Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form.

► *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545 1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/01 **, 2008, and ending** 6/30 **, 2009**

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C
SAFE HAVEN OF RACINE, INC
1030 WASHINGTON AVE
RACINE, WI 53403-1762

D Employer identification number: 39-1155004

E Telephone number: 262-637-9557

F Group Exemption Number ►

• *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting method [ ] Cash [X] Accrual
Other (specify) ►

H Check ► [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ► http://www.safehavenofracine.org/

J Organization type (check only one) — [X] 501(c) (3) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ► [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ► $ 978,660.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received			1	911,365.
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	-2,358.
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)			5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► [ ]				
	a	Gross revenue (not including $ ______ of contributions reported on line 1)	6a	12,165.		
	b	Less direct expenses other than fundraising expenses	6b	7,947.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	4,218.
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe ► See Statement 1)			8	57,488.
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►			9	970,713.
EXPENSES	10	Grants and similar amounts paid (attach schedule)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	738,950.
	13	Professional fees and other payments to independent contractors			13	7,972.
	14	Occupancy, rent, utilities, and maintenance			14	38,149.
	15	Printing, publications, postage, and shipping			15	11,701.
	16	Other expenses (describe ► See Statement 2)			16	137,388.
	17	**Total expenses** (add lines 10 through 16) ►			17	934,160.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	36,553.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	339,770.
	20	Other changes in net assets or fund balances (attach explanation) See Statement 3			20	-5,572.
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►			21	370,751.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

	(See the instructions for Part II.)	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	17,184.	22	39,325.
23	Land and buildings	128,363.	23	129,084.
24	Other assets (describe ► See Statement 4)	312,577.	24	263,153.
25	**Total assets**	458,124.	25	431,562.
26	**Total liabilities** (describe ► See Statement 5)	118,354.	26	60,811.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	339,770.	27	370,751.

R 11

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? See Statement 6

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
28 YOUTH SHELTER: TO PROVIDE FOOD, CLOTHING, SHELTER AND CASE MGMT SERVICES TO RUNAWAY, HOMELESS AND ABUSED YOUTH, AGES 10 THROUGH 17. Clients served: 85 (Grants $) If this amount includes foreign grants, check here ► ☐	28a	205,262.
29 See Statement 7 (Grants $) If this amount includes foreign grants, check here ► ☐	29a	152,047.
30 See Statement 8 (Grants $) If this amount includes foreign grants, check here ► ☐	30a	68,946.
31 Other program services (attach schedule) See Statement 9 (Grants $) If this amount includes foreign grants, check here ► ☐	31a	458,361.
32 **Total program service expenses** (add lines 28a through 31a) ►	32	884,616.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
See Statement 10		46,900.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved — 38b N/A			
39	501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 — 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities — 39b N/A			
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0. , section 4912 ► 0. , section 4955 ► 0.			
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ► 0.			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ► None

42a The books are in care of ► DENISE SIERRA Telephone no ► 262-637-9557
Located at ► 1030 WASHINGTON AVE RACINE, WI ZIP + 4 ► 53403-1762

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S.? If 'Yes,' enter the name of the foreign country ►	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ► ☐ N/A
and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.
See Statement 11

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If 'Yes,' was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over $100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over $100,000 ►		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

► [signature] Signature of officer — Date 11-24-09

► Thomas J. Christensen, President, BOD
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► [signature] Date NOV 24 2009 Check if self employed ► ☐ Preparer's Identifying Number (See instructions) 390-72-1786

Firm's name (or yours if self employed), address, and ZIP + 4 ► Gordon J. Maier & Company, LLP
845 Wisconsin Avenue
Racine, WI 53403
EIN ► 39-0803883
Phone no ► (262) 634-7108

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ Yes ☐ No

TEEA0812L 01/14/09

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization: SAFE HAVEN OF RACINE, INC

Employer identification number: 39-1155004

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 [ ] A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 [ ] A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 [ ] An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a [ ] Type I **b** [ ] Type II **c** [ ] Type III — Functionally integrated **d** [ ] Type III— Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)		
(ii) a family member of a person described in (i) above?	11 g (ii)		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

TEEA0401L 12/17/08

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	802,054.	823,531.	894,290.			2,519,875.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						0.
4 **Total.** Add lines 1-3	802,054.	823,531.	894,290.	0.	0.	2,519,875.
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)						0.
6 **Public support.** Subtract line 5 from line 4						2,519,875.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	802,054.	823,531.	894,290.	0.	0.	2,519,875.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	9.	33.	46.			88.
9 Net income form unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) See Part IV	6.	438.	875.			1,319.
11 **Total support.** Add lines 7 through 10						2,521,282.

12 Gross receipts from related activities, etc. (see instructions) | 12 | 0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► [X]

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) | 14 | %

15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f | 15 | %

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► [ ]

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► [ ]

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► [ ]

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► [ ]

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► [ ]

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

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Part II, Line 10 - Other Income

Nature and Source	2008	2007	2006	2005	2004
OTHER REVENUE			875.	438.	6.
Total	$ 0.	$ 0.	$ 875.	$ 438.	$ 6.

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

MISC REVENUES	$ 57,488.
Total	$ 57,488.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

ASSISTANCE TO INDIVIDUALS	$ 5,080.
Depreciation	15,329.
ENDOWMENT ADM FEE	305.
EQUIPMENT RENTAL	17,673.
EVENT EXPENSES	3,327.
Insurance	12,219.
Interest	358.
LICENSE & FILING FEES	82.
MEMBERSHIP DUES	2,071.
MISC EXPENSES	3,612.
STAFF TRAINING	4,051.
SUPPLIES	32,912.
TELEPHONE	22,621.
Travel	17,748.
Total	$ 137,388.

Statement 3
Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

UNREALIZED LOSSES ON INVESTMENTS	$ -5,572.
Total	$ -5,572.

Statement 4
Form 990-EZ, Part II, Line 24
Other Assets

	Beginning	Ending
BENEFICIAL INTEREST-RCF	$ 37,536.	$ 0.
Machinery and Equipment	28,795.	23,379.
Pledges and Grants Receivable	214,150.	173,595.
Prepaid Expenses and Deferred Charges	14,611.	17,859.
PROMISES TO GIVE,NET,LESS CURRENT PORTIO	3,329.	4,853.
RESTRICTED CASH	13,524.	29,268.
RESTRICTED CASH-ENDOWMENT	632.	14,199.
Total	$ 312,577.	$ 263,153.

Statement 5
Form 990-EZ, Part II, Line 26
Total Liabilities

	Beginning	Ending
Accounts Payable and Accrued Expenses	$ 48,217.	$ 46,612.
FUNDS HELD IN TRUST	13,524.	0.
HUD PAYABLE	56,613.	14,199.
Total	$ 118,354.	$ 60,811.

Statement 6
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

PROVIDES A FACILITY FOR RACINE AREA YOUTH TO PROVIDE COUNSELING AND REFERRAL SERVICES, EDUCATIONAL RESOURCES, LEGAL AND MEDICAL RESOURCE ASSISTANCE, RECREATIONAL AND CULTURAL ACTIVITIES IN A CURRICULUM OF PROGRAMS FOCUSING ON HUMAN AND PERSONAL DEVELOPMENT.

Statement 7
Form 990-EZ, Part III, Line 29
Statement of Program Service Accomplishments

211 RACINE/HOTLINES: TWENTY-FOUR HOURS A DAY, SEVEN DAYS A WEEK TELEPHONE LINE, PROVIDING CRISIS INTERVENTION, SUPPORTIVE LISTENING AND REFERRAL INFORMATION.
Clients served: 22989

Statement 8
Form 990-EZ, Part III, Line 30
Statement of Program Service Accomplishments

SAFE STREETS: PROVIDES REFERRAL INFORMATION, CLOTHING, PERSONAL HYGIENE ITEMS AND READY-TO-EAT MEALS TO YOUTH ON THE STREETS. THE PRIMARY FOCUS IS TO PERSUADE YOUTH TO GET OFF THE STREETS AND INTO A SAFE SHELTER.
Clients served 2477

Statement 9
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	0. Grants	Program Service Expenses
GANG CRIME DIVERSION TASK FORCE: ASSISTS YOUTH IN THE IDENTIFICATION OF NEGATIVE THINKING PATTERNS AND PROMOTES CRIME-FREE LIVING. Clients served: 129		212,272.

Statement 9 (continued)
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	Grants	Program Service Expenses
Includes Foreign Grants: No		
SAFE PASSAGE: PROVIDES SHELTER, SKILLS TRAINING, AND SUPPORTIVE SERVICES TO HOMELESS YOUTH BETWEEN THE AGES OF EIGHTEEN AND TWENTY-ONE FOR A CONTINIOUS PERIOD NOT TO EXCEED EIGHTEEN MONTHS. THE PRIMARY FOCUS IS TO HELP OLDER HOMELESS YOUTH ACHIEVE SELF-SUFFICIENCY AND AVOID LONG-TERM DEPENDENCY ON SOCIAL SERVICES. Clients served 35	0.	246,089.
Includes Foreign Grants: No		
Total	$ 0.	$ 458,361.

Statement 10
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
THOMAS J CHRISTENSEN 1030 WASHINGTON AVE. RACINE, WI 53403	President 1.00	$ 0.	$ 0.	$ 0.
JAMES HUYCKE 1030 WASHINGTON AVE RACINE, WI 53403	Executive Direc 40.00	34,975.	0.	0.
DONTE COSEY 1030 WASHINGTON AVENUE RACINE, WI 53403	Director 1.00	0.	0.	0.
ANTOINETTE RICH 1030 WASHINGTON AVENUE RACINE, WI 53403	Director 1.00	0.	0.	0.
JERRY SCOTT 1030 WASHINGTON AVENUE RACINE, WI 53403	Director 1.00	0.	0.	0.
JANET EXNER 1030 WASHINGTON AVE. RACINE, WI 53403	Director 1.00	0.	0.	0.
DAVID FOX 1030 WASHINGTON AVE. RACINE, WI 53403	Vice President 1.00	0.	0.	0.

Statement 10 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen-sation	Contri-bution to EBP & DC	Expense Account/ Other
MICHAEL A BOTICKI 1030 WASHINGTON AVENUE RACINE, WI 53403	Executive Direc 40.00	$ 11,925.	$ 0.	$ 0.
GREG SCHUTZ 1030 WASHINGTON AVENUE RACINE, WI 53403	Director 1.00	0.	0.	0.
MICHAEL F CUCCIA 1030 WASHINGTON AVE RACINE, WI 53403	Director 1.00	0.	0.	0.
BARBARA JARAPKO 1030 WASHINGTON AVE. RACINE, WI 53403	Director 1.00	0.	0.	0.
ALVIE STEPHENSON 1030 WASHINGTON AVENUE RACINE, WI 53403	Director 1.00	0.	0.	0.
TAMMY ROSENBERG 1030 WASHINGTON AVE. RACINE, WI 53403	Treasurer 1.00	0.	0.	0.
KIMBERLY SMITH 1030 WASHINGTON AVENUE RACINE, WI 53403	Director 1.00	0.	0.	0.
JULIE OGREN 1030 WASHINGTON AVENUE RACINE, WI 53403	Director 1.00	0.	0.	0.
DEBRA VEENSTRA 1030 WASHINGTON AVE. RACINE, WI 53403	Secretary 1.00	0.	0.	0.
	Total	$ 46,900.	$ 0.	$ 0.

Statement 11
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	No