990 Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2011

Department of the Treasury

Open to Public

		ue Service				a copy of this return to			ements.	inspection
	or the	2011 calendar					, 2011, and e	nding		, 20
B C	heck if a	applicable:	Name of or	ganization FAI	R HAVEN HOME	FOR MEN INC				D Employer identification no.
H A	ddress o	change	Doing Busi	ness As						27-2383772
∐ N	ame cha	ange	Number an	d street (or P.O.	box if mail is not deliv	rered to street address)		Room	/suite	E Telephone number
∐ In	itial retu	ırn	PO BOX	597						(843)749-9622
□ т	erminate	ed	City or town	n, state or countr	y, and ZIP + 4					100,913
A	mended	return	Saint 8	Stephen, So	29479					G Gross receipts \$
Па	oplicatio	on pending			cipal officer:JAMES	F KRONTZ				-
				·	D, Saint Steph			H(a	Is this a group affiliates?	return for Yes X No
		npt status: X 5) (insert no.)	4947(a)(1) or	527	H(b		
				, , ,	· • · · · · · · · · · · · · · · · · · ·		321	─	If "No," attach	a list. (see instructions)
	ebsite:			NMENSHOME.				H(c		*
		rganization: X (Corporation L	Trust Ass	ociation U Other)	L Year of formation:	2010	M State of	egal domicile: SC
Par		Summary								
	1	Briefly describe	e the organiz	zation's missior	n or most significan	t activities: <u>To</u>	be a restitutio	on cer	nter to pro	ovide social,
^		and more in	mportant:	ly, spiritu	ual help to th	ose that are at	rock bottom in	n the	ir lives.	We
Ĉ G		want to be	the help	ping hand t	that gets them	to the Hand of	God.			
t o i v										
v e	2	Check this box	if the	e organization	discontinued its ope	erations or disposed o	f more than 25% of it	s net a	ssets.	
t n			,	•	ing body (Part VI, li	•			3	6
i a			•	-	• • •	ody (Part VI, line 1b)			4	
e n s c				-	calendar year 2011				5	
e e					•	,			6	
u		Total number of		•	• ,	Fr. 40		1.		
					art VIII, column (C),			• • •	7	
	D	Net unrelated t	ousiness tax	able income fr	om Form 990-T, lin	<u>e 34 </u>			7	
R							-		Prior Year	Current Year
е	8	Contributions a	and grants (F	Part VIII, line 1	h)				96,08	100,913
v e	9	Program service	ce revenue ((Part VIII, line 2	2g)		,			0
n	10	Investment inc	ome (Part V	III, column (A),	lines 3, 4, and 7d)					0
u e	11	Other revenue	(Part VIII, c	olumn (A), line:	s 5, 6d, 8c, 9c, 10c,	and 11e)				0
	12	Total revenue -	- add lines 8	through 11 (m	nust equal Part VIII,	column (A), line 12)	[96,08	100,913
					, column (A), lines 1	-				0
_					column (A), line 4)					0
E x					_	olumn (A), lines 5-10)			42,70	9 49,989
р				,	lumn (A), line 11e)	siarrity (), lines o 10)			12,7	0
e n							0.104			0
s			-		mn (D), line 25)		9,104			
e s					s 11a-11d, 11f-24e				24,88	
					qual Part IX, colum	n (A), line 25) .			67,59	
	19	Revenue less	expenses. S	Subtract line 18	3 from line 12 .				28,48	13,651
Net								Beginnir	ng of Current Year	End of Year
Assets or	20	Total assets (P	art X, line 1	6)					213,88	38 209,402
Fund Bal-	21	Total liabilities	(Part X, line	26)					185,40	167,263
ances	22	Net assets or fo	und balance	es. Subtract lin	e 21 from line 20				28,48	42,139
Par	t II	Signature	e Block							
						ompanying schedules and			my knowledge a	nd belief, it is
true, co	orrect, a	ind complete. Dec	claration of pr	eparer (other tha	in officer) is based on	all information of which p	oreparer has any knowle	edge.		
		\								
Sign	1	Signature	of officer						D	ate
Here		TAMEC	E EDOMES	DIDECTOD						
11016	'	—	rint name and	title	•					
		7					Date		a 🗆	T
D-' '		Print/Type pre			Preparer's signature				Check if	
Paid		Jeffrey S	Barber				08-25-2013	1	self-employed	P00651950
Prep		Firm's name	<u> </u>	Barber Ac	counting & Tax	x, LLC		Firm's	EIN •	
Use	Only	Firm's address	· •	1221 Whit	e Columns Dri	ve		Phone	no.	
				Monroe GA	30656					770-207-0268
May t	a IRS	discuss this ret	urn with the	nrenarer show	n above? (see inst	ructions)				Yes X No

	1 990 (2011) FAIR HAVEN HOME FOR MEN INC 27-2383772	Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	📙
1	Briefly describe the organization's mission:	
	To be a restitution center to provide social, and more importantly, spiritual help to those	
	that are at rock bottom in their lives. We want to be the helping hand that gets them to the	
	Hand of God.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	x No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	x No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 65,612 including grants of \$) (Revenue \$	
4 a	Provide social and spiritual help to those that are at rock bottom and need help in their	/
	lives.	
	227007	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	```
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other pregram con isses (Describe in Cahadula O.)	
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 65,612	

EEA

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Χ Χ 2 Is the organization required to complete Schedule B. Schedule of Contributors? (see instructions)? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Χ 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 9 Did the organization report an amount in Part X, line 21; 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," Χ 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ complete Schedule D, Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Χ 11c d 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 Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Χ 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Χ the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investmetnt, and program service activities outisde the United States, or aggregate Χ 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 assistance to any Χ organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance Χ to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 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) Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ

19

20a

20b

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

If "Yes" to line 20a, did the organization attach its audited financial statements to this return?

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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) and 501(c)(4) 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		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			37
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			37
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			\ _V
00	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			\ _V
	19? Note . All Form 990 filers are required to complete Schedule O	38		X

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes Nο Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 **4**a Χ If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Χ Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Χ h Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5h If "Yes," to line 5a or 5b, did the organization file Form 8886-T? С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 а b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand Χ Did the organization receive any payments for indoor tanning services during the tax year? 14a

14b

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Pa	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.			П
Sec	Check if Schedule O contains a response to any question in this Part VI		• • •	<u>. ⊔</u>
000	alon 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		100	110
	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 in 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		X
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?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	ı	Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
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			X
Sec	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
000	THE TECHNICS (THIS Section B requests information about policies not required by the internal Nevertae Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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	Χ	
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	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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?	4.5	v	
a	The organization's CEO, Executive Director, or top management official	15a	X	-
b	Other officers or key employees of the organization	15b		-
160	If "Yes" to line 15a or 15b, describe the process in 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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	IVa		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Don request Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ▶ JAMES F KRONTZ (843)749-9622 1181 TOBACCO ROAD Saint Stephen, SC 29479			

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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 to any question 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

compensated employees; and former such persons. Check this box if neither the organization nor any related or	organization c	ompen	sate	d anv	v curr	ent of	fice	r. director, or trustee	e. •	
(A)	(B)	Jp.J		(C)		0 0.		(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	box,	unles	Positive ck m s pers	tion fore the son is ector/f	both a trustee lo m p p p lo s n y s e a e t e d d	ın	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) JAMES F KRONTZ	40 00			v	X			40.000		0
DIRECTOR (2)	40.00			X	^			49,989	0	0
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Pa	rt VII Section A. Officers, Directors, Trustees	Key Emplo	yees,	and	Ηiς	ghes	t Con	pen	sated Employees	(continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and Title	Average	(do r	not ch		sition more	than or	ne	Reportable	Reportable		Stimate	
		hours per week	'				is both		compensation from	compensation from related	1 8	amount o other	of
		(describe	office	er an	d dire	ector/	trustee		the	organizations		mpensat	
		hours for related	I t d n r i	n r	O f	K	H c e i o m	F 0	organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	from the rganizati	
		organizations	i s e	t s	l i	y e	g mp h p l	r m				nd relate	
		in Schedule O)	i e t	t e	е	m p	e e o s n y	e r			Oi	ganizatio	ons
			deo u r ao	t e	'	Ī	t s e a e t						
			l L	o n		y e	e d						
				a		е							
(15)													
(16)													
(17)													
(18)											+		
(10)													
(19)											+		
(- /													
(20)													
(21)													
						$\overline{}$					4		
(22)													
(23)											+-		
(23)													
(24)													
` ,													
(25)													
						b -							
1b	Sub-total		\cdots	•	$\cdot \cdot$	٠.		•					
C	Total from continuation sheets to Part VII, Section A			• •		• •	• • •						_
<u>d</u>	Total (add lines 1b and 1c)			 ho "		• •		on th	49,989	0			0
2	Total number of individuals (including but not limited to the reportable compensation from the organization	ose listed abo	ove) wi	no re	eceiv	eu i	nore u	ian ֆ	100,000 in	0			
	reportable compensation from the organization	$\overline{}$										Yes	No
3	Did the organization list any former officer, director or	trustee, kev	emplo	ovee	e. or	hiah	est co	mpei	nsated			100	
	employee on line 1a? If "Yes," complete Schedule J for s										3		Х
4	For any individual listed on line 1a, is the sum of reportab			d otl	her c	comp	ensati	on fro	om the				
	organization and related organizations greater than \$150	,000? If "Yes	," com	olete	Sch	nedu	le J for	such	1				
	individual										4	<u> </u>	X
5	Did any person listed on line 1a receive or accrue compe						nizatior	n or ir	ndividual				
	for services rendered to the organization? If "Yes," compl	ete Schedule	J for s	such	pers	son					5		X
	etion B. Independent Contractors			()				().	# 400 000 - f				
1	Complete this table for your five highest compensated incompensation from the organization. Report compensation									tov			
	year.	on to the car	eriuar y	/eai	enui	ng w	VILLI OI V	will iii i	tile organizations	lax			
	(A)								(B)			(C)	
	Name and business addres	s							Description of	services	Comp	pensation	n
_													
2	Total number of independent contractors (including but no		nose lis		abov	ve) v	vho						
	received more than \$100,000 of compensation from the	Jiganization											

Part \	/III	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns	1a					
	b	Membership dues	1b					
Contri-	С	Fundraising events	1c					
butions, Gifts,	d	Related organizations	1d					
Grants	e	Government grants (contributions)	1e					
and Other	f	All other contributions, gifts, grants,			-			
Similar		and similar amounts not included above	1f	100,913				
Amounts	g	Noncash contributions included in lines 1a-1		100,913	-			
	h				100,913			
	-"	Total. Add lines ra-II	• • •	Business Code	100,913			
	20			Business Code				
	2a							
Program	b							
Service	C							
Revenue	d							
	e	All d						
	1	All other program service revenue						
		Total. Add lines 2a-2f		<u> </u>				
	3	Investment income (including dividends, inter						
		and other similar amounts)						
		Income from investment of tax-exempt bond	•					
	5	Royalties		<u> ▶</u>				
		(i) Rea	al	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of (i) Securit	ties	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
0		and sales expenses						
ť	С	Gain or (loss)						
h	d	Net gain or (loss)		<u></u> . <u></u>				
e r	8a	Gross income from fundraising						
_		events (not including \$						
R		of contributions reported on line 1c).						
v		See Part IV, line 18	. а					
e	b	Less: direct expenses	. b					
n u	С	Net income or (loss) from fundraising events		<u> ▶</u>				
е	9a	Gross income from gaming activities.						
		See Part IV, line 19	. а					
	b	Less: direct expenses	. b					
	С	Net income or (loss) from gaming activities		<u> ▶</u>				
	10a	Gross sales of inventory, less						
		returns and allowances	. а					
	b	Less: cost of goods sold	. b					
	С	Net income or (loss) from sales of inventory						
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		. 				
		Total revenue Con instructions		b	100 012			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question		· · · · · · · · · · · ·		<u> </u>
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	<u> </u>	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21 .				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	49,989	49,989		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			4	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	550		550	
С	Accounting	400		400	
d	Lobbying	,			
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	3,883		3,883	
14	Information technology				
15	Royalties				
16	Occupancy	1,750	1,750		
17	Travel	10,784		1,680	9,104
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	73		73	
20	Interest	41		41	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Supplies	9,974	9,127	847	
b	Repairs & Maintenance	4,555	4,555		
С	Taxes	3,282		3,282	
d	Utilities	1,981	191	1,790	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	87,262	65,612	12,546	9,104
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash - non-interest-bearing 13,888 1 9,402 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing Α s employers and sponsoring organizations of section 501(c)(9) voluntary s employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 7 t 8 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | b Less: accumulated depreciation 10b 200,000 10c 200,000 11 11 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 15 15 16 16 213,888 209,402 17 17 18 18 19 19 L 20 20 а 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. i 22 23 Secured mortgages and notes payable to unrelated third parties 185,400 23 167,263 е 24 Unsecured notes and loans payable to unrelated third parties 24 s Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 185,400 167,263 26 Organizations that follow SFAS 117, check here > X and complete ΝF lines 27 through 29, and lines 33 and 34. е u 27 28,488 27 42,139 n 28 28 d 29 29 В s Organizations that do not follow SFAS 117, check here s 1 complete lines 30 through 34. а 30 30 Capital stock or trust principal, or current funds n С 31 Paid-in or capital surplus, or land, building, or equipment fund 31 o 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 28,488 33 42,139 34 213,888 209,402

orm	1 990 (2011) FAIR HAVEN HOME FOR MEN INC 27	-238377	2	Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				<u>. 🗆 </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		100,9	13
2	Total expenses (must equal Part IX, column (A), line 25)	2		87,262	
3	Revenue less expenses. Subtract line 2 from line 1	3		13,6	51
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		28,4	88
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		42,1	.39
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. \square
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	Х	
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
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	X	1
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
_	issued on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	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?		. За		X

Form **990** (2011)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

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

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number

FAI	R HA	VEN HOME FOR ME	N INC						27-23	383772			
Pa	rt I	Reason for	Public Charity	/ Status (All organiza	ations must	complete th	his part.) S	ee instructi	ons.				
The	orgar	nization is not a private	foundation because	e it is: (For lines 1 through	11, check	only one bo	ox.)						
1		A church, conventio	n of churches, or a	ssociation of churches d	lescribed ir	section 1	170(b)(1)(A	A)(i).					
2		A school described	in section 170(b)(1	I)(A)(ii). (Attach Schedu	le E.)								
3		A hospital or a coop	erative hospital ser	vice organization descri	bed in sec	tion 170(b)(1)(A)(iii)						
4		A medical research	organization opera	ted in conjunction with a	hospital d	escribed ir	section 1	170(b)(1)(A)(iii). Ent	er the hos	pital's na	ame,	
		city, and state:											
5		An organization oper	ated for the benefit o	of a college or university o	wned or op	erated by a	a governme	ental unit de	escribed in				
		section 170(b)(1)(A	(Complete Pa	art II.)									
6		A federal, state, or le	ocal government or	governmental unit desc	cribed in se	ction 170	(b)(1)(A)(v	′).					
7		An organization that i	normally receives a	substantial part of its supp	oort from a	governmen	tal unit or f	rom the ge	neral public				
		described in section	n 170(b)(1)(A)(vi).	(Complete Part II.)									
8		A community trust d	escribed in section	n 170(b)(1)(A)(vi). (Com	plete Part	II.)							
9	X	An organization that i	normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross										
		receipts from activitie	s related to its exem	pt functions - subject to c	ertain exce _l	otions, and	(2) no mor	e than 33	1/3% of its				
		support from gross in	vestment income ar	nd unrelated business tax	able income	e (less sect	ion 511 tax) from bus	inesses				
		acquired by the orga	anization after June	30, 1975. See section	509(a)(2).	(Complete	Part III.)						
10		An organization orga	anized and operate	ed exclusively to test for	public safe	ty. See se	ction 509((a)(4).					
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 i	more publicly supp	orted organizations desc	cribed in se	ction 509(a)(1) or se	ction 509(a)(2). See	section			
			e box that describe	s the type of supporting	organizatio	on and con	nplete lines	s 11e thro	ugh 11h.				
	_	a 🗌 Type I	b Type	ell c	☐ Type III-	Functionall	y integrated	t	d	Type I	II-Other		
е	Ш	By checking this box,	, I certify that the org	anization is not controlled	directly or	indirectly by	y one or mo	ore disqual	ified				
		persons other than for	oundation managers	and other than one or mo	ore publicly	supported	organizatio	ns describ	ed in sectio	n			
		509(a)(1) or section 5	509(a)(2).										
f		If the organization red	ceived a written dete	ermination from the IRS th	at it is a Ty	oe I, Type Ì	I, or Type I	II supportir	ıg				
		organization, check the	his box										• • □
g		Since August 17, 200	06, has the organiza	tion accepted any gift or c	contribution	from any o	f the						
		following persons?											1
				ontrols, either alone or too		persons de	scribed in ((ii)				Yes	No
				of the supported organizat	tion?						11g(i)		
		(ii) A family member									11g(ii)		
				described in (i) or (ii) abov							11g(iii)		
h		Provide the following	information about th	ne supported organization	(s).		Т		1				
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the of in col. (i) lis	organization	(v) Did yethe organ			ls the ion in col.	1 ' '	Amoun support	t of
		3		above or IRC section		document?	col. (i)		(i) organiz	zed in the		зарроп	
				(see instructions)				port?		S.?	1		
					Yes	No	Yes	No	Yes	No			
(A)													
			1										
(B)													
(C)													
<u></u>													
(D)													
<u></u>													
(E)													
											-		

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 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.)

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included					A	
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from In 4						
Sec	tion B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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			2			
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 .						
12	Gross receipts from related activities, etc. (see	e instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>	<u></u> <u></u>	rth, or fifth tax year	as a section 501(c)(3)	▶□
	tion C. Computation of Public Su					T I	
14	Public support percentage for 2011 (line 6, co					14	%
15	Public support percentage from 2010 Schedu					15	%
16a	33 1/3% support test - 2011. If the organiz			3, and line 14 is 33	3 1/3% or more, ch	eck this box	. □
	and stop here. The organization qualifies a		•				▶⊔
b	33 1/3% support test - 2010. If the organiz						. □
	box and stop here. The organization qualif						▶ ⊔
17a	10%-facts-and-circumstances test - 2017	=					
	more, and if the organization meets the "fac					t IV how the	
	organization meets the "facts-and-circumstan	9	•	. ,	0		▶ 📙
b	10%-facts-and-circumstances test - 2010						
	more, and if the organization meets the "fac				•		. —
	organization meets the "facts-and-circumstan	_	•		•		
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b	o, 17a, or 17b, chec	ck this box and see	instructions	▶∐

27-2383772

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 9 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.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				96,080	100,913	196,993
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 bus. under sec 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				96,080	100,913	196,993
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.)						196,993
	ction B. Total Support	T					
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6				96,080	100,913	196,993
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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 IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	0		0	96,080	100,913	196,993
14	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>		rth, or fifth tax year	as a section 501(c)	(3)	▶⊠
	ction C. Computation of Public Su					1	
15	Public support percentage for 2011 (line 8, col	•	1,,,			15	9/
16	Public support percentage from 2010 Schedul					16	9/
	ction D. Computation of Investme			column (f\)		47	
17	Investment income percentage for 2011 (lin		•			17	9/
18	Investment income percentage from 2010 S				'	18	%
	33 1/3% support tests - 2011. If the organi 17 is not more than 33 1/3%, check this box	and stop here. Ti	he organization qu	ualifies as a publicly	y supported organiz	ration	▶ □
	33 1/3% support tests - 2010. If the organi line 18 is not more than 33 1/3%, check this	box and stop her	e. The organization	on qualifies as a pul	blicly supported org	janization	
ZU	Private foundation. If the organization did	not check a box on	i iine 14. 19a. or 1	SD. CHECK THIS DOX	and see instruction	S	🚩 📗

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization		Employer identification number
FAIR HAVEN HOME FOR ME	EN THE	27-2383772
Organization type (check on		27 2303772
Filers of:	Section:	
Form 990 or 990-EZ	☑ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundat	ion
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	covered by the General Rule or a Special Rule .), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	ecial Rule. See
General Rule		
=	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in me contributor. Complete Parts I and II.	noney or
Special Rules		
	organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regu	lations
. , , ,	1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a con	
	000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-E	
Complete Faits Failu I		
For a section 501(c)(7)	, (8), or (10) organization filing Form 990 or 990-EZ that received from any one conti	ributor,
during the year, total o	ontributions of more than \$1,000 for use exclusively for religious, charitable, scientific	;, literary,
or educational purpose	s, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
, , , ,	, (8), or (10) organization filing Form 990 or 990-EZ that received from any one contri	
• •	outions for use exclusively for religious, charitable, etc., purposes, but these contribut	
	31,000. If this box is checked, enter here the total contributions that were received du y religious, charitable, etc., purpose. Do not complete any of the parts unless th	_
•	tion because it received nonexclusively religious, charitable, etc., contributions of \$5,	
more during the year	· · · · · · · · · · · · · · · · · · ·	\
Caution An organization that	is not covered by the General Rule and/or the Special Rules does not file Sche	idule B (Form 990
•	st answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of i	•
•	F, to certify that it does not meet the filing requirements of Schedule B (Form 990, 99	
	= •	· · · · · · · · · · · · · · · · · · ·

Name of organization Employer identification number

FAIR HAVEN HOME FOR MEN INC 27-2383772 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 1 Life Baptist Church **Payroll** Noncash 20,655 PO Box 1236 (Complete Part II if there is a noncash contribution.) Saint Stephen, SC 29479 (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (c) (a) (b) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. **Person Payroll** Noncash (Complete Part II if there is a noncash contribution.) (b) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Ño. Person **Payroll** Noncash (Complete Part II if there is

a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization Employer identification number 27-2383772 FAIR HAVEN HOME FOR MEN INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Number of conservation easements on a certified historic structure included in (a) С d Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 8 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

3 Using the organizations acquisition, accession, and other records, check any of the following that are a significant use of its collection lens (check all the paper): a Public exhibition d Loan or exchange programs	Pai	t III Organizations Maintaining Colle	ections of Art, Hist	orical Treasures,	or Other Similar A	Assets (continued)
a Public exhibition d Loan or exchange programs	3	Using the organization's acquisition, accession, and other	r records, check any of th	e following that are a sigr	nificant use of its	
Scholarly research e Other		collection items (check all that apply):				
Scholarly research e Other	а	Public exhibition	d Loan or exchar	nge programs		
Preservation for future generations	b	☐ Scholarly research				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV	С					
Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV	4		d explain how they further	the organization's exemi	ot purpose in	
assets to be sold to rise funds rather than to be maintained as part of the organization's collector? Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990.			, ,	.		
assets to be sold to rise funds rather than to be maintained as part of the organization's collector? Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990.	5	During the year, did the organization solicit or receive do	nations of art, historical tre	easures, or other similar		
Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part X, line 9.0 reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIV and complete the following table: Complete Indian						Yes No
Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, outstodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai					
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If Yes,* explain the arrangement in Part XIV and complete the following table: C Beginning balance d Additions during the year e) Distributions during the year 1b India Beginning dalance 1c Ending balance 1d India Beginning of the organization include an amount on Form 990, Part X, line 217 1b If Yes,* explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance 1b Contributions 1 Net investment earnings, gains, and losses 1 Grants or acticlarships 2 Other expenditures for facilities and programs 1 Administrative expenses 1 Ending balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 3 Are there endowment Lines 2a, 2b, and 2c should equal 100%. 3 Are there endowment Lines 2a, 2b, and 2c should equal 100%. 3 Are there endowment Lines 2 and prograzizations isted as required on Schedule R? 4 Describe in Part XIV is intended used of the organizations endowment funds. Part V Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (b) Accumulated depreciation (b) Cost or other basis (b) Accumulated depreciation 1a Land 1b Cost or other basis (b) Cost or other basis (b) Cost or other basis (b) Equipment 1c Cost or other basis (b) Equipment 1c Cost or other basis (b) Cost or other basis (b) Cost or other basis (b) Equipment 1c Cost of the cost of the basis (b) Cost or other basis					,	
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b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years		•				Yes No.
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g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f	. •				
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Description of property (a) Cost or other basis (investment) 1a Land 200,000 200,000 b Buildings c Leasehold improvements d Equipment e Other				(line 10		
Column	ı aı				(a) Assumulated	(d) Dook volue
1a Land 200,000 b Buildings 200,000 c Leasehold improvements 4 Equipment e Other 6 Other		Description of property		1 ' '	• •	(u) Book value
b Buildings c Leasehold improvements d Equipment e Other	10	Land	, , ,			200 000
c Leasehold improvements	_			200,000		200,000
d Equipment		-				
e Other		•				
		04				
			rm 990. Part X. column	(B) line 10(c))	•	200 - 000

(11)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Fo			27-238	3772 Page :
Part VII	Investments - Other Securities.	See Form 990, Part X, line 12.		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1) Financial o	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	See Form 990, Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)		,		
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, line	15.		
•	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 1	5.)		
Part X	Other Liabilities. See Form 990, Part X, lin	ne 25.		
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Sched	dule D (Form 990) 2011 FAIR HAVEN HOME FOR MEN INC	27-2383	772 Page
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	atement	S
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pai	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Returr	1
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pai	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	urn
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pai	rt XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b		
and 2	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete		
this p	part to provide any additional information.		