Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	Foi	r the	2021 calendar y	ear, or tax year begin	ning		, 2021,	and endi	ing		, 20
В	Che	ck if a	oplicable:	C Name of organizationFA	IR HAVEN HOM	E FOR MEN INC				D Emplo	oyer identification number
	Add	dress change Doing business as									27-2383772
	Nam	ne change Number and street (or P.O. box if mail is not delivered to street address) Room/suite									none number
	Initia	tial return PO BOX 597									(843)749-9622
	Fina	nal return/terminated City or town, state or province, country, and ZIP or foreign postal code									s receipts
	Ame	ended	return		\$	361,568					
	Appl										for subordinates? Yes X No
									H(b) Are all s	subordinate	es included? Yes No
<u> </u>	Tax-	exemp	t status: X 501	(c)(3) 501(c) () < (insert no.)	4947(a)(1) or	527		If "No," a	attach a lis	t. See instructions
J	Web	osite:	► N/A						H(c) Group e	xemption i	number
K	Forn	n of or	ganization: X Cor	poration Trust Ass	ociation Other		L Year of format	ion: 201	LO M S	State of leg	al domicile: SC
Pa	art	I	Summary								
		1	Briefly describe t	he organization's mission	on or most significar	nt activities: To	be a rest	ituti	on cente	er to	provide social,
Ф			and more in	mportantly, spi	ritual help						_
Activities & Governance				nelping hand th	_						
Ľ											
ove		2	Check this box	if the organization	discontinued its op	erations or disposed of	of more than 2	5% of its	net assets.		
Ö		3	Number of voting	g members of the govern	ning body (Part VI, I	ine 1a)				3	7
S		4	Number of indep	endent voting members	of the governing bo	ody (Part VI, line 1b)				4	7
ìţį		5	Total number of i	ndividuals employed in	calendar year 2021	(Part V, line 2a)				5	3
妄		6	Total number of v	volunteers (estimate if n	ecessary)					6	12
⋖		7a	Total unrelated bu	usiness revenue from P	art VIII, column (C)	, line 12				7a	0
		b	Net unrelated bus	siness taxable income f	rom Form 990-T, Pa	art I, line 11				7b	0
									Prior Year		Current Year
		8	Contributions and	d grants (Part VIII, line	1h)				339	,019	361,568
ne		9	Program service	revenue (Part VIII, line	2g)					,	0
Revenue		10	Investment incon	ne (Part VIII, column (A), lines 3, 4, and 7d)				52	0
Ŗ				Part VIII, column (A), line							0
				dd lines 8 through 11 (m					339	,071	361,568
		13	Grants and simila	ar amounts paid (Part I)	K, column (A), lines	1-3)				,	0
		14	Benefits paid to d	or for members (Part IX,	, column (A), line 4)						0
				ompensation, employee					82	,151	88,127
Expenses		16a	Professional fund	draising fees (Part IX, co	olumn (A), line 11e)					,	0
)en		b	Total fundraising	expenses (Part IX, colu	ımn (D), line 25)	>	29,355				
Ä	.	17	Other expenses ((Part IX, column (A), lin	es 11a-11d, 11f-24e	e)			176	,917	173,299
		18	Total expenses.	Add lines 13-17 (must e	equal Part IX, colum	nn (A), line 25)				,068	261,426
		19	Revenue less exp	penses. Subtract line 1	8 from line 12 .					,003	100,142
	ses							Begir	nning of Curre		End of Year
ets	<u>a</u>	20	Total assets (Par	t X, line 16)					645	,040	877,597
Net Assets or	8 8	21	Total liabilities (Pa	art X, line 26)					259	,727	0
			Net assets or fun	nd balances. Subtract li	ne 21 from line 20				385	,313	877,597
Pa	art	II	Signature	Block							
				that I have examined this returnation of preparer (other than office				of my know	ledge and beli	ef, it is	
- uue	i, coi	lect, a	nd complete. Declarat	uon of preparer (other than only	cer) is based on all lillon	nation of which preparer ha	is any knowledge.				
٠.			James F	Krontz							05-12-2022
Sig	gn		Signature of o	officer						Dat	te
He	re		James F	Krontz, Executi	ve Director						
			Type or print r	name and title							
			Print/Type preparer	r's name	Preparer's signature		Date	-	Check	X if	PTIN
Pa			Christine	Czarnik			06-21-20	22	self-em	ployed	xxxxxxxx
Pre	epa	arer	Firm's name	Carolina	First Tax &	Accounting L	LC	F	irm's EIN		
Us	e C	Only	Firm's address	PO Box 2				Р	hone no.		
_		_ `		Depew NY	14043					843-	695-8773
May	the	e IRS	discuss this retu	irn with the preparer sho		tructions					X Yes No

Part IV

1) FAIR HAVEN HOME FOR MEN INC
Checklist of Required Schedules 27-2383772

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Х
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	44.		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		v
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		Х
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
••	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		v

Part IV

1) FAIR HAVEN HOME FOR MEN INC Checklist of Required Schedules (continued) 27-2383772

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		Х
2 4a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
••	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
•	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		v
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x x
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		Х
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			Λ
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	0 1-		
-		6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?••••••••	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	against amounts due or received from them.)	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year? $ \dots $	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

_	Check if Schedule O contains a response or note to any line in this Part VI			. X
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		Х
7a	one or more members of the governing body?	7a		v
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/ a		Х
b	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ŭ	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		Λ	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u></u>	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed South Carolina South Carolina			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

Earm	000	(2021)
	990	(2021)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any relate	d organizatior	n comp	ens	ated	any	currer	nt off	ficer, director, or tru	stee.	
(c)										
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average	١ ،				han one s both ar		Reportable	Reportable	Estimated amount
Name and the	hours							compensation	compensation	of other
	per week		0007 aa a a00107/2 a.01007		from the organization (W-2/	from related organizations W-2/	compensation from the			
	(list any hours for	or	Ins	읓	Ke	em Hig	₽	1099-MISC/	1099-MISC/	organization and
	related	lividu	tituti	Officer	Key employee	ghest iploy	Former	1099-NEC)	1099-NEC	related organizations
	organizations	tor to	onal		ηρίοy	t con				
	below	Individual trustee or director	Institutional trustee		ee	Highest compensated employee				
	dotted line)	U	ee			sate				
(1) James Krontz	40.00									
Executive Director				Х				67,520	0	0
(2) Kevin Rogerson										
Director		Х						0	0	0
(3) Thomas Brookshire										
Director		Х						0	0	0
(4) Jim Mitchum										
Director		х						0	0	0
(5) Robert Jarvis Jr.										
Director		х						0	0	0
(6) Alfred Willis										
Board Chairman		х		Х				0	0	0
(7) Lance Neal										
Vice Chairman		х		Х				0	0	0
(8) Roger Mitchum										
Secretary/Treasurer		Х		Х				0	0	0
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
(13)	<u> </u>									
(14)										
	1	1	1	1		1	1	İ.	l	

Form **990** (2021)

tis)	
A Name and title	
15 16 17 17 18 19	(F) ated amour of other npensation
16) 18) 19) 20) 21) 1b Subtotal 1 Total from continuation sheets to Part VII, Section A 25) 26 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a; if *Yes," complete Schedule I for such individuals employee on line 1a; or the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If *Yes," complete Schedule J for such individual for services rendered to the organizations greater than \$150,000? If *Yes," complete Schedule J for such individual for services rendered to the organization? If *Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If *Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If *Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If *Yes," complete Schedule J for such person 5 Cection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	om the nization and organizatio
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18) 19) 20) 21) 22) 23) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines th and tc). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization; If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did compensation from the organization? If "Yes," complete Schedule J for such person 5 Did compensation from the organization? If "Yes," complete Schedule J for such person 5 Did compensation from the organization or five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
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22) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Dection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
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4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	2
individual	
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	2
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	2
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
(A) (B) (C)	-
Name and business address Description of services Compensa	ation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2021) FAIR HAVEN HOME FOR MEN INC
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or no	te to any line in this	Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	1a	Federated campaigns	1a					sections 512–514
ts ts	b	Membership dues	1b					
ant	c	Fundraising events	1c					
<u>.</u> 6	d	Related organizations	1d					
sifts ar A	е	Government grants (contributions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,						
ar Si		and similar amounts not included above	1f	361,568				
들	g	Noncash contributions included in						
ont nd O		lines 1a-1f	1g	\$				
- S で	h	Total. Add lines 1a-1f			361,568			
				Business Code				
ø	2a							
ھ ≧	b							
Se	С							
e e e	d							
Program Service Revenue	е							
<u> </u>		All other program service revenue						
		Total. Add lines 2a-2f						
	3	Investment income (including dividends, inter						
	١,	other similar amounts)						
	4	Income from investment of tax-exempt bond						
	5	Royalties						
	60	(i) Real		(ii) Personal				
		Gross rents · · · · · · 6a Less: rental expenses · · 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
				(ii) Other				
	/a	Gross amount from (i) Securities sales of assets	7.5	(ii) Other				
		other than inventory 7a						
	b	Less: cost or other basis						
en		and sales expenses 7b						
venue	С	Gain or (loss) 7c						
ര	d	Net gain or (loss)						
Other Re	8a	Gross income from fundraising						
₹		events (not including \$						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
		Net income or (loss) from fundraising events	_	▶				
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
		Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less	40-					
		returns and allowances	10a					
		Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inventory		Business Code				
<u>ග</u>	112			Dualileas Code				
non	b							
Miscellanous Revenue	C							
Re		All other revenue						
Σ		Total. Add lines 11a-11d		.				
	42	Total revenue Con instructions						

21) FAIR HAVEN HOME FOR MEN INC Statement of Functional Expenses

Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to a	ny line in this Part IX		<u></u>	
Do n	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	Iolai expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	65,520	58,968	6,552	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	13,836		7,796	6,040
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,700	2,000		700
10	Payroll taxes	6,071	4,511	1,098	462
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	575		575	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	228	228		
13	Office expenses	6,022		5,997	25
14	Information technology	596	596		
15	Royalties				
16	Occupancy	13,806			13,806
17	Travel	2,686	2,686		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,594	14,214	380	
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Services	39,703	39,703		
b	Repairs & Maintenance	58,923	58,640		283
С	Utilities	10,896	6,635		4,261
d	Automobile	21,297	21,180		117
е	All other expenses	3,973		312	3,661
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	261,426	209,361	22,710	29,355
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ∫ if following SOP 98-2 (ASC 958-720)				

Part X Ba

t X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	72,370	1	111,763
	2	Savings and temporary cash investments	45,400	2	18,629
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 786, 667			
	b	Less: accumulated depreciation	527,270	10c	747,205
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	645,040	16	877,597
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
oilit		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
1	23	Secured mortgages and notes payable to unrelated third parties	259,727	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	259,727	26	0
S		Organizations that follow FASB ASC 958, check here			
ce		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	385,313	27	877,597
l Ba	28	Net assets with donor restrictions		28	
nuc		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.		00	
ts o	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	385,313	32	877,597
	33	Total liabilities and net assets/fund balances	645,040	33	877,597

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			<u>. 🛮</u>
1	Total revenue (must equal Part VIII, column (A), line 12)		361,	568
2	Total expenses (must equal Part IX, column (A), line 25)		261,	426
3	Revenue less expenses. Subtract line 2 from line 1		100,	142
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		385,	313
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments		392,	142
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		877,	597
Pa	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. L</u>
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
_	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			
0 -	Schedule O.			
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			
	on growth and one one of the same of the s	3a		Х
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	26		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	000 (2	2021
EEA		Form	990 (2	.021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

		AVEN HOME FOR MEN INC					27-238377		
Par	t I	Reason for Public Char	rity Status. (Al	l organizations mus	t comple	te this p	art.) See instructio	ns.	
The c	rgan	ization is not a private foundation bed	ause it is: (For line	s 1 through 12, check onl	y one box.))			
1	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 (Form 990).)					
3		A hospital or a cooperative hospital s	ervice organization	described in section 170	(b)(1)(A)(ii	ii).			
4		A medical research organization open	rated in conjunction	with a hospital described	in section	170(b)(1)	(A)(iii). Enter the		
	hospital's name, city, and state:								
5	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.)						
6		A federal, state, or local government	or governmental un	it described in section 1 7	70(b)(1)(A)	(v).			
7		An organization that normally receive	es a substantial part	t of its support from a gov	ernmental	unit or fron	n the general public		
		described in section 170(b)(1)(A)(v	i). (Complete Part II	l.)					
8		A community trust described in secti	ion 170(b)(1)(A)(vi). (Complete Part II.)					
9		An agricultural research organization	described in section	on 170(b)(1)(A)(ix) opera	ated in conj	unction wit	h a land-grant college		
		or university or a non-land-grant colle	ege of agriculture (s	see instructions). Enter th	e name, cit	y, and stat	e of the college or		
	_	university:							
10	X	An organization that normally receive receipts from activities related to its a support from gross investment incoracquired by the organization after June 1981.	exempt functions, some and unrelated busine 30, 1975. See s e	ubject to certain exception usiness taxable income (le ection 509(a)(2). (Complete taxable income)	ns; and (2) ess section ete Part III.	no more th 511 tax) fr)	nan 33 1/3% of its		
11	Ц	An organization organized and opera	•			. , . ,			
12	Ш	An organization organized and opera	•	•					
		one or more publicly supported organ						eck	
		the box in lines 12a through 12d that	,,			•			
а		Type I. A supporting organization		•		-	. ,		
		the supported organization(s) the		,	ty of the dir	ectors or tr	ustees of the		
		supporting organization. You mu	•		ita aummann	tad araani	ration(a) by baying		
b		Type II. A supporting organization	•			•	. , .		
		control or management of the su		•	rsons mai o	CONTROL OF IT	nanage the supported		
_		organization(s). You must com Type III functionally integrate	•		ootion with	and fund	tionally intograted with		
С		its supported organization(s) (se		•					
d		Type III non-functionally integ	,	•					
u		that is not functionally integrated					,		
		requirement (see instructions).	•	• •			it and an attentiveness		
е		Check this box if the organizatio	-				Tyne II Tyne III		
·		functionally integrated, or Type I				, a Type I,	турс п, турс п		
f	F	nter the number of supported organiz	,						
g	_	rovide the following information about		anization(s)					
		ame of supported organization	(ii) EIN	(jii) Type of organization	(iv) Is the or	ganization	(v) Amount of monetary	(vi) Amount of	
	(-)	0	.,	(described on lines 1-10 above (see instructions))	listed in you docum	0	support (see instructions)	other support (see instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									

27-2383772 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions 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) 6 Public support. Subtract line 5 from line 4 . Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 VI.) 11 **Total support.** Add lines 7 through 10 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 % 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 16a 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported П 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

<u>.....</u>........

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support									
Calen	dar year (or fiscal year beginning in)▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and membership fees									
	received. (Do not include any "unusual grants.")	437,105	295,992	254,687	276,047	361,568	1,625,399			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that are not an									
	unrelated trade or business under section 513									
4	Tax revenues levied for the									
	organization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to the									
	organization without charge									
6	Total . Add lines 1 through 5	437,105	295,992	254,687	276,047	361,568	1,625,399			
7a	Amounts included on lines 1, 2, and 3									
	received from disqualified persons .									
b	Amounts included on lines 2 and 3									
	received from other than disqualified									
	persons that exceed the greater of \$5,000									
	or 1% of the amount on line 13 for the year									
С	Add lines 7a and 7b									
8	Public support. (Subtract line 7c from									
	line 6.)						1,625,399			
	on B. Total Support									
Calen	dar year (or fiscal year beginning in)▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
9	Amounts from line 6	437,105	295,992	254,687	276,047	361,568	1,625,399			
10a	Gross income from interest, dividends,									
	payments received on securities loans, rents,									
	royalties, and income from similar sources									
b	Unrelated business taxable income (less									
	section 511 taxes) from businesses									
	acquired after June 30, 1975									
С	Add lines 10a and 10b									
11	Net income from unrelated business									
	activities not included on line 10b, whether									
	or not the business is regularly carried on									
12	Other income. Do not include gain or									
	loss from the sale of capital assets									
	(Explain in Part VI.)									
13	Total support. (Add lines 9, 10c, 11,									
	and 12.)	437,105	295,992	254,687	276,047	361,568				
14	First 5 years. If the Form 990 is for the or	•	rst, second, thi	rd, fourth, or fi	fth tax year as	a section 50	1(c)(3)			
	organization, check this box and stop her						▶ 📙			
	on C. Computation of Public Suppo									
15	Public support percentage for 2021 (line 8		•		•	15	100.00 %			
16	Public support percentage from 2020 Sch					16	100.00 %			
	on D. Computation of Investment In									
17	Investment income percentage for 2021 (I		. , .	•	` ' '	17	0.00 %			
18	Investment income percentage from 2020					18	0.00 %			
19a	33 1/3% support tests - 2021. If the orga									
_	17 is not more than 33 1/3%, check this b	-	_	-			rganization ⊳ 🔀			
b	33 1/3% support tests - 2020. If the organization						_			
	line 18 is not more than 33 1/3%, check this box a	•		•			▶ 🛚			
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, c	theck this box a	and see instr	uctions 🕨 📗			

Schedule A (Form 990) 2021 EEA

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section	A. All	Supporting	Organizations

	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	•		
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer</i>	_		
Ja	lines 3b and 3c below.	3a		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		
b				
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	3b		
	organization made the determination.	SD		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	_		
_	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
-	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	55		
. vu	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	·va		
~	Bia and digaringadori have any excess pasinoso notanigo III tilo tax year: [Ugo Outloudio O, FUIII] 7/20, [U			

determine whether the organization had excess business holdings.)

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b ar			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b	_	
C	A 35% controlled entity of a person described in 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
·	provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations			
	71 11 0 0		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Pal	t		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		1	
	Management of the approximation of the disease of t		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors of trustees of each of the organization's supported organization (a)? If "No." describe in Part VI how control	ns		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI	how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations ha	ve		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Socti	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea	r (coo incl	ructio	nel
1 a	The organization satisfied the Activities Test. Complete line 2 below.	i (See ilist	ucuo	IIS).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instri	ıctions)		
2	Activities Test. Answer lines 2a and 2b below.	10110/10/	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes	of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determine	ed		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedul	e A (Form 990) 2021 FAIR HAVEN HOME FOR MEN INC		27-2383	112	Page
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	gani	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 <i>(expla</i>	in in Part VI)	. See
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ons must complete Sectio	ns A through	h E.
Ocation A. Adinated Not Income					nt Year
Secu	on A - Adjusted Net Income		(A) Prior Year	(optio	nal)
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sooti	on B - Minimum Asset Amount		(A) Drier Voor	(B) Curre	nt Year
Secti	on B - Millimum Asset Amount		(A) Prior Year	(optio	nal)
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C - Distributable Amount			Current	t Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				

Schedule A (Form 990) 2021 EEA

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

6

emergency temporary reduction (see instructions).

(see instructions).

7

e Excess from 2021

. . . .

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppor	ted		
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orgar	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	n the organization is res	ponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
-	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
•	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
о а					
b	Evenes from 2040				
C	Evenes from 2040				
d	F				
u	Excess from 2020				

Schedule A (Form 990) 2021 EEA

Schedule A (Form 990) 2021 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)