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EXTENDED TO MAY 16, 2016

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

A	For th	e 2014 calendar year, or tax year beginning $$ JUL $$ 1 $$, $$ $$ 2 $$ 0 $$ 1 $$ $$ and $$ $$ $$	ending J	UN 30, 2015			
В	Check if applicat	C Name of organization		D Employer identif	ication number		
	Addr			1			
	Name			61-1	096261		
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final			270-	765-4057		
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,043,274.		
Ļ	Amer	EDIZABETHTOWN, RI 42701		H(a) Is this a group			
L_	Appli tion pend	F Name and address of principal officer: TANTA THOMAS	_	for subordinate	s? Yes X No		
		P.O. BOX 2047, ELIZABETHTOWN, KY 42701		H(b) Are all subordinates			
		tempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	1	a list. (see instructions)		
		ite: ► HTTP: //WWW.SPRINGHAVENINC.ORG/	- 	H(c) Group exemption			
	art I	forganization: X Corporation Trust Association Other ► Summary	L. Year	of formation: 1986	M State of legal domicile; KY		
e e	1	Briefly describe the organization's mission or most significant activities: PROVI	DE SH	ELTER/SERVI	CES TO		
Governance		VICTIMS OF DOMESTIC VIOLENCE					
ř	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net a			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	12		
		Number of independent voting members of the governing body (Part VI, line 1b)		4	12		
Activities &	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	•	. 5	27		
ξij	6	Total number of volunteers (estimate if necessary)		. <u>6</u>	78		
Aci	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	•				
	Ь	Net unrelated business taxable income from Form 990-T, line 34	 				
		Contributions and grants (Part VIII. Inc. 1h)		Prior Year 1,474,455.	Current Year 1,033,438.		
Revenue	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.			
Ýe	10	Investment income (Part VIII, inite 2g)	•	2,202.			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, Bc 96, log, and 1) e)		7,596.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12)	-	1,484,253			
_	13	Grants and similar amounts paid (Part IX Silumn A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX Solumn (A), line 4) 2016	. –	0.			
Ś	1	Salaries, other compensation, employee behefits (Part IX, column (A), lines 5-10)		632,327.			
nse	16a	Professional fundraising fees (Part IX, column @ Tell Professional fundraising fees (Part IX)		0.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.				
Ĭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		321,559.			
Ş	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		953,886.			
	19	Revenue less expenses Subtract line 18 from line 12		530,367.	12,919.		
SOC			Be	ginning of Current Year	End of Year		
SSet	20	Total assets (Part X, line 16)		1,463,015.	1,560,186.		
Net Assets or I	21	Total liabilities (Part X, line 26)	-	122,740.			
	22	Net assets or fund balances Subtract line 21 from line 20		1,340,275.	1,367,798.		
Щ.	art II	Signature Block	and stateme	anta and to the best of a	au knowledge and heliof it is		
	•	alties of perjury, I declare that I have examined this return, including accompanying schedules at, and complete. Declaration of prepar s (other than officer) is based on all information of whi			ly knowledge and belief, it is		
<u>ii ue</u>	, correc	Light Complete. Declaration of prepare (contention of the based on all information of with	icii piepaiei	nas any knowledge.	-16		
Sig	n	Signature of officer		Date	<u> </u>		
Her		TANYA THOMAS, EXECUTIVE DIRECTOR					
	C	Type or print name and title					
		Print/Type preparer's name Preparer's signature	D D	ate Check	PTIN		
Paid	i	SUSAN C MOUSER CPA	CPA 10	3/21/16 self-emplo	P00614446		
Pre	parer	Firm's name CLAUSON, MOUSER & CO., PSC, CPAS		Firm's EIN	61-1275765		
Use	Only	Firm's address 3033 RING ROAD					
		ELIZABETHTOWN, KY 42701		Phone no. 27	0/737-3343		
<u>Ma</u>	y the II	RS discuss this return with the preparer shown above? (see instructions)		·	X Yes No		
4320	01 11-0	7-14 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2014)		

orn	m 990 (2014) SPRINGHAVEN, INC.	61-1096261	Page 2
	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	 	X
1	Briefly describe the organization's mission:		
	PROVIDE SHELTER / SERVICES TO VICTIMS OF DOMESTIC VIC	OLENCE	
			·
2	Did the organization undertake any significant program services during the year which were not listed on	□ v .	X No
	the prior Form 990 or 990-EZ?	· · · · · · · · · · · · · · · · · · ·	NO LALI
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	"0002	X No
3	If "Yes," describe these changes on Schedule O.	ices:Tes	I LALINO
4	Describe the organization's program service accomplishments for each of its three largest program service	es as measured by expense	e
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.	o outloid, the total expenses,	4
‡a	210 600	(Revenue \$)
	TO PROVIDE TEMPORARY SHELTER FOR INDIVIDUALS WHO HAVE	•	LY,
	MENTALLY, AND/OR EMOTIONALLY ABUSED. INCLUDES \$71,83		
	SUPPLIES.		
			
			
		· · · · · · · · · · · · · · · · · · ·	
	, A17 77F		
ŀЬ	(Code) (Expenses \$ 417,735. including grants of \$) TO PROVIDE FOR DIRECT SERVICE & SUPPORT TO VICTIMS OF	(Revenue \$)
	VIOLENCE. DOES NOT INCLUDE \$22,829 OF IN-KIND SERVICE		-
	VIOLENCE: DOES NOT INCHODE \$22,029 OF IN KIND SERVICE	• ***	
			
			
			
С	· · · · · · · · · · · · · · · · · · ·	(Revenue \$)
	TO EDUCATE THE STAFF AND COMMUNITY ABOUT DOMESTIC VIC	DLENCE. DOES N	TOT
	INCLUDE \$7,044 OF IN-KIND SPACE.		
		 -	
			
			
		<u>. </u>	
٠.	Other program convece (Decembe in Schodule O.)		
đ	Other program services (Describe in Schedule O) (Expenses \$ 43,918 • including grants of \$) (Revenue \$	١	
	(Expenses \$ 43,918 • including grants of \$) (Revenue \$ Total program service expenses ► 753,380 •		
<u> </u>	TOTAL PROGRAMMO OF TOTAL PROGRAM	Form 9	90 (2014)
			- (/

			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_1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			ł
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ĺ
	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			i
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			ĺ
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		X
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			İ
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
. с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	X.
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			72
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		X
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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	Х
_ <u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2014)

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		ł	1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21	<u> </u>	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	j	ł	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	nt		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	. 23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	the	{	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ĺ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1 - 1 - 1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	'		
	Schedule L, Part I	25b		Х
26		. 250		^
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	,]		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			х
07	complete Schedule L, Part II	26	-	^
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	[ĺ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		-
	instructions for applicable filing thresholds, conditions, and exceptions):	-		37
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part I			X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an off	1		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation]		
	contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	_32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	L	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	,		ı
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	ation?		
	If "Vas " complete Schedule R. Part V. Inne 2	36		Y

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X

37

38

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2014) SPRINGHAVEN, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		<u></u> _
		لــــــــــــــــــــــــــــــــــــــ	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	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, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u>X</u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	i i		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	i I		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70	1	X
٠ ـ	to file Form 8282? If "Yes." Indicate the number of Forms 8282 filed during the year	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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			
1	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders	į į		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	(0044)
		FORM		

SPRINGHAVEN. 61-1096261 INC. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶KY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Upon request Other (explain in Schedule O) ___ Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

TANYA THOMAS, DIRECTOR - 270-765-4057 P.O. BOX 2047, ELIZABETHTOWN, KY

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SPRINGHAVEN, INC.

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	Danition						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unle	ss pe	rson	than is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SHARON POST	1.00							_	0	
MEMBER	1 00	X		-	┝			0.	0.	0.
(2) VICKY LARDYDELL-BAZEMORE	1.00	x	l	x				0.	0.	0.
VICE CHAIR -(3) -MARGO BURNETT	1.00	Λ		Δ		-		0.1		0.
MEMBER	1.00	x					-	o.	· 0 -	0-
(4) DAWN LONNEMAN BLAIR	1.00	<u> </u>								
TREASURER		x	l	X				0.	0.	0.
(5) BECKY BISHOP	1.00									
MEMBER		X				ļ		0.	0.	0.
(6) CHRISTINA WALDECK	1.00									
MEMBER		X						0.	0.	0.
(7) MARY HALL	1.00								•	•
MEMBER	1 00	X	<u> </u>	-				0.	0.	0.
(8) SUSAN GIFFORD	1.00	х		X				0.	0.	0.
SECRETARY (9) KENDRA STEWART SCOTT	1.00	Λ	-	^						
MEMBER	1.00	x						0.	0.	0.
(10) BRUCE REEVES	2.00	-	-							
CHAIR		х		x				0.	0.	0.
(11) COURTNEY HORNBACK	1.00									1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
MEMBER		X						0.	0.	0.
(12) MWESA ANTHONY MAPOMA	1.00									_
MEMBER		X						0.	0.	0.
(13) TANYA THOMAS	40.00				ı			E 4 E 3 E		•
EXECUTIVE DIRECTOR								54,735.	0.	0.
										l
	<u> </u>									
	1)]				

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>ees</u>	, an	d <u>Hi</u>	ghe	st <u>C</u>	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(40		Pos		than		Reportable	Reportable	,	Es	tımate	d
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	חנ	am	ount (of
		week	⊢	cer an	id a d	lirecto	or/trus	itee)	from	from related			other	
		(list any hours for	recto						the	organization			oensa	
		related	5	8			zg zg		organization	(W-2/1099-MIS	3C)		om the	
		organizations	l see	T tag	}	8	ined.		(W-2/1099-MISC)			_	anızatı I relate	
		below	dualt	ttona	_	old I	st col	a 5					nızatı	
		line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former				3		
			_	_	-	_								
			}								}			
								\Box						
			_	_		_								
	<u> </u>		_	_		┢	-							
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	·····													
		l												
								-			-			
											1			
						ľ			1		ı			
											j			
—— 1b−	Sub-total — — —							•	54,735.		0.			0.
	Total from continuation sheets to Part VI		•					▶ ¯	0.		0-			0
	Total (add lines 1b and 1c)			•			.	•	54,735.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 of reportable	le			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, or tru	stee	, ke	y en	nplo	yee,	or I	highest compensated ei	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual				_					.	3		_X_
4	For any individual listed on line 1a, is the su	ım of reportabl	e cc	mpe	ensa	ation	and	oth	ner compensation from	the organization		,	}	
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	Jf	or such individual		į	4		X
5	Did any person listed on line 1a receive or a	accrue comper	sati	on f	rom	any	unre	elate	ed organization or indivi	dual for services	İ			
	rendered to the organization? If "Yes," com	plete Schedule	J f	or su	ıch j	pers	on					5		X
	on B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt c	ontr	acto	rs ti	hat received more than	\$100,000 of com	pens	ation fr	om	
	the organization. Report compensation for	the calendar ye	ear e	ndır	ng w	/ith (or w	thin	the organization's tax y	/ear.				
	(A)								(B)		_	(C		
	Name and business	address	NC	NE	<u> </u>			4	Description of s	ervices		ompen	sation	<u> </u>
								- }		1				
								-				-		
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			_					+				_		
										1				
		· · · · · · · · · · · · · · · · · · ·						-+						
								ĺ		ĺ				
								\dashv						
2	Total number of independent contractors (ii	ncluding but re	at lin	niter	i to	thos	e he	ted	above) who received m	ore than				
	\$100,000 of compensation from the organi		J. 111			(110		u	above, who received in	J. J GIAII				
	- 100,000 or compensation nom the organic	-ution						_				Eorm C	000 /2	014)

		Check if Schedule O cont	ains a response	or note to any l	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		Related organizations Government grants (contributed) All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines Total, Add lines 1a-1f	ts, and ve _ 1f 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	741,139. 292,299. 71,833. Business Code	1,033,438.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties		▶	46.	46.		
-	6 a b c d	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
Other Revenue	С	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)						
	8 a	Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less. direct expenses Net income or (loss) from fund	of 1c) See a	9,790. 2,168.	7,622.			7,622.
	b c	Gross income from gaming act Part IV, line 19 Less direct expenses Net income or (loss) from gaming Gross sales of inventory, less in	a b ing activities					
	b	and allowances Less: cost of goods sold Net income or (loss) from sales Miscellaneous Revenue	a b s of inventory	▶ Business Code				
	c d	All other revenue Total. Add lines 11a-11d						
	12	Total revenue. See instructions.		. <u> </u>	1,041,106.	46.	0.	7,622.

Form 990 (2014) SPRINGHAVEN, INC. Part IX | Statement of Functional Expenses

<u>Sec</u>	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respor	nse or note to any line in			
	not include amounts reported on lines 6b, 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 domestic organizations	-			
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	ļ			
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	<u>54,735.</u>		54,735.	
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	381,084.	305,993.	75,091.	
8	Pension plan accruals and contributions (include	4-0 :	100	45 506	
	section 401(k) and 403(b) employer contributions)	152,453.	106,717.	45,736.	
9	Other employee benefits	57,945.	41,006.	16,939.	
10	Payroll taxes	38,312.	26,899.	11,413.	
11	Fees for services (non-employees):				
а					
b	9 · · · · · · · · · · · · · · ·	- 11 050		11 000	
С	Accounting	11,960.		11,960.	
d					
е	, , , , , , , , , , , , , , , , , , ,				
f					
g	`	F 070	170	E 000	
	column (A) amount, list line 11g expenses on Sch O.)	5,970.	170.	5,800.	
12	Advertising and promotion	9,912.	142.	9,770.	
13	Office expenses	9,914.	144.	3,110.	
14	Information technology				
15	Royalties	87,230.	83,380.	3,850.	
16 17	Occupancy	13,789.	11,827.	1,962.	
18	Payments of travel or entertainment expenses	13,103.	11,027.	1,302.	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	450.	420.	30.	
20	Interest	±30.	*200		
21	Payments to affiliates	_ 			
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DIRECT COSTS	154,692.	130,940.	23,752.	
b	COLUMNICA	21,586.	18,375.	3,211.	
С	MAINTENANCE	17,492.	15,983.	1,509.	
d	OTHER	9,688.	6,641.	3,047.	
е	All other expenses	10,889.	4,887.	6,002.	
25	Total functional expenses. Add lines 1 through 24e	1,028,187.	753,380.	274,807.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation.				
	Check here 1f following SOP 98-2 (ASC 958-720)				Form 990 (2014)

Pa	<u>rt X</u> _	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	189,099.	1	182,493
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	97,428.	3	139,273
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			•
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
y,		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a		··		
	.02	basis. Complete Part VI of Schedule D 1,727,569.			
	ь		1,176,278.	10c	1,238,210.
	11	Investments - publicly traded securities	2/2/0/2/0/	11	<u></u>
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	210.	15	210.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,463,015.	16	1,560,186.
	17	Accounts payable and accrued expenses	23,740.	17	44,169.
	18	Grants payable	23,140.	18	11,100.
	19	Deferred revenue		19	3,400.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
,,	22	Loans and other payables to current and former officers, directors, trustees,		۲,	
ţ	22	key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L.		22	
Lia	00	· · · · · · · · · · · · · · · · · · ·	99,000.	23	144,819.
	23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	33,000.	24	144,017.
	24			_24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
- 1		Schodulo D		25	
	26	Total liabilities. Add lines 17 through 25	122,740.	26	192,388.
	20	Organizations that follow SFAS 117 (ASC 958), check here X and	122,740.	2.0	
S		complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	1,332,236.	27	1,362,159.
alar 	28	Temporarily restricted net assets	8,039.	28	5,639.
m m	29	Permanently restricted net assets	0,000.	29	3,003.
š	25	Organizations that do not follow SFAS 117 (ASC 958), check here ▶□			
<u>ا</u> ج		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Se		Paid in or capital surplus, or land, building, or equipment fund		31	
₹	31 32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	1,340,275.	33	1,367,798.
	34	Total liabilities and net assets/fund balances	1,463,015.	34	1,560,186.
	34	Total habilities and fiet assets/fullu balarices	<u> </u>		Eorm 990 (2014)

-orn	rm 990 (2014) SPRINGHAVEN, INC.	61-109	6261	Pag	_{je} 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,04		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,02		
3	Revenue less expenses Subtract line 2 from line 1	3		<u>2,9:</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,34	<u>0,2</u>	<u>75.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	_6	<u></u> ,		
7	Investment expenses	7			
8	Prior period adjustments	. 8	1	4,60	04.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1 1			
_	column (B))	10	1,36	<u>7,79</u>	<u>98.</u>
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	ıle O.			
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	/ed on a	1 1	1	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	b Were the organization's financial statements audited by an independent accountant?	_	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	rate basis,			
	consolidated basis, or both.			.	
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in So	chedule O.			
За	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Single Audit			
	Act and OMB Circular A-133?		3a		<u>X</u> _
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re-	quired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2	2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Employer identification number SPRINGHAVEN, TNC. 61-1096261 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) 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). \mathbf{X} An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) 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), 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (v) Amount of monetary (iv) Is the organization (vi) Amount of (i) Name of supported (ii) EIN (III) Type of organization listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	778,689.	832,031.	757,417.	1,440,603.	1,033,438,	4,842,178,
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					1	
	the organization without charge					į	
4	Total. Add lines 1 through 3	778,689.	832,031.	757,417.	1,440,603,	1,033,438.	4.842.178,
5							
_	by each person (other than a						
	governmental unit or publicly			Í			
	supported organization) included			i			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			1			
6	Public support. Subtract line 5 from line 4				-		4 842 178
	ction B. Total Support			<u>L</u>			4,042,170,
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	778,689.	832,031.	757,417.	1,440,603,	1,033,438,	4,842,178.
-	Gross income from interest,		002,001.	, , , , , , , , , , ,	1,440,003,	1,000,200.	1,012,170.
•	dividends, payments received on						
	securities loans, rents, royalties						
-	and income from similar sources	3,796.	2,329.	1,499.	702.	46.	8,372.
9	Net income from unrelated business		2,0250				
•	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 VI)			j			
11	Total support. Add lines 7 through 10						4,850,550.
	Gross receipts from related activities,	etc. (see instruction		L		12	4,030,330,
	First five years. If the Form 990 is for		'•'	I fourth, or fifth tax	x vear as a section		
	organization, check this box and stop		, 0000,		,	(-)(-)	ightharpoons
Sec	tion C. Computation of Publi		centage				
14	Public support percentage for 2014 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	99.83 %
15	Public support percentage from 2013	Schedule A, Part I	II, line 14			15	99.68 %
16a	33 1/3% support test - 2014. If the o	rganization did not	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies			_			►X
b	33 1/3% support test - 2013. If the o	rganization did not	t check a box on li	ne 13 or 16a, and I	line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization quali						▶□
17a	10% -facts-and-circumstances test	- 2014. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "faci	_					
	meets the "facts-and-circumstances"						ightharpoons
ь	10% -facts-and-circumstances test		•	• • •	-	7a, and line 15 is 1	0% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ		•		•		▶□
18	Private foundation. If the organization		•	•	•		>
				··		dule A (Form 990 a	or 990-F7) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 per-				1		
	formed, 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 bus-	i			ł		
	iness under section 513						<u> </u>
4	Tax revenues levied for the organ-						
	ization'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	ļ					
6	Total. Add lines 1 through 5				T		
7 a	Amounts included on lines 1, 2, and		-				
	3 received from disqualified persons	_				<u> </u>	
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						ľ
	amount on line 13 for the year						
c	Add lines 7a and 7b				<u> </u>		
	Public support (Subtract line 7c from line 6)				<u> </u>		<u> </u>
Sec	ction B. Total Support						T
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6				<u> </u>	<u> </u>	-
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						}
	and income from similar sources				ļ		
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				ļ		
	Add lines 10a and 10b		·		ļ		
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						1
	assets (Explain in Part VI.)				<u> </u>		
	Total support. (Add lines 9, 10c, 11, and 12)	<u></u> _			<u> </u>	l	1
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here						_
	tion C. Computation of Publ					1 1	
	Public support percentage for 2014 (I		•	olumn (t))		15	%
	Public support percentage from 2013 etion D. Computation of Invest					16	%
				o 12 column (f)		17	%
	Investment income percentage for 20 Investment income percentage from 2	•	•	e 13, coluinii (ij)		18	%
	33 1/3% support tests - 2014. If the			 on line 14, and line	e 15 is more than		
.54	more than 33 1/3%, check this box at	_					▶□
b	33 1/3% support tests - 2013. If the	•	•				and
_	line 18 is not more than 33 1/3%, che						,
20	Drivete formation if the organization		•	=			

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D. and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)			
Sec	ction A. All Supporting Organizations		,	т
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by		l	
	class or purpose, describe the designation. If historic and continuing relationship, explain	1_1_	<u> </u>	
2	Did the organization have any supported organization that does not have an IRS determination of status			ł
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	i _		i
	organization was described in section 509(a)(1) or (2)	2_	 	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		l	
	(b) and (c) below.	3a	 	
þ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		}	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the) a.	1	
	organization made the determination.	3b	-	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	1 00		
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		├-
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4-		[
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	 -	
b				
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	45		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination]]	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c)]	
60	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40_		
Ja	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action		\	
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
-	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
_	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class	1		
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent		i	
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		1	
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a_	<u> </u>	
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с	 	
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a	\vdash	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	- 1		

determine whether the organization had excess business holdings)

	e A (Form 990 or 990-EZ) 2014 SPRINGHAVEN, INC.			61-1096261 Page
Part \	i jpo in ton i anomonium j intogratiou ocoluj(o) cupport			
1 L	Check here if the organization satisfied the Integral Part Test as a qualify			uctions. All
	other Type III non-functionally integrated supporting organizations must	complete S	Sections A through E.	T (5) 6
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	et short-term capital gain	1		<u> </u>
2 Re	ecoveries of prior-year distributions	2		
3 Ot	her gross income (see instructions)	3		
4 Ac	ld lines 1 through 3	4		<u> </u>
5 De	preciation and depletion	5		
6 Pc	rtion of operating expenses paid or incurred for production or	7 [
co	llection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
7 Ot	her expenses (see instructions)	7		
8 Ac	ljusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	D. Minimum Areat America	-	(A) Dwar Veer	(B) Current Year
ection	B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Ag	gregate fair market value of all non-exempt-use assets (see			
ıns	tructions for short tax year or assets held for part of year)			
a Av	erage monthly value of securities	1a		
b Av	erage monthly cash balances	1b		
c Fa	r market value of other non-exempt-use assets	1c		
d To	tal (add lines 1a, 1b, and 1c)	1d		
e Di	scount claimed for blockage or other			
fac	tors (explain in detail in Part VI):			
2 Ac	quisition indebtedness applicable to non-exempt-use assets	2		
3 Su	btract line 2 from line 1d	3		
4 Ca	sh deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions)	4		
5 Ne	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
3 ML	Iltiply line 5 by .035	6		<u></u>
7 Re	coveries of prior-year distributions	7		
3 Mi	nimum Asset Amount (add line 7 to line 6)	8		
ection	C - Distributable Amount			Current Year
1 Ad	justed net income for prior year (from Section A, line 8, Column A)	1		
2 En	ter 85% of line 1	2		
	nimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 En	ter greater of line 2 or line 3	4		
	ome tax imposed in prior year	5		
	stributable Amount. Subtract line 5 from line 4, unless subject to			T
	ergency temporary reduction (see instructions)	6_		
, [Check here if the current year is the organization's first as a non-functional	ally-integra	ted Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014

AISO CO	lemental Infor	or any additional	intormation. (Se	ic manachono,	`			
-			<u> </u>					·
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			,					

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization

SPRINGHAVEN, INC.

Employer identification number 61-1096261

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 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, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	edule D (Form 990) 2014 SPRINGE	HAVEN, INC.						<u>61-10</u>	96261	Page 2			
Pa	rt III Organizations Maintaining (Collections of A	rt, His	storical Tr	reasures,	or Othe	er Simil	ar Asse	ts(continu	ed)			
3	Using the organization's acquisition, access	sion, and other record	ds, che	ck any of the	following that	at are a s	ignificant	use of its	collection	items			
	(check all that apply):												
а	Public exhibition	(d [Loan or exc	change progr	ams							
b	Scholarly research	6	• 🗀	Other									
С	<u> </u>												
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.												
5	During the year, did the organization solicit	or receive donations	of art, h	nistorical trea	asures, or oth	ier similai	assets	_	_				
	to be sold to raise funds rather than to be m	naintained as part of	the org	anization's c	ollection?				Yes	☐ No			
Pa	rt IV Escrow and Custodial Arrar	ngements. Compl	ete ıf th	e organizatio	on answered	"Yes" to	Form 990	, Part IV,	line 9, or				
	reported an amount on Form 990, Pa	art X, line 21.											
1a	Is the organization an agent, trustee, custoo	dian or other intermed	diary fo	r contribution	ns or other as	ssets not	ıncluded		_				
	on Form 990, Part X?								Yes	☐ No			
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table.			,——						
									Amount				
С	Beginning balance				-		1c						
d	Additions during the year						1d						
е	Distributions during the year						1e						
f	Ending balance				•		1f						
2a	Did the organization include an amount on F	Form 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabil	ıty? .	Ĺ_	」 Yes	∐_ No			
	If "Yes," explain the arrangement in Part XIII												
Pa	rt V Endowment Funds. Complete	if the organization ar	swerec	i "Yes" to Fo	rm 990, Part	IV, line 1	0						
		(a) Current year	(b)	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back			
1a	Beginning of year balance				<u> </u>				<u> </u>				
b	Contributions		ļ		ļ. <u></u>								
С	Net investment earnings, gains, and losses	L	ļ		ļ								
d	Grants or scholarships								ļ				
е	Other expenditures for facilities					1							
	and programs				ļ								
f	Administrative expenses				<u></u>								
g	End of year balance	L	<u> </u>		<u> </u>				L				
2	Provide the estimated percentage of the cur		e (line 1	1g, column (a	a)) held as:								
а	Board designated or quasi-endowment		%										
b	Permanent endowment	%											
С	Temporarily restricted endowment												
	The percentages in lines 2a, 2b, and 2c show												
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	ind administe	ered for th	ne organiz	ation	r::				
	by:									es No			
	(i) unrelated organizations			•	•				3a(i)				
	(ii) related organizations			50	•				3a(ii)				
	If "Yes" to 3a(ii), are the related organization						•		3b				
Por	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipn		wment	tunas.									
rai			. D+ 1\	/ line 11e C	on Form 000	Dort V I	mo 10						
	Complete if the organization answere			1				-	(d) Pools				
	Description of property	(a) Cost or o basis (investr		1	or other (other)		cumulate reciation	u	(d) Book v	/alue			
	1 4	Dasis (ilivesti		+			a solution		20	,000.			
	Land				0,000. 1,861.		357,40	50	1,164				
b	Buildings			1,54	1,001.		,,,41	22.	1,104	, 374.			
C	Leasehold improvements	•		10	5,708.		31,89	20	53	,818.			
	Equipment			10	2,100.		<u> </u>	-		, O T O •			
	Other	aud Form 000 Part	Y cale	mp (R) trac 1	1001				1,238	210			
rotal	. Add lines 1a through 1e. (Column (d) must e	quai Fuiii 990, Part	A, COIUI	mir (b), line i	· · · · · · · · · · · · · · · · · · ·	<u> </u>			<u> </u>	<u>, 4 + U •</u>			

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014	SPRINGHAVEN,	INC
3011eddie D (1 01111 330) 2014	DI KINGHA LIN	T11/C

Complete if the organization answered "Ye	s" to Form 990, Part IV, I	ine 11b. See Form 990, Part 2	K, line 12.
(a) Description of security or category (including name of security			ion: Cost or end-of-year market value
i) Financial derivatives			
Closely-held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII Investments - Program Related.			
Complete if the organization answered "Ye		ne 11c. See Form 990, Part >	(, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1)		_	
(2)			
(3)	<u> </u>		
(4)			
(5)			
(6)			
(7)			
(8)		1	
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		
ptal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			(loo de
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes	s" to Form 990, Part IV, I	ne 11d. See Form 990, Part)	(, line 15.
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes		ne 11d. See Form 990, Part)	(, line 15. (b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a)	s" to Form 990, Part IV, I	ne 11d. See Form 990, Part)	(, line 15.
Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a) (1) (2)	s" to Form 990, Part IV, I	ne 11d. See Form 990, Part)	(, line 15.
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (1) (2) (3)	s" to Form 990, Part IV, I	ne 11d. See Form 990, Part)	(, line 15.
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4)	s" to Form 990, Part IV, I	ne 11d. See Form 990, Part)	(, line 15.
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5)	s" to Form 990, Part IV, I	ne 11d. See Form 990, Part)	(, line 15.
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (i) (1) (2) (3) (4) (5)	s" to Form 990, Part IV, I	ne 11d. See Form 990, Part)	(, line 15.
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (i) (1) (2) (3) (4) (5) (6) (7)	s" to Form 990, Part IV, I	ne 11d. See Form 990, Part)	(, line 15.
Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes. (1) (2) (3) (4) (5) (6) (7) (8)	s" to Form 990, Part IV, I	ne 11d. See Form 990, Part)	(, line 15.
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Ye: (1) (2) (3) (4) (5) (6) (7) (8) (9)	s" to Form 990, Part IV, I	ne 11d. See Form 990, Part)	(, line 15.
Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) if	s" to Form 990, Part IV, I	ne 11d. See Form 990, Part)	(, line 15.
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Ye: (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) in Part X Other Liabilities.	s" to Form 990, Part IV, I a) Description		(b) Book value
Other Assets. Complete if the organization answered "Yese (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yese (a) Complete if the organization answered "Yese (b) s" to Form 990, Part IV, I a) Description		(b) Book value	
Other Assets. Complete if the organization answered "Yese (a) (a) Description of liability Other Assets. Complete if the organization answered "Yese (a) (a) (b) must equal Form 990, Part X, col (B) (Part X Other Liabilities. Complete if the organization answered "Yese (a) Description of liability	s" to Form 990, Part IV, I a) Description	ne 11e or 11f. See Form 990,	(b) Book value
tai. (Coi. (b) must equal Form 990, Part X, coi. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (i) (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes	s" to Form 990, Part IV, I a) Description	ne 11e or 11f. See Form 990,	(b) Book value
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otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) in Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	s" to Form 990, Part IV, I a) Description	ne 11e or 11f. See Form 990,	(b) Book value

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 SPRINGHAVEN, INC.	61-1	1096261 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	•
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	, r	
1 Total revenue, gains, and other support per audited financial statements	1	<u>1,075,166.</u>
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	-	
b Donated services and use of facilities 2b 31,892	4	
c Recoveries of prior year grants	-	
d Other (Describe in Part XIII.) 2d 2,168	7 1	24.060
e Add lines 2a through 2d	2e	34,060.
3 Subtract line 2e from line 1	3	1,041,106.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i 1	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b Other (Describe in Part XIII.)	┦. /	0
c Add lines 4a and 4b	4c	1 041 106
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Detu	1,041,106.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	netui	11.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	1.7	1 062 247
1 Total expenses and losses per audited financial statements	1	1,062,247.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	닉	
b Prior year adjustments	-	
c Other losses	-	
d Other (Describe in Part XIII.)	7	24 000
e Add lines 2a through 2d	2e	34,060.
3 Subtract line 2e from line 1	3	1,028,187.
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 7b	-{ }	
b Other (Describe in Part XIII.)	-	0
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,028,187.
Part XIII Supplemental Information.		
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 2	(, line 2, Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
DADM V ITSE 2.		
PART X, LINE 2:		
CODINCULUMENT THE USE ADDOMED MUE DECLIFORE OF FACE ACC 7/1	1_10_	.25 WHTCH
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Part XIII Supplemental Information (continued)	61-1096261 Page 5
Part Alli Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
TAKT KIT, DING 2D OTTEK ADOUGHMENTS.	
FUNDRAISING EXPENSES OFFSET REVENUE ON THE FORM 990	2,168.
	
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

61-1096261

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

SPRINGHAVEN, INC.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

Pa	rt I	_Type:	s of Property			_					
				(a) Check if applicable	(b) Number of contributions or	Noncash amounts	(c) contribution reported on	noncash coi	(d) of determin ntribution a	_	is
1	Δrt . V	Vorks of	art		items contributed	Form 990, P	art viii, jirie	19			
2			treasures					-			
3			al interests	 -							
4			blications					 			
5		•	household goods	X		-	71,833	. FMV			
6		_	er vehicles			<u> </u>	11,000	1			
7		and pla		<u></u>							
8		ctual pro	` ` `								
9			ublicly traded								
10			osely held stock								
11			artnership, LLC, or		<u></u>					_	
		nterests	3								
12			iscellaneous								
13			servation contribution -								
	Histor	ıc struct	ures								
14	Qualif	ied cons	servation contribution - Other								
15			Residential								
16	Real e	state - C	Commercial								
17	Reale	estate - C	Other _								
18	Collec										
19	Food	inventor	у								
20	Drugs	and me	dical supplies								
21	Taxide	ermy									
22	Histor	ical artifa	acts .								
23	Scient	tific spec	cimens .								
24	Arche	ological	artıfacts .								
25	Other		()							-	
26	Other	>	()								
27	Other		()								
<u> 28</u>	Other	<u> </u>	()		<u>. </u>						
29	Numb	er of For	rms 8283 received by the organiz	zation during	the tax year for c	ontributions					
	for wh	ich the d	organization completed Form 828	33, Part IV, [onee Acknowledg	gement	29				
										Yes	No
30a	During	the yea	ar, did the organization receive by	/ contributio	n any property rep	orted in Part	I, lines 1 thi	rough 28, that it	1		Í
	must h	nold for a	at least three years from the date	of the initia	l contribution, and	which is not	required to	be used for			
			ses for the entire holding period?	•	-				30a	ļļ	<u>X</u>
b	if "Yes	s," descr	ribe the arrangement in Part II.						Ì		
31	Does t	the orga	nization have a gift acceptance p	olicy that re	quires the review	of any non-sta	andard cont	ributions?	31		<u>X</u>
32a		_	nization hire or use third parties o	or related or	ganizations to soli	cit, process, o	or sell nonca	ısh	1		·
		outions?							32a		<u> </u>
b			ibe in Part II.								
33		-	tion did not report an amount in	column (c) fo	or a type of proper	ty for which o	column (a) is	checked,			
	descri	<u>be in Pa</u>	rt II							Ll	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2014)

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information
	•
	
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432142 08-12-14

Schedule M (Form 990) (2014)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.frs.gov/form990. OMB No. 1545-0047 Open to Public

Inspection

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization **Employer identification number** SPRINGHAVEN, INC. 61-1096261 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: TO PROVIDE FOR A CHILDREN'S PROGRAM WITHIN THE SHELTER. DOES NOT INCLUDE \$2,019 OF IN-KIND SERVICES. EXPENSES \$ 43,918. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR, THE FINANCE & FACILITIES COORDINATOR AND THE BOARD TREASURER REVIEW THE FORM 990 FOR ACCURACY & COMPLETION PRIOR TO SIGNING AND SUBMISSION. FORM 990, PART VI, SECTION B, LINE 12C: ANY CONFLICT OF INTEREST ISSUE DISCOVERED WOULD BE BROUGHT BEFORE AND HANDLED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS, ANNUALLY. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST TO THE APPROPRIATE ORGANIZATION OFFICIALS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST TO THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization SPRINGHAVEN, INC.	Employer identification number 61-1096261	
APPROPRIATE ORGANIZATION OFFICIALS.		
		