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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2009 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010									
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		Please use IRS label or print or type. See Specific Instructions.		C Name of organization HAVEN INC				D Employer identification number 38-2426175	
				Doing Business As				E Telephone number (248) 334-1284	
				Number and street (or P O box if mail is not delivered to street address) 30400 TELEGRAPH RD ROOM/SUITE 101				G Gross receipts \$ 3,244,805	
				City or town, state or country, and ZIP + 4 BINGHAM FARMS, MI 48025					
		F Name and address of principal officer BETH MORRISON 30400 TELEGRAPH RD BINGHAM FARMS, MI 48025				H(a) Is this a group return for affiliates? ☐ Yes ☒ No			
						H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)			
		I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527				H(c) Group exemption number ▶			
		J Website: ▶ WWW.HAVEN-OAKLAND.ORG							
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶						L Year of formation		M State of legal domicile	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>PREVENTION AND TREATMENT OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT</u>	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 <u>2</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 <u>2</u>
	5	Total number of employees (Part V, line 2a)	5 <u>7</u>
	6	Total number of volunteers (estimate if necessary)	6 <u>70</u>
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a <u></u>
	b Net unrelated business taxable income from Form 990-T, line 34	7b <u></u>	

Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	3,053,912	3,094,224
	9	Program service revenue (Part VIII, line 2g)	132,114	67,216
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,093	16,210
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,435	34,282
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,234,554	3,211,932

Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,346,267	2,239,253
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	54,950	27,500
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>310,186</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,074,620	988,470
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,475,837	3,255,223
	19	Revenue less expenses Subtract line 18 from line 12	-241,283	-43,291

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,983,277	2,982,367
	21 Total liabilities (Part X, line 26)	105,907	94,978
	22 Net assets or fund balances Subtract line 21 from line 20	2,877,370	2,887,389

Part II	Signature Block
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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	2011-01-13 Date
	BETH MORRISON PRESIDENT Type or print name and title	

Paid Preparer's Use Only	Preparer's signature 	MICHAEL J FRAWLEY	Date 2011-01-24	Check if self-employed  	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	YEO & YEO PC 4468 OAK BRIDGE DR FLINT, MI 485325422			EIN 
					Phone no  (810) 732-3000

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

PREVENTION AND TREATMENT OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 763,783 including grants of \$) (Revenue \$)

SEE SCHEDULE O RESIDENTIAL OAKLAND COUNTY’S ONLY 24 HOUR EMERGENCY SHELTER EXCLUSIVELY FOR VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT AND THEIR CHILDREN COUNSELOR ADVOCATES PROVIDE ASSISTANCE WITH SAFETY PLANNING, EMPLOYMENT, HOUSING AND MEDICAL NEEDS RESIDENTS HAVE ACCESS TO A COMMUNAL KITCHEN AND PANTRY COUNSELING AND OTHER THERAPEUTIC ACTIVITIES ARE ALSO AVAILABLE CHILDREN AND ADULTS SERVED IN 2010 - 503 CRISIS AND SUPPORT LINE OAKLAND COUNTY’S ONLY 24 HOUR HOTLINE DEALING SPECIFICALLY WITH THE ISSUES OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT SPECIALISTS PROVIDE CALLERS WITH CRISIS INTERVENTION, SUPPORT, ACCESS TO EMERGENCY SHELTER AND REFERRALS FOR ADDITIONAL RESOURCES TOTAL CRISIS AND SUPPORT LINE CALLS IN 2010 - 5922

4b

(Code) (Expenses \$ 180,537 including grants of \$) (Revenue \$)

SEE SCHEDULE O START START (SAFE THERAPEUTIC ASSAULT RESPONSE TEAM) PROVIDES AROUND THE CLOCK MEDICAL ATTENTION, A FORENSIC EXAM AND EMOTIONAL SUPPORT TO VICTIMS OF SEXUAL ASSAULT AGE 13 AND OLDER IN A SAFE AND SUPPORTIVE ENVIRONMENT FOR CASES REFERRED FOR PROSECUTION, SEXUAL ASSAULT NURSE EXAMINERS PROVIDE EXPERT TESTIMONY AND ADVOCATES GIVE VICTIMS SUPPORT DURING COURT PROCEEDINGS TOTAL CLIENTS SERVED IN 2010 - 160

4c

(Code) (Expenses \$ 687,282 including grants of \$) (Revenue \$)

SEE SCHEDULE O SOCIAL ACTION THE SOCIAL ACTION PROGRAM ADDRESSES THE IMMEDIATE SAFETY NEEDS OF DOMESTIC AND SEXUAL VIOLENCE VICTIMS THROUGH 24 HOUR ADVOCACY AND CRISIS INTERVENTION SERVICES ADVOCATES OFFER SUPPORT, INFORMATION AND REFERRALS FOR VICTIMS THROUGH ALL STAGES OF CRIMINAL AND CIVIL PROCEEDINGS INCLUDING ASSISTANCE WITH PERSONAL PROTECTION ORDERS TOTAL CLIENTS SERVED THROUGH COURT ADVOCACY/FIRST RESPONSE SERVICES IN 2010 - 2783 TOTAL CLIENTS SERVED THROUGH THE PERSONAL PROTECTION ORDER OFFICE IN 2010 - 2263

4d

Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 1,024,502 including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 2,656,104

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• 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.		
	• 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.		
	• 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.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a13		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a75		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," 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	No
	b 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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			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?		6a	No
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).				
a	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	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	No
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	No
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12		10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b		
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders		11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b		
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		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	27	
b	Enter the number of voting members that are independent	1b	27	
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		No
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, 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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶MI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ MARIANNE DWYER BUS OPERATIONS DIR DIRECTOR OF BUSINESS OPERATIONS 30400 TELEGRAPH RD SUITE 101 BINGHAM FARMS, MI 48025 (248) 334-1284

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)

1b	Total	155,474	4,364
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	136,025			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,576,366			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,381,833			
	g	Noncash contributions included in lines 1a-1f \$ 169,778					
	h	Total. Add lines 1a-1f		3,094,224			
Program Service Revenue			Business Code				
	2a	PROGRAM SERVICES		57,153	57,153		
	b	SPEAKING FEES		10,063	10,063		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		67,216			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		16,210			16,210
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	(i) Real					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 136,025 of contributions reported on line 1c) See Part IV, line 18		57,522	24,649		24,649
		a					
		b	32,873				
c	Net income or (loss) from fundraising events . .						
9a	Gross income from gaming activities See Part IV, line 19						
	a						
	b						
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances						
	a						
	b						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a	MISC REVENUE		8,358			8,358	
b	MISC MERCHANDISE FEES		1,275			1,275	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		9,633				
12	Total revenue. See Instructions		3,211,932	67,216		50,492	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	155,474	118,117	18,431	18,926
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,749,108	1,422,847	167,531	158,730
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	439	136	303	
9	Other employee benefits	167,347	146,078	8,404	12,865
10	Payroll taxes	166,885	142,958	9,482	14,445
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	12,700	10,795	1,397	508
d	Lobbying				
e	Professional fundraising See Part IV, line 17	27,500			27,500
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	116,953	103,194	8,705	5,054
14	Information technology				
15	Royalties				
16	Occupancy	219,050	189,195	14,750	15,105
17	Travel	21,768	19,410	895	1,463
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,437	11,737	3,191	1,509
20	Interest	236	236		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	188,599	164,909	12,353	11,337
23	Insurance	28,745	18,849	8,647	1,249
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PROGRAM SUPPLIES & OTHER	256,357	255,988	369	
b	FUNDRAISING EVENT EXP	40,083			40,083
c	MAINT & WARRANTIES	36,686	36,144	385	157
d	PUBLIC RELATIONS EXPENSE	20,144	1,213	18,931	
e	BOARD & STAFF ADMIN EXPE	10,787	400	10,387	
f	All other expenses	19,925	13,898	4,772	1,255
25	Total functional expenses. Add lines 1 through 24f	3,255,223	2,656,104	288,933	310,186
26	Joint costs. Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			152,600	1	304,852
	2	Savings and temporary cash investments				2	200,347
	3	Pledges and grants receivable, net			355,868	3	408,538
	4	Accounts receivable, net			26,464	4	7,584
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			54,101	8	45,835
	9	Prepaid expenses and deferred charges			43,186	9	41,741
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	2,937,763	1,190,843	10c	1,019,087
	b	Less accumulated depreciation	10b	1,918,676			
	11	Investments—publicly traded securities			706,041	11	261,288
	12	Investments—other securities. See Part IV, line 11			450,804	12	689,725
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3,370	15	3,370
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,983,277	16	2,982,367
Liabilities	17	Accounts payable and accrued expenses			94,037	17	94,338
	18	Grants payable				18	
	19	Deferred revenue			400	19	640
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			11,470	23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			105,907	26	94,978
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			2,755,461	27	2,690,941
	28	Temporarily restricted net assets			121,909	28	196,448
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			2,877,370	33	2,887,389
	34	Total liabilities and net assets/fund balances			2,983,277	34	2,982,367

Part XI **Financial Statements and Reporting**

	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? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization HAVEN INC	Employer identification number 38-2426175
---------------------------------------	--

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 (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **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).**

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 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).**

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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,124,063	3,357,312	3,288,584	3,175,296	3,094,224	16,039,479
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,124,063	3,357,312	3,288,584	3,175,296	3,094,224	16,039,479
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						16,039,479

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,124,063	39,700	3,288,584	3,175,296	3,094,224	16,039,479
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,276	39,700	34,558	17,093	16,210	127,837
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	8,421	9,652	28,772	31,435	67,155	145,435
11 Total support (Add lines 7 through 10)						16,312,751
12 Gross receipts from related activities, etc (See instructions)					12	783,570

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	98 320 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	98 760 %

- 16a 33 1/3% support test—2009. 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% support test—2008. 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—2009. 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—2008. 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 IIISupport 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First 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						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private 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. 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

Additional Data

Software ID:
Software Version:
EIN: 38-2426175
Name: HAVEN INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$		) (Revenue \$)
NON-RESIDENTIAL PROGRAMS COUNSELING PROGRAMS PROVIDE SPECIALIZED GROUP AND INDIVIDUAL SESSIONS TO ASSIST CHILDREN AND ADULTS IN HEALING FROM THE EFFECTS OF TRAUMA DUE TO DOMESTIC VIOLENCE AND/OR SEXUAL ASSAULT MASTERS LEVEL THERAPISTS ASSIST VICTIMS WITH SAFETY PLANNING, HEALING FROM TRAUMA, IMPROVING COPING MECHANISMS AND RE-ESTABLISHING INNER STRENGTH USING A FOUNDATION OF EMPOWERMENT, THERAPISTS USE A VARIETY OF THERAPEUTIC TECHNIQUES INCLUDING ART THERAPY, MEDITATION AS WELL AS COGNITIVE AND BEHAVIORAL THERAPY DOMESTIC VIOLENCE SERVICES TOTAL CLIENTS SERVED IN 2010 - 802 SEXUAL ASSAULT SERVICES TOTAL CLIENTS SERVED IN 2010 - 229 THE INTERVENTION IN BATTERING PROGRAM CONFRONTS THE ISSUE OF DOMESTIC VIOLENCE BY HOLDING THOSE WHO USE ABUSIVE TACTICS ACCOUNTABLE FOR THEIR BEHAVIOR WHILE TEACHING THEM TO IDENTIFY THEIR PATTERN OF ABUSE AND THE IMPACT THE ABUSE HAS ON THEIR PARTNER AND CHILDREN TOTAL CLIENTS SERVED IN 2010 - 199 SUPERVISED PARENTING TIME PROGRAM PROVIDES A SAFE, NEUTRAL ENVIRONMENT FOR PARENTING TIME WHILE OFFERING EDUCATION, RESOURCES AND SUPPORT FOR THE ENTIRE FAMILY TOTAL CLIENTS SERVED IN 2010 - 334 PREVENTION EDUCATION TRAINED EDUCATORS WORK WITH YOUNG PEOPLE, AND THEIR TEACHERS AND PARENTS, TO EQUIP THEM WITH THE TOOLS TO MAKE BETTER CHOICES, TO BUILD RELATIONSHIPS BASED ON MUTUAL RESPECT, AND TO UNDERSTAND WHAT CONSENT MEANS EDUCATORS ALSO PROVIDE PROFESSIONAL TRAINING TO HEALTH CARE PROVIDERS, LAW ENFORCEMENT, CLERGY, AND MEMBERS OF THE GENERAL PUBLIC ON THE DYNAMICS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND THE ROOT CAUSES OF THESE ISSUES TOTAL NUMBER OF INDIVIDUALS ATTENDING PRESENTATIONS IN 2010 - 13,052			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHRYN ELSTON HAVEN PAST CHAIR		X						0	0	0
JAMES MORITZ HAVEN CHAIRPERSON		X		X				0	0	0
TERRY MERRITT HAVEN 1ST VICE CHA		X		X				0	0	0
KOUHAILA HAMMER HAVEN MEMBER		X						0	0	0
CAROLE WINNARD BRUMM HAVEN 2ND VICE CHA		X		X				0	0	0
WILLIAM CANNEY JR HAVEN MEMBER		X						0	0	0
DONALD CRAWFORD HAVEN MEMBER		X						0	0	0
LESLIE GEUPEL HAVEN MEMBER		X						0	0	0
GAY G TOSCH HAVEN MEMBER		X						0	0	0
BETH LIEBERMAN HAVEN MEMBER		X						0	0	0
MARY ANN LIEVOIS HAVEN MEMBER		X						0	0	0
VICTOR MACK HAVEN MEMBER		X						0	0	0
MACHELLE MCADORY HAVEN SECRETARY		X		X				0	0	0
FRANK MCGEORGE MD HAVEN MEMBER		X						0	0	0
SUSAN PERLIN HAVEN TREASURER		X		X				0	0	0
LYNDA RONIE HAVEN MEMBER		X						0	0	0
DAVID SOKOL HAVEN MEMBER		X						0	0	0
TROY SPRINGER JR HAVEN MEMBER		X						0	0	0
BARBARA WHITTAKER HAVEN MEMBER		X						0	0	0
RONALD WOOD HAVEN MEMBER		X						0	0	0
REBECCA L DONNINI HAVEN MEMBER		X						0	0	0
NINA M RAMSEY HAVEN MEMBER		X						0	0	0
HENRY BASKIN HAVEN MEMBER		X						0	0	0
MARJA NORRIS HAVEN MEMBER		X						0	0	0
CAROLE LIEBERMAN RICH HAVEN MEMBER		X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GAYLE JOSEPH HAVEN MEMBER		X						0	0	0
BETH MORRISON HAVEN PRESIDENT/CEO	40 00			X				91,406	0	2,401
MARIANNE DWYER HAVEN BUS OPER DIR	40 00			X				64,068	0	1,963

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROGRAM SUPPLIES & OTHER	256,357	255,988	369	
FUNDRAISING EVENT EXP	40,083			40,083
MAINT & WARRANTIES	36,686	36,144	385	157
PUBLIC RELATIONS EXPENSE	20,144	1,213	18,931	
BOARD & STAFF ADMIN EXPE	10,787	400	10,387	

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
HAVEN INC

Employer identification number

38-2426175

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	☐ Yes ☒ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	☐ Yes ☒ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply)											
	☐ Preservation of land for public use (e g , recreation or pleasure)	☐ Preservation of an historically importantly land area										
	☐ Protection of natural habitat	☐ Preservation of a certified historic structure										
	☐ Preservation of open space											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>		Held at the End of the Year	2a		2b		2c		2d	
	Held at the End of the Year											
2a												
2b												
2c												
2d												
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?											
	☐ Yes ☒ No											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?											
	☐ Yes ☒ No											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	135,108	124,410			
b Contributions					
c Investment earnings or losses	16,524	11,207			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	1,063	509			
g End of year balance	150,569	135,108			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100 000 % %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		55,068		55,068
b Buildings		61,500	61,500	
c Leasehold improvements		2,084,588	1,219,164	865,424
d Equipment		575,361	489,207	86,154
e Other		161,246	148,805	12,441
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,019,087

Schedule D (Form 990) 2009

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	13,211,932
2	Total expenses (Form 990, Part IX, column (A), line 25)	23,255,223
3	Excess or (deficit) for the year Subtract line 2 from line 1	32,43,291
4	Net unrealized gains (losses) on investments	310,53,310
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	310,53,310
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10,019

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	13,399,255
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a53,310	
b	Donated services and use of facilities2b101,140	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d32,873	
e	Add lines 2a through 2d2e187,323	
3	Subtract line 2e from line 133,211,932	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)53,211,932	

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	13,389,236
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a101,140	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d32,873	
e	Add lines 2a through 2d2e134,013	
3	Subtract line 2e from line 133,255,223	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)53,255,223	

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	IT IS THE BOARD'S INTENTION TO BUILD THE BALANCE TO THE POINT WHERE THE DIVIDENDS RECEIVED WILL SUPPORT MISSION BASED PROGRAMMING
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	DIRECT EXPENSES OF SPECIAL EVENTS 32,873 DIRECT EXPENSES OF SPECIAL EVENTS -32,873
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	DIRECT EXPENSES OF SPECIAL EVENTS 32,873
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	DIRECT EXPENSES OF SPECIAL EVENTS 32,873

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization
HAVEN INC

Employer identification number
38-2426175

Part I Fundraising Activities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

b ☒ Internet and e-mail solicitations

c ☒ Phone solicitations

d ☒ In-person solicitations

e ☒ Solicitation of non-government grants

f ☒ Solicitation of government grants

g ☒ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RICHNER RICHNER	CONSULTING		No	20,910	27,500	-6,590
Total ▶				20,910	27,500	-6,590

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

MI

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			PROMENADE OF HO			(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
1	Gross receipts	. . .	193,547			193,547
2	Less Charitable contributions	. . .	136,025			136,025
3	Gross income (line 1 minus line 2)	. . .	57,522			57,522
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	32,873			32,873
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				32,873
	11	Net income summary Combine lines 3, column d, and line 10. ▶				24,649

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
1	Gross revenue					
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Combine lines 1, column d, and line 7 ▶				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
HAVEN INC

Employer identification number
38-2426175

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		169,778	DONOR VALUED
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 9349304001141	
SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Information to Form 990 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.			OMB No 1545-0047
					2009 Open to Public Inspection
Name of the organization				Employer identification number	
HAVEN INC				38-2426175	

Identifier	Return Reference	Explanation
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEERS PARTICPATE IN A WIDE RANGE OF ACTIVITIES AND EVENTS THEY MAY JOIN HAVEN INDIVIDUALLY OR IN TEAMS BY PROVIDING SUPPORT BEHIND THE SCENES OR DIRECTLY WITH INDIVIDUALS EXAMPLES INCLUDE CRISIS LINE VOLUNTEER, MALE OR CHILDREN MENTOR, PARENTAL EXCHANGE MONITOR, OFFICE VOLUNTEER, PREVENTION EDUCATION VOLUNTEER, RESIDENTIAL VOLUNTEER, SOCIAL ACTION VOLUNTEER, SPEAKERS BUREAU VOLUNTEER, SUPPORT SERVICE VOLUNTEER, AND TEEN ADVISORY COUNCIL AMONG OTHERS
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	RESIDENTIAL OAKLAND COUNTY'S ONLY 24 HOUR EMERGENCY SHELTER EXCLUSIVELY FOR VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT AND THEIR CHILDREN COUNSELOR ADVOCATES PROVIDE ASSISTANCE WITH SAFETY PLANNING, EMPLOYMENT, HOUSING AND MEDICAL NEEDS RESIDENTS HAVE ACCESS TO A COMMUNAL KITCHEN AND PANTRY COUNSELING AND OTHER THERAPEUTIC ACTIVITIES ARE ALSO AVAILABLE CHILDREN AND ADULTS SERVED IN 2010 - 503 CRISIS AND SUPPORT LINE OAKLAND COUNTY'S ONLY 24 HOUR HOTLINE DEALING SPECIFICALLY WITH THE ISSUES OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT SPECIALISTS PROVIDE CALLERS WITH CRISIS INTERVENTION, SUPPORT, ACCESS TO EMERGENCY SHELTER AND REFERRALS FOR ADDITIONAL RESOURCES TOTAL CRISIS AND SUPPORT LINE CALLS IN 2010 - 5922
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	START START (SAFE THERAPEUTIC ASSAULT RESPONSE TEAM) PROVIDES AROUND THE CLOCK MEDICAL ATTENTION, A FORENSIC EXAM AND EMOTIONAL SUPPORT TO VICTIMS OF SEXUAL ASSAULT AGE 13 AND OLDER IN A SAFE AND SUPPORTIVE ENVIRONMENT FOR CASES REFERRED FOR PROSECUTION, SEXUAL ASSAULT NURSE EXAMINERS PROVIDE EXPERT TESTIMONY AND ADVOCATES GIVE VICTIMS SUPPORT DURING COURT PROCEEDINGS TOTAL CLIENTS SERVED IN 2010 - 160
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	SOCIAL ACTION THE SOCIAL ACTION PROGRAM ADDRESSES THE IMMEDIATE SAFETY NEEDS OF DOMESTIC AND SEXUAL VIOLENCE VICTIMS THROUGH 24 HOUR ADVOCACY AND CRISIS INTERVENTION SERVICES ADVOCATES OFFER SUPPORT, INFORMATION AND REFERRALS FOR VICTIMS THROUGH ALL STAGES OF CRIMINAL AND CIVIL PROCEEDINGS INCLUDING ASSISTANCE WITH PERSONAL PROTECTION ORDERS TOTAL CLIENTS SERVED THROUGH COURT ADVOCACY/FIRST RESPONSE SERVICES IN 2010 - 2783 TOTAL CLIENTS SERVED THROUGH THE PERSONAL PROTECTION ORDER OFFICE IN 2010 - 2263
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	NON-RESIDENTIAL PROGRAMS COUNSELING PROGRAMS PROVIDE SPECIALIZED GROUP AND INDIVIDUAL SESSIONS TO ASSIST CHILDREN AND ADULTS IN HEALING FROM THE EFFECTS OF TRAUMA DUE TO DOMESTIC VIOLENCE AND/OR SEXUAL ASSAULT MASTERS LEVEL THERAPISTS ASSIST VICTIMS WITH SAFETY PLANNING, HEALING FROM TRAUMA, IMPROVING COPING MECHANISMS AND RE-ESTABLISHING INNER STRENGTH USING A FOUNDATION OF EMPOWERMENT, THERAPISTS USE A VARIETY OF THERAPEUTIC TECHNIQUES INCLUDING ART THERAPY, MEDITATION AS WELL AS COGNITIVE AND BEHAVIORAL THERAPY DOMESTIC VIOLENCE SERVICES TOTAL CLIENTS SERVED IN 2010 - 802 SEXUAL ASSAULT SERVICES TOTAL CLIENTS SERVED IN 2010 - 229 THE INTERVENTION IN BATTERING PROGRAM CONFRONTS THE ISSUE OF DOMESTIC VIOLENCE BY HOLDING THOSE WHO USE ABUSIVE TACTICS ACCOUNTABLE FOR THEIR BEHAVIOR WHILE TEACHING THEM TO IDENTIFY THEIR PATTERN OF ABUSE AND THE IMPACT THE ABUSE HAS ON THEIR PARTNER AND CHILDREN TOTAL CLIENTS SERVED IN 2010 - 199 SUPERVISED PARENTING TIME PROGRAM PROVIDES A SAFE, NEUTRAL ENVIRONMENT FOR PARENTING TIME WHILE OFFERING EDUCATION, RESOURCES AND SUPPORT FOR THE ENTIRE FAMILY TOTAL CLIENTS SERVED IN 2010 - 334 PREVENTION EDUCATION TRAINED EDUCATORS WORK WITH YOUNG PEOPLE, AND THEIR TEACHERS AND PARENTS, TO EQUIP THEM WITH THE TOOLS TO MAKE BETTER CHOICES, TO BUILD RELATIONSHIPS BASED ON MUTUAL RESPECT, AND TO UNDERSTAND WHAT CONSENT MEANS EDUCATORS ALSO PROVIDE PROFESSIONAL TRAINING TO HEALTH CARE PROVIDERS, LAW ENFORCEMENT, CLERGY, AND MEMBERS OF THE GENERAL PUBLIC ON THE DYNAMICS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND THE ROOT CAUSES OF THESE ISSUES TOTAL NUMBER OF INDIVIDUALS ATTENDING PRESENTATIONS IN 2010 - 13,052
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE BOARD REVIEWS THE 990 AND APPROVES IT FOR FILING BEFORE THE RETURN IS FILED WITH THE IRS
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE ORGANIZATION REQUIRES EVERY BOARD MEMBER TO REVIEW AND SIGN A COMMITMENT FORM OR A RENEWAL OF COMMITMENT FORM ON A ANNUAL BASIS
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD CHAIR COMPLETES AN INDUSTRY STANDARD, NON-PROFIT CEO EVALUATION IN MARCH AND IT IS REVIEWED BY THE EXECUTIVE COMMITTEE IN ITS COMPLETED FORM UPON REACHING CONSENSUS OVER THE EVALUATION, THE CEO COMPENSATION IS BENCHMARKED AGAINST OTHER CEO POSITIONS FOR SIMILAR SIZED AGENCIES VIA AVAILABLE RESOURCES SUCH AS INDUSTRY SALARY SURVEYS AND GUIDESTAR ANY PERFORMANCE MERIT INCREASE AND/OR BONUS IS DISCUSSED AT THE EXECUTIVE COMMITTEE ONCE A DECISION HAS BEEN REACHED, THE REVIEW IS DISCUSSED WITH THE CEO ALONG WITH THE SALARY RECOMMENDATIONS SALARY RECOMMENDATIONS ARE GIVEN TO THE HUMAN RESOURCES DIRECTOR AND BUSINESS OPERATIONS DIRECTOR FOR IMPLEMENTATION

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION'S ANNUAL REPORT, 990, AND FINANCIAL STATEMENTS ARE AVAILABLE ON THEIR WEBSITE ALL OTHER GOVERNING DOCUMENTS ARE AVAILABLE ON REQUEST

