_	99	n	Dotur	n of Organization	Evomot	Erom In		Tax		OMB No	0. 1545-0047
Form	33	U I	Retur	n of Organization	Exempt	FIOIDIN	come	Ιαλ		20)19
(Rev.	January	2020)	Under section 501(c), 527, or 4947(a)(1) of the	Internal Reve	enue Code (e	xcept p	rivate fou	ndations		
Depar	tment of th	ne Treasury		nter social security numbe		-				-	o Public
	al Revenue	•		www.irs.gov/Form990 for i	nstructions ar						ection
_			year, or tax year begi	•		, 2019, a	and endi	ng		, 20	
	Check if ap		-	AIR HAVEN HOME FOR	MEN INC				D Empl	loyer identification	
=	Address ch	•	Doing business as							27-238377	12
=	Name char	•		P.O. box if mail is not delivered to stre	et address)		Room/sui	te	E Telep	hone number	
=	nitial returr		PO BOX 597							(843)749-	-9622
=		n/terminated		ovince, country, and ZIP or foreign po	ostal code				G Gros	s receipts	
=	Amended r		SAINT STEPHEN,					11(-)	\$		254,687 Yes X No
/	Application	n pending	F Name and address of p	rincipal officer:						H	
			D1(c)(3) 501(c) () < (insert no.) 4947(;		-07				_	
	lax-exempt Vebsite:		01(c)(3) 501(c) () 🖣 (insert no.) 🔲 4947 (i	a)(1) or 🗌 🤃	527		H(c) Group		st. (see instructions)	
		<u> </u>	orporation Trust As	sociation Other		- Year of formation	on: 201			gal domicile: SC	
Pa		Summary			•		511. 201	.0			
			the organization's miss	ion or most significant activit	ies To b	o a rost	i+11+i/	on cent	er to	provide s	ocial
		•	•	iritual help to th							
Governance				hat gets them to t			JCK DC			LI IIVES.	<u>Ne want</u>
rnal			neiping nand c		ine nana o	1 600.					
Nel	2	Check this box	▶ ☐ if the organization	n discontinued its operations	or disposed of	more than 25	5% of its	net assets			
õ				rning body (Part VI, line 1a)					. 3		7
ο Ο				s of the governing body (Par	t VI, line 1b)				. 4		7
itie			-	calendar year 2019 (Part V,					. 5		2
Activities &	6	Total number of	f volunteers (estimate if	necessary)					. 6		12
Ā	7a -	Total unrelated	business revenue from	Part VIII, column (C), line 12					. 7a		0
				from Form 990-T, line 39					. 7b		0
								Prior Year		Current	Year
	8	Contributions a	nd grants (Part VIII, line	1h) • • • • • • • • • • • •				295	5,953	:	254,687
ne	9	Program servic	e revenue (Part VIII, line	2g)			-				0
Revenue	10	Investment inco	ome (Part VIII, column (/	A), lines 3, 4, and 7d) ••			-		39		0
Re	11	Other revenue	(Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 1	1e)		-				0
	12	Total revenue -	add lines 8 through 11 (must equal Part VIII, column	i (A), line 12)		•	295	5,992		254,687
			• •	IX, column (A), lines 1-3)			-			ļ	0
	14	Benefits paid to	o or for members (Part I)	K, column (A), line 4) ••			·			ļ	0
ŝ				e benefits (Part IX, column (A	A), lines 5-10)		·	58	3,374	L	77,832
nse			ndraising fees (Part IX,				·				1,500
Expenses			g expenses (Part IX, col	():)		34,362					
ш		•	s (Part IX, column (A), li	,			•		0,468		177,280
		•	,	equal Part IX, column (A), li	,		•		3,842		256,612
ď		Revenue less e	expenses. Subtract line	18 from line 12 • • • • •		• • • • • •	-		7,150		(1,925)
Net Assets or Fund Balances		T-4-14- (D					Begin	ning of Curr		End of Ye	
Bals	20	Total assets (Pa Total liabilities (. ,				•		L,755		592,725
let A	21	```	und balances. Subtract	line 21 from line 20			· —		7,749		266,425
	rt II	Signature					•	314	1,006		326,300
		<u> </u>		rn, including accompanying schedu	les and statements	and to the best	of my know	ledge and be	lief. it is		
				ficer) is based on all information of v							
		Tamoa	Krontz								
Sig	n	Signature of							Da	ite	
Her	e	Tamos	Krontz, Execut:	ive Director							
			t name and title	LIG DILECTOL							
		Print/Type prepa	rer's name	Preparer's signature		Date		Check	X if	PTIN	
Pai	d	Christin	e Czarnik			05-15-20	20		nployed	P002013	01
	parer	Firm's name		a First Tax & Acco	unting LL			irm's EIN			
	Only			ravelers Blvd	<u>.</u>	-		hone no.			;
	,			ille SC 29485					843-	695-8773	
May	the IRS	discuss this re		own above? (see instruction	s)					•••• • • • • • • • • • • • • • • • • •	No
,				,							

Form	1990 (2019) FAIR HAVEN HOME FOR MEN INC	27-2383772	Page 2
Ра	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	· · · · · · · · · · · · ·	
1	Briefly describe the organization's mission:		
	To be a restitution center to provide social, and more importantly, spiritua		
	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		
2	prior Form 990 or 990-EZ?	🗆 Yes 🗟	
	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?	· · · · · 🗌 Yes 🛛	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 are required to report the amount of grants and allocations to other	ers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,787 including grants of \$) (Revenue)
	Provided social and spritual help to those that are at rock bottom in their	lives and in	need of
	such help.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 211,787	*	
EEA	•	Form	990 (2019)

P	Part IV Checklist of Required Schedules				
				Yes	No
1	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	x	
2	2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		2	x	
3			_		
Ū	candidates for public office? If "Yes," complete Schedule C, Part I		3		x
4			•		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II		4		v
F			4		x
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		5		
~			5		x
6					
	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		x
7			_		
_			7		x
8			_		
	complete Schedule D, Part III		8		X
9					
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		_		
	debt negotiation services? If "Yes," complete Schedule D, Part IV		9		x
10					
	or in quasi endowments? If "Yes," complete Schedule D, Part V		10		x
11					
	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,"				
	complete Schedule D, Part VI	••••	11a	х	
	b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		11b		X
	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		11c		x
	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		x
	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		11e		x
	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		x
12a	12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
_			12a		x
I	b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>				
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		12b		x
13			13		x
14a	14a Did the organization maintain an office, employees, or agents outside of the United States?		14a		x
k	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				
		• • • • • • • • • •	14b		x
15					
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		15		x
16					
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		16		x
17					
			17		x
18					
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		x
19					
_	If "Yes," complete Schedule G, Part III		19		x
	20 a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>		20a		x
	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		20b		
21					
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		х

FAIR HAVEN HOME FOR MEN INC

27-2383772

Page 3

Form 990 (2019)

Form		-23837	72	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		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				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		х
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		100		
	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		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		200		x
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		20		<u>x</u>
27					
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes " complete Schedule I Part III		07		
~~			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, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	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		х
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	x	
Par					
	Check if Schedule O contains a response or note to any line in this Part V				\square
			-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ••••••••••••••••••••••••••••••••••••	3			
	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1 · · · · · · · · · · · · · · · · · · ·	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and				
v	reportable gaming (gambling) winnings to prize winners?		1c	x	
				л	

	990 (2019) FAIR HAVEN HOME FOR MEN INC 27-23837 rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	72	Р	Page 5
1 41			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		103	
	Statements, filed for the calendar year ending with or within the year covered by this return •••••• 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
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		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
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		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
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 ••••••••••••••••••••••••••••••••••••	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g L	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	711		
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.	0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	50		
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019)

	990 (2019) FAIR HAVEN HOME FOR MEN INC 27-2383		F	Page 6
Pa	rt 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.			
500	Check if Schedule O contains a response or note to any line in this Part VI	• • •		. x
000	tion 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 		Tes	NO
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent ····· 1b 7			
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 5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization sassets?	6		x 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	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
500	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Jec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Y	
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	Tou		^
-	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	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	<u> </u>
13	Did the organization have a written whistleblower policy?	13		X
14 15	Did the organization have a written document retention and destruction policy?	14		x
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	x	
	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			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
800	organization's exempt status with respect to such arrangements?	16b		<u> </u>
<u>Sec</u> 17	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed South Carolina			
18	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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (<i>explain on Schedule O</i>)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	James Krontz (843)749-9622, 1181 TOBACCO RD, SAINT STEPHEN, SC 29479			

Form 990 (201	9) FAIR HAVEN HOME FOR MEN INC	27-2383772	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated Employe	es, 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 t	nis table for all persons required to be listed. Report compensation for the calendar year ending with or within the	ie	
organization's	ax year.		
List all of	the organization's current officers, directors, trustees (whether individuals or organizations), regardless of am	ount 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 optimized 	rganization's five current highest compensated employees (other than an officer, director, trustee, or key empl	loyee)	
who received r	eportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from t	he	

(**A**)

organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than

\$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	· ·				nan one s both ar	h	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization	from related organizations	compensation from the
	(list any hours for	or Ind	Ins	Officer	Ke	en Hig	5	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	direc	tituti	icer	y em	ploy	Former	, , , , , , , , , , , , , , , , , , ,		related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee				
	below	Istee	trust		ee	Ipen				
	dotted line)		ee			Highest compensated employee				
						<u> </u>				
(1) Alfred Willis										
BOARD CHAIRMAN		x		х				0	0	0
(2) Gene_Rowell										
Director		х						0	0	0
(3) Kevin Rogerson										
Director		x						0	0	0
(4) Jonathan Mixon										
Director		x						0	0	0
(5) Lance Neal										
Director		x						0	0	0
(6) Roger Mitchum										
Director		x						0	0	0
(7) Jim Mitchum										
Director		х						0	0	0
(8) James Krontz	40.00									
DIRECTOR				Х				0	0	0
<u>(</u> 9)										
(10)										
<u>(11)</u>										
<u>[12]</u>										
 [13]										
(14)										
										200 (2010)

Form 990 (2019)

FAIR HAVEN HOME FOR MEN INC

27-2383772

Page 8

	(A) Name and title	(B) Average hours per week	(do not check more than one rage box, unless person is both an urs officer and a director/trustee) veek frc							(E) Reportable compensation from related	co	(F) Estimated amou of other compensation from the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org	from the anization ad organi	and
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal			•••	• •	•••		• •					
с 2	Total from continuation sheets to Part VII, Secti Total (add lines 1b and 1c)	to those list						-	0 han \$100,000 of	0			0
3	Did the organization list any former officer, director,		omploy		or hi	abor	toom		atod			Yes	0 No
5	employee on line 1a? If "Yes," complete Schedule J	-			•	•••	•••	••••			3		x
4	For any individual listed on line 1a, is the sum of rep		-				-						
	organization and related organizations greater than s		"Yes,'	' con	nple	te So	chedul	e J fo	or such				
5	<i>individual</i>		from (•••	•••	•••	••••	· · ·			4	_	x
5	for services rendered to the organization? If "Yes," of			-			-	Izauc			5		x
Secti	on B. Independent Contractors	,											
1	Complete this table for your five highest compensat	ed independ	ent cor	ntrac	tors	that	receiv	red m	ore than \$100,000	of			
	compensation from the organization. Report compe	nsation for th	ne cale	ndar	' yea	r en	ding w	ith or	within the organiz	ation's tax year.			
	(A) Name and business address	s							(B) Description of servic	es	(C) Comper		
2	Total number of independent contractors (including	but not limite	ed to th	ose	liste	d ab	ove) w	'no					

orm 99		,	FOR M	EN INC			27-23837	72 Page 9
Part \	/111	Statement of Revenue						_
		Check if Schedule O contains a response	or note	to any line in this				[
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					
S S	b	Membership dues	1b					
and Other Similar Amounts	с	Fundraising events •••••••	1c					
Amo	d	Related organizations	1d					
lar /	е	Government grants (contributions) • •	1e					
Sim	f	All other contributions, gifts, grants,						
)er		and similar amounts not included above	1f	254,687	-			
đ	g	Noncash contributions included in						
and			1g (
	n	Total. Add lines 1a-1f	· · · ·	Business Code	254,687			
	2a		-	Business Code				
	b							
οnι	с							
Řevenue	d							
, Ľ	е							
	f	All other program service revenue	• • • [
	g	Total. Add lines 2a-2f						
		Investment income (including dividends, inter						
		other similar amounts) • • • • • • • •						
		Income from investment of tax-exempt bond p						
	5	Royalties	· · · ·					
	6-	(i) Real		(ii) Personal	-			
		Gross rents · · · · · 6a Less: rental expenses · · 6b			-			
		Rental income or (loss) 6c			-			
		Net rental income or (loss)						
		Gross amount from (i) Securitie		(ii) Other				
	/a	sales of assets	-	()				
	h	other than inventory Less: cost or other basis						
	Ň	and sales expenses •• 7b						
		Gain or (loss) · · · · · 7c						
2		Net gain or (loss)	• • • •	ト				
		Gross income from fundraising						
		events (not including \$						
		of contributions reported on line						
		1c). See Part IV, line 18	8a		_			
		Less: direct expenses	8b					
		Gross income from gaming						
		activities, See Part IV, line 19 · · · · ·	9a					
		Less: direct expenses	9b		-			
		Net income or (loss) from gaming activities		🕨				
		Gross sales of inventory, less						
	Iu	returns and allowances	10a					
	b	Less: cost of goods sold ••••••	10b		-			
	С	Net income or (loss) from sales of inventory		🕨				
				Business Code				
,	11a							
	b							
Revenue	c	All other revenue	-					
-				b -				
		Total. Add lines 11a-11d			054 60-	0	0	-

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

Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9b, and 10b of Part VIII.	•	expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21 · · ·				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,	TO 001	64 505	E E 00	
trustees, and key employees	72,301	64,505	7,796	
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
 persons described in section 4958(c)(3)(B) 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	5,531	4,935	596	
11 Fees for services (nonemployees):	5,551	4,955	590	
a Management	33,912	23,974		9,938
b Legal · · · · · · · · · · · · · · · · · · ·	55,912	23,314		9,930
c Accounting · · · · · · · · · · · · · · · · · · ·	440		440	
d Lobbying	110		110	
e Professional fundraising services. See Part IV, line 17	1,500			1,500
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	1,162	1,162		
13 Office expenses	1,148	· · ·	1,025	123
14 Information technology	2,143	2,143	,	
15 Royalties				
16 Occupancy				
17 Travel	9,573	9,573		
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	189		189	
20 Interest • • • • • • • • • • • • • • • • • • •	8,144	8,144		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization • • • • • •	10,753	10,753		
23 Insurance	6,422	6,422		
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
a <u>Services</u>	12,181	10,829		1,352
b Building	44,225	44,225		
C Utilities	10,690	5,796		4,894
d Lease	19,400	5,234		14,166
e All other expenses	16,898	14,092	417	2,389
25 Total functional expenses. Add lines 1 through 24e	256,612	211,787	10,463	34,362
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs				
from a combined educational campaign an <u>d</u>				
fundraising solicitation. Check here 🛛 🕨 🗍 if				
following SOP 98-2 (ASC 958-720) • • • • • • • • • • • •				

Form 990 (20	019)	FAIR	HAVEN	HOME	FOR	MEN	INC	
Part X	Balance She	et						

27-2383772 Page 11

Fai	LN				
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Destinging of year		(B)
	4	Cash - non-interest-bearing	Beginning of year	4	End of year
	1	Cash - non-interest-bearing	48,333	1	57,130
	2		16,152	2	8,325
	3	Pledges and grants receivable, net		3 4	
	4			4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
				5	
	6	controlled entity or family member of any of these persons		5	
	6	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) · · · · ·		6	
	7			7	
ets		Notes and loans receivable, net		8	
Assets	8			0 9	
٩	9			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D •••••• 10a 550,123			
	b		505.050	100	505.050
			527,270	10c 11	527,270
	11 12	Investments - publicly traded securities		12	
	12			12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Other assets. See Part IV, line 11		14	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	F 01 7FF	16	F00 705
	17	Accounts payable and accrued expenses	591,755	17	592,725
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	20	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
Ś	22	Loans and other payables to any current or former officer, director,		21	
Liabilities	~~~	trustee, key employee, creator or founder, substantial contributor, or 35%			
lide		controlled entity or family member of any of these persons		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties	277,749	23	266,425
	24	Unsecured notes and loans payable to unrelated third parties	211,139	24	200,425
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	277,749	26	266,425
		Organizations that follow FASB ASC 958, check here	211,145		200,425
es		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	314,006	27	326,300
Sala	28	Net assets with donor restrictions	011,000	28	
Ц		Organizations that do not follow FASB ASC 958, check here		-	
un_		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
et ⊿	32	Total net assets or fund balances	314,006	32	326,300
ž	33	Total liabilities and net assets/fund balances	591,755	33	592,725
			222, 200		

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Form 990 (2019)

Form	990 (2019) FAIR HAVEN HOME FOR MEN INC 2	7-238377	2	Pa	age 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				· 🗌	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		254,	687	
2	Total expenses (must equal Part IX, column (A), line 25)	2		256,		
3	3 Revenue less expenses. Subtract line 2 from line 1			(1,	925)	
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			314,	006	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	8 Prior period adjustments			14,	219	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B)) ••••••••••••••••••••••••••••••••••	10		326,	300	
Part 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		х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	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		х	
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 on Schedule O and describe any steps taken to undergo such audits		3b			
EEA			Form	990 (2	2019)	