EXTENDED TO MAY 15, 2020,

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

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

	POI	the 2018 Calendar year, or tax year beginning 000 1, 2018 and	tenuing t	JUN 30, 2013	<u>,                                      </u>				
В	Check applic	k if C Name of organization		D Employer identif	fication number				
Г	Ad chi	dress SPRINGHAVEN, INC.							
Ē	□Na	me Doing business as		<sup>1</sup> 61−1	1096261				
	Init	lial	Room/suite						
Ē	TFm	. 1			-765- <u>4057</u>				
		min-		G Gross receipts \$	1,249,192.				
	Arreti	ended ELIZABETHTOWN, KY 42701		H(a) Is this a group i	return				
	Ap tion	F Name and address of principal officer: TANYA THOMAS	<u> </u>	for subordinate					
	per	P.O. BOX 2047, ELIZABETHTOWN, KY 4270	$1 \sim 1$	H(b) Are all subordinates	included? Yes No				
1	Tax	exempt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1)	or 🔽 527	If "No," attach a	a list. (see instructions)				
		site: ► HTTP://WWW.SPRINGHAVENINC.ORG		H(c) Group exempte	on number 🕨				
K	Form	of organization: X Corporation	L Year	of formation: 1986	M State of legal domicile: KY				
P	art	<u></u>	1						
ø	1	Briefly describe the organization's mission or most significant activities: PROV	IDE SH	<u> IELTER/SERVI</u>	CES TO				
anc		VICTIMS OF DOMESTIC VIOLENCE							
ern	2		sed of more	e than 25% of its net a					
Š	3			<u>3</u>	11				
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			11				
Activities & Governance	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		<u>5</u>	22				
ž.	6	Total number of volunteers (estimate if necessary)	•	6	42				
Act	7	a Total unrelated business revenue from Part VIII, column (C), line 12			<u> </u>				
	┼	b Net unrelated business taxable income from Form 990-T, line 38	<del></del>	.  7b	0.				
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del> </del>	Prior Year	Current Year				
ğ	8	Contributions and grants (Part VIII, line 1h)	• •	1,200,943. 0.	1,241,569.				
Revenue	9	Program service revenue (Part VIII, line 2g)	• -	345.	1,318.				
æ	10			6,941.	6,305.				
	11		1,208,229.	1,249,192.					
_	13			0.	0.				
	14			0.	0.				
w	l			758,674.	853,854.				
Expenses	16	a Professional fundraising fees (Part IX, column (A), line 11e)	·	0.	0.				
ber C			99.	. ;	··				
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		363,391.	348,435.				
	18	Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)	<del></del> =	1,122,065.	1,202,289.				
	19		( <u>-</u> 1)	86,164.	46,903.				
sets or la			Ве	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16) MAY () § 2	2929 🗀	1,614,631.	1,658,758.				
Net As Fund B	21	Total liabilities (Part X, line 26)	<u>.</u>	116,292.	113,516.				
		Net assets or fund balances. Subtract line 21 from line 20  Signature Block  OGDEN.		1,498,339.	1,545,242.				
	art l	- Olgituturo Drook							
		nalties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is				
true	corre	ect, and complete, Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	dana				
≥		Signature of officer		Date	John				
Sigi	à			Date -	•				
Aign	e	TANYA THOMAS, EXECUTIVE DIRECTOR Type or print name and title							
	)		, 10	Date Check	PTIN				
- Faid		Print/Type preparer's name  SUSAN C MOUSER CPA  Preparer's signature  Preparer's name	M - 1	3/02/20 setf-employ					
Prep		Firm's name CLAUSON, MOUSER & CO., PSC, CPAS		Firm's EIN	61-1275765				
		Firm's address 3033 RING ROAD		LIHII 2 LIK	<u> </u>				
ပြို့ သ	J.11.J	ELIZABETHTOWN, KY 42701		Phone no 27	0/737-3343				
(May	the	IDS discuss this return with the propagar shown above? (see instructions)		11 110116 110.22 7	X Yes No				

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Fa	n 990 (2018) SPRINGHAVEN, INC. 61-1096261 Page Int III   Statement of Program Service Accomplishments
	- <del></del>
1	Check if Schedule O contains a response or note to any line in this Part III
	PROVIDE SHELTER / SERVICES TO VICTIMS OF DOMESTIC VIOLENCE
	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code ) (Expenses \$ 214,084. including grants of \$ ) (Revenue \$ TO PROVIDE TEMPORARY SHELTER FOR INDIVIDUALS WHO HAVE BEEN PHYSICALLY,
	MENTALLY, AND/OR EMOTIONALLY ABUSED. INCLUDES \$56,350 OF IN-KIND
	SUPPLIES.
4b	(Code) (Expenses \$ 530 , 150 - including grants of \$) (Revenue \$
	TO PROVIDE FOR DIRECT SERVICE & SUPPORT TO VICTIMS OF DOMESTIC
	VIOLENCE. DOES NOT INCLUDE \$10,656 OF IN-KIND SERVICE.
4c	(Code) (Expenses \$55,304 • including grants of \$) (Revenue \$
	TO PROVIDE FOR A CHILDREN'S PROGRAM WITHIN THE SHELTER.
ld	Other program services (Describe in Schedule O.)
	Other program services (Describe in Schedule O.)  (Expenses \$ 87,948 • including grants of \$ ) (Revenue \$ )  Total program service expenses > 887,486 •

	m 990.(2018) SPRINGHAVEN, INC. / 61-1096	<u> </u>	L F	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	<del> </del>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<del> </del>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			٦,
	public office? If "Yes," complete Schedule C, Part I	3	<del> </del> -	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		
_	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	_		x
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	$\vdash$	_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6	-	x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	1-6	<del>                                      </del>	_
7	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	-	$\vdash$	
0	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	} <b>-°</b> -	<del> </del>	-
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			ĺ
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	x
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.			-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	X ·	ĺ
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		X
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
d	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	X	
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?		İ	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
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		<u> </u>
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ا بر ا		7.7
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	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	ا 🛴 ا	}	v
10	1c and 8a? If "Yes," complete Schedule G, Part II	_18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40	ĺ	Y
20-	complete Schedule G, Part III	19 20a		$\frac{\mathbf{x}}{\mathbf{x}}$
avd	on the organization operate one or more hospital facilities (iii Tes, complete schedule ii	∠∪ä	1	43

20b

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

	m 990 (2018) SPRINGHAVEN, INC. 61-109	<u>6261</u>	P	age 4
Pa	art IV Checklist of Required Schedules (continued)		T	T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	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		1	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		ĺ –	
	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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			7.7
	Schedule L, Part I	25b		X
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,"	000		v
07	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	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	<del>-</del>		41
	instructions for applicable filing thresholds, conditions, and exceptions):	l		
а		28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С				
	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	Х	
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		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			17
•	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	,,		v
25.0	Part V, line 1	34 35a		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	55a		
•	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?	000	+	
••	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	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	38	x	
Par	t 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		<del> ,</del>	
	1 1 -		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	- 1	•	,
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <u>1b</u>	1 . 4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1	
	(gambling) winnings to prize winners?	1c	000	2012
32004	12-31-18	rorm	<b>990</b> (2	(81 Uz

Statements Regarding Other IRS Filings and Tax Compliance (continued) No Yes 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 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a 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 X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .... 5<sub>b</sub> 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .. .. ..... 6b Organizations that may receive deductible contributions under section 170(c). X 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7c d If "Yes," indicate the number of Forms 8282 filed during the year ... 7d . . Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders .... .. .. . Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? ....... b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ...... 15 X If "Yes," see instructions and file Form 4720, Schedule N.

X

16

If "Yes," complete Form 4720, Schedule O.

16

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form 990 (2018) SPRINGHAVEN, INC. 61-1096261 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 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				LX
Sec	ction A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>11</u>		*, -	
	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 0.	ı			
ь	Enter the number of voting members included in line 1a, above, who are independent	11			l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		х
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision				
•	of officers, directors, or trustees, or key employees to a management company or other person?	İ	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Ė	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		X
7a			Ť		
<i>,</i> u	and the second s	.	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	·  -			
J		.	7b		х
8	persons other than the governing body?	·  -	-		
а		. ا	Ва	X	
a b	Fact committee with suithenity to get on highest of the appropriate head of		3b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		-		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		х
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		<u> </u>		
<u> </u>	tion D. I onoico (mis section b requests information about policies not required by the internal revenue code.)		$\neg$	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	1	0a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	"   <u>-</u>			
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	1	оь		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	_	1a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		د . 2a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	· —	2b		X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	`			
Ŭ	In Schedule O how this was done	1	2c	x	
13	Did the organization have a written whistleblower policy?	—	13		X
14	Did the organization have a written document retention and destruction policy?	·· ⊢	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	_		•	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			<u> </u>	
а	The organization's CEO, Executive Director, or top management official	1	5a	$\mathbf{x}$	
	Other officers or key employees of the organization	. —	5b	X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	. L		٠.,	,
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	.		1	
	taxable entity during the year?		6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	40	. ;	,	25. 11
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	•	`	~ <u>.</u> [	, ,
	exempt status with respect to such arrangements?	1	6b		-
Sect	tion 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)	(3)s c	nly)	avaıla	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fil	nanc	ial	
	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 42701				

orm 990 <sup>,</sup> (2018)	SPRINGHAVEN,	INC.	61-1096261 P	age

# 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 hours per week	box	not c	Pos heck ss pe	erson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated 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) JENNIFER LYNN ROBBINS	1.00								•	
DIRECTOR	4 00	X	ļ			<u> </u>	<u> </u>	0.	0.	0.
(2) EMILY ERNST	1.00						ļ		•	•
DIRECTOR	1 00	X	-				<del> </del>	0.	0.	0.
(3) KENDRA STEWART SCOTT	1.00							0.	0.	0.
DIRECTOR	1.00	X	-	_	$\vdash$	├		0.	U •	
(4) SCHELEQUIA JUANYELL HAZEL DAVIS	1.00	x						0.	0.	0.
DIRECTOR CORPOR	1.00	^			$\vdash$	-	-	0.	<u> </u>	<u>.</u>
(5) CHRISTIE GORDON	1.00	X						0.	0.	0.
DIRECTOR (6) MWESA ANTHONY MAPOMA	1.00							•		<u> </u>
DIRECTOR		x						0.	0.	0.
(7) JANICE DIANE OSBORNE	1.00									
DIRECTOR		x						0.	0.	0.
(8) BECKY BISHOP	2.00									
CHAIRPERSON		L_		X				0.	0.	0.
(9) VICKY LARDYDELL-BAZEMORE	1.00	Į								_
VICE CHAIRPERSON			Щ	X	ļ			0.	0.	0.
(10) COURTNEY HORNBACK	2.00									
TREASURER	4 00	_		X	ļ	Н		0.	0.	0.
(11) STEPHANIE LIVERS	1.00								0	•
SECRETARY	40.00	_		X		$\vdash$		0.	0.	0.
(12) TANYA THOMAS	40.00							66,400.	0.	0.
EXECUTIVE DIRECTOR					-	Н		00,400.	<u></u>	<u> </u>
				$\dashv$						
				Ì						
	······································									
						П				

Name and title	Average hours per week	box offi	officer and a director/truste			than is bot	h an	Reportable compensation from	from related	other
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)		compensation from the organization and related organizations
										-
									· · · · · · · · · · · · · · · · · · ·	
							<b>-</b>	66,400.		0. 0.
Total (add lines 1b and 1c) .		•				. 1	<b>▶</b>	66,400.		0. 0. 0.
	not limited to th	ose	liste	d ab	oove	e) wh	o re	ceived more than \$100	,000 of reportable	Yes No
		stee								3 X
and related organizations greater than \$15	0,000? If "Yes,"	cor	nple	te S	che	dule	J fo	or such individual		<ul><li> 200 (200 ) (</li></ul>
endered to the organization? If "Yes," con							nate	o organization of molvid		5 X
Complete this table for your five highest co										ensation from
(A)						_		(B)		(C) Compensation
<del></del>										
							+	•		
							+			<u></u>
							}			
	Sub-total	Sub-total	Sub-total  Sub-total  Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those compensation from the organization)  Did the organization list any former officer, director, or trustee line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable coand related organizations greater than \$150,000? If "Yes," cor Did any person listed on line 1a receive or accrue compensation rendered to the organization? If "Yes," complete Schedule J for Such individual from B. Independent Contractors  Complete this table for your five highest compensated indepet the organization. Report compensation for the calendar year entered to the calendar year entered to the organization. Report compensation for the calendar year entered to the organization. Report compensation for the calendar year entered to the organization. Report compensation for the calendar year entered to the organization. Report compensation for the calendar year entered to the organization. Report compensation for the calendar year entered to the organization. Report compensation for the calendar year entered to the organization. Report compensation for the calendar year entered to the organization.	Sub-total  Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those liste compensation from the organization  Did the organization list any former officer, director, or trustee, keeline 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation from the organization? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a receive or accrue compensation from the organization? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a receive or accrue compensation from the organization? If "Yes," complete Schedule J for such individual Independent to the organization? If "Yes," complete Schedule J for such individual Independent to the organization? If "Yes," complete Schedule J for such individual Independent to the organization for the calendar year endirection of the organization. Report compensation for the calendar year endirection (A)	Sub-total  Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed at compensation from the organization)  Did the organization list any former officer, director, or trustee, key en line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation from the organization speater than \$150,000? If "Yes," complete Schedule J for such individual  For any person listed on line 1a receive or accrue compensation from rendered to the organization? If "Yes," complete Schedule J for such individual  For any person listed on line 1a receive or accrue compensation from rendered to the organization? If "Yes," complete Schedule J for such individual  Complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation from rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a receive or accrue compensation from rendered to the organization? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a receive or accrue compensation from rendered to the organization? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a receive or accrue compensation from rendered to the organization? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a receive or accrue compensation from rendered to the organization for the calendar year ending we have the organization. Report compensation for the calendar year ending we have the organization. Report compensation for the calendar year ending we have the organization.	Sub-total  Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above compensation from the organization  below line)  Sub-total  Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above compensation from the organization  Did the organization list any former officer, director, or trustee, key emploined in the organization in the area of the organization of the organization greater than \$150,000? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such person listed on line 1a receive or accrue compensation from any rerendered to the organization? If "Yes," complete Schedule J for such person B. Independent Contractors  Complete this table for your five highest compensated independent contractors  Complete this table for your five highest compensated independent contractors  Complete this table for your five highest compensated independent contractors  Complete this table for your five highest compensated independent contractors  Complete this table for your five highest compensated independent contractors  Complete this table for your five highest compensated independent contractors  Complete this table for your five highest compensated independent contractors  Complete this table for your five highest compensated independent contractors  Complete this table for your five highest compensated independent contractors	Sub-total  Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who compensation from the organizations    Total rom person listed on line 1a, is the sum of reportable compensation and and related organizations greater than \$150,000? If "Yes," complete Schedule Did any person listed on line 1a receive or accrue compensation from any unrepended to the organization? If "Yes," complete Schedule J for such person listed on line 1a receive or accrue compensation from any unrepended to the organization? If "Yes," complete Schedule J for such person listed on line 1a receive or accrue compensation from any unrepended to the organization? If "Yes," complete Schedule J for such person listed on line 1a receive or accrue compensation from any unrepended to the organization? If "Yes," complete Schedule J for such person listed on line 1a receive or accrue compensation from any unrepended to the organization? If "Yes," complete Schedule J for such person listed on line 1a receive or accrue compensation from any unrepended to the organization? If "Yes," complete Schedule J for such person listed on line 1a receive or accrue compensation from any unrepended to the organization? If "Yes," complete Schedule J for such person listed on line 1a receive or accrue compensation from any unrepended to the organization? If "Yes," complete Schedule J for such person listed on line 1a receive or accrue compensation from any unrepended to the organization? If "Yes," complete Schedule J for such person listed on line 1a receive or accrue compensation from any unrepended to the organization organization for the calendar year ending with or with the organization. Report compensation for the calendar year ending with or with the organization.	Sub-total	hours per week (list any hours for related organizations below line)  Sub-total	Sub-total  Sub-total

				IGHAVEN,	INC.			61-1096	5261 Page
Pa	ıή.\	VII	<del></del> 4			=			
	., ',		Check if Schedule O cont	tains a response	or note to any I	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	ts, and ve 1f	,050,689 190,880				
Con		g h	Noncash contributions included in lines  Total. Add lines 1a-1f	1a-1f \$	56,350. ►	1,241,569.		THE STREET	
Program Service Revenue	2				Business Code			A STATE OF THE STA	The state of the s
P		e f	All other program service reve	nue					
		g		····			ing State of		· ,
	3 4 5		Investment income (including other similar amounts) Income from investment of tax Royalties		. •	955.			955
	6	a b	Gross rents	(i) Real	(ii) Personal				19.00 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
İ		d	Rental income or (loss)  Net rental income or (loss)  Gross amount from sales of	(i) Securities	(ii) Other				**
ļ			assets other than inventory .  Less: cost or other basis and sales expenses  Gain or (loss)		363. 0. 363.				
venue		а	Net gain or (loss)	events (not		363.	Latin Rilling application of and		363.
Other Revenue		b	contributions reported on line Part IV, line 18	a	6,305. 0.	6,305.			6,305.
	ı	a b	Gross income from gaming act Part IV, line 19 Less: direct expenses	tivities. See a b					in a second
	10 a	a b	Less: cost of goods sold	eturns , a , b					
-	11 a	a ,	Net income or (loss) from sales Miscellaneous Revenue		Business Code	State of the state	A Martin Control of the Control of t		dente solo esta esta esta esta esta esta esta esta
	t c		All other revenue				1	A. J. J. L. L. L. L. L. L. L. L. L. L. L. L. L.	
32009	12	_	Total. Add lines 11a-11d  Total revenue See instructions	•••		1,249,192.	0.	0.	7,623. Form <b>990</b> (2018)

# Form 990 (2018) SPRINGHAVEN, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D Fundra exper	iising 1ses
Grants and other assistance to domestic organizations				-	
and domestic governments. See Part IV, line 21					
Grants and other assistance to domestic	]		·		
individuals. See Part IV, line 22		<u> </u>			
Grants and other assistance to foreign					
organizations, foreign governments, and foreign			,		
individuals. See Part IV, lines 15 and 16		<u> </u>	<u> </u>		
Benefits paid to or for members			1 1 1 1		
Compensation of current officers, directors,					
	66,400.	ļ <u> </u>	66,400.		
				ļ	
Other salanes and wages	445,740.	361,533.	84,207.		
·	004 004	450 500			
1		159,680.			
		55,122.			
	37,429.	26,422.	11,007.		
· · · · · · · · · · · · · · · · · · ·		]	}		
Management					
Legal			0 500		
The state of the s	9,500.		9,500.		
- · · · · · · · · · · · · · · · · · · ·			1		
	10 505	1.00	10 245		
· · · · · · · · · · · · · · · · · · ·	10,505.	<u> </u>	10,345.		
- · · · · · · · · · · · · · · · · · · ·	15 061	F.C.2	15 200		
	15,961.	562.	15,399.	<del></del>	
	<del></del>				
	111 605	100 515	2 100	<del></del>	
1					274
	10,379.	9,083.	1,022.		274
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· · · · · ·	2,001.	2,031.	30.		
- · · · · · · · · · · · · · · · · · · ·	<del></del>				<del></del>
. '	20 156	10 360	9 796		
	20,130.	10,300.		<del> </del>	
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)			ACT TO THE PROPERTY	and the second	. ,
	EC 3E0	56 250			
			30		225
					445
				<del></del>	
					499
	1,404,403.	001,400.	214,304.		ユラフ
			}		
educational campaign and fundraising solicitation.	İ				
initeational campainn ann filinneascian coileitation					
	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy	Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation in included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and 445, 740.  361, 521, 522, 523, 524, 522, 524, 522, 524, 523, 524, 524, 524, 524, 524, 524, 524, 524	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers directors, trustees, and key employees Compensation of current officers directors, trustees, and key employees Compensation of current officers directors, trustees, and key employees Compensation of current officers directors, trustees, and key employees Compensation of current officers directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of control officers, and contributions (noted seeds of 15, 20, 20, 26, 200, 361, 533, 84, 207.  Compensation of control officers, and contributions (noted seeds of 15, 20, 20, 20, 26, 200, 361, 533, 84, 207.  Compensation of control officers, and contributions (noted seeds of 15, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 25 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation in futuled above, to disqualited persons (as defined under section 4958(i)(1)) and persons described in section 4958(i)(1)) and persons described in section 4958(i)(1)) and persons described in section 4958(i)(1)) and persons described in section 4958(i)(1)) and persons described in section 4958(i)(3)(B) Other salanes and wages Person plan accrusis and contributions (include section 4018) and 4930) employee contributions (include above section 4018) and 4930) employee contributions (include above section 4018) and 4930) employee contributions (include above section 4018) and 4930) employee contributions (include above section 4018) and 4930) employees):  Management Legal Accounting Accounting Accounting Accounting Accounting Accounting Accounting Accounting Accounting Accounting Accounting Accounting Accounting Accounting Accounting Accounting the 11g expenses on Sch O). Active semantic transport of the 11g expenses on Sch O). Active semantic transport of the 11g expenses on Sch O). Active semantic transport of the 11g expenses of Sch O). Active semantic of travel or entertainment expenses for any federal, state, or local public officials for any federal, state, or local public officials for any federal, state, or local public officials for any federal, state, or local public officials for any federal, state, or local public officials for any federal, state, or local public officials for any federal, state, or local public officials for any federal, state, or local public officials for any federal, state, or local public officials

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	31,030.	1	19,371.
	2	Savings and temporary cash investments	252,000.	2	342,507.
	3	Pledges and grants receivable, net	157,045.	3	146,249.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			,
	-	trustees, key employees, and highest compensated employees. Complete		•	
	l	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			
Ø		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a				
		basis. Complete Part VI of Schedule D 10a 1,858,777.			
	Ь	Less: accumulated depreciation 10b 708,356.	1,174,346.	10c	1,150,421.
	11	Investments · publicly traded securities		11	
	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)	1,614,631.	16	1,658,758.
	17	Accounts payable and accrued expenses	29,866.	17	44,989.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	· · · · · · · · · · · · · · · · · · ·
S	22	Loans and other payables to current and former officers, directors, trustees,			
Iliti		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	86,426.	23	<u>68,527.</u>
	24	Unsecured notes and loans payable to unrelated third parties		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			
		Schedule D	116 000	25	112 516
	26	Total liabilities. Add lines 17 through 25	116,292.	26	113,516.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Se		complete lines 27 through 29, and lines 33 and 34.	1 400 110		1 540 700
auc	27	Unrestricted net assets	1,490,110.		1,540,788. 4,454.
Ba	28	Temporanly restricted net assets	8,229.	28	4,434.
2	29	Permanently restricted net assets		29	
4		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐		,	
ğ		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30 31	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
Net	32	Retained earnings, endowment, accumulated income, or other funds	1,498,339.	33	1,545,242.
_	33	Total liabilities and not assets/fund halances	1,614,631.	34	1,658,758.
	34	Total liabilities and net assets/fund balances	TIOTAIONTO		Form <b>990</b> (2018)

Forr	990 (2018) SPRINGHAVEN, INC.	<u>61-109</u>	<u> 6261</u>	_ Page 12
Рa	rt 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		<u>9,192.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,289.
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>5,903.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,498	<u>3,339.</u>
5	Net unrealized gains (losses) on investments	5		<del></del>
6	Donated services and use of facilities	_6		
7	Investment expenses	7		
8	Prior period adjustments	8		
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,			
_	column (B))	10	1,549	<u>5,242.</u>
Pa	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u> </u>
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1	
	separate basis, consolidated basis, or both:		: 4.	4 31 - 2 - 1
	Separate basis Consolidated basis Both consolidated and separate basis		. 6:5	8 100
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	7. (4	٠ يا :
	consolidated basis, or both:		: _ :	-
	X Separate basis Consolidated basis Both consolidated and separate basis			•
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.		.
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	<b>990</b> (2018)

#### SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

## **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

QMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

61-1096261 SPRINGHAVEN, INC. Reason for Public Charity Status (All organizations must complete this part ) See instructions. Part i The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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). 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 L 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.) 11 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (iii) Type of organization (i) Name of supported (ii) EIN in your governing document (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

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# Schedule A (Form 990 or 990-EZ) 2018 SPRINGHAVEN, INC. [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	ection A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			1		}	
	include any "unusual grants.")	1,033,438,	980,576.	1,145,435,	1,200,943,	1,241,570,	5,601,962.
2	Tax revenues levied for the organ-						,
	ızatìon's benefit and either paid to						
	or expended on its behalf			i		1	
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,033,438,	980,576.	1,145,435	1,200,943,	1,241,570,	5,601,962.
	The portion of total contributions	1,033,430,	300,3700	1,143,433.	1,200,343,	1,241,570	3,001,002,
Ü	by each person (other than a			ľ		1	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		1				
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4 ction B. Total Support				<del></del>		5 601 962.
_		(-) 0014	(1) 0015	(-) 0016	(-I) 0017	(-) 0010	(f) Total
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	1,033,438,	980,576.	1,145,435.	1,200,943,	1,241,570.	5,601,962.
8	Gross income from interest,			ŀ			
	dividends, payments received on			1			
	securities loans, rents, royalties,	4.5	222	0.50	2.45	055	1 016
	and income from similar sources	46.	332.	268.	345.	955.	1,946.
9	Net income from unrelated business						
	activities, whether or not the	İ					
	business is regularly carned on						
10	Other income. Do not include gain						
	or loss from the sale of capital		İ				
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5,603,908.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	year as a section	n 501(c)(3)	
	organization, check this box and stop	here .					. •
Sec	ction C. Computation of Public	c Support Per	centage	<u> </u>			
14	Public support percentage for 2018 (lin	ne 6, column (f) div	vided by line 11, co	olumn (f))		14	99.97 <u>%</u>
15	Public support percentage from 2017	Schedule A, Part I	I, line 14			15	<u>99.97 %</u>
16a	33 1/3% support test - 2018. If the or	ganization did not	check the box on	line 13, and line 14	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies a	s a publicly suppo	orted organization				▶\\
b	33 1/3% support test - 2017. If the or	ganization did not	check a box on lir	e 13 or 16a, and li	ne 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qualif	ies as a publicly s	upported organizat	ion			▶□
17a	10% -facts-and-circumstances test						r more,
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t		·	•	•		ightharpoons
b	10% -facts-and-circumstances test	_		• • •	•	7a, and line 15 is 1	0% or
-	more, and if the organization meets the	_					
	organization meets the "facts-and-circu				=		
8	Private foundation. If the organization		-				
<del>-</del>	roundation, it the organization						<u> </u>

# Schedule A (Form 990 or 990-EZ) 2018 SPRINGHAVEN, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	lelow, please con	ipiete Part II.)	<del></del>	<del></del>		
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and	(0) -0	15/25.5	(0/2010	10/201/	10/2010	11/10.0
membership fees received. (Do not		1				
include any "unusual grants.")				1		
2 Gross receipts from admissions,				<del>                                     </del>	<del>                                     </del>	<del>/</del>
merchandise sold or services per-	j		ļ			
formed, or facilities furnished in		}				
any activity that is related to the		1				
organization's tax-exempt purpose		<del> </del>	<del> </del>	<del></del>	<del> /</del>	<del> </del>
3 Gross receipts from activities that		}		i		1
are not an unrelated trade or bus-		İ			/	
iness under section 513	_ <del></del> _			ļ	<del>//</del>	ļ
4 Tax revenues levied for the organ-		1	1	1	1	1
ization's benefit and either paid to	İ				1	
or expended on its behalf						
5 The value of services or facilities	I					
furnished by a governmental unit to			ĺ			ľ
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and				/		
3 received from disqualified persons			/	1		
b Amounts included on lines 2 and 3 received			/			<del></del>
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the				ĺ		
amount on line 13 for the year					<del> </del>	<del> </del>
c Add lines 7a and 7b	THE PROPERTY OF THE PARTY OF TH	据 1. 18 2 清 相 域	7	40°4 × 19° × 3 × 4	网络拉克	<del> </del>
8 Public support. (Subtract line 7c from line 6) Section B. Total Support	at a hotel of a sales	And the second of the second	1	1 44, 7 1141	1 7 7 9 42 1 Par 1 1	L
······	4 > 004 4	1 (1) (2)	1 20010	4 0 004 7	4 3 6 6 4 6	<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	<del></del>	<del> /- </del>			<del> </del>	<del></del>
10a Gross income from interest, dividends, payments received on		/				
securities loans, rents, royalties,		/				
and income from similar sources		/_/				
b Unrelated business taxable income		/				}
(less section 511 taxes) from businesses		/				
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,					[	
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)	/			· <del></del> · · · ·		
13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for	the expenient on's	first second thir	d fourth or fifth to	v voor on a contra	n 501/0\/2\ organiz	L
-	the organization s	s iirst, second, triir	o, lourth, or little ta	x year as a secuc	in 50 (c)(3) organiz	ation,
check this box and stop here Section C. Computation of Public	o Support Po	roontogo	<del>-:</del>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
5 Public support percentage for 2018 (lir		•	column (f))		15	
6 Public support percentage from 2017			<del></del>	<del></del>	16	<del></del>
section D. Computation of Inves			<del> </del>			
7 Investment income percentage for 201			ne 13, column (f))		17	
8 Investment income percentage from 20			, .		18	
9a 33 1/3% support tests - 2018. If the c	organization did n	ot check the box o	on line 14, and line	15 is more than 3	33 1/3%, and line 1	7 is not
more than 33/1/3%, check this box an	dstop here. The	organization qualıf	ies as a publicly su	upported organiza	ation	<b>▶</b> □
b 33 1/3% support tests - 2017. If the c	-					and
line 18/s not more than 33 1/3%, chec						. ▶□
O Private foundation. If the organization		•				▶ □

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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 class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b 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 organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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 authoriting such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Old the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ)
- 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 in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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	edule A (Form 990 or 990 EZ) 2018 SPRINGHAVEN, INC.	61-109626	<u>1</u> P	age s
P	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	below, the governing body of a supported organization?	11a		┼—
	A family member of a person described in (a) above?	11b		┼
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Set	Cuon B. Type i Supporting Organizations	· · · · · · · · · · · · · · · · · · ·	Van	T NIO
1	Did the directors, trustees, or membership of one or more supported organizations have the newer to	[	Yes	No
•	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	Controlled the organization's activities. If the organization had more than one supported organization,	-		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		1
2	Did the organization operate for the benefit of any supported organization other than the supported	- '- <del>'</del>		1
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	,, ·	• `	;
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		,	i ·
	supervised, or controlled the supporting organization.	2		
Sec	stion C. Type II Supporting Organizations			
		<u> </u>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	*, -	٠.,	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			İ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	.		
	significant voice in the organization's investment policies and in directing the use of the organization's	,		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		.	
	supported organizations played in this regard.	3		
<u>Sec</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee ins	tructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity			
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	'	• 1	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1 . 1	ľ	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	.		
	how the organization was responsive to those supported organizations, and how the organization determined	' '	.	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	' 'd	.	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		-	
	reasons for the organization's position that its supported organization(s) would have engaged in these		r -	
_	activities but for the organization's involvement.	2b	<del> </del>	
3	Parent of Supported Organizations. Answer (a) and (b) below.	1 • 1	> '	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		٠ -	
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a	-	<del></del>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1 '' 1	- 1	•
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sch	edule A (Form 990 or 990-EZ) 2018 SPRINGHAVEN, INC.		6	1-1096261 Page 6
_	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	a Ora		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI.) See instructions.
	other Type III non-functionally integrated supporting organizations must co	-		
Sec	tion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	1		
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	Ţ.,	, • ,	•
	instructions for short tax year or assets held for part of year):	į		•
a	Average monthly value of secunties	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c	,	
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			•
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4	·	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		<u>,</u>
2	Enter 85% of line 1	2	The strong was miles to	
3	Minimum asset amount for prior year (from Section B. line 8, Column A)	3	全国2000年1月1日 · 100日	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

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Enter greater of line 2 or line 3
Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Sob	edule A (Form 990 or 990 EZ) 2018 SPRINGHAVEN,	TNC		51-1096261 Page 7
	Type III Non-Functionally Integrated 50			71 1030201 Fage 7
	tion D - Distributions	<u> </u>	(00111111111111111111111111111111111111	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes	<del></del>	- Garrone rous
	Amounts paid to perform activity that directly furthers exem		<del>, ,</del>	,
_	organizations, in excess of income from activity	F - F		İ
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	,		
8	Distributions to attentive supported organizations to which	the organization is responsiv	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2018 from Section C, line 6	· ·		
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	The state of the s	<b>海水类等等级影响</b>	
2	Underdistributions, if any, for years prior to 2018 (reason-	E contract of the second of the second		· 14:50 15:15:15:15:15:15:15:15:15:15:15:15:15:1
	able cause required- explain in Part VI) See instructions.	The state of the s		
3	Excess distributions carryover, if any, to 2018	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	36 20 13 13 13 14 14 15 15 15 16 15 16 16 16 16 16 16 16 16 16 16 16 16 16	おは一時でなけるはない。 かいかいかっ
а	From 2013	建设设置的数据 计数据数	<b>新叶型流光子学系数</b>	間では対象を表現を
b	From 2014		ことででは、10世紀におり、10世紀を10世紀	<b>是这种的特色的是</b>
С	From 2015	<b>《题书图》</b> 的"诗水上"的意	智能能是一条环境运动	
d	From 2016	<b>医性性性性性性性</b>	問言語語言的思想	Company of the property of the
е	From 2017	THE PROPERTY OF THE PROPERTY O	MARKET HAVE AND A STATE OF	はいるとは、大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大
1	Total of lines 3a through e		<b>建筑经验的线点设置等</b>	是
	Applied to underdistributions of prior years	<b>学是是常见,不可以</b>		<b>对于不是不是是一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一</b>
	Applied to 2018 distributable amount	<b>通過的影響。</b> 1985年	可源的解型的心态的影響	
i	Carryover from 2013 not applied (see instructions)		<b>原理學學學學學學學</b>	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		是是特殊的	職を置いるのではなっています。
4	Distributions for 2018 from Section D,			
	line 7: \$	<b>《新疆集集》</b>	独化されている。	
а	Applied to underdistributions of prior years	主,但是那些是一种		が、自然の制度に対
b	Applied to 2018 distributable amount	是一个一个一个一个	<b>英国经验的印刷加强</b>	
С	Remainder. Subtract lines 4a and 4b from 4.		<b>经验证证证证证</b>	
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.	THE COLD BEST OF		[4] TO THE WAR THE WAR THE WAY TO THE
6	Remaining underdistributions for 2018. Subtract lines 3h		HEROMAN COMMAN	
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.	1	المراجع المراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع	BERTHARIST ANTENTON FOR LAND OF THE
8	Breakdown of line 7:	言語をかれてきた。	自己是一个是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一	
а	Excess from 2014	場的語言對於於自然表現	は自然のははは	ENGLISH TO THE TANK T
b	Excess from 2015	<b>产的最近的现在分词的特别</b>	A STATE OF THE PARTY OF THE PAR	AND THE PARTY OF T
	Excess from 2016		an end of the second	Mile The Control of t
d	Excess from 2017	が対象を変える場合		The state of the s
е	Excess from 2018	引起中海的影響和自身的	<b>新疆海岸</b> 的一种市场新疆和	我跟她们是在西方人。""是一

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 SPRINGHAVEN,	INC.	61-1096261 Page 8
Part VI	Supplemental Information. Provide the exp Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9d line 1: Part IV. Section D, lines 2 and 3: Part IV, Section D	planations required by Part II, line 10; Part II, line 17a a., 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines tion E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part nes 2, 5, and 6. Also complete this part for any additions.	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
			-

### SCHEDULE D

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

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

▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Name of the organization 61-1096261 SPRINGHAVEN, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ... 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year ... . ...... 4 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 chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on 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 Preservation of a certified historic structure Protection of natural habitat □ 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 · Held at the End of the Tax Year day of the tax year. 2a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) ... . . . . d Number of conservation easements included in (c) acquired after 7/25/06, 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, 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) 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" on 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: (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 on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		HAVEN, INC.							96261	
Pa	rt III Organizations Maintaining (	Collections of A	rt, His	storical Ti	reasures,	or Oth	er Simil	ar Asse	ts(continu	ed)
3	Using the organization's acquisition, access	sion, and other recor	ds, che	ck any of the	following th	at are a	significant	use of its	collection i	items
	(check all that apply).									
а	Public exhibition	•	a 🗀	Loan or exc	change prog	rams				
b	Scholarly research		e 🗀	Other						
c	Preservation for future generations									
4	Provide a description of the organization's c	collections and expla	in how t	they further t	the organiza	tion's ex	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, h	nistorical trea	asures, or ot	her sımıla	ar assets		_	
	to be sold to raise funds rather than to be m	naintained as part of	the orga	anızation's c	ollection?		•		_ Yes	No_
Pa	rt IV. Escrow and Custodial Arran	<b>igements.</b> Compl	lete if th	e organizatio	on answered	l "Yes" o	n Form 99	D, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	art X, line 21.								
1a	Is the organization an agent, trustee, custod	lian or other interme	diary foi	r contribution	ns or other a	issets no	t included		_	
	on Form 990, Part X?							<u> </u>	」 Yes	L 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	<u> </u>		
е	Distributions during the year						. 1e	ļ <u> </u>	<u> </u>	
f	Ending balance						. 1f			
2a	Did the organization include an amount on F	form 990, Part X, line	21, for	escrow or c	ustodial acc	ount liab	olity?	∟	_ Yes	U No
	If "Yes," explain the arrangement in Part XIII									<u> </u>
Pa	rt V Endowment Funds. Complete	if the organization ar			1"				<del></del>	
		(a) Current year	(b) l	Prior year	(c) Two year	ars back	(d) Three	/ears back	(e) Four ye	ears back
1a	Beginning of year balance		ļ							
b	Contributions				ļ					
С	Net investment earnings, gains, and losses									
d	Grants or scholarships				ļ					
е	Other expenditures for facilities						ļ			
	and programs				<u> </u>		ļ. <u>.</u>			
f	Administrative expenses				<u> </u>					
g	End of year balance		l		<u> </u>					
2	Provide the estimated percentage of the cur			Ig, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
_	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	and administ	ered for	the organiz	ation		<del></del>
	by:									es No
	(i) unrelated organizations		•					••	3a(i)	-
	(ii) related organizations							•••	3a(ii)	<del></del>
	If "Yes" on line 3a(ii), are the related organiza	•						••	3b	
4	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		owment	tunas.			<del></del>	<del>,</del>	<del></del>	
Par	t VI Land, Buildings, and Equipm Complete if the organization answere		n Dort I	V line 11a G	Soo Form 00	Λ Dart V	line 10			
				T		1		<u> </u>	(d) Pook v	
	Description of property	(a) Cost or o basis (investr		1	t or other (other)		Accumulate preciation		(d) Book v	aiue
		Dasis (IIIVesti	nent)		0,000.				20	,000.
	Land								$\frac{20}{1,040}$	
	Buildings	•		1,59	8,907.		558,8	20.	1,040	· · · ·
	Leasehold improvements			22	0 070	-	149,4	<del>-   -</del>	9.0	,410.
	Equipment	·		∠3	9,870.	-	147,4	<u> </u>	30	, <del>1</del> 10 °
	Other		V ==1	)	1001	J			1,150	121
Total	. Add lines 1a through 1e (Column (d) must e	quai Form 990, Part	x, colui	nn (B), line 1	I UC.)				<u> </u>	<u>,441.</u>

Schedule D (Form 990) 2018 SPRINGHAVEN	I, INC.		61	-1096261 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val	uation. Cost or end	l-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other			····	
(A)	<u> </u>			
(B)				
(C)				
(D)			<u> </u>	
(E)				
(F)				
(G)			<u> </u>	
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		7.	a Made III da ii baye a	*1
Part VIII Investments - Program Related.	<del>.</del> .			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Pa	art X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of value	uation: Cost or end	-of-year market value
(1)				
(2)				
(3)		,		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		•		
Part IX Other Assets.			•	•
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Pa	art X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				•
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f See Form 9	90, Part X, line 25.	
(a) Description of liability		(b) Book value	1 3 17 433	er = 1740 - 1 - 1 - 1 - 1 - 1 - 1
(1) Federal income taxes			40 (20 pt ) 40 pt (40	
(2)		• .		FIRE COLORS
(3)			•••	
(4)			• ; ,	• • •
(5)			·	•
(6)			5 25	• •
(7)				~ .

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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 X

(8)

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection.

**Employer identification number** 

61-1096261 SPRINGHAVEN, INC. Types of Property (d) (a) (b) (c) Noncash contribution Number of Method of determining Check if contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications . . . 56,350.FMV X Clothing and household goods 5 Cars and other vehicles 6 Boats and planes ... 7 Intellectual property Я 9 Securities · Publicly traded ...... 10 Securities - Partnership, LLC, or 12 Securities - Miscellaneous ... 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 16 Real estate · Other . .... .. ... ... 17 Collectibles 18 19 Food inventory 20 21 Taxidermy ... . . . . . . . . 22 Historical artifacts Scientific specimens .. . 23 Archeological artifacts 24 25 Other > 26 Other Other 27 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for . نور خو exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a 430 b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

Schedule M		SPRINGHAVEN,		61-1096261	Page 2
Part II	is reporting in Par	I Information. Provide t I, column (b), the number dditional information.	the information required by Part I, lines 30b, 32b of contributions, the number of items received,	o, and 33, and whether the organizat or a combination of both. Also comp	tion olete
					-
	<del>-,., , , </del>				-
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### 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.

Go to www.irs.qov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection !

Name of the organization

CDDINGHAVEN TNC **Employer identification number** 61-1096261

SPRINGHAVEN, INC.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
TO EDUCATE THE STAFF AND COMMUNITY ABOUT DOMESTIC VIOLENCE, VIA
OUTREACH, TRAINING & EDUCATION. DOES NOT INCLUDE \$7,044 OF IN-KIND
SPACE.
EXPENSES \$ 87,948. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE DIRECTOR, THE FINANCE DATA GRANTS SPECIALIST 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

Schedule,O (Form			<u> </u>										Page 2
Name of the organ	izatıc		HAVE	N,_INC.				<del> </del>		Emplo 62	yer ide <u>l – 1 (</u>	entification 96261	number
FINANCIAL	SI	ATEMENTS	ARE	AVAILABLE	то	THE	PUBLIC	UPON	REQ	UEST	то	THE	
APPROPRIA:	ГE	ORGANIZA	TION	OFFICIALS	•				<del></del>	•			
										<u> </u>			<u></u>
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