



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 2014, and ending 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: RJS Safe Haven Homes
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite: PO BOX 170415
 City or town, state or province, country, and ZIP or foreign postal code: Dallas TX 75217

D Employer identification number: 45-3755403
E Telephone number: 972-375-7179
F Group Exemption Number: ▶

G Accounting Method: Cash Accrual Other (specify) ▶

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

I Website: www.safehavenhomes.org

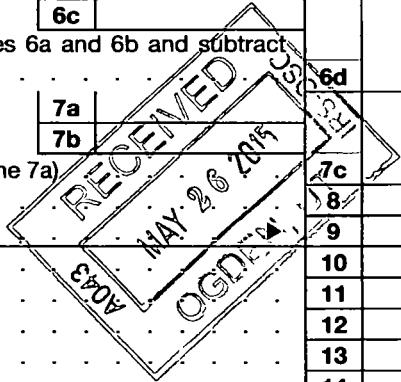
J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 309,091.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	309,091.
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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 in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		309,091.
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	166,379.
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	136,814.
	17 Total expenses. Add lines 10 through 16	17	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,897.
	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	8,333.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	



SCANNED JUN 23 2015

22

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶ _____

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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

Sign Here	Signature of officer <i>Regina</i>	Date <i>5/9/15</i>
	Type of print name and title <i>Regina Jefferson (owner)</i>	<i>5/9/15</i>

Paid Preparer Use Only	Print/Type preparer's name Nita Lawson	Preparer's signature <i>Nita Lawson</i>	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ ML Fund1 Inc1	Firm's EIN ▶ 27-285564		Phone no 214-923-5722	
	Firm's address ▶ 1650 N Randall Rd Aurora IL 60506				

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

		Monthly	Year 2014	
New House Setup	22 apts	290	6,380.00	
Beds & bedding	67 people	175	11,725.00	
Rent/Lease			-	
Main		10000	120,000.00	
Hudspath		600	7,200.00	
Ann Arbor		595	7,140.00	
			-	
Utilities			-	
Lancaster		92.51	1,110.12	
Atmos		238.8	2,865.60	
Hudspath Utilities		300	3,600.00	
Other Prop Utilities		250	3,000.00	
Allowance payments		75	4275	51,300.00
			-	
Telephone		154.85	1,858.20	
Securus		125	1,500.00	
Cellphones (4 staff 1 Reg)			-	
Food 1		196.2	2,354.40	
Food 2 Kitchen		2000	24,000.00	
Car Payments		788.25	9,459.00	
Vehicle Repair		3500	7,000.00	
Lease Payments		130.37	1,564.44	
Insurance		861.64	10,339.68	
Gas Expense		220	2,640.00	
Onstar		32.37	388.44	
Web Deveopment		104.95	1,259.40	
Medication		174.74	2,096.88	
Hotel		150	1,800.00	
Client Activities Expense		136.94	1,643.28	
Clothing		148.5	1,782.00	
Bnk Charges		100	1,200.00	19,444.44
Credit Card processing		105.24	1,262.88	
			-	
Supplies		700	8,400.00	
Postage			-	
Printing			-	
Staff Development			-	
Staff Milage Reimburse			-	
Dues/Membership			-	
Equipment Rental			-	
Equipment Maintenance			-	
Software usage			-	
Insurance - Biz			-	
Professional Services			-	
Salaries			-	
Contract Labor			-	
Resident Assistants	4		-	
Cooks	2		-	
Clientele Aids	4		-	
			-	
Totals	-	22,245.36	294,869.32	