990

Return of Organization Exempt From Income Tax

2014

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For	the 2	2014 calend	dar year, or ta	ax year begin	ning			, 2014, and	ending			, 20
В	Check	k if ap	plicable:	C Name of org	ganization FAIR	HAVEN HOME	FOR MEN INC						Employer identification no.
	Addre	ss ch	ange	Doing busine	ess as								27-2383772
	Name	chan	nge	Number and	street (or P.O. bo	x if mail is not delivered t	o street address)			Roor	n/suite	E	Telephone number
	Initial	return	1	ро вох	597								(843)749-9622
	Final ı	return	/terminated	City or town,	, state or province,	, country, and ZIP or fore	gn postal code						204,074
	Amen	ided re	eturn	SAINT	STEPHEN,	SC 29479							Gross receipts\$
	Applic	cation	pending	F Name and a	ddress of principa	I officer:							
										H(a) Is this a gr subordinat 	oup retu es?	rn for Yes X No
I	Tax-ex	kempt	status: X	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527					
			N/A			, , ,				Н(If "No	," attach	es included? Yes No n a list. (see instructions) number
			ganization: X	Corporation	Trust Ass	ociation Other		L Ye	ear of formation:				domicile: SC
	rt I		Summar										
	\neg	_		•	ization's missi	on or most significa	nt activities: To	he.	a restiti	ıtion	center	to	provide social,
				-		ritual help	_						-
Activities & Governance				_		and that gets					JCOIII III	Circi	II IIVES. NE
naı		<u> </u>	want to	De che m	erpring na	ind that gets	cirem co cire	= 11a1	na or goa	•			
Š		2 (Check this h	ox ▶☐ if th	e organization	discontinued its op	erations or dispose	d of m	ore than 25% (of its ne	et assets		
တိ				_	· ·	ning body (Part VI,	•					3	7
∞ ″				J	ŭ	of the governing b	,					4	7
ţį	- 1 .			•	ŭ	calendar year 2014	• •	,				5	-
Ęį	- 1 .				s (estimate if n	•	(i ait v, iiie za)					6	1
Ac	- 1				`	Part VIII, column (C)						7a	
	- '											7a 7b	0
		D I	ivet unrelated	u business ta	xable income i	from Form 990-T, lir	ne 34 • • • •					70	0
	Ι.		O 4il4i		(Dant) (III Iin a	4 L \					Prior Year		Current Year
Revenue	- 1			•	(Part VIII, line	•					164	,067	204,074
	.		-		•	2g) • • • • •							0
	1			•		a), lines 3, 4, and 7c	,						0
œ						es 5, 6d, 8c, 9c, 10							0
	1:				•	nust equal Part VIII	. ,	-			164	,067	204,074
	1					X, column (A), lines	•						0
	1.					, column (A), line 4							0
S	1	5 5	Salaries, oth	er compensat	tion, employee	benefits (Part IX, c	olumn (A), lines 5-1	10)			58	<u>, 323</u>	102,190
Expenses	1			_	,	olumn (A), line 11e							2,250
ē	.	b 7	Total fundrais	sing expenses	s (Part IX, colu	umn (D), line 25)	<u> </u>	20	0,952				
ũ	1	7 (Other expens	ses (Part IX, o	column (A), lin	es 11a-11d, 11f-24	e)				86	,223	91,452
	1		•		•	equal Part IX, colun	nn (A), line 25)				144	,546	195,892
	1	9 F	Revenue les	s expenses.	Subtract line 1	8 from line 12 •					19	,521	8,182
ō	Se									Beginn	ing of Current	Year	End of Year
sets	<u>a</u> 2	0 7	Total assets	(Part X, line 1	16)						214	,067	268,009
Net Assets or	틸 2	1 7	Total liabilitie	es (Part X, line	26)						130	,298	162,531
					es. Subtract l	ine 21 from line 20					83	,769	105,478
Pa	rt I	I	Signatu	ıre Block									
						n, including accompanyir cer) is based on all inforr				knowled	lge and belief,	t is	
uue,	conec	i, and	complete. Dec	Jaration of prepar	rer (other than only	cer) is based on an inion	nation of which preparer	iias aiiy	Kilowieuge.				
0:-			JAME	S F KRON'	TZ								
Sig	Jn		Signatu	re of officer								Date	
He	re		JAME	S F KRON	TZ, DIREC	TOR							
			Type or	print name and ti	itle								
			Print/Type pre	eparer's name		Preparer's signature		Da	ate		Check X	if F	PTIN
Pai	id		Christi	ine Czarn	ik	Christine Cz	arnik	09	-06-2016		self-employ	ed	P00201301
Pre	pai	rer	Firm's name	L		First Tax 8				Firm'	s EIN	•	
Us	e O	nly	Firm's addres	ss ►		rolley Rd Su	_				ne no.		
		-				lle SC 29485						43-2	85-8146
May	the	IRS (discuss this	return with th		own above? (see in							· · · Yes X No

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$

27-2383772

4) FAIR HAVEN HOME FOR MEN INC
Checklist of Required Schedules

			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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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		Х
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	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 Revenue Procedure 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,"			3.7
	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	•		3.7
40	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 temporarily restricted	40		37
44	endowments, permanent endowments, or 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	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	IIa	Λ	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С				21
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е		11e		Х
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	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		Х
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		Χ
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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	4.		
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	امدا		17
20-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		I

Form 990 (2014) **Part IV** C 4) FAIR HAVEN HOME FOR MEN INC Checklist of Required Schedules (continued)

_	(
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	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			3.7
	employees? If "Yes," complete Schedule J	23		Х
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			3.7
	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		
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), 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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Χ
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		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		Χ
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		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part	31		Χ
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		Χ
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		Χ
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		Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
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,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note . All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2014) FAIR HAVEN HOME FOR MEN INC

Part V Statements Regarding Other IRS Filings and Tax Compliance

	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 • • • • • • • • • • 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable · · · · · · · · · · 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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		Χ
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		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
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		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	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:			
a	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: Gross income from members or shareholders			
a	112			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	,	12a		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.	.54		
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		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2014) FAIR HAVEN HOME FOR MEN INC Page 6 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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 7 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. Enter the number of voting members included in line 1a, above, who are independent 1h h 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Χ Χ Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο **10a** Did the organization have local chapters, branches, or affiliates? 10a X 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 **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 Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Χ describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? **a** The organization's CEO, Executive Director, or top management official 15a Χ Χ **b** Other officers or key employees of the organization 15b 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 **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 organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 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 made these available. Check all that apply. X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

JAMES F KRONTZ (843) 749-9622, 1181 TOBACCO RD, 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 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 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and Title .	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck m ss per	son i	han one a Highest compensated employee	n	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) PASTOR ALFRED WILLIS		o o	lee			sated				
BOARD CHAIRMAN		Х						0	0	0
(2) PASTOR GENE ROWELL BOARD MEMBER		X						0	0	0
(3) PASTOR ANDY WELLS										
BOARD MEMBER		Х						0	0	0
(4) PASTOR JONATHAN MIXON BOARD MEMBER		X						0	0	0
(5) TRACY SHILLINGLAW		21							0	•
BOARD MEMBER		Х						0	0	0
(6) HUGH_GIGGLEMAN								-		
BOARD MEMBER		Х						0	0	0
(7) WILLIAM HOFF BOARD MEMBER		X						0	0	0
(8) JAMES F KRONTZ	40.00							-		-
DIRECTOR				Х				58,000	0	0
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

Form 990 (2014)

15) 16) 17)		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization	related organizations (W-2/1099-MISC)		other npensati from the	on
16) 17)							mpensated		(W-2/1099-MISC)		а	ganizatio nd relate ganizatio	on d
17)													
8)													
19)													
20)													
:1)													
2)													
3)													
4)													
5)													
С	Sub-total							* *	58,000	0			0
	Total number of individuals (including but not limited reportable compensation from the organization	to those liste	d abov	e) wł	no re	ceiv	ed mo	re th	nan \$100,000 of	0			
	Did the organization list any former officer, director,			-		-						Yes	No
4	employee on line 1a? If "Yes," complete Schedule J f For any individual listed on line 1a, is the sum of repo organization and related organizations greater than \$	ortable compo 150,000? If "	ensatio 'Yes," o	on an	d oth	ner d Sch	omper	nsat J for			3		X
5	individual	mpensation f	rom an	ny un	relat	ed o	rganiz	ation	or individual		5		X
1	on B. Independent Contractors Complete this table for your five highest compensate compensation from the organization. Report compensations												
	year. (A) Name and business address								(B) Description of	services		(C)	n

 $\label{eq:convergence} \textbf{more than $100,000 of compensation from the organization}$

EEA

FAIR HAVEN HOME FOR MEN INC Statement of Revenue Page 9 27-2383772

		Check if Schedule O contains a respons	e or no	ote 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 sections 512-514
ts ts	1a	Federated campaigns · · · · · · ·	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
ڡٙۜڲ	c	Fundraising events	1c					
ifts ar A	d	Related organizations • • • • • • •	1d					
פֿיַּ	e	Government grants (contributions) • •	1e					
Sir	f	All other contributions, gifts, grants,						
e të	'	and similar amounts not included above	1f	204 074				
들	_	Noncash contributions included in lines 1a		3,800				
ng p	g h	Total. Add lines 1a-1f · · · · · · · ·			204,074			
_0 @	-"	Total. Add lilles Ta-11			204,074			
en	20			Business Code				
š								
ě ě								
<u>Z</u>	C							
s .	d							
Program Service Revenue	e							
Pro		All other program service revenue						
		Total. Add lines 2a-2f						
	3	Investment income (including dividends, into	erest,					
	١.	and other similar amounts)						
		Income from investment of tax-exempt bond	•					
	5	Royalties						
	_	(i) Rea	ıl	(ii) Personal				
		Gross rents						
		Less: rental expenses · · · ·						
		Rental income or (loss) · · ·						
	d	Net rental income or (loss) · · · · · · ·	• • •					
	7a	Gross amount from sales of assets other than inventory	ies	(ii) Other				
	b	Less: cost or other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
ne	8a	Gross income from fundraising						
Other Revenue		events (not including \$						
Re		of contributions reported on line 1c).	_					
er		See Part IV, line 18	. а					
₹	b	Less: direct expenses	. b					
	С	Net income or (loss) from fundraising event	s .					
	9a	Gross income from gaming activities.						
		See Part IV, line 19	. а					
	b	Less: direct expenses	. b					
		Net income or (loss) from gaming activities						
		Gross sales of inventory, less						
	100	returns and allowances	. а					
	b	Less: cost of goods sold	. b					
		Net income or (loss) from sales of inventory						
		Miscellaneous Revenue		Business Code				
	11a	1-11-2-						
	b							
	c							
		All other revenue	-					
		Total. Add lines 11a-11d		<u> </u>				
		Total revenue See instructions			204 074	0	0	0

Part IX

27-2383772

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

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 an	y line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising 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	87,790	58,000	29,790	
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	14,400	14,400		
11	Fees for services (non-employees):				
а	Management				
b	Legal · · · · · · · · · · · · · · · · · · ·				
С	Accounting	1,697		1,028	669
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 •	2,250			2,250
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	627	482		145
13	Office expenses	4,038		1,768	2,270
14	Information technology	944		944	
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·				
17	Travel	15,086		15,000	86
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · · ·	99	99		
20	Interest · · · · · · · · · · · · · · · · · · ·	9,434		9,434	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization · · · · · ·				
23	Insurance	477			477
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	Services	12,755	12,755		
b	Repairs & Maintenance	29,065	10,067	17,036	1,962
С	Utilities	7,647	609	2,374	4,664
d	Lease	8,400			8,400
е	All other expenses	1,183		1,154	29
25	Total functional expenses. Add lines 1 through 24e ·	195,892	96,412	78,528	20,952
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign a <u>nd</u>				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	14,067	1	8,128
	2	Savings and temporary cash investments	,	2	41,731
	3	Pledges and grants receivable, net		3	,
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
"	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 224,818			
	b	Less: accumulated depreciation 10b 6,668	200,000	10c	218,150
	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 34)	214,067	16	268,009
	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 current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Lia I		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	130,298	23	162,531
	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			
	20	of Schedule D	120 000	25	1.60 5.01
	26	Total liabilities. Add lines 17 through 25 · · · · · · · · · · · · · · · · · ·	130,298	26	162,531
S		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	83,769	27	105,478
ala	28	Temporarily restricted net assets	63,769	28	105,476
<u>В</u>	29	Permanently restricted net assets		29	
'n		Organizations that do not follow SFAS 117 (ASC 958), check here and			
or l		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SSI	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	83,769	33	105,478
	34	Total liabilities and net assets/fund balances	214,067	34	268,009

	EATH HAVEN HOME FOR MEN INC	230	3112			<u> </u>
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)	1		2	04,0	74
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	95,8	92
3	Revenue less expenses. Subtract line 2 from line 1	3			8,1	.82
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			83,7	69
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8			13,5	27
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		1	05,4	78
Pa	rt XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response or note to any line in this Part XII					
					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	Χ	
	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					
b	Were the organization's financial statements audited by an independent accountant?			2b		Χ
	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	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
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?			3a		Χ
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			3b		

EEA Form **990** (2014)

SCHEDULE A

(Form 990 or 990-EZ)

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

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the	e organization					Employer identific	ation number		
FAI	RН	AVEN HOME FOR MEN INC					27-23837			
Pa	rt I	Reason for Public Charit	y Status (All c	organizations must o	complete	this par	t.) See instructio	ns.		
The	orga	nization is not a private foundation beca	ause it is: (For lines	1 through 11, check only	one box.)					
1	Ц	A church, convention of churches, or	association of chur	ches described in sectio	n 170(b)(1)(A)(i).				
2	Ц	A school described in section 170(b)	(1)(A)(ii). (Attach S	Schedule E.)						
3	Ш	A hospital or a cooperative hospital se	ervice organization o	described in section 170	(b)(1)(A)(ii	i).				
4		A medical research organization opera	ated 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 bene	fit of a college or ur	niversity owned or operate	ed by a gov	ernmental	unit described in			
		section 170(b)(1)(A)(iv). (Complete I	Part II.)							
6		A federal, state, or local government of	r governmental uni	t described in section 17	0(b)(1)(A)(v).				
7		An organization that normally receives	a substantial part	of its support from a gove	rnmental u	nit or from	the general public			
	_	described in section 170(b)(1)(A)(vi)	. (Complete Part II.	.)						
8	Ц	A community trust described in section	on 170(b)(1)(A)(vi)	. (Complete Part II.)						
9	Χ	An organization that normally receives	: (1) more than 33	1/3% of its support from	contribution	ıs, membe	rship fees, and gross			
		receipts from activities related to its ex	kempt functions - s	ubject to certain exception	ns, and (2)	no more th	an 33 1/3% of its			
		support from gross investment income	e and unrelated bus	siness taxable income (le	ss section (511 tax) fro	om businesses			
		acquired by the organization after Jun			,					
10	\sqcup	An organization organized and operate	ed exclusively to tes	st for public safety. See s	ection 509	(a)(4).				
11	Ш	An organization organized and operate	-	·						
		one or more publicly supported organi		. , , ,			. , ,	heck		
		the box in lines 11a through 11d that o								
	а	Type I. A supporting organization	•	· · · · · · · · · · · · · · · · · · ·		·	,			
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting									
		organization. You must complet								
	b	Type II. A supporting organization								
		control or management of the sup		•	sons that co	ontrol or ma	anage the supported			
		organization(s). You must comp								
	С	Type III functionally integrated		·				,		
		its supported organization(s) (see	•	•				,		
	d	Type III non-functionally integr						s)		
		that is not functionally integrated.		•		•	and an attentiveness			
		requirement (see instructions). Yo	-							
	е	Check this box if the organization				a rype i, r	ype II, Type III			
		functionally integrated, or Type III	•							
	T	Enter the number of supported organi								
_	<u> 9</u>	Provide the following information abou								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o	rganization ir governing	(v) Amount of monetary support (see	(vi) Amo other supp		
				above or IRC section	docum	nent?	instructions)	instruc		
				(see instructions))	Yes	No	-			
					163	140				
(A)										
(B)										
(C)										
(D)										
/E\										
(E)										
Tota	ıl									

Page 2

990 or 990-EZ) 2014 FAIR HAVEN HOME FOR MEN INC 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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 • •						
	tion B. Total Support	I	1				1
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here			n, or fifth tax year a	s a section 501(c)(3	3)	▶□
	tion C. Computation of Public S	• •				1 1	
14	Public support percentage for 2014 (line 6, o	` '	•	• •		14	%
15	Public support percentage from 2013 Sched						%
16a	33 1/3% support test - 2014. If the organiza		•		•		. \Box
_	box and stop here . The organization qualified	. , .					▶ ⊔
b	33 1/3% support test - 2013. If the organiza						. ¬
	check this box and stop here . The organiza		•	•			· · · · · · ·
17a		-					
	10% or more, and if the organization meets t						
	Part VI how the organization meets the "facts		-				, n
_	organization						▶ 📙
b	10%-facts-and-circumstances test - 2013	_				•	
	15 is 10% or more, and if the organization m				-		
	Explain in Part VI how the organization meet			-			. —
40	11 0						▶ ∐
18	Private foundation. If the organization did r			•			
	instructions						▶ 📙

27-2383772

990 or 990-EZ) 2014 FAIR HAVEN HOME FOR MEN INC 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	96,080	100,913	128,258	164,067	200,274	689,592
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	33,030	200,320	123,233	101/00/	200,211	003,032
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	128,258	164,067	200,274	689,592
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	line 6.)						689,592
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	96,080	100,913	128,258	164,067	200,274	689,592
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 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	96,080	100,913	128,258	164,067	200,274	689,592
14	First five years. If the Form 990 is for the orgorganization, check this box and stop here			or fifth tax year as a			▶ 🔲
Se	ction C. Computation of Public Su	• •					
15	Public support percentage for 2014 (line 8, co	•					100.00 %
16 So	Public support percentage from 2013 Schedulection D. Computation of Investme					16	%
3 e (17	Investment income percentage for 2014 (line 1			mn (f))		17	0.00 %
18	Investment income percentage for 2014 (line in Investment income percentage from 2013 Sch			····· (' <i>))</i>		18	0.00 %
	33 1/3% support tests - 2014. If the organiza 17 is not more than 33 1/3%, check this box a	tion did not check th	ne box on line 14, a			line	▶ 🏻
b	33 1/3% support tests - 2013. If the organiza line 18 is not more than 33 1/3%, check this b	tion did not check a	box on line 14 or li	ine 19a, and line 16	is more than 33 1	/3%, and	▶□
20	Private foundation. If the organization did no		-				▶ 📋

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Employer identification number

FAIR HAVEN HOME FOR MEN INC 27-2383772						
Organization type (check one):						
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 foundation					
	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					
Check if your organization is cover	red by the General Rule or a Special Rule .					
Note. Only a section 501(c)(7), (8 instructions.), or (10) organization can check boxes for both the General Rule and a Special Rul	le. See				
General Rule						
X For an organization filing	X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000					
or more (in money or prop	perty) from any one contributor. Complete Parts I and II. See instructions for determine	ining a				
contributor's total contribu	utions.					
Special Rules						
For an organization descr	ibed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support te	est of the				
	s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), P					
13, 16a, or 16b, and that i	received from any one contributor, during the year, total contributions of the greater	of (1)				
\$5,000 or (2) 2% of the ar	mount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts	s I and II.				
	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a					
• •	ar, total contributions of more than \$1,000 exclusively for religious, charitable, scient					
illerary, or educational pur	rposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, an	nd III.				
For an organization descr	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	any one				
	ar, contributions exclusively for religious, charitable, etc., purposes, but no such	•				
contributions totaled more	e than \$1,000. If this box is checked, enter here the total contributions that were rece	eived				
during the year for an exc	lusively religious, charitable, etc., purpose. Do not complete any of the parts unless	the				
General Rule applies to t	his organization because it received nonexclusively religious, charitable, etc., contrib	butions				
totaling \$5,000 or more du	uring the year	· · • \$				
Caution An organization that is n	ot covered by the General Rule and/or the Special Rules does not file Schedule B (I	Form 990				
	nswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form					
, ,,	tify that it does not most the filing requirements of Schodula R (Form 000, 000 F7,					

Name of organization
FAIR HAVEN HOME FOR MEN INC

Employer identification number

27-2383772

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LIFE BAPTIST CHURCH PO BOX 1236 SAINT STEPHEN, SC 29479	\$	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

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.

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number Name of the organization 27-2383772 FAIR HAVEN HOME FOR MEN INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? 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 purpose Yes No conferring impermissible private benefit? 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 a 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 Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 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 the 3 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 ····· Yes No violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 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 170(h)(4)(B)(i) 8 ______ Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 9 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 XIII, the text of the footnote to its financial statements that describes these items. b 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: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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: Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sched Pai	t III Organizations Maintaining (art Historical 1	Treasures or	Othe	27-23837 er Similar Ass		
3	Using the organization's acquisition, accession,						(33.11.11.13.31)	_
	collection items (check all that apply):							
а	Public exhibition	d 🔲 Loa	n or exchange progr	rams				
b	Scholarly research	e 🗌 Oth	er					
С	Preservation for future generations							
4	Provide a description of the organization's collect	tions and explain how	they further the org	anization's exempt	purpo	ose in Part		
_	XIII.	aive denetions of out	historical traceures	ar athar aimiler				
5	During the year, did the organization solicit or rec						· Tyes TN	
Pa	assets to be sold to raise funds rather than to be t IV Escrow and Custodial Arrange		i the organization's o	collection?	• • •		· res r	No
T W.	Complete if the organization at 990, Part X, line 21.	_	Form 990, Pai	rt IV, line 9, or	repo	rted an amoun	t on Form	
1a	Is the organization an agent, trustee, custodian of	or other intermediary f	or contributions or o	ther assets not				
	included on Form 990, Part X?						· Yes N	٧o
b	If "Yes," explain the arrangement in Part XIII and	complete the following	ıg table:	ŗ				
						Amo	unt	_
С	Boginning Balanco			-	1c			
d	, talanto talaning and your				1d			
е	Distributions during the year				1e			_
f	Ending balance				1f		п., п.	_
2a	Did the organization include an amount on Form			•			_ =	No
Pa	If "Yes," explain the arrangement in Part XIII. Che t V Endowment Funds.	eck nere ii the explan	alion has been provi	ided in Part XIII			· · · · · · · <u> </u>	_
ı a	Complete if the organization a	nswered "Yes" to	Form 990 Pai	rt IV line 10				
	Complete it the organization at	(a) Current year	(b) Prior year	(c) Two years back	,	(d) Three years back	(e) Four years back	_
1a	Beginning of year balance	(a) Cullett year	(b) I not year	(c) Two years back		(u) Thice years back	(e) I our years back	_
b	Contributions							_
С	Net investment earnings, gains, and							_
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current	year end balance (line	e 1g, column (a)) he	ld as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment							
С	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c should e							
3a	Are there endowment funds not in the possession	n of the organization	that are held and ad	ministered for the				_
	organization by:						Yes No)
	(i) amelated organizations						3a(i)	_
	(ii) related organizations						3a(ii)	_
b	If "Yes" to 3a(ii), are the related organizations list	•					3b	_
4 Dai	Describe in Part XIII the intended uses of the orget VI Land, Buildings, and Equipm		ent runas.					_
ral	Complete if the organization a		Form 000 Pa	rt I\/ line 11a 9	مم	Form 990 Par	t X line 10	
	Complete if the organization at	nowered 168 (C	romi 990, Pal	TOTAL TION	oee	1 01111 990, Par	. A, IIII C 10.	_

	Complete if the organization answered Tes to Form 990, Fart IV, line Tia. See Form 990, Fart A, line To.						
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a	Land		200,000		200,000		
b	Buildings		10,518		10,518		
С	Leasehold improvements						
d	Equipment		14,300	6,668	7,632		
e	Other						
Tota	I. Add lines 1a through 1e. (Column (d) must equal Forn	n 990, Part X, column (B)	, line 10c.) • • •	<u></u>	218,150		
EEA					Schedule D (Form 990) 2014		

27-2383772

	,	
Part VII	Investments	- Other Securities

Complete if the organization an	swered "Yes" to Form 99	Part IV. line 11b.	. See Form 990	. Part X. line 12

	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1) Financial de	erivatives			
• •	d equity interests			
(3) Other	,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	ed "Yes" to Form 990, Pa	rt IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year marke	on:
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answere	ed "Yes" to Form 990, Pa	rt IV, line 11d. See Form 990	, Part X, line 15.
	(a) [Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 15.)	· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities. Complete if the organization answere line 25.	ed "Yes" to Form 990, Pa	rt IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal in				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 25.)			
	uncertain tax positions. In Part XIII, provide the tex			

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

	Reconciliation of Revenue per Audited Financial Statements with Revenue pe	110101111	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
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 (losses) on investments • • • • • • • • • • • • • • • • • • •		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
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 XIII.) • • • • • • • • • • • • • • • • • • •		
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	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
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	-	
C	Other losses · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIII.)	1	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	-	
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	
	rt XIII Supplemental Information.] 3	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part	V line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	A, IIIIe	
2, Fa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2014

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number Name of the organization FAIR HAVEN HOME FOR MEN INC 27-2383772 01. Form 990 governing body review (Part VI, line 11) Upon completion of the annual Form 990, the governing body meets to review it. After review, the 990 is filed with the IRS. 02. Conflict of interest policy compliance (Part VI, line 12c) The Conflict of Interest Policy requires all board members, as well as paid individuals, to disclose any and all relationships which would cause a conflict of interest regarding the activities of Fair Haven. 03. CEO, executive director, top management comp (Part VI, line 15a) A study is conducted by the board to determine the average compensation paid to individuals who perform the same duties at other organizations. 04. Other officer or key employee compensation (Part VI, line 15b The Board of Directors conducts a study to determine the fair market rate for the job description paid by other organizations. 05. Governing documents, etc, available to public (Part VI, line 19) The governing documents of Fair Haven are avaiable to the public upon request.

S e-file Signature Authorization for an Exempt Organization

for an Exempt Organization	

For calendar year 2014, or fiscal year beginning . and ending

2014 Do not send to the IRS. Keep for your records. Department of the Treasury Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Name of exempt organization Employer identification number FAIR HAVEN HOME FOR MEN INC 27-2383772 Name and title of officer JAMES F KRONTZ, DIRECTOR Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. **1a** Form 990 check here ►X **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) · · · · · · · · · **1b b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only lauthorize Carolina First Tax & Accoun to enter my PIN as my signature 68156 ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 10-09-2015 Officer's signature **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 578158 40601 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Christine Czarnik Date > 09-06-2016 ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So OMB No. 1545-1878