

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

# 2005

Open to Public Inspection

**A** For the 2005 calendar year, or tax year beginning **10/01/05**, and ending **9/30/06**

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**HAVEN HOUSE**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**121 WHITEHILLS DR. P.O. BOX 961**

City or town, state or country, and ZIP + 4  
**EAST LANSING MI 48826**

**D** Employer identification no.  
**38-2433890**

**E** Telephone number  
**517-337-2731**

**F** Accounting method.  Cash  Accrual  Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H** and **I** are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates  Yes  No

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list See instr)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Website: **N/A**

**J** Organization type (check only one)  501(c) ( **3** )  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

**I** Group Exemption Number

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **429,482**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
<b>a</b>	Direct public support	<b>1a</b>	<b>147,097</b>		
<b>b</b>	Indirect public support	<b>1b</b>	<b>72,246</b>		
<b>c</b>	Government contributions (grants)	<b>1c</b>	<b>202,247</b>		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>421,590</b> noncash \$ )	<b>1d</b>		<b>421,590</b>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>			
<b>5</b>	Dividends and interest from securities	<b>5</b>		<b>4,596</b>	
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less: rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b>	Other investment income (describe )	<b>7</b>			
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>8d</b>		<b>8d</b>			
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less: cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		<b>3,296</b>	
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>429,482</b>	
<b>Expenses</b>	<b>13</b> Program services (from line 4, column (B))	<b>13</b>		<b>381,282</b>	
	<b>14</b> Management and general (from line 4, column (C))	<b>14</b>		<b>32,514</b>	
	<b>15</b> Fundraising (from line 4, column (D))	<b>15</b>		<b>7,992</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 13 and 14, column (A))	<b>17</b>		<b>421,788</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>7,694</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>217,299</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>224,993</b>	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

SCANNED FEB 27 2007

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10 FEB 20 PAID  
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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (attach schedule) <b>Stmt 1</b> <input type="checkbox"/>	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	38,126	24,782	13,344	
26 Other salaries and wages	26	185,242	175,966	9,276	
27 Pension plan contributions	27	1,215	1,012	203	
28 Other employee benefits	28	52,613	50,998	1,615	
29 Payroll taxes	29	16,761	13,954	2,807	
30 Professional fundraising fees	30				
31 Accounting fees	31	2,835		2,835	
32 Legal fees	32				
33 Supplies	33	2,258	2,258		
34 Telephone	34	4,437	4,348	89	
35 Postage and shipping	35	4,078	890	890	2,298
36 Occupancy	36				
37 Equipment rental and maintenance	37	5,686	5,686		
38 Printing and publications	38	935	935		
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	16,323	16,323		
43 Other expenses not covered above (itemize)					
a <b>See Statement 2</b>	43a	91,279	84,130	1,455	5,694
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	421,788	381,282	32,514	7,992

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **See Statement 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

**a HAVEN HOUSE PROVIDES A NUMBER OF SERVICES FOR HOMELESS FAMILIES AND ADULTS IN NEED OF EMERGENCY SHELTER.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**381,282**

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**f Total of Program Service Expenses (should equal line 44, column (B), Program services)**

**381,282**

Form **990** (2005)

**Part IV Balance Sheets (See the instructions.)**

		(A) Beginning of year		(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
<b>Assets</b>	45 Cash-non-interest-bearing	1,816	45	17,526
	46 Savings and temporary cash investments	131,035	46	154,318
	47a Accounts receivable			
	b Less allowance for doubtful accounts		47c	
	48a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable	33,993	49	20,467
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	1,506	53	1,406
	54 Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments-land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
	56 Investments-other (attach schedule)		56	
	57a Land, buildings, and equipment basis	328,868		
	b Less: accumulated depreciation (attach schedule) <b>See Statement 4</b>	274,731	57c	54,137
	58 Other assets (describe <input type="checkbox"/> )		58	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	222,136	59	247,854	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	2,581	60	13,410
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> <b>See Statement 5</b> )	2,256	65	9,451
66 <b>Total liabilities.</b> Add lines 60 through 65	4,837	66	22,861	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted	211,292	67	216,398
	68 Temporarily restricted	6,007	68	8,595
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	217,299	73	224,993	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	222,136	74	247,854	





**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<b>X</b>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	<b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>X</b>	
<b>83b</b>			
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>84b</b>		
<b>85</b>	501(c)(4), (5), or (6) organizations <b>a</b> Were substantially all dues nondeductible by members?		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
<b>c</b>	Dues, assessments, and similar amounts from members		
<b>d</b>	Section 162(e) lobbying and political expenditures		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	<b>85c</b>		
	<b>85d</b>		
	<b>85e</b>		
	<b>85f</b>		
	<b>85g</b>		
	<b>85h</b>		
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
<b>86a</b>			
<b>86b</b>			
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>87a</b>			
<b>87b</b>			
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<b>X</b>
<b>88</b>			
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<b>X</b>
<b>89b</b>			
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		<b>0</b>
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		<b>0</b>
<b>90a</b>	List the states with which a copy of this return is filed <b>None</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		<b>13</b>
<b>90b</b>			
<b>91a</b>	The books are in care of <b>DARLENE VAN RAVENSWAY</b> <b>121 WHITEHILLS DR</b> Located at <b>EAST LANSING, MI</b>	Telephone no. <b>48826</b>	ZIP + 4 <b>48826</b>
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	At any time during the calendar year, did the organization maintain an office outside of the United States?		<b>X</b>
<b>c</b>	If "Yes," enter the name of the foreign country		
<b>91b</b>			
<b>91c</b>			
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/>
	<b>92</b>		

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities			<b>14</b>	<b>4,596</b>	
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: a _____					
b <b>WK-STUDY REIMBURSEMENT</b>					<b>1,193</b>
c <b>DWIGHT STREET</b>					<b>1,450</b>
d <b>OTHER REIMBURSEMENTS</b>					<b>653</b>
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		<b>0</b>		<b>4,596</b>	<b>3,296</b>
<b>105</b> Total (add line 104, columns (B), (D), and (E))					<b>7,892</b>

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	<b>See Statement 7</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
<b>N/A</b>	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

**Please Sign Here**

Signature of officer: *Angie Maxcaux* Date: *2/13/07*

Type or print name and title: *Angie Maxcaux*

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**Paid Preparer's Use Only**

Preparer's signature: *Vickie L. Crouch* Date: *2/1/07* Check if self-employed:

Preparer's SSN or PTIN (See Gen Instr W): **P00163080**

Firm's name (or yours if self-employed), address, and ZIP + 4: **LAYTON & RICHARDSON, P.C.**  
**1000 COOLIDGE RD**  
**EAST LANSING, MI 48823-2469**

EIN: **38-2024865** Phone no: **517-332-1900**

**SCHEDULE A  
(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization: **HAVEN HOUSE** Employer identification number: **38-2433890**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		<b>X</b>
		<b>1</b>	
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b>	Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	<b>X</b>
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3a</b>	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	<b>3a</b>	<b>X</b>
<b>b</b>	Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	<b>X</b>
<b>c</b>	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	<b>3c</b>	<b>X</b>
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>	<b>X</b>
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>	<b>X</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4). (See page 6 of the instructions)



**Part V Private School Questionnaire (See page 7 of the instructions.)**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d		
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement )	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check  **a** if the organization belongs to an affiliated group      Check  **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b> Other exempt purpose expenditures	<b>39</b>													
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-														
<table border="0"> <tr> <td style="padding-right: 20px;"><b>If the amount on line 40 is-</b></td> <td><b>The lobbying nontaxable amount is-</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is-</b>	<b>The lobbying nontaxable amount is-</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
<b>If the amount on line 40 is-</b>	<b>The lobbying nontaxable amount is-</b>													
Not over \$500,000	20% of the amount on line 40													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>													
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>													

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
  - b** Paid staff or management (Include compensation in expenses reported on lines through **c h**.)
  - c** Media advertisements
  - d** Mailings to members, legislators, or the public
  - e** Publications, or published or broadcast statements
  - f** Grants to other organizations for lobbying purposes
  - g** Direct contact with legislators, their staffs, government officials, or a legislative body
  - h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
  - i** Total lobbying expenditures (Add lines through **c h**.)
- If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount



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 38-2433890  
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## Federal Statements

### Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
WIRING/SMOKE DETECTOR	Purchase		6/19/92	9/09/06	\$	931	931	\$
Per Darlene, assets disposed of during the ye	Purchase		Various	9/30/06		7,383	7,383	
Total					\$ 0	8,314	8,314	\$ 0

### Federal Statements

**Statement 1 - Form 990, Part II, Line 23 - Specific Assistance to Individuals**

Description	Amount
assistance for homeless child housing assistance	\$
Total	\$ 0

**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
Expenses				
BANK CHARGES	216		216	
NEWSLETTER	1,239		1,239	
EVENTS	5,694			5,694
FAMILY LIFE EXPENSE	577	577		
SUBSCRIPTIONS	2,187	2,187		
GUEST EXPENSE - OTHER	895	895		
DWIGHT STREET EXPENSES	1,949	1,949		
STAFF TRAINING	906	906		
ELECTRIC	3,976	3,976		
WATER/SEWAGE	3,430	3,430		
RUBBISH REMOVAL	1,219	1,219		
FOOD & HOUSEHOLD SUPPLIES	14,499	14,499		
GUEST MEDICAL/DENTAL	532	532		
GUEST TRANSPORTATION	5,504	5,504		
STAFF VOLUNTEER EXPENSE	1,100	1,100		
ADVERTISING	2,052	2,052		
OFFICE EQUIPMENT	1,938	1,938		
INSURANCE	6,080	6,080		
GAS	4,094	4,094		
PARTICIPANT EXPENSES	650	650		
MILEAGE	543	543		
RENTALS AND DEPOSITS	25,137	25,137		
FAMILY ASSISTANCE	345	345		
HOUSING ASSISTANCE	1,012	1,012		
HOMELESS CHILDREN	1,331	1,331		
MISCELLANEOUS	1,040	1,040		
FOUNDATIONS	3,134	3,134		
Total	\$ 91,279	\$ 84,130	\$ 1,455	\$ 5,694

## Federal Statements

### Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose

THE ECONOMIC CRISIS CENTER PROVIDES A NUMBER OF SERVICES  
FOR HOMELESS FAMILIES AND ADULTS IN NEED OF EMERGENCY  
SHELTER

**Federal Statements****Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
	\$ 320,508	\$ 266,722	\$ 328,868	\$ 274,731
Total	<u>\$ 320,508</u>	<u>\$ 266,722</u>	<u>\$ 328,868</u>	<u>\$ 274,731</u>

**Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCRUED PAYROLL	\$ 2,256	\$ 9,451
Total	<u>\$ 2,256</u>	<u>\$ 9,451</u>

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## Federal Statements

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### Statement 6 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name	City, State, Zip	Address	Title	Average Hours	Compensation	Benefits	Expenses
MARY ANNE FORD	EAST LANSING 48826	121 WHITEHILLS DR	PRESIDENT	0	0	0	0
CHARLES GUYSELMAN	EAST LANSING 48826	121 WHITEHILLS DR		0	0	0	0
DAVID HAVRILLA	EAST LANSING 48826	121 WHITEHILLS DR		0	0	0	0
DOUGLAS KAHL	EAST LANSING 48826	121 WHITEHILLS DR		0	0	0	0
JOSEPH MAGUIRE	EAST LANSING 48826	121 WHITEHILLS DR		0	0	0	0
MARY MCDANIEL	EAST LANSING 48826	121 WHITEHILLS DR		0	0	0	0
PAUL RONEY	EAST LANSING 48826	121 WHITEHILLS DR	TREASURER	0	0	0	0
DONNA OADE	EAST LANSING 48826	121 WHITEHILLS DR		0	0	0	0
DEBORAH TOBY	EAST LANSING 48826	121 WHITEHILLS DR		0	0	0	0
JODY VANDERVEEN	EAST LANSING 48826	121 WHITEHILLS DR	VICE PRESIDE	0	0	0	0
KATHI RYPKEMA	EAST LANSING 48826	121 WHITEHILLS DR		0	0	0	0
RONI RUCKER WATERS	EAST LANSING 48826	121 WHITEHILLS DR		0	0	0	0
JAMES ZACKS	EAST LANSING 48826	121 WHITEHILLS DR		0	0	0	0
ANGIE MAYEAUX	EAST LANSING 48826	121 WHITEHILLS DR	EXECUTIVE DI	40	20,126	7,184	0

### Federal Statements

#### Statement 7 - Form 990, Part VIII - Relationship of Activities

<u>Line No.</u>	<u>Description</u>
103b	MISCELLANEOUS COSTS INCURRED IN PROVIDING ADVOCACY AND SHELTER SERVICES FOR THE HOMELESS
103c	COVERS PART OF THE COST TO PROVIDE LOW COST HOUSING FOR FORMER TENANTS OF THE HOMELESS SHELTER DURING THEIR TRANSITION PERIOD
103d	COVERS PART OF THE COSTS INCURRED IN OPERATING A SHELTER FOR THE HOMELESS

### Federal Statements

#### Statement 8 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>
WORK STUDY	\$ 1,980	\$	\$	\$ 3,600
MISCELLANEOUS		51	2,662	678
REIMBURSEMENTS	905	2,126	514	
DWIGHT STREET	2,340	1,900	3,050	1,810
Total	<u>\$ 5,225</u>	<u>\$ 4,077</u>	<u>\$ 6,226</u>	<u>\$ 6,088</u>

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **HAVEN HOUSE** Identifying number **38-2433890**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	105,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instr	5	
<b>(a) Description of property</b>		<b>(b) Cost (business use only)</b>	<b>(c) Elected cost</b>
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	16,087

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	236
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr	22	16,323
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Asset	Description	Date In Service	Cost	State	AMT
<b>Prior MACRS:</b>					
42	COUCH	5/07/99	0	0	0
43	COPIER	6/18/99	0	0	0
44	COMPUTER	9/21/99	0	0	0
45	PRINTER	2/12/99	0	0	0
60	DELL COMPUTER	2/21/03	1,072	87	87
61	NEW TABLES- DONATED - DOWNSTAIRS	3/07/03	890	56	56
71	NEW DRAIN WITH VENT AND TRAP ASSEI	1/18/05	385	33	33
			<u>2,347</u>	<u>176</u>	<u>176</u>

**Other Depreciation:**

1	121 WHITEHILLS	4/01/88	0	0	0
2	1988 IMPROVEMENTS	7/01/88	0	0	0
3	1989 IMPROVEMENTS	7/01/89	0	0	0
4	1990 IMPROVEMENTS	7/01/90	0	0	0
5	1991 IMPROVEMENTS	7/01/91	0	0	0
6	HEATING BASEBOARD/ZONE VALVE/HAN	2/20/92	0	0	0
7	ROOF	3/18/92	0	0	0
8	CARPET	4/02/92	0	0	0
10	EMERGENCY LIGHTS	5/05/93	0	0	0
11	ROOF REPLACEMENT	12/11/92	0	0	0
12	DOORBELL AND CHIMES	1/31/94	0	0	0
13	SECURITY ALARM	3/24/94	0	0	0
14	VINYL TILING FOR BATHROOM	7/23/94	0	0	0
15	VINYL TILING FOR BEDROOM #3	9/27/96	0	0	0
16	VINYL TILING FOR BEDROOM #5	9/20/96	0	0	0
17	EXIT LIGHTS & MOTION LIGHTS (OUTSIDE)	3/29/96	0	0	0
18	PARKING LOT	10/11/96	0	0	0
19	VINYL FLOORING-BEDROOM #3	10/01/96	0	0	0
20	WATER HEATER	11/26/96	0	0	0
21	VINYL FLOORING-KITCHEN	11/19/96	0	0	0
22	VINYL FLOORING-RMS1&7	7/16/98	0	0	0
23	VINYL FLOORING	3/26/99	0	0	0
29	AIR CONDITIONER	6/02/92	0	0	0
30	OFFICE FURNITURE	4/01/92	0	0	0
33	STACKING CHAIRS	10/30/92	0	0	0
34	HP 4L PRINTER	6/15/94	0	0	0
37	CHAIRS AND TABLE	4/11/97	0	0	0
39	SOFTWARE FROM BLAKBEARD	3/12/98	0	0	0
40	ZIP DRIVE	10/15/97	0	0	0
41	REFRIGERATOR	4/28/98	0	0	0
46	CERAMIC TILE	10/08/99	0	0	0
47	REFRIGERATOR	1/19/00	0	0	0
48	CARPET	2/10/00	0	0	0
49	CARPET	2/23/00	0	0	0
50	COPIER UPGRADE	10/28/99	0	0	0
52	Phone System	2/23/01	0	0	0
53	Dishwasher	4/20/01	0	0	0
54	Hot water baseboard	10/20/00	0	0	0
55	refrigerator	7/31/01	0	0	0
56	Carpet	1/12/01	0	0	0
57	DRYER	5/31/02	0	0	0
58	REMODEL UPSTAIRS BATHROOM	3/12/02	0	0	0
59	AIR CONDITIONIG	6/06/02	0	0	0
62	75 GAL WATERHEATER	10/01/02	1,155	77	0
63	CARPET ON 3 LANDINGS & STEPS	4/02/04	1,055	211	211
64	CARPET ON 1ST FLOOR HALL	12/04/03	795	159	159
65	REMINGTON HIGH CHEST	6/14/04	335	48	48
66	REMINGTON HIGH CHEST	6/14/04	335	48	48
67	REMINGTON HIGH CHEST	6/14/04	335	48	48
68	REMINGTON HIGH CHEST	6/14/04	335	48	48
69	REMINGTON HIGH CHEST	6/14/04	335	48	48
70	REMINGTON HIGH CHEST	6/14/04	335	48	48
72	Fire system	9/09/06	12,169	811	0
73	Vinyl flooring	9/22/06	2,910	582	0

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02/01/2007

'38-2433890

# Future Depreciation Report **FYE: 9/30/07**

FYE: 9/30/2006

## Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>State</u>	<u>AMT</u>
74	Vinyl flooring room 2	9/14/06	1,595	106	0
	<b>Total Other Depreciation</b>		<u>21,689</u>	<u>2,234</u>	<u>658</u>
	<b>Total ACRS and Other Depreciation</b>		<u>21,689</u>	<u>2,234</u>	<u>658</u>
	<b>Grand Totals</b>		<u>24,036</u>	<u>2,410</u>	<u>834</u>