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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 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 07-01-2008 , and ending 06-30-2009

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 Name of organization
SAFE HARBOR

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
310 SOUTH KLINE STREET

City or town, state or country, and ZIP + 4
ABERDEEN, SD 57401

D Employer identification number
46-0344310

E Telephone number
(605) 226-1212

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 ☑ Accrual
Other (specify) ▶

I Website: ▶ www safeharbor ws

J Organization type (check only one)— ☑ 501(c) (3) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 ▶ $ 313,510

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	290,240
	2	Program service revenue including government fees and contracts		2	20,556
	3	Membership dues and assessments		3	
	4	Investment income		4	1,714
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b	330	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	-330
	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		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	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 ▶)		8	1,000
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶		9	313,180
Expenses	10	Grants and similar amounts paid (attach schedule)		10	35,642
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	225,827
	13	Professional fees and other payments to independent contractors		13	10,850
	14	Occupancy, rent, utilities, and maintenance		14	30,212
	15	Printing, publications, postage, and shipping		15	1,466
	16	Other expenses (describe ▶)		16	77,475
	17	**Total expenses** (add lines 10 through 16) ▶		17	381,472
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-68,292
	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	384,894
	20	Other changes in net assets or fund balances (attach explanation)		20	-608
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶		21	315,994

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	136,569	22	109,152
23	Land and buildings	162,843	23	113,541
24	Other assets (describe ▶)	94,908	24	110,918
25	**Total assets**	394,320	25	333,611
26	**Total liabilities** (describe ▶)	9,426	26	17,617
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	384,894	27	315,994

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

What is the organization's primary exempt purpose?
TO PROVIDE SHELTER FOR VICTIMS AND FAMILIES OF VIOLENCE AND TO PROVIDE RESOURCES FOR MAKING POSITIVE LIFE CHOICES

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 Safe Harbor shelter is open and staffed 24 hours a day, 7 days a week, 365 days a year The Organization sheltered victims and children of domestic violence for a temporary period of time while they are looking for a new, safe place to live (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	226,431
29 Kid's Konnection served as a supervised visitation and exchange center for individuals referred by a court system, Department of Social Services, attorneys or others if there is difficultly exchanging children with another caretaker including when a court order restricts contact between parents or physical or emotional safety is compromised In FY2009, there were 587 supervised child exchanges and 770 hours of supervised visitation (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	61,421
30 Education presentations were offered to raise community awareness of topics such as family violence, sexual assault, stalking/harassment, elder abuse, child abuse, safe dating and bullying (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	19,812
31 Other program services (attach schedule) . . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**31a**	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶	**32**	307,664

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

(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 & deferred compensation	**(e)** Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			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		No
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		No
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		No
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		No
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		
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		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	*Section 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	*Section 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	Yes	
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?	40e		No

41 List the states with which a copy of this return is filed ▶

42a The books are in care of ▶ LAVONNE WALKER Telephone no ▶ (605) 226-1212

Located at ▶ 310 S KLINE ST Aberdeen, SD ZIP + 4 ▶ 574020041

			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)?	42b		No
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶			

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

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
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		No

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.

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

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than $100,000 of compensation from the organization If there are 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 & 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 are 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 ▶		

Please 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 of officer — 2010-05-14 — Date

Gina Karst Executive Director — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed	Preparer's PTIN (See Gen Inst X)
Melissa White CPA	2010-05-13	☐	

Firm's name (or yours if self-employed), address, and ZIP + 4	EIN
EIDE BAILLY LLP 24 2ND AVE SW PO BOX 430 ABERDEEN, SD 574020430	Phone no (605) 225-8783

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ Yes ☐ No

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SCHEDULE A (Form 990 or 990EZ)

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 HARBOR

Employer identification number
46-0344310

Part I Reason for Public Charity Status (to be completed by all organizations) (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 a 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 ☑ 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 331/3% 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 331/3% 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 to 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 it 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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(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									

Part II **Support Schedule for Organizations Described in IRC 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.)

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 any "unusual grants ")	344,563	269,214	280,414	335,049	290,240	1,519,480
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 line 1-3	344,563	269,214	280,414	335,049	290,240	1,519,480
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						1,519,480

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	344,563	4,971	280,414	335,049	290,240	1,519,480
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,051	4,971	5,912	3,292	1,714	22,940
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					1,000	1,000
11 **Total Support** (Add lines 7 through 10)						1,543,420

12	Gross receipts from related activities, etc (See instructions)	12	75,280

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

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**98.450 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**97.980 %**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and 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% Test - 2007.** If the organization did not check the 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 9 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 any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year 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 from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

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 for 2007 Schedule A, Part IV-A, line 27g	16

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% 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% Tests - 2007.** If the organization did not check a box on line 14 or line 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 information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Attach to Form 990 or Form 990-EZ.**
▶ **To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SAFE HARBOR

Employer identification number
46-0344310

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No
Shirelle Stadel	The Organization is reporting excess benefit transactions, a portion of which has been corrected In August 2009, the organization became aware of alleged embezzlement that occurred over more than twelve months The former executive director and former business manager were indicted by a federal grand jury in March 2010 As of the filing date of this return, the case is still pending		No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No

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TY 2008 Grants and Similar Amounts Paid Schedule

Name: SAFE HARBOR

EIN: 46-0344310

Item No.	1
Class of Activity	MEDICAL EXPENSES
Donee's Name	MISC ASSISTANCE 5000
Donee's Address	
Amount (FMV)	170
Purpose of Payment to Affiliate	
Relationship	CLIENT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	UTILITY EXPENSES
Donee's Name	MISC ASSISTANCE 5000
Donee's Address	
Amount (FMV)	2,193
Purpose of Payment to Affiliate	
Relationship	CLIENT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	RENT
Donee's Name	MISC ASSISTANCE 5000
Donee's Address	
Amount (FMV)	22,392
Purpose of Payment to Affiliate	
Relationship	CLIENT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	COUNSELING
Donee's Name	MISC ASSISTANCE 5000
Donee's Address	
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	CLIENT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	TRANSPORTATION
Donee's Name	MISC ASSISTANCE 5000
Donee's Address	
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	CLIENT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	FOOD
Donee's Name	MISC ASSISTANCE 5000
Donee's Address	
Amount (FMV)	18
Purpose of Payment to Affiliate	
Relationship	CLIENT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	LEGAL ASSISTANCE
Donee's Name	MISC ASSISTANCE 5000
Donee's Address	
Amount (FMV)	7,123
Purpose of Payment to Affiliate	
Relationship	CLIENT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	SHELTER/MOTEL
Donee's Name	MISC ASSISTANCE 5000
Donee's Address	
Amount (FMV)	296
Purpose of Payment to Affiliate	
Relationship	CLIENT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	HOME STUDY
Donee's Name	MISC ASSISTANCE 5000
Donee's Address	
Amount (FMV)	2,400
Purpose of Payment to Affiliate	
Relationship	CLIENT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

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TY 2008 Other Assets Schedule

Name: SAFE HARBOR

EIN: 46-0344310

Description	Beginning of Year Amount	End of Year Amount
INTEREST IN NET ASSETS OF SAFE HARBOR FOUNDATION	53,728	53,120
Accounts Receivable	15,722	29,686
Pledges Receivable	20,900	0
Prepaid Expenses and Deferred Charges	4,558	4,696
Other Depreciable Assets	0	23,416

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TY 2008 Other Changes in Net Assets Schedule

Name: SAFE HARBOR

EIN: 46-0344310

Description	Amount
INTEREST IN NET ASSETS OF SAFE HARBOR FOUNDATION	-608

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TY 2008 Other Expenses Schedule

Name: SAFE HARBOR

EIN: 46-0344310

Description	Amount
CONTINUING EDUCATION	7,657
INSURANCE	1,948
PUBLIC EDUCATION/SEMINARS	9,855
SHELTER SUPPLIES	1,990
DUES	1,150
VISITATION CENTER EXPENSE	942
MISCELLANEOUS	773
Office Supplies	3,593
Travel	1,164
Telephone	6,240
Depreciation	27,388
Theft Loss	14,775

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TY 2008 Other Liabilities Schedule

Name: SAFE HARBOR

EIN: 46-0344310

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	7,554	16,315
Deferred Revenue	1,872	1,302

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TY 2008 Other Revenues Schedule

Name: SAFE HARBOR

EIN: 46-0344310

Description	Amount
Transitional Housing Rent	1,000

Additional Data

Software ID:
Software Version:
EIN: 46-0344310
Name: SAFE HARBOR

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

(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 & deferred compensation	(E) Expense account and other allowances
Jodi Brown 310 SOUTH KLINE STREET ABERDEEN,SD 57401	President 1 00	0	0	0
Mikelle Waldrop 310 SOUTH KLINE STREET ABERDEEN,SD 57401	Vice-President 1 00	0	0	0
Becky Kuch 310 SOUTH KLINE STREET ABERDEEN,SD 57401	Secretary/Treasurer,Director 1 00	0	0	0
Camille Kaul 310 SOUTH KLINE STREET ABERDEEN,SD 57401	Director,Secretary-Treasurer 1 00	0	0	0
Lisa Harry 310 SOUTH KLINE STREET ABERDEEN,SD 57401	Director 1 00	0	0	0
Wendy Mette 310 SOUTH KLINE STREET ABERDEEN,SD 57401	Director 1 00	0	0	0
Brock Schiferl 310 SOUTH KLINE STREET ABERDEEN,SD 57401	Director 1 00	0	0	0
Tom Tarnowski 310 SOUTH KLINE STREET ABERDEEN,SD 57401	Director 1 00	0	0	0
Jeanine Ward 310 SOUTH KLINE STREET ABERDEEN,SD 57401	Director 1 00	0	0	0
Neil Bittner 310 SOUTH KLINE STREET ABERDEEN,SD 57401	Director 1 00	0	0	0
Dave McNeil 310 SOUTH KLINE STREET ABERDEEN,SD 57401	Director 1 00	0	0	0
Bob Schuchardt 310 SOUTH KLINE STREET ABERDEEN,SD 57401	Director 1 00	0	0	0
Shannon O'Keefe 310 SOUTH KLINE STREET ABERDEEN,SD 57401	Director 1 00	0	0	0
Brian Dannen 310 SOUTH KLINE STREET ABERDEEN,SD 57401	Director 1 00	0	0	0
Joni Larson 310 SOUTH KLINE STREET ABERDEEN,SD 57401	Director 1 00	0	0	0
Shirelle Stadel 310 SOUTH KLINE STREET ABERDEEN,SD 57401	Executive Director 40 00	38,427	0	0
Christi Mack 310 SOUTH KLINE STREET ABERDEEN,SD 57401	Office Manager 40 00	26,153	0	0