#### Form **990-EZ**

### Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form Department of the Treasury Open to Public Inspection Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements For the 2008 calendar year, or tax year beginning JUL 1. 2008 and ending 30, 2009 Check if applicable C Name of organization D Employer identification number Please use IRS X Address SAFE HAVEN FOUNDATION label or ]Name change print or A SAFE HAVEN INC. 36-4444200 Number and street (or P.O. box, if mail is not delivered to street address) Initial E Telephone number Room/suite Specific P.O. BOX\_210 Termin-312-372-6707 City or town, state or country, and ZIP + 4 Amende F Group Exemption PALOS PARK, IL 60464 Number > Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method: X Cash Accrual Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► WWW.ASAFEHAVEN.COM H Check I if the organization is not Organization type (check only one) X 501(c) (3) ◀ (Insert no.) 4947(a)(1) or 527 required to attach Schedule B (form 990, 990-EZ, or 990-PF) Check In the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 112,304 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 Investment income 4 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Revenue a Gross revenue (not including \$ of contributions 9,250 reported on line 1) 6a b Less: direct expenses other than fundraising true see D

c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 11,568 6b <2.318.> 6c 7a Gross sales of inventory, less leturns and allowances 7a Ø Gross profit or (loss) from sales of Other revenue (1 nventory (Subtract line 7b from the 7a) 7b NON 7с 8 4, 5c, QGQ AN <u>109,986.</u> Total revenue Add lines 1, 2, 3 9 Expenses AMPED 10 Grants and similar amounts paid (attach schedule) 10 Benefits paid to or for members 11 29,279. Salaries, other compensation, and employee benefits 12 10,542. Professional fees and other payments to independent contractors 13 4,956. Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 340. Other expenses (describe SEE STATEMENT 19,202. 16 64,319. Total expenses Add lines 10 through 16 17 45,667. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 2,752. 19 Še 20 Other changes in net assets or fund balances (attach explanation) 20 21 48,419. Net assets or fund balances at end of year. Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (B) End of year (A) Beginning of year 2.752. 48,419. 22 Cash, savings, and investments 22 23 Land and buildings 23 Other assets (describe 0. 24 24 2,752.2548,419. 25 Total assets 26 Total liabilities (describe 0. 26 0.

48.

Form 990-EZ (2008)

419.

752. 27

Net assets or fund balances (line 27 of column (B) must agree with line 21)

A SAFE HAVEN FOUNDATION

	n 990-EZ (2008) D/B/A A SAFE HAVEN INC.			36-	44442	00 Page 2
_	art III Statement of Program Service Accomplishm		Part III.)		E	<b>p</b> enses
	at is the organization's primary exempt purpose?SEE_STATEMEN				(Required   and (4) or	for 501(c)(3) ganizations and
	cribe what was achieved in carrying out the organization's exempt purposes. I vided, the number of persons benefited, or other relevant information for each		escribe the services	_	4947(á)(1 for others	) trusts; optional
28	SEE STATEMENT 3				} }	
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	(Grants \$ ) If this amount includes foreign	arante chock here			28a	
29	(Clarits # / II this amount includes loreign	r grants, check here			200	
					] ]	
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>		29a	
30						
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	(Grants \$ ) If this amount includes foreign	a grante check here			30a	
31	Other program services (attach schedule)	I grants, check here			304	
	(Grants \$ ) If this amount includes foreign	n grants, check here			31a	
<u>32</u>	Total program service expenses (add lines 28a through 31a)			▶	32	0.
P	art IV List of Officers, Directors, Trustees, and Key	Employees. List each one en	ven if not compensated			or Part IV)
		(b) Title and average hours	(c) Compensation		ontributions imployee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter	bene	fit plans &	account and
		position	-0)		eferred pensation	other allowances
M	CHAEL KIRK	CFO	<del></del>			
	O. BOX 210, PALOS PARK, IL 60464	10.00	_ 0.		0.	0.
	RIAN ROWLAND	PRESIDENT				
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Form **990-EZ** (2008)

Form 990-EZ (2008)

D/B/A A SAFE HAVEN INC.

Part   V   Other   Information   (Note the statement requirements in the instructions for Part VI )   Yes   No
33
Were any changes made to the organization of governing documents but not reported to the IRS? If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-1, attach a statement explaining your reason for not reporting the income on Form 990-1.
185 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.  285 a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?  286 b If Yes, has it filed a tax return on Form 990-T for this year?  387 a Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, complete applicable parts of Sch. N  38 b N / A  38 a Enter amount of political expenditures, direct or indirect, as described in the instructions.  38 b If Yes, complete applicable parts of Sch. N  39 b Office organization from from, or make any logans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  38 b If Yes, complete Schedule L, Part II and enter the total amount involved  38 b N / A  39 b Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under:  39 a Section 501(c)(3) and (4) organizations. Enter amount of tax imposed on the organization during the year under:  39 a Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4955 ▶ 0.  30 b Sections 501(c)(3) and (4) organizations but the organization engage in any section 4955 ▶ 0.  30 c Enter amount of tax in line 40c reimbursed by the organization engage in any section 4955 ▶ 0.  30 c Enter amount of tax mine 40c reimbursed by the organization a party to a prohibited tax shelter transaction of the managers of disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax in line 40c reimbursed by the organization a party to a prohibited tax shelter transaction of the proper country is the organization and the proper country is complete form 8886-T transaction? If Yes, complete
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?  b If Yes,* has if field a tax return on Form 990-T for this year?  5 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes,* complete applicable parts of Sch. N  7 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0.  b Did the organization hile Form 1120-POL for this year?  8 a Did the organization hile Form 1120-POL for this year?  8 b If Yes,* complete Schedule L, Part I and enter the total amount involved in a prior year and still unpaid at the start of the period covered by this return?  b If Yes,* complete Schedule L, Part I and enter the total amount involved in the certification of the organization schedule on line 9 or year and still unpaid at the start of the period covered by this return?  b Gross receptls, included on line 9, for public use of club facilities in this time. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4958 excess benefit transaction during the year under sections 4912, 4955, and 4958.  c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Enter amount of tax in time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8866-T  L Ist the states with which a copy of this return is filed. ▶ IL  42a The books are in care of ▶ MICHAEL KIRK  Telephone no. ▶ (312) 372-6707  Located at ▶ P. O. BOX 210, PALOS PARK, IL  Al any time during the calendar year, did the organization have an interest
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?  35a
tax requirements?  b If Yes,* has it field a tax return on Form 990-T for this year?  b If Yes,* has it field a tax return on Form 990-T for this year?  6 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, complete applicable parts of Sch. N  7 a Enter amount of political expenditures, direct or indirect, as described in the instructions.  b If the organization file Form 1120-PQL for this year?  7 b If the organization file Form 1120-PQL for this year?  8 a Indiation files and a prior year and still unpaid at the start of the period covered by this return?  b If Yes,* complete Schedule L, Part II and enter the total amount involved  7 a Indiation flees and capital contributions included on line 9  8 a Section 501(c)(7) organizations. Enter:  9 a Indiation flees and capital contributions included on line 9  9 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  9 section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  9 section 501(c)(3) and (4) organizations. 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,* complete Schedule L, Part I  c Enter amount of tax imposed on organization managers or disqualified persons during the year under:  9 sections 4912, 4955, and 4958  10 c Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction? If Yes, and 4958  10 c Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction? If Yes, and 4958  11 c Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction? If Yes, and 4958  12 c Enter amount of tax on line 40c reimbursed by the organization and the states with which a copy of this return is filed. If IL  13 c Enter amount of tax on line 40c reim
b If "Yes," has if field a tax return on Form 990-T for this year?  8 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N  8 Did the organization file Form 1120-POL for this year?  8 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still umpad at the start of the period covered by this return?  9 If "Yes," complete Schedule L, Part II and enter the total amount involved  9 If "Yes," complete Schedule L, Part II and enter the total amount involved  9 Section 501(c)(7) organizations. Enter:  9 a Initiation fees and capital contributions included on line 9  9 Gross receipts, included on line 9, for public use of club facilities  9 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  9 section 4911
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N  37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  37a Biter amount of political expenditures, direct or indirect, as described in the instructions.  37a Biter amount of political expenditures, direct or indirect, as described in the instructions.  37a Biter amount of political expenditures, direct or indirect, as described in the instructions.  37a Biter amount of political expenditures, direct or indirect, as described in the instructions.  38a
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b Did the organization file Form 1120-PDL for this year?  37b X  38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still uppad at the start of the period covered by this return?  b If Yes, complete Schedule L, Part II and enter the total amount involved  section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911
138a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  138b N/A  138b N/A  138b N/A  138b N/A  138c N/A  139c N/A  140c Section 4911 ► 0 : section 4912 ► 0 : section 4955 ► 0 :  150c Section 4911 ► 0 : section 4912 ► 0 : section 4955 ► 0 :  150c Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year ordid it become aware of an excess benefit transaction from a prior year? If Yes, complete Schedule L, Part I
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c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Enter amount of tax on line 40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  40e  X  1 List the states with which a copy of this return is filed. ► IL  1 The books are in care of ► MICHAEL KIRK  1 Located at ► P.O. BOX 210, PALOS PARK, IL  2 The books are in care of ► MICHAEL KIRK  2 Telephone no. ► (312) 372 − 6707  2 Located at ► P.O. BOX 210, PALOS PARK, IL  3 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?)  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.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ►  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
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transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed.   It is the states with which a copy of this return is filed.   It is books are in care of MICHAEL KIRK  Located at P.O. BOX 210, PALOS PARK, IL  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)?  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.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
List the states with which a copy of this return is filed. ► IL  12
Telephone no. ► (312) 372-6707  Located at ► P.O. BOX 210, PALOS PARK, IL  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)?  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.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ►  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
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43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
1
and enter the amount of tay-event interest received or accrued during the tay year
and office the amount of tax-exempt interest received of accided during the tax year
I I
Yes No
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of
Form 990-EZ
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be
completed instead of Form 990-EZ

	tables for lines 50 and 51								
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candi	idates for public			Yes	No			
	office? If "Yes," complete Schedule C, Part I			46		X			
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II						X			
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule &	E		48		X			
49 a	a Did the organization make any transfers to an exempt non-charitable related organization?			49a		X			
b	b If "Yes," was the related organization(s) a section 527 organization?								
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key e	employees) who	each received mo	re tha	an \$10	0,000			
	of compensation from the organization. If there is none, enter "None."								
	(a) Name and address of each employee paid more per week devoted to position  NONE  (b) Title and average hours per week devoted to position	Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E	E) Expe ecount er allow				
	tal number of other employees paid over \$100,000								
	Complete this table for the five highest compensated independent contractors who each received more than \$100 is none, enter "None."  NONE  (a) Name and address of each independent contractor paid more than \$100,000	(b) Type of serv			pensal	<del></del>			
Total	tal number of other independent contractors each receiving over \$100,000  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, an correct, and complete Declaration of preparer (after than officer) is based on all information of which preparer has any know	nd to the best of my	knowledge and beli	ef, it is	true,				
Sign Here	an   Drawn   Politon   CEO		10-1-09 Date						
	eparer's Muchul Omit 09/14/09 employe	er's 09/14/09 employed >							
J56 C	Firm's name (or yours of self-employed).  address, and ZIP+4  FGMK, LLC  2801 LAKESIDE DRIVE, 3RD FLOOR  BANNOCKBURN, IL 60015	Phone no.		4-	040	0			
May t	the IRS discuss this return with the preparer shown above? See instructions	<u> </u>	<b>▶</b> 2	Ye	s	No (2008)			

# SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2008 Open to Public

Inspection

Schedule A (Form 990 or 990-EZ) 2008

OMB No. 1545-0047

Name of the organization **Employer identification number** SAFE HAVEN FOUNDATION A SAFE HAVEN INC. 36-4444200 Reason for Public Charity Status (All organizations must complete this part ) (see instructions) The organization is not a private foundation because it is (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 exempt 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), (Complete the Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a \_\_\_ Type I b Type II c \_\_\_\_ Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization organization in col. (i) organized in the U.S.? in col. (i) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section Yes Yes No No Yes No (see instructions)) **Total** 

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

### A SAFE HAVEN FOUNDATION

Schedule A (Form 990 or 990-EZ) 2008 D/B/A A SAFE HAVEN INC.

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

| (Complete only if you checked the box on line 5, 7, or 8 of Part I)

<u> </u>	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	252,052.	203,936.	7,138.	4,660.	112.304.	580,090.
2	Tax revenues levied for the organ-	, ,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	ization's benefit and either paid to						
	or expended on its behalf	Ì					
3	The value of services or facilities						<del></del>
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 - 3	252,052.	203,936.	7,138.	4,660.	112,304.	580,090.
-	The portion of total contributions	232,032.	203,330.	1,130.	4,000.	112,304.	300,090.
5	· ·						
	by each person (other than a governmental unit or publicly						
	•						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public Support, Subtract line 5 from line 4						<u>580,090.</u>
Sec	ction B. Total Support	F		·			
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) <sub>2006</sub>	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	252,052.	203,936.	7,138.	4,660.	112,304.	580,090.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	•					
	and income from similar sources	i					
9	Net income from unrelated business				·		
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		<del></del>		<del></del>		580,090.
	Gross receipts from related activities,	etc (see instruction	nne)	·		12	277,773.
	First five years. If the Form 990 is for			d fourth or fifth to	v vear as a sectio		211,113.
10	organization, check this box and stor	=	11131, 3000110, 11111	a, lourer, or mar ta	x year as a sectio	11 30 1 (0)(0)	ightharpoonup
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2008 (I			olumn (fl)		14	100.00 %
	Public support percentage from 2007		•	Oldifili (1))	•		100.00 %
	· · · · · · · · · · · · · · · · · · ·			line 12 and line 1	14 to 22 1/204 or m		
ioa	33 1/3% support test - 2008. If the c	•		•	14 15 33 1/370 01 11	iore, crieck this bo	x and ►X
	stop here. The organization qualifies	•	_		L 45 - 00 4 /00/		
D	33 1/3% support test - 2007. If the control of the				ine 15 is 33 1/3%	or more, check tr	IIS DOX
	and stop here. The organization qual				10.10		
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac			•	•	rt IV how the organ	nization
	meets the "facts-and-circumstances"	•	-		_		▶□
b	10% -facts-and-circumstances tes	<b>t - 2007.</b> If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and s	stop here. Explain	in Part IV how the	,
	organization meets the "facts-and-circ	cumstances" test.	The organization o	jualifies as a public	ly supported orga	anization	▶∐
18_	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	ind see instruction	<u>s</u> ▶ 📘

Schedule A (Form 990 or 990-EZ) 2008

Secti	on A. Public Support	Jigailizations	Described IV	Section 509(a	Complete onl	y if you checked the bo	ox on line 9 of Part
	dar year (or fiscal year beginning in)	(2) 2004	(b) 2005	(0) 2006	(4) 2007	(a) 2009	(A) Total
	dar year (or liscal year beginning in) <b>.</b> ifts, grants, contributions, and	(a) 2004	(D) ∠005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	embership fees received (Do not		l				
	clude any "unusual grants ")						
	•	<u> </u>	<del> </del>		<del> </del>	<del>                                     </del>	
_	ross receipts from admissions, ierchandise sold or services per-				Ì	1	
fo	rmed, or facilities furnished in						
	ny activity that is related to the				Ì	1	
	rganization's tax-exempt purpose			<del> </del>		<del> </del>	<u> </u>
	ross receipts from activities that						
	re not an unrelated trade or bus- ess under section 513						
	•		<b></b>	ļ <del>-</del>	ļ	+	<del></del>
	ax revenues levied for the organ-						
	ation's benefit and either paid to		ļ				
	r expended on its behalf	<u> </u>	·	<del> </del>		<del> </del>	
•	he value of services or facilities		l				
	irnished by a governmental unit to				1		
	ne organization without charge			ļ — — — — — — — — — — — — — — — — — — —		ļ	
	otal. Add lines 1 - 5	<u> </u>			<del>-</del>	ļ	
7a A	mounts included on lines 1, 2, and						
	received from disqualified persons			ļ. <u> </u>		<del>                                       </del>	
	mounts included on lines 2 and 3 received						
	om other than disqualified persons that ceed the greater of 1% of the total of lines 9,				ŀ		
10	oc, 11, and 12 for the year or \$5,000			<u> </u>		ļ	
¢ A	dd lines 7a and 7b					<u> </u>	
	ublic support (Subtract line 7c from line 6)			<u> </u>		<u> </u>	
Secti	on B. Total Support		· · · · · · · · · · · · · · · · · · ·	<del>,</del>			,
Calend	dar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 A	mounts from line 6	!					
	ross income from interest,						İ
	ividends, payments received on ecurities loans, rents, royalties				İ		
	nd income from similar sources						
<b>b</b> U	nrelated business taxable income						
(16	ess section 511 taxes) from businesses				ì	Ì	•
ac	equired after June 30, 1975						
c A	dd lines 10a and 10b						
	et income from unrelated business						
	ctivities not included in line 10b, hether or not the business is		ļ	1	i	1	
	egularly carried on						
	ther income. Do not include gain						
	r loss from the sale of capital ssets (Explain in Part IV.)						
	otal support (Add lines 9, 10c, 11, and 12)	-					
	irst five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax vear as a secti	on 501(c)(3) organiz	ation.
	neck this box and stop here		- ···, · · · · · · · · · · · · · · · ·	,,	,	on our (o)(o) organia	<b>▶</b> □
	on C. Computation of Publ	ic Support Pe	rcentage				
	ublic support percentage for 2008 (			column (fl)	<del></del>	15	
	ublic support percentage from 2007		•	00101111 (1))		16	
	on D. Computation of Inves				<del>-</del> ·	1191	
	vestment income percentage for 20				-	17	<del></del>
	• •		-	***			
	vestment income percentage from :				0 15 in mare the	18 23 1/3% and line 1	
	3 1/3% support tests - 2008. If the	•		*		·	/ IS HOT
	ore than 33 1/3%, check this box a	-	-	•	• • •		▶∟
	3 1/3% support tests - 2007. If the	-					and _ r
	ne 18 is not more than 33 1/3%, che		. •	•		ū	▶⊨
20 P	rivate foundation. If the organization	n did not check a	pox on line 14, 19	a, or 19b, check t			<u> </u>
					Sc	hedule A (Form 99	0 or 990-EZ) 20

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
LICENSES AND FEES OFFICE EXPENSE TRANPORTATION		25. 4,029. 15,148.
TOTAL TO FORM 990-EZ, LINE	16	19,202.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATEMENT			2	
DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[	]	YES	[X]	NO
	ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. [	]	YES	[X]	NO

990-EZ PG 2 STATEMENT 3

TO PROVIDE RECOVERY HOUSING AND RECOVERY RELATED SERVICES TO INDIVIDUALS WHO HAVE A DRUG OR ALCOHOL ADDICTION AND TO PROVIDE EDUCATIONAL AND TRAINING SERVICES FOR THE PREVENTION OF ALCOHOL, DRUG ADDICTION AND OTHER ADDICTIONS.

990-EZ PG 2

STATEMENT

THE ORGANIZATION WILL PROVIDE REHABILITATION SERVICES IN A RESIDENTIAL SETTING FOR INDIVIDUALS WITH DRUG OR ALCOHOL ADDICTIONS.