock				
22. Paid-in or capital surplus (attach statement)				
23. Retained earnings - Appropriated (attach statement)				
24. Retained earnings - Unappropriated				
25. MINUS: Cost of treasury stock		()		()
26. TOTAL LIABILITIES AND CAPITAL				

Taxpayer Name: **Safe LGBT Place dba/Safe Place**

Taxpayer Identification Number: **88-228467**



Schedule H-1 – Reconciliation of Income (Loss) per Books With Income (Loss) per Return

1. Net income per books	\$	7. Income recorded on books this year and not included in this return (itemize). Tax-exempt interest \$	\$
2. Federal income tax			
3. Excess of capital losses over capital gains . .			
4. Taxable income not recorded on books this year (itemize)			
5. Expenses recorded on books this year and not deducted on this return (itemize). (a) Depreciation \$ (b) Depletion \$		8. Deductions on this tax return and not charged against book income this year (itemize). (a) Depreciation \$ (b) Depletion \$	
6. TOTAL of Lines 1 through 5.	\$	9. TOTAL of Lines 7 and 8	\$
		10. Taxable Income (federal Form 1120, page 1, line 28 should equal Line 6 minus Line 9 of this Schedule.)	\$

Schedule H-2 – Analysis of Unappropriated Retained Earnings per Books

1. Balance at beginning of year	\$	5. Distributions: (a) Cash	\$
2. Net income per books		(b) Stock	
3. Other increases (itemize)		(c) Property	
		6. Other decreases (itemize).	
4. TOTAL of Lines 1, 2 and 3.	\$	7. TOTAL of Lines 5 and 6.	\$
		8. Balance at end of year (Line 4 minus Line 7).	\$

Schedule I – Income from Rent

Col. 1 Address of Property	Col. 2 Kind of Property	Col. 3 Gross Amount of Rent	Col. 4 Depreciation* or Amortization (Per Federal Form 4562)	Col. 5 Repairs (Explain in Sch. I-1)	Col. 6 Taxes, Interest and other Expenses* (Explain in Sch. I-1)
1. _____		\$	\$	\$	\$
2. _____					
3. _____					
4. _____					
5. _____					
6. TOTAL (Enter the total of Column 3 on D-20, Line 6. Enter total of Column 4, 5, and 6 on appropriate deduction lines.)		\$	\$	\$	\$

*excludes federal depreciation and additional IRC §179 expenses.

Schedule I-1 – Explanation of deductions claimed in Columns 5 and 6 of Schedule I.

Column No.	Explanation	Amount	Column No.	Explanation	Amount
					\$

Safe LGBT Place dba/Safe Place

Taxpayer Name:

88-228467

Taxpayer Identification Number:



2 3 0 2 0 0 1 6 0 0 0 2

*

Schedule K- Disregarded Entities (Name and TIN for any single member limited liability company that is treated as a disregarded entity for District franchise tax purposes, whose income is included in the income reported on this return, and which is doing business in the District). (See instructions.)

Table with 2 columns: Disregarded Entity Name, TIN

Supplemental Information

1. STATE OR COUNTRY OF INCORPORATION District of Columbia
2.(a) DATE OF INCORPORATION 05102022
2.(b) DATE BUSINESS BEGAN IN DC 05022022
3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN.
4. THE CORPORATION'S BOOKS ARE IN THE CARE OF Melvin Moore Adams
5. LOCATED AT - 800 Maine Ave. SW, STE 200, DC 20024
6. During 2023, has the Internal Revenue Service made or proposed any adjustments to your federal income tax return, or did you file any amended returns with the IRS? YES NO
7. Is this corporation unitary with another entity? YES NO
8. Is this return made on the accrual basis? YES NO
9. Did you file a franchise tax return with DC for the year 2022? YES NO
10. Did you withhold DC income tax from wages paid to your DC resident employees during 2023? YES NO
11. Did you file annual information returns, federal forms 1096 and 1099, relating to payment of dividends and interest for 2023? YES NO
12. (a) Has the business been terminated? YES NO
(b) Have you moved out of DC? YES NO
13. Did you file an annual ballpark fee return? YES NO

*Schedule J has been deleted.



OFFICIAL USE ONLY
Vendor ID# 0002

Important: Print in CAPITAL letters using black ink.
Attach to your Form D-20 or D-30.

Taxpayer Identification Number Fill in if FEIN Fill in if filing a D-20 Return
88-228467 Fill in if SSN Fill in if filing a D-30 Return
 Enter your business name

Safe LGBT Place dba/Safe Place

D-20 Return

Nonrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax)

1	Economic Development Zone Incentives Credits (see worksheet).	1	0 00
2	Qualified High Technology Company Credits from Part D, Line 4a, DC Form D-20CR.	2	0 00
3	Organ and Bone Marrow Donor Credit (see computation on reverse side).	3	0 00
4	Job Growth Incentive Act	4	0 00
5	Enter alternative fuel credits. See instructions		
	5a Alternative fuel infrastructure.	00	
	# of stations		
	5b Alternative fuel vehicle conversion.	00	
	# of vehicles		
6	Total alternative fuel credits. Add Lines 5a and 5b only and enter here.	6	0 00
7	Employer-assisted Home Purchase Tax Credit (see computation on reverse side). 7a	7	0 00
	# of employees		
8	DC Low-Income Housing Tax Credit (see instructions).	8	0 00
9	Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38.	9	0 00

Refundable Credits

10	RESERVED	10	00
11	Small Retailer Property Tax Relief Credit	11	0 00
12	Total the refundable D-20 credits, enter here and on Form D-20, Line 41(d).	12	0 00

D-30 Return

Nonrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax)

13	Economic Development Zone Incentives Credit (see worksheet).	13	0 00
14	Organ and Bone Marrow Donor Credit (see computation on reverse side)	14	0 00
15	Job Growth Incentive Act	15	0 00
16	Enter alternative fuel credits. See instructions		
	16a Alternative fuel infrastructure.	00	
	# of stations		
	16b Alternative fuel vehicle conversion.	00	
	# of vehicles		
17	Total alternative fuel credits. Add Lines 16a and 16b only and enter here.	17	0 00
18	Employer-assisted Home Purchase Tax Credit (see computation on reverse side). 18a	18	0 00
	# of employees		
19	DC Low-Income Housing Tax Credit (see instructions).	19	0 00
20	Total the nonrefundable D-30 credits, enter here and on Form D-30, Line 38.	20	0 00

Refundable Credits

21	Small Retailer Property Tax Relief Credit	21	0 00
22	Total the refundable D-30 credits, enter here and on Form D-30, Line 41(d).	22	0 00



Important: Print in CAPITAL letters using black ink.

Worldwide

Taxpayer Identification Number of Designated Agent
88228467

Taxable year ending MMDDYYYY
12312023

Number of members in the combined group

Name of Designated Agent

Telephone number

Melvin Moore Adams

202800675

Business mailing address line #1

800 Maine Avenue SW

Business mailing address line #2

Suite 200

City

State Zip Code + 4

Washington

DC 20024

A List the designated agent and all combined members	B Taxpayer Identification Number	C Was a separate DC franchise tax return filed in the prior year?	D Is the member new to the combined group?	E Was gross income received from District sources?	F Does the member have nexus in DC?
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes

Note: If more than 14 combined members, continue list on a separate sheet of paper.

SCHEDULE SR Small Retailer Property Tax Relief Credit



Important: Read eligibility requirements before completing. Print in CAPITAL letters using black ink.

OFFICIAL USE ONLY Vendor ID#0002

Taxpayer Identification Number 88-228467. Fill in if FEIN or SSN. Fill in if filing a D-20 Return or D-30 Return.

Enter your business name: Safe LGBT Place dba/Safe Place. Sales and Use Tax Account Number: 350001775973.

Mailing address (number, street and suite number if applicable): 800 Maine Avenue SW, Suite 200

City: Washington. State: DC. Zip Code +4: 20024

Address of Class 2 DC Property (number, street and suite number if applicable) for which you are claiming the credit if different from above

City, State, Zip Code +4 fields for Class 2 DC Property address.

Certificate of Occupancy Permit Number C0180185

If member of a Combined Group, Taxpayer Identification Number of Designated Agent

- Do not claim this credit if your qualified business is exempt from or receives any tax credits towards its real property tax or the qualified rental retail location or the qualified owned retail location is otherwise exempt from real property tax.
The credit equals the total Class 2 real property taxes paid by a qualified corporation or qualified unincorporated business for a qualified retail owned location during the taxable year not to exceed \$5,000; or 10% of the total rent paid by a qualified corporation or qualified unincorporated business for a qualified rental retail location not to exceed \$5,000.

Table with 5 rows and 3 columns: Line number, Description, and Amount. Line 1: Amount of federal gross receipts or sales. Line 2: If tenant, amount of rent paid in taxable year 2023 on qualified retail location. Line 3: Enter the Class 2 property taxes paid in 2023 on qualified owned retail location or 10% of rent paid in taxable year 2023 on qualified rental retail location. Line 4: Property Tax Credit Limit. Line 5: Small Retailer Property Tax Relief Credit. Enter the smaller of Line 3 or Line 4 here, and on Schedule UB, Line 11 if incorporated, or Line 21 if unincorporated.

6 Owner/Landlord's name

Jones Lanh Lasalle Americas, Inc.

Owner/Landlord's address (number and street)

800 Maine Avenue SW, 2ND & 3RD FL

Telephone number

City: Washington. State: DC. Zip Code +4: 20024

7 If Owner, enter information from your real property tax bill or assessment. If a section is blank on your property tax bill, leave it blank here.

Square number 0473. Suffix number. Lot number 5