Form	99	C

### **Return of Organization Exempt From Income Tax**

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

Department of the Treasury

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

OMB No. 1545-0047

Open	to	Public

Inter	nal R	evenue	e Service	Go to www.irs.gov/Form990 for instructions and the latest inform	nation.	Inspection
Α	For	the :	2018 calend	ar year, or tax year beginning , 2018, and end	ding	, 20
в	Che	ck if ap	plicable:	C Name of organization THE HAVEN OF TRANSYLVANIA COUNTY		D Employer identification no.
	Addr	ress ch	nange	Doing business as		27-1124164
	Nam	ne char	nge	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	Initia	al return	n	PO BOX 25		(828) 877-2040
$\overline{\Box}$	Fina	l return	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts
Ē		ended r	CONTRACTOR OF CONTRACTOR	BREVARD, NC 28712		\$ 423,223
П			pending	F Name and address of principal officer:	H(a) Is this a group return t	
			F ************************************		H(b) Are all subordinate	<u> </u>
1	Tax-	exemp	ot status: X	501(c)(3)	The second secon	a list. (see instructions)
÷		osite:		THEHAVENSHELTER.ORG	H(c) Group exemption	
	100					The start starts
P	art	-	Summar		M State of leg	al domicile: NC
<u> </u>	1	_				MENI MOMENI AND
					15 SHELTER TO	MEN, WOMEN, AND
ICe			CHILDREN	WHO ARE EXPERIENCING HOMELESSNESS.		
nar		3				
Governance		2	Chack this h	x      if the organization discontinued its operations or disposed of more than 25% of	fite pot acceta	
ŝ				—	1	
				ting members of the governing body (Part VI, line 1a)		12
Activities &				dependent voting members of the governing body (Part VI, line 1b)		12
ivit				of individuals employed in calendar year 2018 (Part V, line 2a)		4
Act				of volunteers (estimate if necessary)		53
				d business revenue from Part VIII, column (C), line 12		
-	-	b	Net unrelate	business taxable income from Form 990-T, line 38	· · · · · · · / 7b	0
			_		Prior Year	Current Year
				and grants (Part VIII, line 1h)	149,08	8 380,224
nue				rice revenue (Part VIII, line 2g) • • • • • • • • • • • • • • • • • • •		0
Revenue		10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	3,12	4 3,166
Re		11	Other revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) • • • • • • • • • • • •	25,26	8 26,909
		12	Total revenu	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	177,48	0 410,299
		13	Grants and s	milar amounts paid (Part IX, column (A), lines 1-3)		0
		14	Benefits paid	to or for members (Part IX, column (A), line 4)		0
ú		15	Salaries, oth	er compensation, employee bene fits (Part IX, column (A), lines 5-10)	118,72	3 116,547
se		16a	Professional	fundraising fees (Part IX, column (A), line 11e)		0
Expenses		b	Total fundrai	ing expenses (Part IX, column (D), line 25) 0		
EX	Ī	17	Other expen	es (Part IX, column (A), lines 11a-11d, 11f-24e)	74,44	7 91,944
		18	193,17			
		19	Revenue les	s expenses. Subtract line 18 from line 12 · · · · · · · · · · · · · · · · · ·	(15,69	
5	ses			В	leginning of Current Year	
pto	land	20	Total assets	Part X, line 16) • • • • • • • • • • • • • • • • • • •	559,02	9 754,579
Ace	Ba	21	Total liabilitie	s (Part X, line 26)	89,17	
Net	Fund Balances	22	Net assets o	fund balances. Subtract line 21 from line 20	469,85	
	art	11	Signatu	re Block		
				lare that I have examined this return, including accompanying schedules and statements, and to the best of my k	nowledge and belief, it is	
tru	e, col	rrect, a	ina complete. De	claration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
_			NICH	DLAS BEARDEN WILL SAL		
Si	gn		Signatu	e of officer	Da	te /
He	ere		NICH	DLAS BEARDEN, PRESIDENT	-	1/11/2019
				wint name and title		1
0 <u>4</u>			Print/Type pre	parer's name Preparer's signature pertalement Date	Check X if	PTIN
Pa	id		Kayla (	1 main war	self-employed	P01611165
Pr	epa	arer		Kayla Cermak CPA	Firm's EIN	
	-	Only			Phone no.	
				Brevard NC 28712		553-4021
Ma	v the	e IRS	discuss this	return with the prenarer shown above? (see instructions)		

For Paperwork Reduction Act Notice, see the separate instructions.

Form	n 990 (2018) THE HAVEN OF TRANSYLVANIA COUNTY	27-1124164 Page 2
Pa	It III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE HAVEN PROVIDES SHELTER TO MEN, WOMEN, AND CHILDREN WHO ARE EXPERIN	ENCING HOMELESSNESS.
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	· · · · · · · · · 🗌 Yes 🛛 🕱 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	· · · · · · · · 🗌 Yes 🛛 🕱 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services,	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc	cations to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 208,491 including grants of \$ ) (	
τu	THE HAVEN ACCOMODATED 49 HOMELESS MEN AND WOMEN DURING 2018. THE AVERA	
	HAVEN FAMILY HOUSE ACCOMMODATED 37 PEOPLE, 17 FAMILIES DURING 2018. CO	
	PROVIDED SHELTER ON FRIGID NIGHTS AND SERVED 52 PEOPLE.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (	(Revenue \$
	, (	· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$ including grants of \$) (	(Revenue \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses  208,491	
_		E 000 (0010)

Form	990 (	2018
Par	t IV	

### 8) THE HAVEN OF TRANSYLVANIA COUNTY Checklist of Required Schedules

			¥	
4	In the experimentation described in eaction $E(1/c)(2)$ or $4047(c)(4)$ (other then a private foundation)? If "Vec."		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	4	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? • • • • • • • • • • • • • • • • • • •	1	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	Λ	
3		3		v
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			- 21
U	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	•		- 21
J	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V · · · · · · · · · · · · · · · · · ·	10		х
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII • • • • • • • • • • • • • • • • • •	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X • • • • • •	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	146		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		X
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		- 21
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III • • • • • • • • • • • • • • • • •	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form	orm 990 (2018) THE HAVEN OF TRANSYLVANIA COUNTY	27-1124164	F	age 4
Pa	Part IV Checklist of Required Schedules (continued)			
			Yes	No
22				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			X
23				
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J			X
24a		0.44		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2			v
ь	through 24d and complete Schedule K. If "No," go to line 25a			X
b				
C	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?			
Ы				
d 250				
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	•••••••• 25a		х
b				
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E			
	If "Yes," complete Schedule L, Part I	? 		х
26	•	200		- 21
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II			х
27				- 21
	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			Х
28				
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а				Х
b				
	Schedule L. Part IV • • • • • • • • • • • • • • • • • •			х
с	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereo	of)		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	1	X	
30				
	conservation contributions? If "Yes," complete Schedule M			Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule I	N, Part I • • • • • • • • 31		Х
32	2 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II			Х
33	B Did the organization own 100% of an entity disregarded as separate from the organization under Regulation	ons		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, II	11,		
	or IV, and Part V, line 1 • • • • • • • • • • • • • • • • • •			Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	•••••••••••••••••••• 35a		Х
b	<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<u>35b</u>		Х
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2			Х
37	7 Did the organization conduct more than 5% of its activities through an entity that is not a related organizat	ion		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	VI 37		Х
38	B Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b a	and		
_	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Par	art 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.	<u></u>		
			Yes	No
1a		· · 1a 1		
b		•• 1b 0		
С				
	reportable gaming (gambling) winnings to prize winners?	· · · · · · · · · · · · · · 1c	X	

2a       Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, file d or the calendar year ending with or within the year covered by this return       2a       4         b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b       X         Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)       3a       X         b       If at least one is reported on line 2a, did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         b       If 'Yes, 'has it filed a Form 990-T for this year? /f 'No' to line 3b, provide an explanation in Schedulo 0       3b       3a         4       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?       4a       X         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).       Sa       X         b       Uf any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       Sb       X         b       If 'Nes,' id the organization include with ever y solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       Ga       X         f <th></th> <th colspan="7">orm 990 (2018) THE HAVEN OF TRANSYLVANIA COUNTY 27-1124164 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)</th>		orm 990 (2018) THE HAVEN OF TRANSYLVANIA COUNTY 27-1124164 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
2a       Entry the number of employees reported on Fam W3. Transmitted VWape and Txx       2a       4         b       If a least one is reported on line 2a, did the organization file at required footing employment tax returns?       2b       X         b       If a least one is reported on line 2a, did the organization flee at function of during the year?       3a       X         b       If the same of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)       3b       X         b       If the same of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)       3b       X         b       If the same of lines 1a and 2a is greater than 250, you may be required up or file with the year?       3b       X         b       If the same of lines 1a and 2a is greater than 250, you may be required up or the and the year?       3b       X         b       If the same of lines 1a and 2a is greater than 30 is a person to ender advect year?       5a       X         b       If the same of the same of lines 1a and 2a is problet to same lines transcolar and same year?       5a       X         c       If the same of lines 1a and 2a is problet to same lines transcolar and the year?       5a       X         d       If the same of lines 1a and 2a is problet to same lines transcolar and the year?       5a       X         d       If the same of lines 1a and 2a is	1 a			Vac	No					
Streaments. Red for the calendar year ending with or within the year covered by the tatum       2       4       4       4         Note. If the sum of lines 1 and 2a is greater than 250, you may be required to <i>e</i> /the (see instructions)       20       20         A can yrite during the calendar year, dot the organization have an interest in, or a signature or other authority over, an financial account in a foreign country (such as a bank account; securits) and the financial account?       4a       X         b '' ves, 'nest the ane of the foreign country (such as a bank account; securits, or other financial account?)       4a       X         b '' ves, 'nest the ane of the foreign country (such as a bank account; securits, or other financial account?)       4a       X         b '' ves, '' west the ane of the foreign country (such as a bank account; securits, or other financial account?)       4a       X         b '' ves, '' west the ane of the foreign country (such as a bank account; securits, or other fundoial account?)       5a       X         c '' ves, '' west the ane of the foreign country (such as a bank account; securits thread the account in a foreign country (such as a bank account; securits)       5a       X         c '' ves, '' west the ane of the foreign country (such as a bank account; securits)       5a       X         c '' ves, '' west the ane of the foreign country (such as a bank account; securits)       5a       X         c '' ves, '' west the ane organization in the west as organization that west are portalization the	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax		163						
b       If a least one is responded on line 2a, did the organization file all required te AFR (respinsation hore and 2a) in granter than 230, your may be required to AFR (respinsation have annulated business prosis income 63, 000 or more during the year?       2a										
Note:         If the sum of lines 1 and 2 is greater than 260, your may be required to e-fle (see instructions)         Image: Control State 1 and 2 is greater than 260, your once during the year?         State 1 and 2 is greater than 300, your may be required to explanation in Schedule 0         State 1 and 2 is greater than 300, your on a signature or other authority over.         Image: Control State 1 and 2 is greater than 300, your of a signature or other authority over.         Image: Control State 1 and 300, your on a signature or other authority over.         Image: Control State 1 and 300, your on a signature or other authority over.         Image: Control State 1 and 300, your on the state 2 is a state account's account's a control searceut, or or a signature or other authority over.         Image: Control State 2 is a state 300, your or a signature or other authority over.         Image: Control State 2 is a state 300, your or a signature or other authority over.         Image: Control State 300, your or a signature or other authority over.         Image: Control State 300, your or a signature or other authority over.         Image: Control State 300, your or a signature or other authority over.         Image: Control State 300, your or a signature or other authority over.         Image: Control State 300, your or a signature or other authority over.         Image: Control State 300, your or a signature or other authority over.         Image: Control State 300, your or a signature or other authority over.         Image: Control State 300, your or a signature or other authority over.         Image: Control State 300, your or addition and party to prohibite at state 300, your or addition and party to prohibite at state 300, your or addition and party to probute state 300, your or addits and party state accountst	b		2b	Х						
3a       Define organization have unrelated business gross income of \$1,000 or more duing the year?       3a       X         b       If "Yes' risk tilted a Form 3900 for his year? More its do 20,000 de nucleatandom is Schedzido O       3b       3b         b       If wes' risk tilted a Form 3900 for his year? More its do 20,000 de nucleatandom is Schedzido O       3b       3b         b       If wes' risk tilted a Form 3900 for his year? More its do 20,000 de nucleatandom is Schedzido O       3b       3b         b       If wes' risk tilted a Form 3900 for his year? More its do 20,000 de nucleatandom is Schedzido O       5a       X         b       If wes' risk tilted a Form 3900 for som 3806 for any titte and year?       5a       X         comparization a party to exploratization for Borm 8806 for any titte and year?       6a       X         comparization in party to exploratization for Borm 8806 for any titte and year its any titte any titted a form 3000 for any titted										
4a       At any time during the calendary year, dd: the organization have an interest in, or a signature or other subnority over, a financial account); with the same of the foreign country; with the organization have annual gross receipts that are normally greater than \$100,000, and dd the organization have annual gross receipts that are normally greater than \$100,000, and dd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible from \$866-7       5a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6b       If         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6b       Id         b       Did the organization nolity the down of the value of the goods or services provided?       7a       X         f       Tyes," did the organization in a pay premiume, or a personal benefit contract?       7a       X         did the organization nolity the down of the value of the goods or services provided?       7a       X         f       Tyes	3a									
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  44  4  4  4  4  4  4  4  4  4  4  4	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							
b       11 "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).       Sa         54       Was the organization a prohibited tax shelter transaction at any time during the tax year?       Sa       X         54       Was the organization have annual gross receipts that are normally greater than \$100.000, and did the organization include with every solicitation an express statement that such contributions or glifts were not tax deductible contributions under section 170(c).       Se       X         75       Tyes," ridd the organization include with every solicitation an express statement that such contributions or glifts were not tax deductible contributions under section 170(c).       Se       X         76       Tyes," ridd the organization include with every solicitation on the value of the goods or services provided?       7a       X         77       Tyes," ridd the organization notify the donor of the value of the good or services provided?       7b       Tyes," ridd the organization notify the donor of the value of the good or services provided?       7c       X         8       Tyes," ridd the organization notify the donor of the value of the good or services provided?       7c       X         9       Dod the organization notify the donor of the value of the good or services provided?       7c       X         10       Tyes," ridd the organization notify the donor of the value of the good or services provided? <td< th=""><th>4a</th><th>At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,</th><th></th><th></th><th></th></td<>	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       See         5a       Was the organization a parkly to a prohibited tax shelter transaction at any time during the tax year?       Se       X         bD dary taxable party notify the organization that twas or is a parkly to a prohibited tax shelter transaction?       Se       X         bD or she organization twas non lay greater than \$100,000, and dithe organization that were not tax deductible as charitable contributions?       Ge       X         bI 'Yes; 'full the organization tracke with very solicitation an express statement that such contributions or glifts were not tax deductible contributions such earses of \$75 made party as a contribution and partly for goods and services provided to the payor?       7a       X         11 'Yes; 'full the organization traceive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?       7a       X         11 'Yes; 'full the organization and y thad, directly or indirectly, to pay premiums on a personal benefit contract?       7b       X         11 'Yes, 'full clice Form \$222.1       7d       7d       X         11 'Yes, 'full clice form \$222.1       1 full the indirect the organization and the searce of targible personal poperty for which it was required to the payor?       7c       X         11 'Yes, 'full clice form \$222.1       1 full the organization fave searce is a paythed, a directay or indirectly, to pay premiums directay repreates the indirect		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
53       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       53       X         b       Did any taxable party notity the organization file Form 8888-T?       50       X         64       Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions shat were nort tax deductible as charitable contributions?       6a       X         74       Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       X         75       Organizations that may receive deductible contributions under section 170(c).       7b       7c       X         76       Organization celeve a payment in excess of S7 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         76       Did the organization notify the donor of the value of the goods or services provided?       7c       X         77       Tyse," did the organization notify the donor of the value of the goods or services provided?       7c       X         77       Tyse," indicate the number of Forms 8282 filed during the year       7d       X         74       Did the organization notify the donor durided the query and the organization file Form 8289 as required?       7f       X         76       X       The organization celeve any thats	b									
b       Dd any taxable party noity the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If Yes' to line 5a or 5b, did the organization file Form 8886-T?       5c       5c         Does the organization ave annual gross receipts that are normaly greater than \$100,000, and did the organization nolude with every solicitation an express statement that such contributions or gifts were not tax deducible?       6a       X         7       Organization subtat may receive adducible contributions under section 170(c).       6b       6b         7       Organization colled with every solicitation an express statement that such contributions or gifts were not tax deducible?       7a       X         8       Did the organization nolity the dorn of the value of the goods or services provided?       7b       7c       X         9       If Yes, 'idd the organization neceives any tonds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         9       Did the organization neceive a contribution of cast, basts, anplanes, or other vehicles, did the organization fraction?       7c       X         9       Sponsoring organization neceive a a distribution subs, anplanes, or other vehicles, did the organization fraction?       7d       X         11       He organization have excess business business or other vehicles, did the organization fave annual programation fracter with paven?       7d       X		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
c       If "Yes" to line 5a or 5b, did the organization file Form 8898-F7       5c         6a       Does the organization have annual gross receipts that are normally greater that \$100,000, and did the organization isolicit any combutions that were not tax deductible as charitable contributions or gifts were not tax deductible contributions and were not ax deductible contributions and were set statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6b       X         7       Organization to tax deductible contributions under section 170(c).       7a       X         10 the organization on toth the donor of the value of the goods or services provided?       7a       X         11 "Yes," did the organization neity the donor of the value of the goods or services provided?       7a       X         11 "Yes," did the organization neity the donor of the value of the goods or services provided?       7a       X         12 Ubt the organization neity the donor of the value of the goods or services provided?       7a       X         13 Ubt expanization neity the donor of the value of the goods or services provided?       7a       X         14 U*s," did the organization for expansization for expansization for forms 822?       7a       X         14 U*s," did the organization for expansization for forms 822.       7a       X         14 U*s, find the organization for forms 822.       7a       X         14 U*sery did the organization forms expansization	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a							
6a       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         b)       If '\ses,'' did the organization include with every solicitation a express statement that such contributions or gifts were not tax deductible?       6b       X         c)       Organizations that may receive deductible contributions under social on 170(c).       7a       X         d)       If '\ses,'' did the organization notify the donor of the value of the goods or services provided?       7a       X         d)       If '\ses,'' indicate the number of Forms 8282 filed during the year       7d       X         d)       If '\ses,'' indicate the number of Forms 8282 filed during the year       personal benefit contract?       7c       X         d)       If '\ses,'' indicate the number of Forms 8282 filed during the year       personal benefit contract?       7c       X         d)       If the organization received a contribution of number, directly, on a personal benefit contract?       7c       X         d)       If the organization methoder a construction of qualified intellectual property, did the organization file Form 8282       7c       X         d)       If the organization received a contribution of any bask, alphages, or other whickag, during a form waization file Form 8282       7h       7d       X	b				_X					
organization solicit any contributions that were not tax deductible as charitable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     7a     X       a     Did the organization networks a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?     7a     X       b     If "Yes," indicate the number of Forms 8282 filed during the year     7c     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     X       f     Did the organization networks dipces of the inglibe personal property for which it was required to file Form 8282 rised, incetly or indirectly, to pay premiums on a personal benefit contract?     7c     X       f     Did the organization receive any funds, directly or indirectly, on a personal benefit contract?     7f     X       g     If the organization receive a contribution of cars, boats, aliphanes, or other vehicles, did the organization file Form 8989 as required?     7g     X       g     If the organization make any taxable distributions under section 4966?     7h     X       g     Boonsoring organization have exects business and ynt im during the year?     8     8       g     Sponsoring organization have a distribution to a donor, donor advise	С		5c							
b       If "xes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         c       Organizations that may receive deductible contributions under section 170(c).       6b         and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor?       7a       X         c       Did the organization notify the donor of the value of the goods or services provided to the form 3222?       7c       X         d       If "Yes," did the organization coelved any fluxd, airced to indige personal property for which it was       7c       X         d       Did the organization received a ontribution of public to pay premiums on a personal benefit contract?       7d       X         f       Did the organization received a contribution of qualified intellectual property, did the organization flat Form 1898 are quired?       7f       X         f       If the organization received a contribution of a control workies, did the organization flat Form 1898 are quired?       7f       X         f       If did the spansoring organization maintaining doora advised funds.       8       8       8         gonsoring organization maintaining doora advised funds.       10a       10a       10a       10a       10a       10a       10a       10a	6a									
gifts were not tax deductible?       6b         7       Organizations releave a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?       7a       X         bit "Yes," did the organization celeve a payment in excess of \$75 made parity as a contribution and parity for which it was required to file Form 8282?       7b       7c       X         bit "Yes," did the organization seleve of the visue of the goods or services provided?       7c       X         bit the organization seleve any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f) bit the organization neceive any funds, directly or indirectly, on a personal benefit contract?       7f       X         f) bit the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f       X         f) bit the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f       X         f) bit the organization receive any straitance scale acontribution of cars, bots, airplanes, or other visiles, did the organization file a Form 1084-C?       7h       X         g) Sponsoring organization nave excess business holdings at any time during the year?       8       9a       9a         g) bit the sponsoring organization make a visitable distributions under section 4966?       9a       9b       9a         g) Soctin 501(c)(2) organizations. Relavers       10a<			6a		X					
7       Organizations that may receive deductible contributions under section 170(c).       a)       a)       a)       b)         a)       Did the organization receive a payment in excess of 375 made party as a contribution and party for goods and services provided to the payor?       7a       X         b)       I'Yes,' did the organization notify the donor of the value of the goods or services provided to the payor?       7a       X         c)       Did the organization notify the donor of the value of the goods or services provided to the payor?       7c       X         c)       Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         d)       I'Yes,' indicate the number of Forms 2282 filed during the year       7d       X       7f       X         g)       Did the organization receive a contribution or qualified intellectual property, did the organization file Form 1899 as required?       7f       X         g)       If the organization meanitaining door advised funds.       a)       a)       a)       a)         g)       Sponsoring organization maintaining door advised funds.       a)       a)       a)       a)       a)         g)       Sponsoring organization make any taxable distributions under section 4966?       9a       a)       a)       a)       a)       a)       a)	b	-								
a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Nes," (did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       X         d       Did the organization, during the year, pay premiums, on a personal benefit contrad?       7e       X         g       Did the organization ing the year, pay premiums, or a personal benefit contrad?       7fd       X         g       If the organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         g       Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to adonor, donor advised fund       10a       10a       10b         g       Sponsoring organization make a distribution to adonor, donor advised fund maintained by the sponsoring organization make a distribution to adonor, donor advised fund maintained by the sponsoring organization make a distribution to adonor, donor advised fund       10a       10a	_		6b							
and services provided to the payor?       7a       X         b       If "Ves," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization notify the donor of the value of the goods or services provided?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year.       7d       X         f       Did the organization receives any funds, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         g       If the organization maximatining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       8       9         g       Sponsoring organizations maintaining donor advised funds.       9a										
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year	а		70		v					
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       I''se, 'indicate the number of Forms 8282 filed during the year       7d       X         d       I''se, 'indicate the number of Forms 8282 filed during the year       7d       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8989 as required?       7g       X         f       Did the organization received a contribution of ars. boats, aiplanes, or other vehicles, did the organization file Form 8989 as required?       7h       X         g       Sponsoring organizations maintaining donor advised funds.       0a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9         g       Did the sponsoring organizations maintaining donor advised funds.       10a       10a       10a         g       Section 501(Q?) organizations. Enter:       10a       10a       10a       10a         g forses income from members or shareholders       11a       10a       10a       10a       10a       10a       10a       10a       10a       10a	h									
required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         Did the organization receive any funds, diredly or indirectly, to a personal benefit contract?       7f       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         f If the organization received a contribution of axi, boats, apingenes, or ther vehicles, did the organization file Form 8090 as required?       7g       X         f If the organization neare access business holdings at any time during the year?       8       8       9         g Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b         g Scotion 501(c)(7) organizations. Enter:       10a       10a       10b       9b       9b         g Gross income from members or shareholders       11a       10a       10b       10b       10c         g Socion 501(c)(2) organizations. Enter:       10b       10b       10c       10c<			10							
d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         f       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         f       If the organization received a contribution of cars, basts, airplanes, or other vehicles, did the organization file Form 8899 as required?       7h       X         8       Sponsoring organization make any taxable distributions under section 4966?       7h       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         10       If the sponsoring organization make a distribution to a donor, donor advised funds.       10a       10a       9a       9b       9b       9b       9b       9b       9a       9a       9b       9a       9b       9a       9a       9a       9a       9a       9a       9a       9a       9a	C		70		v					
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization cecive a contribution of qualified intellectual property, did the organization file Section 2004 (and the organization sective a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7f.       X         8       Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667       8       8       9         9       Did the sponsoring organizations. Enter:       10a       9b       9b       9c         1       Section 501(c)(7 organizations. Enter:       10b       10b       10c       10c <th>Ь</th> <th></th> <th>10</th> <th></th> <th></th>	Ь		10							
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         g       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8a       8         g       Sponsoring organization make any taxable distributions under section 4966?       9a       9b			7e		x					
g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         11       Section 501(c)(7) organizations. Enter:       10a         a       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       11a         b       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       12a       12a       12a	-									
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining door advised funds.       8         9       Sponsoring organizations maintaining door advised funds.       8         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a         cross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         cross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       11b         12a       Ection 501(c)(29) qualified nonprofit health insurance issuers.       12a       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         13a       Note. See the instructions for additional information the organization must report on Schedule O.       13a         14a       Did the granization subject to the section 4960 are splanation in Schedule O       14a       X         14b       If "Yes," has it field a Form 72										
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       8         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         0       Section 501(c)(7) organizations. Enter:       10a       10a         1       Initiation fees and capital contributions included on Part VIII, line 12       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         11       Section form other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       Section 501(c)(12) organizations filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(23) qualified nonprofit health insurance issuers.       13a       13a         13       Is the organization is locensed to issue qualified health plans in more than one state?       13a       13a         14       Did the organization receive any payments for indoor taming services during the tax year?       14a       X         15       It he organ	-									
9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       9b         a       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b         a       Gross income from members or shareholders       11a       11b       11b         b       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         b       If "yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a       14a       X         b       If "yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14a       X         b	8									
a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         a       Gross income from members or shareholders       11a       10b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a       12a         b       f?ves," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       14a       X         b       f?ves," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14a       X         b       f?ves," see instructions and file Form 4720, Schedule N.       15       X		sponsoring organization have excess business holdings at any time during the year?	8							
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         a       Gross income from members or shareholders       11a       10b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         b       ff "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         14       Did the organization is licensed to issue qualified health plans in more than one state?       13a       13a         14       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization neceive any payments? if "No," provide an explanation in Schedule O       14b       14b         15       Is the organization an educational institution subject to the section 49	9	Sponsoring organizations maintaining donor advised funds.								
10       Section 501(c)(7) organizations. Enter:       10a       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         12       Gross income from members or shareholders       11a       11a       11b         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(2) qualified nonprofit health insurance issuers.       12b       12a         13       Section 501(c)(2) qualified nonprofit health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a       14a       X         14       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       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         15       Is the organization an educational information the organization or excess parachute payment(s) during the year       15       X         15       Is the organization subject to the secotin 4968 excise tax on net investment income?	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       a       Gross income from members or shareholders       11a       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         2       Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       12b       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         13       Section 501(c)(29) qualified health plans in more than one state?       13a       13a         14a       Note. See the instructions for additional information the organization must report on Schedule O.       13b       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       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         15       Is the organization subject to the section 4968 excise tax on net investment income? </th <th>b</th> <th>Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</th> <th>9b</th> <th></th> <th></th>	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         14a       Did 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       14a       X         14b       If "Yes," has it filed a Form 720 to report these payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15<	10	Section 501(c)(7) organizations. Enter:								
11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       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.       13b       13c         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       Is the organization an educational institution 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     <	а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·								
a       Gross income from members or shareholders       11a       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       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.       13b       13a         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14a       X         b       If "Yes," see instructions and file Form 4720, Schedule N.       15       X       15       X         If "Yes," see instructional inform 720, Schedule N.       16       X       16       X	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities •••••• <b>10b</b>	_							
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       14a       X         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       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         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X	11									
against amounts due or received from them.)       111       111       112         Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       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         16       X	а		-							
12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       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.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       13b         c       Enter the amount of reserves on hand       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b       14b         15       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         16       IX       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X	b									
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       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.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13b       14a         X       b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b         15       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.       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X			1.0							
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       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.       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a         X       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b         15       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         16       X			12a							
a       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.       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13b         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a         X       b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b         15       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.       15         16       X			-							
Note. See the instructions for additional information the organization must report on Schedule O.       Image: the instruction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: the instruction of the organization of the organization of the organization receives on hand       Image: the instruction of the organization of the organization of the organization receives any payments for indoor tanning services during the tax year?       Image: the instruction of the organization of the organization of the organization receive any payments for indoor tanning services during the tax year?       Image: the organization of the organization of the organization of 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       Image: the organization and the organization and the organization of the organization and 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       Image: the organization and the organization and the organization subject to the section 4968 excise tax on net investment income?       Image: the organization and the organization subject to the section 4968 excise tax on net investment income?         16       X			120							
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14a       X         15       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.       15       X       15         16       X	a		150							
the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14a       X         15       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.       15       X       15         16       X	h									
c       Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       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.       15       X         16       X	b									
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       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.       16       X	c									
<ul> <li>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</li></ul>			14a		Х					
<ul> <li>15 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</li></ul>										
excess parachute payment(s) during the year										
If "Yes," see instructions and file Form 4720, Schedule N.         16         Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		Х					
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X										
	16		16		Х					
		If "Yes," complete Form 4720, Schedule O.								

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Pa	rt 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			• X
Sec	tion 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 •••••••• 1a 12			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>······ 1b 12</b>			
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 customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
0	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	37
13		13	37	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?	450	v	
a h	The organization's CEO, Executive Director, or top management official	15a	X	Х
b	Other officers or key employees of the organization	15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		- 71
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed <b>North Carolina</b>			
18	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 only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website I Upon request Other ( <i>explain in Schedule O</i> )			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
-	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	TOM TAYLOR (828)877-2040, PO BOX 25, BREVARD, NC 28712			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	compensated Employe	es, and						
Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
<b>1a</b> 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

			<u>p 0110</u>		(C)	<i>y</i> ourre				
(A) Name and Title	(B) Average hours per week (list any hours for	box,	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JIM WALKER DIRECTOR	8.00	x						0	0	0
(2) ERIN DREW DIRECTOR	<u>1.00</u> _	x						0	0	0
(3) KATHLEEN MALLET DIRECTOR	1.00	x						0	0	0
(4) SUSAN MATTHEWS DIRECTOR	1.00	x						0	0	0
(5) TOM TAYLOR DIRECTOR	1.00	x						0	0	0
(6) MARTHA TAYLOR DIRECTOR	1.00	x						0	0	0
(7) JULIE HITCHCOCK DIRECTOR	1.00	x						0	0	0
(8) MADELINE_OFFEN VICE PRESIDENT	2.00			x				0	0	0
(9) ERICA EDWARDS SECRETARY	2.00_			x				0	0	0
(10)JIM SYMINGTON TREASURER	15.00			x				0	0	0
(11)NICHOLAS_BEARDEN PRESIDENT	1.00			x				0	0	0
(12)										
(13)										
(14)										

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Part	VII Section A. Officers, Directors, Trustees,	Key Employ	vees, a	nd H			Comp	bens	ated Employees	(continued)	r –		
					(C Posi								
	(A)	(B)	(do n	ot che			nan one		(D)	(E)		(F)	
	Name and title	Average hours per					both an	1	Reportable compensation	Reportable compensation from		stimated nount of	
		week (list any					(trustee)	-	from	related		other	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	-ligh	Former	the organization	organizations (W-2/1099-MISC)		pensation rom the	on
		organizations	idual	ution	er	empl	est c oyee	ler	(W-2/1099-MISC)	(W-2/1033-WIGO)		ganizatio	n
		below dotted line)	r trus	al tru		oyee	omp					id related anizatior	
			tee	ıstee			Highest compensated employee				org	anizatioi	15
							ted						
(15)													
<u>(16)</u>													
<u>(17)</u>													
(18)													
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<u></u>		+											
(24)													
<u>(25)</u>													
1b	Sub-total		•••	•••	•••	•••	• • •	•					
C	Total from continuation sheets to Part VII, Section		•••	•••	• •	• •	• • •	•					
 2	Total (add lines 1b and 1c)								0				0
2	Total number of individuals (including but not limited reportable compensation from the organization		eu abc	ve)	who	Tec	eiveu	more	: inan \$100,000 0i	0			
										<b>U</b>		Yes	No
3	Did the organization list any former officer, director	, or trustee, k	ey em	ploy	ee, d	or hi	ghest	com	pensated				
	employee on line 1a? If "Yes," complete Schedule J	l for such ind	ividual								3		Х
4	For any individual listed on line 1a, is the sum of rep	portable com	pensat	tion a	and	othe	er com	pens	sation from the				
	organization and related organizations greater than	\$150,000? <i>I</i>	f "Yes,	" cor	nple	te S	Schedu	ıle J	for such				
	individual • • • • • • • • • • • • • • • • • • •										4		Х
5	Did any person listed on line 1a receive or accrue c						-		tion or individual				
Sacti	for services rendered to the organization? If "Yes,"	complete Scl	hedule	J fo	r su	ch p	erson				5		Х
	on B. Independent Contractors	od indonond	ont on	otro	otoro	the	t roooi	vod	more then \$100.00	00 of			
1	Complete this table for your five highest compensation from the organization. Report compe												
	year.			nuai	1 900		iung v		or within the organ				
	(A)								(B)			(C)	
	Name and business address								Description of	services		pensatio	n
									· ·				
									-				
	Takal assumbly a stimulation device of the d	have a set of the set	al 4 - 12		B-2								
2	Total number of independent contractors (including	but not limite	d to th	ose	liste	d ab	oove) v	who					

►

received more that	ה \$100 000 of	compensation	from the organization

Form 99		,		LVANIA COUNTY	<u> </u>		27-11241	64 Page 9
Part	VIII	Statement of Revenu	1e					
		Check if Schedule O contair	ns a response or n	ote to any line in th				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>ه</u> م	1a	Federated campaigns	1a					
unt	b	Membership dues						
Åmo Åmo	c	Fundraising events	1c					
Sifts lar A	d	Related organizations • • •	1d					
Js, (	e	Government grants (contributi	ons) • • 1e	12,982				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, g	rants,					
Q <del>t</del> i Otto		and similar amounts not includ	led above 1f	367,242				
Con	g	Noncash contributions include		188,917				
	h	Total. Add lines 1a-1f		<u></u>	380,224			
e				Business Code				
Program Service Revenue	2a							
e Re	b							
rvic	c d							
n Se	e u							
ograi	-	All other program service rever						
Pre		Total. Add lines 2a-2f						
	3	Investment income (including d						
	ľ	and other similar amounts)			3,166	3,166		
	4	Income from investment of tax-	exempt bond proc	eeds · · · Þ		-		
	5	Royalties • • • • • • • • • • • • • • • • • • •	<u></u>	<u></u>				
			(i) Real	(ii) Personal				
	6a	Gross rents						
		Less: rental expenses • • • •						
		Rental income or (loss) • • •						
	d	Net rental income or (loss) .						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
0		Net gain or (loss)		· · · · · · •				
Other Revenue	8a	Gross income from fundraising						
eve		events (not including \$	10					
ar R		of contributions reported on line See Part IV, line 18 • • • •		20.227				
Cthe	Ь	Less: direct expenses		39,337				
0		Net income or (loss) from fundr			26,413			26,413
		Gross income from gaming act	-		207113			20,110
		See Part IV, line 19 • • • •						
	b	Less: direct expenses	b					
	c	Net income or (loss) from gami	ng activities	•				
	10a	Gross sales of inventory, less						
		returns and allowances • • •	a					
		Less: cost of goods sold ••						
	c	Net income or (loss) from sales	of inventory ••	<u></u>				
	<u> </u>	Miscellaneous Revenue		Business Code				
		NC SALES TAX REFUND		900099	496	496		
	b							
	с с	All other revenue						<u> </u>
		Total. Add lines 11a-11d		L	496			
		Total revenue. See instruction			496		0	26,413
						5,004	<u> </u>	

#### 18) THE HAVEN OF TRANSYLVANIA COUNTY Statement of Functional Expenses

<b>D</b>	Check if Schedule O contains a response or note to a	any line in this Part IX (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b,	Total expenses	Program service	Management and	Fundraising
<u>אס, אס</u> 1	Ob, and 10b of Part VIII.           Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21 · · ·				
2	Grants and other assistance to domestic				
2					
,	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
1	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
5	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	102,420	102,420		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,229	5,229		
0	Payroll taxes	8,898	8,898		
1	Fees for services (non-employees):				
а	Management • • • • • • • • • • • • • • • • • • •				
b	Legal • • • • • • • • • • • • • • • • • • •				
С	Accounting				
d	Lobbying • • • • • • • • • • • • • • • • • • •				
е	Professional fundraising services. See Part IV, line 17 •				
f	Investment management fees • • • • • • • • • • • • • • • • • •				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) ••				
2	Advertising and promotion	150	150		
3	Office expenses	18,334	18,334		
4	Information technology	3,515	3,515		
5	Royalties • • • • • • • • • • • • • • • • • • •				
6		27,644	27,644		
7	Travel	3,148	3,148		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	208	208		
0	Interest • • • • • • • • • • • • • • • • • • •				
1	Payments to affiliates • • • • • • • • • • • • • • • • • • •				
2	Depreciation, depletion, and amortization	15,833	15,833		
3	Insurance	7,507	7,507		
4	Other expenses. Itemize expenses not covered	.,	.,		
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	LICENSES & MEMBERSHIP FEES	540	540		
b	STAFF DEVELOPMENT	1,858	1,858		
c	BANK FEES	352	352		
d	CODE PURPLE	3,449	3,449		
e	All other expenses	9,406	9,406		
е 5	Total functional expenses. Add lines 1 through 24e •	208,491	208,491	0	
5 6	Joint costs. Complete this line only if the	200,491	200,491		
-	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here F if following SOP 98-2 (ASC 958-720)				

Form 990	(2018)	
Part X	Balance	Ś

FaitA	Dalance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X		<u></u> ,	
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	92,890	1	88,570
2	Savings and temporary cash investments	93,372	2	116,543
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	(3,085)	4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L		6	
7 IS	Notes and loans receivable, net		7	
Assets 6 & -	Inventories for sale or use		8	
¥ 9	Prepaid expenses and deferred charges		9	
10a				
	other basis. Complete Part VI of Schedule D • • • • 10a 656,017			
k		381,799	10c	549,466
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 · · · · · · · · · · · · · · · · · ·	(5,947)	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	559,029	16	754,579
17	Accounts payable and accrued expenses	3,712	17	2,373
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	
<u>s</u> 22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
22 Liabilities	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	85,461	23	81,531
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		25	
26	Total liabilities. Add lines 17 through 25	89,173	26	83,904
<i>'</i> 0	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔀 and			
Ces	complete lines 27 through 29, and lines 33 and 34.			
Le 27	Unrestricted net assets	469,856	27	670,675
28	Temporarily restricted net assets		28	
Net Assets or Fund Balances           5         28           6         28           7         28           8         29           30         31           32         31           35         31           36         31	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
s o	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
8 31 ¥	Paid-in or capital surplus, or land, building, or equipment fund		31	
10 32 N 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	469,856	33	670,675
34	Total liabilities and net assets/fund balances	559,029	34	754,579 Form <b>990</b> (2018

Form 990 (2018)

EEA

Form	990 (2018) THE HAVEN OF TRANSYLVANIA COUNTY	27-11241	64	Pa	age <b>12</b>
Pa	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		410,2	299
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	:	208,4	<b>491</b>
3	Revenue less expenses. Subtract line 2 from line 1	. 3	:	201,8	308
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		469,8	356
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	- 6			
7	Investment expenses	. 7			
8	Prior period adjustments	- 8		( 9	989)
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		570,6	575
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>· 🗌</u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		• 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		• 2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		• 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				İ
	the Single Audit Act and OMB Circular A-133?		• 3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				İ
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
EEA			Form	990 (2	2018)

S	Cł	ΗE	DU	ILE	Α
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## **Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organ				nization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					2	018
•		0 or 990-E∠)		Attach to Form 990 or Form 990-EZ.						o Public
		of the Treasury enue Service	►	Go to www.irs.go	to www.irs.gov/Form990 for instructions and the latest information.					ection
		e organization						Employer identific	ation number	
THE	HA	VEN OF TRA	NSYLVANIA COUN	ГҮ				27-112416	54	
Pa	rt I	Reason	for Public Charity	<b>y Status</b> (All or	ganizations must c	omplete	this par	<ol> <li>See instructior</li> </ol>	IS.	
The	orga	nization is not a	private foundation bec	ause it is: (For line	s 1 through 12, check on	ly one box	.)			
1		A church, conv	vention of churches, or	association of chur	ches described in section	on 170(b)(1	)(A)(i).			
2		A school descr	ribed in section 170(b)	(1)(A)(ii). (Attach S	Schedule E (Form 990 or	990-EZ).)				
3		A hospital or a	cooperative hospital se	ervice organization	described in section 17	0(b)(1)(A)(	iii).			
4		A medical rese	earch organization oper	ated in conjunction	with a hospital described	d in <b>sectio</b>	n 170(b)(1	)(A)(iii). Enter the		
		hospital's name	e, city, and state:							
5		An organizatio	n operated for the bene	efit of a college or ι	iniversity owned or opera	ated by a g	overnmen	tal unit described in		
		section 170(b)	)(1)(A)(iv). (Complete F	Part II.)						
6		A federal, state	e, or local government of	or governmental ur	it described in section 1	70(b)(1)(A	)(v).			
7		An organizatio	n that normally receive	s a substantial part	t of its support from a gov	vernmenta	l unit or fro	m the general public		
		described in se	ection 170(b)(1)(A)(vi)	. (Complete Part II.	)					
8		A community to	rust described in <b>sectio</b>	on 170(b)(1)(A)(vi)	. (Complete Part II.)					
9		An agricultural	research organization	described in <b>sectio</b>	on 170(b)(1)(A)(ix) opera	ated in conj	junction wi	th a land-grant college	e	
		or university or	r a non-land-grant colle	ge of agriculture (s	ee instructions). Enter th	ne name, c	ity, and sta	te of the college or		
	_	university:								
10	Х	An organizatio	n that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	pership fees, and gros	S	
		receipts from a	activities related to its e	xempt functions - s	subject to certain exception	ons, and (2	2) no more	than 33 1/3% of its		
		support from g	ross investment incom	e and unrelated bu	siness taxable income (l	ess sectior	n 511 tax) f	from businesses		
	_	acquired by the	e organization after Jun	ie 30, 1975. See <b>s</b> e	ection 509(a)(2). (Compl	ete Part III	.)			
11	Ц	An organizatio	n organized and operat	ted exclusively to te	est for public safety. See	section 50	09(a)(4).			
12		An organizatio	n organized and opera	ted exclusively for	the benefit of, to perform	the function	ons of, or to	o carry out the purpos	es	
					ed in <b>section 509(a)(1)</b> o					
			•		ne type of supporting org		•		-	
	а	<b>Type I.</b> A s	supporting organization	operated, supervis	sed, or controlled by its s	upported o	rganizatio	n(s), typically by giving	9	
			-		appoint or elect a major	ity of the d	irectors or	trustees of the		
		_ ·· •	organization. You mu	-						
	b			•	ntrolled in connection with	••	0			
					on vested in the same pe	ersons that	control or	manage the supporte	d	
			on(s). You must comp							
	С				nization operated in conr				٦,	
			0	,	must complete Part IV					
	d				organization operated in				· /	
			, ,	<b>0</b>	generally must satisfy a d		•	nt and an attentivenes	SS	
	_	_			Part IV, Sections A and			T		
	е	_	•		determination from the I		s a Type I,	туре п, туре п		
	f		ber of supported organi		tegrated supporting orga					-
	g		lowing information abo							
		) Name of supported		(ii) EIN	(iii) Type of organization	(iv) Is the o	ragnization	(v) Amount of monetary	(vi) Amo	upt of
	,	reame of supported	organization		(described on lines 1-10		r governing	support (see	other supp	
					above (see instructions))	docum	ient?	instructions)	instruc	tions)
						Yes	No			
(A)										
(P)										
(B)										
(C)										
(C)										
(D)										
(D)										
(E)										
(E)						1				

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

Total

-			NSYLVANIA CO			27-1124164	
Pa	rt II Support Schedule for Org						
	(Complete only if you chec						under
	Part III. If the organization f	ails to qualify	under the tests	s listed below,	please complet	e Part III.)	
-	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge • • • • • •						
4	Total. Add lines 1 through 3 · · · · · ·						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 • •						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	<b>(f)</b> Total
7	Amounts from line 4 • • • • • • • • • • •						
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	,				12	
13	First five years. If the Form 990 is for the o	-		•	, ,		
500	organization, check this box and stop here						▶∐
	tion C. Computation of Public Su			(f))			
14	Public support percentage for 2018 (line 6, o Public support percentage from 2017 Scher						<u>%</u>
15							%
16a	33 1/3% support test - 2018. If the organization dualified box and stop here. The organization qualified						
h	33 1/3% support test - 2017. If the organization						
b	this box and <b>stop here.</b> The organization qu						
179	10%-facts-and-circumstances test - 2018						
IIa	10% or more, and if the organization meets	•					
	-						
	Part VI how the organization meets the "fact organization		-				🕨 🗖
b	10%-facts-and-circumstances test - 2017						
U	15 is 10% or more, and if the organization m	•					
	Explain in Part VI how the organization mee				-	cly	
				-			🕨 🗖
18	Private foundation. If the organization did r						
	instructions						▶□
							- Ц

Schedule A (Form 990 or 990-EZ) 2018

			NSYLVANIA CO			27-1124164	Page <b>3</b>	
Pa	art 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.							
<u></u>	If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support							
		(-) 0011	(1) 0045	(-) 0040	(1) 0047	(-) 0010	(0) To (a)	
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	179,056	146,943	189,165	146,626	380,224	1,042,014	
2	Gross receipts from admissions, merchandise	179,030	140,943	109,105	140,020	500,224	1,012,011	
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	179,056	146,943	189,165	146,626	380,224	1,042,014	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)						1 040 014	
Sec	ction B. Total Support						1,042,014	
	endar 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	179,056	146,943	189,165	146,626	380,224	1,042,014	
100	Cross income from interact, dividende			,				
TUd	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,157	1,565	437	3,124	3,166	9,449	
		_//				.,		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	1,157	1,565	437	3,124	3,166	9,449	
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.)	13,871	19,665	18,781	23,923	26,909	103,149	
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	194,084	168,173	208,383	173,673	410,299	1,154,612	
14	<b>First five years.</b> If the Form 990 is for the orgorganization, check this box and <b>stop here</b>			or fifth tax year as			▶□	
Sec	ction C. Computation of Public Su							
15	Public support percentage for 2018 (line 8, co		-	f))		15	90.25 %	
16	Public support percentage from 2017 Schedu					16	89.81 %	
_	ction D. Computation of Investme					•		
17	Investment income percentage for 2018 (line		•	())		17	1.00 %	
18	Investment income percentage from 2017 Sc	hedule A, Part III, l	ine 17•••••		[	18	0.00 %	
19a	<b>33 1/3% support tests - 2018.</b> If the organiza 17 is not more than 33 1/3%, check this box a						▶ 🛛	
b	<b>33 1/3% support tests - 2017.</b> If the organization line 18 is not more than 33 1/3%, check this b						▶□	
20	Private foundation. If the organization did no	ot check a box on li	ne 14, 19a, or 19b	, check this box and	d see instructions		· · · · ► 🔲	

Schedu	e A (Form 990 or 990-EZ) 2018 THE HAVEN OF TRANSYLVANIA COUNTY 27-11241	64	F	age 4
Par				
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co		е	
_	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	art V.)		
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported			
-	organization was described in section 509(a)(1) or (2).	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. Did the constraint is that each experimential equation $f(x)$ is $f(x) = f(x)$ and $f(x) = f(x)$ .	3a		
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 <b>Part VI</b> when and how the	01-		
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$	20		
40	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
48	Was any supported organization not organized in the United States ("foreign supported organization")? If	4a		
h	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	44		
U	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination	40		
U	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
vu	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (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 filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
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.	9b		
С	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.	9c		
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.	10a		
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.)	10b		
EEA	Schedule A (	Form 990 (	or 990-E	EZ) 2018

	ule A (Form 990 or 990-EZ) 2018 THE HAVEN OF TRANSYLVANIA COUNTY 27-112	4164	P	'age <b>5</b>
Pa	rt IV Supporting Organizations (continued)		Vee	Na
44	Lies the experimetion accorded a rift or contribution from any of the following persons?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part</b> V			
	tion B. Type I Supporting Organizations			
000	tion B. Type roupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
•	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 <b>Part VI</b> 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			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			
	Did the second in the second of the second second in the back devices the fifth research of the		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 prio			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
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 he	ow		
	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	I		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (	see instru	ctions	;).
а	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government of	entity (see i	instruc	ctions,
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	5 5 5 5 111			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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			
	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			
-	activities but for the organization's involvement.	2b		

- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3a

Schedule A (Form 990 or 990-EZ) 2018 THE HAVEN OF TRANSYLVANIA COUNTY		27-11:	2 <b>4164</b> Page
Part V         Type III Non-Functionally Integrated 509(a)(3) Supporting Orgonization           1         Check here if the organization satisfied the Integral Part Test as a qualifying			ain in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organized			
Section A - Adjusted Net Income		(A) Prior 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			
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
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		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
	inteo	rated Type III supportin	g organization (see
	-	rated Type III supportir	ng organization (s

Schedule A (Form 990 or 990-EZ) 2018

art V Type III Non-Functionally Integrated 509(a)(3	8) Supporting Organi	zations (continued)	
ection D - Distributions			Current Year
Amounts paid to supported organizations to accomplish exer	mpt purposes		
2 Amounts paid to perform activity that directly furthers exempt	t purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpose	es of supported organizat	tions	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in <b>Part VI</b> ). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
B Distributions to attentive supported organizations to which the	e organization is respon	sive	
(provide details in <b>Part VI</b> ). See instructions.			
Distributable amount for 2018 from Section C, line 6			
0 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018			
(reasonable cause required - explain in Part VI). See			
instructions.			
B Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
i Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from			
Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
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 <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h			
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.			
B Breakdown of line 7:			
a Excess from 2014			
<b>b</b> Excess from 2015			
c Excess from 2016			
d Excess from 2017			

Pohodule A /E	
Part VI	Pag Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury

### Internal Revenue Service

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

### THE HAVEN OF TRANSYLVANIA COUNTY

Organization type (check one):	
Filers of:	Section:
Form 990 or 990-EZ	501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

OMB No. 1545-0047

2018

Employer identification number

Name of organization

Employer identification number

THE HAVEN OF TRANSYLVANIA COUNTY

Part I	Contributors (see instructions). Use duplicate copies of R	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	COMMUNITY FOUNDATION OF WNC <u>4 VANDERBILT PARK DRIVE</u> <u>ASHEVILLE, NC 28803</u>	\$21,000	Person       X         Payroll          Noncash          (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_	JOHN & MARY MESSINGSCHLAGER 2635 FRUITVILLE ROAD SARASOTA, FL 34237	\$15,000	Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	AUDREY LOVE CHARITABLE FOUNDATION PO BOX 175 LAKE TOXAWAY, NC 28747	\$12,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	LAKE TOXAWAY CHARITIES PO BOX 163 LAKE TOXAWAY, NC 28747	\$10,000	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_5	LUTHERAN CHURCH OF THE GOOD SHEPHER 22 FISHER ROAD BREVARD, NC 28712	\$	Person       X         Payroll          Noncash          (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THE WOMEN OF ST PHILIPS 256 E MAIN STREET BREVARD, NC 28712	\$	Person       X         Payroll          Noncash          (Complete Part II for noncash contributions.)

Name of organization

THE HAVEN OF TRANSYLVANIA COUNTY

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
	LAND OF THE SKY ASSOCIATION OF REAL <u>37 MONTFORD AVE</u> <u>ASHEVILLE, NC 28801</u>	\$ <u>5,000</u>	Person     Image: Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
8	WILLIAM HARPER & BRIDA SMITH FIDELITY BROKERAGE NEWARK, DE 19711	\$	Person       Image: Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
9	BETTY PLEMMONS PO BOX 1236 BREVARD, NC 28712	\$ <u>182,530</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
10	SUSAN QUILLMAN 53 CEDAR CREEK DRIVE CEDAR MOUNTAIN, NC 28718	\$ <u>8,599</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>11</u>	WANDA MOSER 406 E FRENCH BROAD STREET BREVARD, NC 28712	\$ <u>6,095</u>	Person       ☑         Payroll       □         Noncash       ☑         (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

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Part II	Noncash Property (see instructions). Use duplicate copi	ies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
9	PROPERTY LOCATED AT 440 CAROLINA AVENUE	\$182,530	10-22-2018
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>11</u>	PUBLICLY TRADED STOCK	\$5,095	06-22-2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	

Page 3

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

SCH	SCHEDULE D Supplemental Financial Statements		OMB No. 1545-0047		
(For	m 990)		he organization answered "Yes" on Form 990	,	2018
		Part IV, line 6, 7	8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	2b.	2010
Depart	ment of the Treasury		Attach to Form 990.		Open to Public
	Revenue Service	Go to www.irs.gov/F	orm990 for instructions and the latest information	ation.	Inspection
	of the organization				entification number
Pa	HAVEN OF		े⊻ ed Funds or Other Similar Funds or Acc		124164
ומו		if the organization answered "Ye		ounts.	
	Complete	in the organization anowered inc	(a) Donor advised funds	(b) Funds	and other accounts
1	Total number at en	d of year			
2		f contributions to (during year) •			
3	Aggregate value of	f grants from (during year)			
4	Aggregate value a	t end of year			
5	Did the organizatio	n inform all donors and donor advisor	s in writing that the assets held in donor advised		
	-	nization's property, subject to the orga	-		· · · · · Yes 🗌 No
6	-		nor advisors in writing that grant funds can be use		
	-		e donor or donor advisor, or for any other purpose		Π., Π.,
Par		ssible private benefit?			· · · · · L Yes L No
Fai		e if the organization answered "Y	es" on Form 990 Part IV line 7		
1		servation easements held by the organized			
		f land for public use (e.g., recreation of		cally important la	nd area
	Protection of n		Preservation of a certifie		
	Preservation o				
2			ualified conservation contribution in the form of a	a conservation	
	easement on the la	ast day of the tax year.		Held	at the End of the Tax Year
а	Total number of co	nservation easements		2a	
b	Total acreage restr	icted by conservation easements		· · 2b	
С	Number of conserv	vation easements on a certified histori	c structure included in (a)	· · 2c	
d	Number of conserv	vation easements included in (c) acqu	ired after 7/25/06, and not on a		
		•			
3	Number of conserv	vation easements modified, transferre	d, released, extinguished, or terminated by the or	ganization during	g the
	tax year				
4		where property subject to conservation			
5	-		e periodic monitoring, inspection, handling of		Yes    No
6		provide the conservation easeme	ing, handling of violations, and enforcing conserv	ation easements	
U		nours devoted to monitoring, inspect	ing, nandling of violations, and enforcing conserv	allon easements	during the year
7	Amount of expense	 es incurred in monitoring, inspecting, l	nandling of violations, and enforcing conservation	easements duri	ng the vear
	▶\$	, , , , , , , , , , , , , , , , , , ,			5
8	· · · · · · · · · · · · · · · · · · ·	vation easement reported on line 2(d)	above satisfy the requirements of section 170(h)	(4)(B)(i)	
	and section 170(h)				Yes 🗌 No
9	In Part XIII, describ	be how the organization reports conse	rvation easements in its revenue and expense st	atement, and	
	balance sheet, and	l include, if applicable, the text of the t	ootnote to the organization's financial statements	that describes th	ne
		ounting for conservation easements.			
Par		_	ions of Art, Historical Treasures, or	Other Simila	ir Assets.
			Yes" on Form 990, Part IV, line 8.		
1a	•	-	6 (ASC 958), not to report in its revenue statemen		eet
			held for public exhibition, education, or research i		
			te to its financial statements that describes these		
b	-		6 (ASC 958), to report in its revenue statement an		
	-		held for public exhibition, education, or research i	in runnerance of	
		vide the following amounts relating to			¢
2			al treasures, or other similar assets for financial g		Ψ
2	-		16 (ASC 958) relating to these items:		
а					▶ \$
b					\$\$
		on Act Notice, see the Instructions			Schedule D (Form 990) 2018

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	ule D (Form 990) 2018 THE HAVEN OF TH					27-112		Page 2
Par	rt III Organizations Maintaining C	Collections of A	rt, Historical	Treasures,	or Oth	er Similar As	sets (co	ntinued)
3	Using the organization's acquisition, accession,	and other records, c	heck any of the fo	llowing that are	a signific	ant use of its		
	collection items (check all that apply):							
а	Public exhibition	d 🗌 Loai	n or exchange pro	grams				
b	Scholarly research	e 🗌 Othe	er					
с	Preservation for future generations	_						
4	Provide a description of the organization's collect	ctions and explain ho	w they further the	organization's e	exempt p	urpose in Part		
	XIII.			C				
5	During the year, did the organization solicit or re	eceive donations of a	rt. historical treasu	ures. or other sir	milar			
	assets to be sold to raise funds rather than to be						· · □	res 🗌 No
Par	rt IV Escrow and Custodial Arran		<u> </u>					
	Complete if the organization ar		n Form 990, P	art IV, line 9	, or rep	orted an amo	unt on F	orm
	990, Part X, line 21.		,		, 1			
1a	Is the organization an agent, trustee, custodian	or other intermediary	for contributions	or other assets	not			
.a							· · □	∕es ∏No
b	If "Yes," explain the arrangement in Part XIII and						· · ·	
D.			ing table.			۸r	nount	
~	Beginning balance				1c		nount	
с С	Boginning balance							
d	5							
e	Distributions during the year         ••••••           Ending balance         •••••••				- •			
f	-						,	<b>D</b> N.
2a	Did the organization include an amount on Form				•			=
b	If "Yes," explain the arrangement in Part XIII. Ch	neck here if the expla	nation has been p	provided on Part	XIII •			•••□
Fai		owered "Vee" o		ort IV/ line 1	0			
	Complete if the organization ar							
		(a) Current year	(b) Prior year	(c) Two years	s back	(d) Three years back	: (e) Fou	r years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses •••••							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses ••••••							
g	End of year balance							
2	Provide the estimated percentage of the current	t year end balance (li	ne 1g, column (a))	) held as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment > %							
с	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c should	l equal 100%.						
3a	Are there endowment funds not in the possession	on of the organizatior	n that are held and	d administered for	or the			
	organization by:	-						Yes No
	(i) unrelated organizations						- 3a(i)	
	(ii) related organizations						- 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizatio	ons listed as required	on Schedule R?.				. 3b	
4	Describe in Part XIII the intended uses of the or							
Par	rt VI   Land, Buildings, and Equipm							
	Complete if the organization ar		n Form 990. P	art IV. line 1 <sup>.</sup>	1a. See	e Form 990. F	Part X. lin	e 10.
	Description of property	(a) Cost or othe		st or other basis		Accumulated	(d) Boo	
	Description of property	(a) Cost of othe		(other)	• • •	preciation	( <b>a</b> ) 600	k value
1a	Land		,					20 010
				30,810		EE 202		30,810
b	Buildings			484,688		55,200	4	<u>429,488</u>
C L	Leasehold improvements	· · ·		105,176		22,371		82,805
d	Equipment	••••		35,343		28,980		6,363
e	Other							
Iota	I. Add lines 1a through 1e. (Column (d) must equ	ıaı ⊢orm 990, Part X,	column (B), line 1	UC.) •••		· · · · · ►		549,466

Schedule D (Form 990) 2018

Schedule D (Form	990) 2018 THE HAVEN OF TH	RANSYLVANIA COUNTY	27-11	24164	Page 3
Part VII	Investments - Other Securities.	d "Vee" on Form 000 De	art IV/ line 11h See Form 000	) Dort V line	10
	Complete if the organization answere	a "Yes" on Form 990, Pa	art IV, line 11b. See Form 990	), Part X, line	12.
	<ul> <li>(a) Description of security or category         <ul> <li>(including name of security)</li> </ul> </li> </ul>	(b) Book value	(c) Method of valuati Cost or end-of-year marke		
(1) Financial	derivatives				
(2) Closely-he	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D) (E)					
(F)					
(G)					
(H)					
	must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII	Investments - Program Related.				
	Complete if the organization answere	ed "Yes" on Form 990, Pa	art IV, line 11c. See Form 990	i, Part X, line	13.
	(a) Description of investment	(b) Book value	(c) Method of valuati		
(4)			Cost or end-of-year marke	t value	
<u>(1)</u> (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b)	nust equal Form 990, Part X, col. (B) line 13.) ► Other Assets.				
T are ix	Complete if the organization answere	ed "Yes" on Form 990. Pa	art IV. line 11d. See Form 990	). Part X. line	15.
		Description	,	(b) Book valu	
(1)		•			
(2)					
(3)					
(4)					
(5)				<u> </u>	
(6) (7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 15.	.)			
Part X	Other Liabilities.				
	Complete if the organization answere	ed "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Fo	rm 990, Part	Х,
	line 25.				
<u>1.</u>	(a) Description of liability	(b) Book value	-		
(1) Federal (2)	ncome taxes		-		
(3)			-		
(4)			-		
(5)					
(6)					
(7)					
(8)					
(9)					
	must equal Form 990, Part X, col. (B) line 25.)				
2. Liability for	uncertain tax positions. In Part XIII, provide the te	xt of the footnote to the organiza	ation's financial statements that repor	ts 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 . . . . .

-		7-112	
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities ••••••••••••••••••••••••••••••••••••		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities ••••••••••••••••••••••••••••••••••••		
b	Prior year adjustments ••••••••••••••••••••••••••••••••••••		
С	Other losses • • • • • • • • • • • • • • • • • •		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	rt XIII Supplemental Information.		

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

SCHEDULE G	Supplemen	tal Informati	on Regar	ding Fur	draising or Gan	ning Ac	tivities	OMB No. 1545-0047				
(Form 990 or 990-EZ) Department of the Treasury	Complete	organization ent	answered "Y ered more tha ttach to Form	an \$15,000 oi	990, Part IV, line 17, 18 n Form 990-EZ, line 6a. n 990-EZ.	, or 19, or i	f the	2018 Open to Public				
Internal Revenue Service	►G	io to www.irs.gov/l	Form990 for in	nstructions a	nd the latest informatio	n.		Inspection				
Name of the organization								entification number				
THE HAVEN OF TRANS			+	-otion on	owered "Vee" or			24164				
	•	required to co	-		swered "Yes" on	FOIIII 9	90, Pan Iv	, ine 17.				
1 Indicate whether the o	organization rais	ed funds through	any of the fo	ollowing acti	vities. Check all that a	pply.						
a 🗌 Mail solicitations												
<b>b</b> Internet and email	solicitations		=		of government grants							
c D Phone solicitations	3		g 🗌	Special fund	draising events							
d 📋 In-person solicitati												
2a Did the organization h	nave a written or	oral agreement w	vith any indiv	vidual (inclue	ding officers, directors	, trustees,	_	_				
or key employees liste	ed in Form 990,	Part VII) or entity	in connectio	n with profe	ssional fundraising se	rvices?	∐ Y	es 🗌 No				
<b>b</b> If "Yes," list the 10 hig	•	·	undraisers) p	oursuant to	agreements under wh	ich the fur	ndraiser is to l	be				
compensated at least	\$5,000 by the o	rganization.										
								1				
(i) Name and address of	of individual			draiser have	(iv) Gross receipts		ount paid to tained by)	(vi) Amount paid to				
or entity (fundrai	ser)	(ii) Activity	custody or contrib		from activity	fundraiser listed in		(or retained by) organization				
			-			c	:ol. (i)	organization				
			Yes	No								
1												
			-									
2												
3												
·												
4												
5												
6												
7												
8												
<u> </u>												
9												
10												
Tatal												
Total					tions or hes have and	ified it is -	warmat from					
3 List all states in which registration or licensing	•	is registered of li	censed to so	Dicit Contribl	ations of has been not	inea it is e	жеттрі тгот					

THE HAVEN OF TRANSYLVANIA COUNTY

27-1124164

Page 2

**Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than	<i>4</i> 5,000.			
			(a) Event #1 CFPOA	(b) Event #2 PAWS FOR HUM	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
۵.			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	32,137	7,200		39,337
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	32,137	7,200		39,337
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
oen	_					
Ш	7	Food and beverages •••••	10,315			10,315
rect	•	Estado				
ā	8	Entertainment • • • • • • • • •	1,900			1,900
	0	Other direct expenses	200	200		700
	9	Other direct expenses	329	380		709
	10	Direct expense summary. Add lines	4 through 9 in column (d)			12,924
	11	Net income summary. Subtract line				26,413
Pa	rt II					
		than \$15,000 on Form 990	-		· · ·	
				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
eve						
~~~	1	Gross revenue				
s	2	Cash prizes				
nse						
Direct Expenses	3	Noncash prizes				
ш ж						
irec	4	Rent/facility costs				
	5	Other direct expenses • • • •				
	6	Volunteer labor	Yes         %           □         No	│	└ Yes % └ No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	•	Not coming income cummon. Cubit	eat line 7 from line 1, colu	aan (d)		
	8	Net gaming income summary. Subtr		(u) • • • • • • • • •		
9	En	ter the state(s) in which the organizat	ion conducts asming activ	itios:		
a		the organization licensed to conduct g				···· Yes 🗌 No
b						
~						
10a	We	ere any of the organization's gaming I	icenses revoked, suspend	ed or terminated during the	tax year?	Yes 🗌 No
b		Yes," explain:	· ·			

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

THE HAVEN OF TRANSYLVANIA COUNTY

Types of Property

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

Open to Public Inspection

Name of the organization

Part I

Employer identification number

		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amount	ŝ
1	Art - Works of art			, , , , , , , , , , , , , , , , ,		
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household					
	goods					
6	Cars and other vehicles					
7	Boats and planes • • • • • • •					
8	Intellectual property • • • • • •					
9	Securities - Publicly traded • • •	х	2	6,387	AVG HIGH/LOW	
10	Securities - Closely held stock • •					
11	Securities - Partnership, LLC,					
	or trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation					
	contribution - Historic					
	structures					
14	Qualified conservation					
	contribution - Other					
15	Real estate - Residential	X	1	182,530	COUNTY TAX VALUE	
16	Real estate - Commercial • • • •					
17	Real estate - Other					
18	Collectibles • • • • • • • • • • •					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24 25	Archeological artifacts					
25 26	Other ►()					
26 27	Other ►()					
28	Other ►() Other ►()					
29	Number of Forms 8283 received by	l / the organizat	ion during the tax year for cor	L atributions for		
20	which the organization completed F	0	0 ,		29	
		0	iter, zeneertenienengenie			١o
30a	During the year, did the organizatio	n receive by c	ontribution any property repor	ted in Part I, lines 1 through		_
	28, that it must hold for at least three	-		-		
	to be used for exempt purposes for				30a 2	Х
b	If "Yes," describe the arrangement i					
31	Does the organization have a gift a	cceptance pol	icy that requires the review of	any nonstandard		
	contributions?					Х
32a	Does the organization hire or use the	nird parties or	related organizations to solici	t, process, or sell noncash		
	contributions?				32a	Х
b	If "Yes," describe in Part II.					
33	If the organization didn't report an a	amount in colu	mn (c) for a type of property for	or which column (a) is checked,		
	describe in Part II.					

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

# 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.gov/Form990 for the latest information. OMB No. 1545-0047 2018 Open to Public Inspection

Employer identification number

THE HAVEN OF TRANSYLVANIA COUNTY

27-1124164

### 01. Form 990 governing body review (Part VI, line 11)

EACH BOARD MEMBER RECEIVED A COPY OF THE 990 AND REVIEWED RETURN.

### 02. Conflict of interest policy compliance (Part VI, line 12c)

BOARD MEMBERS ACKNOWLEDGE AND SIGN A CONFLICT OF INTEREST STATEMENT.

### 03. CEO, executive director, top management comp (Part VI, line 15a)

THE BOARD OF DIRECTORS ESTABLISHES AMOUNT OF PAY ANNUALLY FOR THE EXECUTIVE DIRECTOR.

### 04. Governing documents, etc, available to public (Part VI, line 19)

AVAILABLE UPON REQUEST.

### 05. List of other expenses (Part IX, line 24e)

VARIOUS CLIENT SUPPLIES: \$6,510

CLIENT FOOD & GROCERIES: \$841

LAUNDRY: \$974

BACKGROUND CHECKS: \$738

VOLUNTEER EXPENSES: \$342

### 06. General explanation attachment

THE HAVEN RECEIVED A NONCASH DONATION OF A PROPERTY. THE ASSET HAS BEEN RECORDED ON THE

BOOKS AT THE COUNTY TAX VALUE, NO APPRAISAL WAS COMPLETED. AS OF 2018, THE HAVEN OF

TRANSYLVANIA COUNTY WAS SIMPLY HOLDING THE PROPERTY WHILE THE BOARD DISCUSSED OPTIONS.

	4562		Depre	ciation	and A	mor	tiz	ation			OMB No	0. 1545-0172
Form	4302		(Including Information on Listed Property)									018
Denert	ment of the Treesury		,	Attach te				1 37			2 Attachm	•••
	ment of the Treasury Revenue Service (99)	► G	o to www.irs.go	v/Form4562 f	or instruct	tions an	d the	e latest info	rmation.		Sequen	nce No. 179
Name(	s) shown on return				Business or	activity to	which	this form relates	3		Identifying nu	mber
THE	HAVEN OF		VANIA COU			M 99		- 1			27-11	24164
Par	t I Election	To Expens	e Certain Pro	operty Und	ler Secti	ion 17	9					
	-	-	listed property,								•	
1	Maximum amount (	see instructions	s) • • • • • • • •				•••			1		
2	Total cost of section	n 179 property p	laced in service	(see instructior	ns) ••		• • •			2		
3	Threshold cost of s	ection 179 prop	erty before reduc	tion in limitatio	on (see inst	ructions	) .			3		
4	Reduction in limitat	ion. Subtract lin	e 3 from line 2. If	zero or less, e	enter -0-	• • •	•••			4		
5	Dollar limitation for	tax year. Subtra	act line 4 from line	e 1. If zero or le	ess, enter -	0 If ma	rried	filing				
	separately, see inst	tructions • • •			<u></u>		• • •			5		
6		(a) Description of pr	roperty		(b) Cost (b	usiness us	e only	) (c) E	lected cost		4	
							ı –					
7	Listed property. Ent						7			1		
8	Total elected cost o	of section 179 pr	operty. Add amou	unts in column	(c), lines 6	and 7	•••			8		
9	Tentative deduction									9		
10	Carryover of disallo	wed deduction	from line 13 of yo	our 2017 Form	4562 •		• • •			10		
11	Business income li	mitation. Enter t	he smaller of bus	iness income	(not less th	an zero)	or li	ne 5. See in	structions	11		
12	Section 179 expense	se deduction. Ac	dd lines 9 and 10	, but don't ente	er more tha	n line 11		· · · · · ·		12		
13	Carryover of disallo	wed deduction	to 2019. Add line	s 9 and 10, les	s line 12		13					
	Don't use Part II or											
Par	t II Special	Depreciatio	on Allowance	and Other	r Depred	ciation	(Do	on't include	e listed p	ropert	ty. See insti	ructions.)
14	Special depreciatio	n allowance for	qualified property	/ (other than lis	sted prope	rty) place	ed in	service				
	during the tax year.	See instruction	s • • • • • •				• • •			14		
15	Property subject to	section 168(f)(1	I) election				• • •			15		
16	Other depreciation	, <b>,</b>	,							16		5,441
Par	t III   MACRS	5 Depreciati	on (Don't inc	lude listed p	roperty. S	See inst	ructi	ons.)				
				S	ection A						1	
17	MACRS deductions	s for assets plac	ed in service in ta	ax years begin	ning before	e 2018	• • •			17		10,392
18	If you are electing t	o group any ass	sets placed in ser	vice during the	e tax year i	nto one o	or mo	ore general	_			
	asset accounts, che											
	Sectior	n B - Assets F	Placed in Serv			Year U	sing	the Gene	eral Dep	reciat	ion Systen	n
	(a) Classification of p	roperty	(b) Month and year placed in service	(c) Basis for de (business/inves only-see instr	stment use	(d) Reco period		(e) Convention	n <b>(f)</b> Me	thod	(g) Deprecia	ation deduction
19a	3-year property											
b	5-year property											
C	7-year property											
d	10-year property											
е	15-year property											
f	20-year property											
g	25-year property					25 yr	s.		S	/L		
h	Residential rental					27.5 y	rs.	MM	S	/L		
	property					27.5 y		MM		/L		
i	Nonresidential real					39 yr	s.	MM	S	/L		
	property							MM		/L		
	Section C	- Assets Pla	ced in Service	During 201	8 Tax Ye	ar Usir	ng th	ne Alterna	tive Dep	recia	tion Syster	m
20a	Class life								S	/L		
b	12-year					12 yr	s.		S	/L		
C	30-year					30 yr	s.	MM	s	/L		
d	40-year					40 yr	s.	MM	S	/L		
Par	t IV Summa	ary (See instr	uctions.)									
21	Listed property. En	iter amount from	n line 28 • • •							21		
22	Total. Add amounts	s from line 12, li	nes 14 through 1	7, lines 19 and	20 in colu	mn (g), a	and li	ne 21. Enter				
	here and on the ap	propriate lines c	of your return. Pai	rtnerships and	S corporat	tions - se	e ins	structions		22		15,833
23	For assets shown a	•		• •								
	portion of the basis	attributable to s	section 263A cost	s			23					

\* Item is included in UBIA for Section 199A calculations.

# See "UBIA" in lower right corner. Name(s) as shown on return

Program Services

#### For your records only

PAGE 1

2018

See	UBIA IN IOWER right comer.						-or your records a	oniy							
Name	(s) as shown on return											Social sec	urity number/EI	N	
Т	HE HAVEN OF TRANSYLVA	NIA COUNT	ГY									27	-1124164		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	HAVEN BUILDING	11012011	200,997		100.00			200,997	39	SL MM	2.564	31,656	5,154	36,810	5,154
2	HAVEN FAMILY HOUSE	12162013	101,161		100.00			101,161	27.5	SL MM	3.636	14,712	3,678	18,390	3,678
2	LAND	12162013	30,810		100.00	)			0	NDA					
3	IMPROVEMENTS - BUILDI	11012011	11,200		100.00			11,200	39	SL MM	2.564	2,307	287	2,594	287
4	EPOXY FLOOR - BUILDIN	07212013	6,300		100.00			6,300	5	200 DB HY	5.76	5,938	362	6,300	362
5	RENO - FAM HOUSE	05012014	67,001		100.00			67,001	27.5	SL MM	3.636	8,831	2,436	11,267	2,436
6	RENO - FAM HOUSE	07012017	10,725		100.00			10,725	27.5	SL MM	3.636	179	390	569	390
7	FENCING - FAM HOUSE	12012015	4,400		100.00			4,400	15	150 DB MQ	8	881	352	1,233	352
8	ASPHALT & PARKING LOI	07012017	5,550		100.00			5,550	20	SL MM	3.636	206	202	408	202
9	FURNITURE - FAM HOUSE	08052015	1,200		100.00			1,200	5	200 DB MQ	12.24	833	147	980	199
10	LIVING ROOM FURN - FA	09032015	675		100.00			675	5	200 DB MQ	12.24	468	83	551	112
11	FURNITURE - FAM HOUSE	05012014	2,575		100.00			2,575	5	200 DB HY	11.52	2,130	297	2,427	429
12	BED SET - FAM HOUSE	01202016	200		100.00			200	5	200 DB HY	19.2	156	38	194	38
13	SECURITY SYSTEM	04302015	1,622		100.00			1,622	5	200 DB MQ	11.37	1,185	184	1,369	272
14	EQUIPMENT - FAM HOUSE	05012014	11,081		100.00			11,081	5	200 DB HY	11.52	9,167	1,277	10,444	1,846
15	EQUIPMENT - BUILDING	07012017	926		100.00			926	5	200 DB HY	32	185	296	481	296
16	FURNITURE - BUILDING	11012011	1,527		100.00			1,527	5		0	1,527		1,527	
17	PRINTER - BUILDING	11012011	150		100.00			150	5		0	150		150	
18	SIGN - BUILDING	11012011	450		100.00			450	5		0	450		450	
19	COMPUTER - BUILDING	11012011	679		100.00			679	5		0	679		679	
20	TABLETS - BUILDING	11012011	1,398		100.00			1,398	5		0	1,398		1,398	
21	PERIPHERALS - BUILDIN	11012011	472		100.00			472	5		0	472		472	
22	RANGE HOOD - BUILDING	11012011	185		100.00			185	5		0	185		185	
23	SECURITY SYSTEM	11012011	3,821		100.00			3,821	5		0	3,821		3,821	
24	DVR & INSTALL - BUILI	06122012	1,838		100.00			1,838	5		0	1,838		1,838	
25	EQUIPMENT - BUILDING	04092013	480		100.00			480	5	200 DB HY	5.76	332	28	360	40
26	FIRE ALARM - BUILDING	08132013	3,800		100.00			3,800	5	200 DB HY	5.76		219	219	317
27	COMPUTER - FAM HOUSE	06152016	1,573		100.00			1,573	5	200 DB HY	19.2	818	302	1,120	302
28	PRINTER - FAM HOUSE	08312016	275		100.00			275	5	200 DB HY	19.2	214	53	267	53
29	EQUIPMENT - BULIDING	01212014	416		100.00			416	5	200 DB HY	11.52		48	48	69

* Item is included in UBIA for Section 199A calculations.			Depreciation Detail Listing Program Services										<b>2018</b> PAGE 2			
	"UBIA" in lower right corner.					F	For your records	only								
	(s) as shown on return												curity number/E	IN		
												7-1124164	1			
No.	Description CAROLINA AVENUE HOUSE1	Date	Cost 182,530		Business percentage 100.00	Section 179	Bonus depreciation	Depreciable Basis	Life 0	Method	Rate 0	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current	
	Totals Land Amount		656,017 30,810 625,207					442,677		9 and CY B		90,718	15,833	106,551 ST ADJ:	16,8	

Derection of the intervention of the interventintex and the interventinteres. The intervention of the i			Next Year's De	preciation V	Vorksheet			
Numeric) as above on rotum         Tat D Number           THE         HAVEN OF         TRANSYLVANIA COUNTY         Tat D Number         27-1124164           Form         Multh-Form         Description         Date         Basis         Method         Life         Deduction         39         5,154           PRG         1         HAVEN FAMILY HOUSE         12162013         101,161         ARR         27.5         3,679           PRG         1         EPOXY FLOOR - BUILDING         1012011         11,200         SL         39         287           PRG         1         RENO - FAM HOUSE         05012014         67,001         ARR         27.5         2,436           PRG         1         FENCING - FAM HOUSE         07012017         10,725         ARR         20         277           PRG         1         ASPHALT & PARKING LOT         07012017         5,550         ARR         20         277           PRG         1         LIVING ROOM FURN - FAM HOUSE         05012014         2,755         M         5         136           PRG         1         LIVING ROOM FURN - FAM HOUSE         05012014         2,575         M         5         148           PRG         1         <				•			201	В
Form         Multi-Form         Description         Date         Basis         Method         Life         Deduction           PRG         1         HAVEN FAMILY HOUSE         11012011         200,997         SL         39         5,154           PRG         1         IMPROVEMENTS - BUILDING         11012011         11,200         SL         39         287           PRG         1         EPOXY FLOOR - BUILDING         07212013         6,300         M         5           PRG         1         RENO - FAM HOUSE         07012017         10,725         ARR         27.5         2,436           PRG         1         FENCING - FAM HOUSE         07012017         10,725         ARR         27.5         390           PRG         1         FENCING - FAM HOUSE         07012017         10,725         ARR         20         277           PRG         1         LUVING ROOM FURN - FAM HOUSE         05012014         2,575         M         5         148           PRG         1         EQUIPMENT - FAM HOUSE         05012014         2,575         M         5         148           PRG         1         EQUIPMENT - FAM HOUSE         05012014         11,081         M         5	Name(s)	as ahown on retu		,			Tax ID N	lumber
PRG       1       HAVEN BUILDING       11012011       200,997       SL       39       5,154         PRG       1       HAVEN FAMILY HOUSE       12162013       101,161       ARR       27.5       3,679         PRG       1       IMPROVEMENTS - BUILDING       11012011       11,200       SL       39       287         PRG       1       EPOXY FLOOR - BUILDING       07212013       6,300       M       5         PRG       1       RENO - FAM HOUSE       07012017       10,725       ARR       27.5       2,436         PRG       1       RENO - FAM HOUSE       07012017       5,550       ARR       20       277         PRG       1       FUNNITURE - FAM HOUSE       08052015       1,200       M       5       136         PRG       1       FURNITURE - FAM HOUSE       05012014       2,575       M       5       148         PRG       1       SECURITY SYSTEM       04302015       1,622       M       5       1637         PRG       1       FURNITURE - BUILDING       1012011       1,527       M       5       178         PRG       1       EQUIPMENT - FAM HOUSE       05012014       1,527       M	THE							
PRG       1       HAVEN FAMILY HOUSE       12162013       101,161       ARR       27.5       3,679         PRG       1       IMPROVEMENTS - BUILDING       1012011       11,200       SL       39       287         PRG       1       EPOXY FLOOR - BUILDING       07212013       6,300       M       5         PRG       1       RENO - FAM HOUSE       05012014       67,001       ARR       27.5       2,436         PRG       1       FENCING - FAM HOUSE       07012017       10,725       ARR       20       277         PRG       1       FENCING - FAM HOUSE       08052015       1,200       M       5       136         PRG       1       FURNITURE - FAM HOUSE       08052015       1,200       M       5       148         PRG       1       FURNITURE - FAM HOUSE       01202016       200       M       5       637         PRG       1       FURNITURE - FAM HOUSE       01202016       1,622       M       5       148         PRG       1       EQUIPMENT - BUILDING       07012017       926       M       5       178         PRG       1       EQUIPMENT - BUILDING       11012011       1,527       M								
PRG       1       IMPROVEMENTS - BUILDING       11012011       11,200       SL       39       287         PRG       1       EPOXY FLOOR - BUILDING       07212013       6,300       M       5         PRG       1       RENO - FAM HOUSE       05012014       67,001       ARR       27.5       2,436         PRG       1       FENCING - FAM HOUSE       07012017       10,725       ARR       27.5       390         PRG       1       FENCING - FAM HOUSE       12012015       4,400       ALT       15       317         PRG       1       ASPHALT & PARKING LOT       07012017       5,550       ARR       20       277         PRG       1       FURNITURE - FAM HOUSE       08052015       1,200       M       5       136         PRG       1       FURNITURE - FAM HOUSE       05012014       2,575       M       5       148         PRG       1       EQUIPMENT - FAM HOUSE       05012014       11,081       M       5       637         PRG       1       EQUIPMENT - FAM HOUSE       05012014       11,081       M       5       637         PRG       1       EQUIPMENT - FAM HOUSE       05012014       11,081								
PRG       1       EPOXY FLOOR - BUILDING       07212013       6,300       M       5         PRG       1       RENO - FAM HOUSE       05012014       67,001       ARR       27.5       390         PRG       1       RENO - FAM HOUSE       07012017       10,725       ARR       27.5       390         PRG       1       ASPHALT & PARKING LOT       07012017       5,550       ARR       20       277         PRG       1       FURNITURE - FAM HOUSE       08052015       1,200       M       5       136         PRG       1       FURNITURE - FAM HOUSE       08052015       1,200       M       5       136         PRG       1       LIVING ROOM FURN - FAM H       09032015       675       M       5       148         PRG       1       BED SET - FAM HOUSE       05012014       2,575       M       5       148         PRG       1       EQUIPMENT - FAM HOUSE       05012014       11,081       M       5       637         PRG       1       EQUIPMENT - BUILDING       07012017       926       M       5       178         PRG       1       FURNITURE - BUILDING       11012011       1,527       M       <								
PRG       1       RENO - FAM HOUSE       05012014       67,001       ARR       27.5       2,436         PRG       1       FENCING - FAM HOUSE       07012017       10,725       ARR       27.5       390         PRG       1       FENCING - FAM HOUSE       12012015       4,400       ALT       15       317         PRG       1       ASPHALT & PARKING LOT       07012017       5,550       ARR       20       277         PRG       1       FURNITURE - FAM HOUSE       08052015       1,200       M       5       136         PRG       1       FURNITURE - FAM HOUSE       05012014       2,575       M       5       148         PRG       1       BED SET - FAM HOUSE       01202016       200       M       5       637         PRG       1       EQUIPMENT - FAM HOUSE       05012014       11,081       M       5       637         PRG       1       EQUIPMENT - FAM HOUSE       05012014       11,081       M       5       637         PRG       1       EQUIPMENT - BUILDING       11012011       1,527       M       5       178         PRG       1       FURNITURE - BUILDING       11012011       1,538							1	207
PRG       1       RENO - FAM HOUSE       07012017       10,725       ARR       27.5       390         PRG       1       FENCING - FAM HOUSE       12012015       4,400       ALT       15       317         PRG       1       ASPHALT & PARKING LOT       07012017       5,550       ARR       20       277         PRG       1       FURNITURE - FAM HOUSE       08052015       1,200       M       5       136         PRG       1       LIVING ROOM FURN - FAM H       09032015       675       M       5       76         PRG       1       FURNITURE - FAM HOUSE       01202016       200       M       5       6         PRG       1       EQUIPMENT - FAM HOUSE       01202016       200       M       5       6         PRG       1       EQUIPMENT - FAM HOUSE       05012014       11,081       M       5       637         PRG       1       EQUIPMENT - BUILDING       07012017       926       M       5       178         PRG       1       FURNITURE - BUILDING       11012011       1,527       M       5       178         PRG       1       FURNITURE - BUILDING       11012011       1,527       M <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>2,436</td>							1	2,436
PRG       1       FENCING - FAM HOUSE       12012015       4,400       ALT       15       317         PRG       1       ASPHALT & PARKING LOT       07012017       5,550       ARR       20       277         PRG       1       FURNITURE - FAM HOUSE       08052015       1,200       M       5       136         PRG       1       LIVING ROOM FURN - FAM H       09032015       675       M       5       76         PRG       1       BED SET - FAM HOUSE       05012014       2,575       M       5       148         PRG       1       SECURITY SYSTEM       04302015       1,622       M       5       184         PRG       1       EQUIPMENT - FAM HOUSE       05012014       11,081       M       5       637         PRG       1       EQUIPMENT - BUILDING       11012011       1,527       M       5       178         PRG       1       FURNITURE - BUILDING       11012011       1,527       M       5       178         PRG       1       SIGN - BUILDING       11012011       1,527       M       5       178         PRG       1       SIGN - BUILDING       11012011       1,527       M       <								
PRG       1       FURNITURE - FAM HOUSE       08052015       1,200       M       5       136         PRG       1       LIVING ROOM FURN - FAM H       09032015       675       M       5       76         PRG       1       FURNITURE - FAM HOUSE       05012014       2,575       M       5       148         PRG       1       BED SET - FAM HOUSE       01202016       200       M       5       66         PRG       1       EQUIPMENT - FAM HOUSE       05012014       11,622       M       5       184         PRG       1       EQUIPMENT - FAM HOUSE       05012014       11,081       M       5       637         PRG       1       EQUIPMENT - BUILDING       07012017       926       M       5       178         PRG       1       FURNITURE - BUILDING       11012011       1,527       M       5       178         PRG       1       PRINTER - BUILDING       11012011       450       M       5       178         PRG       1       PRINTER - BUILDING       11012011       1,398       M       5       178         PRG       1       PRIPHERALS - BUILDING       11012011       1,388       5							1	
PRG       1       LIVING ROOM FURN - FAM H       09032015       675       M       5       76         PRG       1       FURNITURE - FAM HOUSE       05012014       2,575       M       5       148         PRG       1       BED SET - FAM HOUSE       01202016       200       M       5       6         PRG       1       SECURITY SYSTEM       04302015       1,622       M       5       184         PRG       1       EQUIPMENT - FAM HOUSE       05012014       11,081       M       5       637         PRG       1       EQUIPMENT - BUILDING       07012017       926       M       5       178         PRG       1       FURNITURE - BUILDING       11012011       1,527       M       5       178         PRG       1       PRINTER - BUILDING       11012011       1,50       M       5       178         PRG       1       SIGN - BUILDING       11012011       1,50       M       5       178         PRG       1       COMPUTER - BUILDING       11012011       1,398       M       5       178         PRG       1       TABLETS - BUILDING       11012011       1,3821       M       5	PRG	1	ASPHALT & PARKING LOT	07012017	5,550	ARR	20	277
PRG       1       FURNITURE - FAM HOUSE       05012014       2,575       M       5       148         PRG       1       BED SET - FAM HOUSE       01202016       200       M       5       6         PRG       1       SECURITY SYSTEM       04302015       1,622       M       5       184         PRG       1       EQUIPMENT - FAM HOUSE       05012014       11,081       M       5       637         PRG       1       EQUIPMENT - BUILDING       07012017       926       M       5       178         PRG       1       FURNITURE - BUILDING       11012011       1,527       M       5       178         PRG       1       PRINTER - BUILDING       11012011       1,527       M       5       178         PRG       1       PRINTER - BUILDING       11012011       1,527       M       5       178         PRG       1       PRINTER - BUILDING       11012011       1,527       M       5       178         PRG       1       PRINTER - BUILDING       11012011       450       M       5       5         PRG       1       COMPUTER - BUILDING       11012011       1,388       5       5	PRG		FURNITURE - FAM HOUSE			M		
PRG       1       BED SET - FAM HOUSE       01202016       200       M       5       6         PRG       1       SECURITY SYSTEM       04302015       1,622       M       5       184         PRG       1       EQUIPMENT - FAM HOUSE       05012014       11,081       M       5       637         PRG       1       EQUIPMENT - BUILDING       07012017       926       M       5       178         PRG       1       FURNITURE - BUILDING       11012011       1,527       M       5       178         PRG       1       PRINTER - BUILDING       11012011       1,500       M       5       178         PRG       1       SIGN - BUILDING       11012011       1,500       M       5       178         PRG       1       SIGN - BUILDING       11012011       450       M       5       178         PRG       1       COMPUTER - BUILDING       11012011       450       M       5       178         PRG       1       TABLETS - BUILDING       11012011       1,398       M       5       11012011       1,398       161       1012011       13,821       M       5       1012011       13,821       1101								
PRG       1       SECURITY SYSTEM       04302015       1,622       M       5       184         PRG       1       EQUIPMENT - FAM HOUSE       05012014       11,081       M       5       637         PRG       1       EQUIPMENT - BUILDING       07012017       926       M       5       178         PRG       1       FURNITURE - BUILDING       11012011       1,527       M       5       178         PRG       1       PRINTER - BUILDING       11012011       1,527       M       5       178         PRG       1       SIGN - BUILDING       11012011       1,527       M       5       178         PRG       1       SIGN - BUILDING       11012011       450       M       5       178         PRG       1       COMPUTER - BUILDING       11012011       450       M       5       178         PRG       1       TABLETS - BUILDING       11012011       450       M       5       178         PRG       1       PARGE HOOD - BUILDING       11012011       472       M       5       11012011       1,3821       M       5       11012011       3,821       M       5       1011012011       1,838								
PRG       1       EQUIPMENT - FAM HOUSE       05012014       11,081       M       5       637         PRG       1       EQUIPMENT - BUILDING       07012017       926       M       5       178         PRG       1       FURNITURE - BUILDING       11012011       1,527       M       5       178         PRG       1       PRINTER - BUILDING       11012011       1,527       M       5       178         PRG       1       SIGN - BUILDING       11012011       1,527       M       5       178         PRG       1       SIGN - BUILDING       11012011       450       M       5       1637         PRG       1       COMPUTER - BUILDING       11012011       450       M       5       178         PRG       1       TABLETS - BUILDING       11012011       450       M       5       161         PRG       1       PERIPHERALS - BUILDING       11012011       1,398       M       5       161         PRG       1       RANGE HOOD - BUILDING       11012011       3,821       M       5       161         PRG       1       DVR & INSTALL - BUILDING       06122012       1,838       M       5 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
PRG       1       EQUIPMENT - BUILDING       07012017       926       M       5       178         PRG       1       FURNITURE - BUILDING       11012011       1,527       M       5       178         PRG       1       PRINTER - BUILDING       11012011       1,527       M       5       178         PRG       1       PRINTER - BUILDING       11012011       150       M       5       178         PRG       1       SIGN - BUILDING       11012011       1,527       M       5       178         PRG       1       SIGN - BUILDING       11012011       150       M       5       178         PRG       1       COMPUTER - BUILDING       11012011       450       M       5         PRG       1       PERIPHERALS - BUILDING       11012011       472       M       5         PRG       1       RANGE HOOD - BUILDING       11012011       3,821       M       5         PRG       1       DVR & INSTALL - BUILDING       06122012       1,838       M       5         PRG       1       EQUIPMENT - BUILDING       08132013       3,800       M       5         PRG       1       FIRE ALARM -								
PRG       1       FURNITURE - BUILDING       11012011       1,527       M       5         PRG       1       PRINTER - BUILDING       11012011       150       M       5         PRG       1       SIGN - BUILDING       11012011       450       M       5         PRG       1       COMPUTER - BUILDING       11012011       679       M       5         PRG       1       TABLETS - BUILDING       11012011       1,398       M       5         PRG       1       PERIPHERALS - BUILDING       11012011       1,398       M       5         PRG       1       PERIPHERALS - BUILDING       11012011       472       M       5         PRG       1       RANGE HOOD - BUILDING       11012011       185       M       5         PRG       1       SECURITY SYSTEM       11012011       3,821       M       5         PRG       1       DVR & INSTALL - BUILDING       06122012       1,838       M       5         PRG       1       FIRE ALARM - BUILDING       04092013       480       M       5         PRG       1       FIRE ALARM - BUILDING       08132013       3,800       M       5								
PRG       1       PRINTER - BUILDING       11012011       150       M       5         PRG       1       SIGN - BUILDING       11012011       450       M       5         PRG       1       COMPUTER - BUILDING       11012011       679       M       5         PRG       1       TABLETS - BUILDING       11012011       679       M       5         PRG       1       PERIPHERALS - BUILDING       11012011       1,398       M       5         PRG       1       PERIPHERALS - BUILDING       11012011       472       M       5         PRG       1       RANGE HOOD - BUILDING       11012011       185       M       5         PRG       1       SECURITY SYSTEM       11012011       3,821       M       5         PRG       1       DVR & INSTALL - BUILDING       06122012       1,838       M       5         PRG       1       EQUIPMENT - BUILDING       08132013       3,800       M       5         PRG       1       FIRE ALARM - BUILDING       08132013       3,800       M       5         PRG       1       COMPUTER - FAM HOUSE       06152016       1,573       M       5       8								170
PRG1SIGN - BUILDING11012011450M5PRG1COMPUTER - BUILDING11012011679M5PRG1TABLETS - BUILDING110120111,398M5PRG1PERIPHERALS - BUILDING11012011472M5PRG1RANGE HOOD - BUILDING11012011185M5PRG1SECURITY SYSTEM110120113,821M5PRG1DVR & INSTALL - BUILDING061220121,838M5PRG1EQUIPMENT - BUILDING04092013480M5PRG1FIRE ALARM - BUILDING081320133,800M5PRG1COMPUTER - FAM HOUSE061520161,573M5181PRG1PRINTER - FAM HOUSE08312016275M58PRG1EQUIPMENT - BULIDING01212014416M524PRG1CAROLINA AVENUE HOUSE10222018NDA014								
PRG1TABLETS - BUILDING110120111,398M5PRG1PERIPHERALS - BUILDING11012011472M5PRG1RANGE HOOD - BUILDING11012011185M5PRG1SECURITY SYSTEM110120113,821M5PRG1DVR & INSTALL - BUILDING061220121,838M5PRG1EQUIPMENT - BUILDING04092013480M5PRG1FIRE ALARM - BUILDING081320133,800M5PRG1COMPUTER - FAM HOUSE061520161,573M5181PRG1PRINTER - FAM HOUSE08312014275M58PRG1EQUIPMENT - BULIDING01212014416M524PRG1CAROLINA AVENUE HOUSE10222018NDA024	PRG	1	SIGN - BUILDING	11012011	450	М		
PRG1PERIPHERALS - BUILDING11012011472M5PRG1RANGE HOOD - BUILDING11012011185M5PRG1SECURITY SYSTEM110120113,821M5PRG1DVR & INSTALL - BUILDING061220121,838M5PRG1EQUIPMENT - BUILDING04092013480M5PRG1FIRE ALARM - BUILDING081320133,800M5PRG1COMPUTER - FAM HOUSE061520161,573M5181PRG1PRINTER - FAM HOUSE08312016275M58PRG1EQUIPMENT - BULIDING01212014416M524PRG1CAROLINA AVENUE HOUSE10222018NDA024	PRG		COMPUTER - BUILDING	11012011	679	M		
PRG1RANGE HOOD - BUILDING11012011185M5PRG1SECURITY SYSTEM110120113,821M5PRG1DVR & INSTALL - BUILDING061220121,838M5PRG1EQUIPMENT - BUILDING04092013480M5PRG1FIRE ALARM - BUILDING081320133,800M5PRG1COMPUTER - FAM HOUSE061520161,573M5181PRG1PRINTER - FAM HOUSE08312016275M58PRG1EQUIPMENT - BULIDING01212014416M524PRG1CAROLINA AVENUE HOUSE10222018NDA01								
PRG1SECURITY SYSTEM110120113,821M5PRG1DVR & INSTALL - BUILDING061220121,838M5PRG1EQUIPMENT - BUILDING04092013480M5PRG1FIRE ALARM - BUILDING081320133,800M5PRG1COMPUTER - FAM HOUSE061520161,573M5181PRG1PRINTER - FAM HOUSE08312016275M58PRG1EQUIPMENT - BULIDING01212014416M524PRG1CAROLINA AVENUE HOUSE10222018NDA01								
PRG1DVR & INSTALL - BUILDING061220121,838M5PRG1EQUIPMENT - BUILDING04092013480M5PRG1FIRE ALARM - BUILDING081320133,800M5PRG1COMPUTER - FAM HOUSE061520161,573M5181PRG1PRINTER - FAM HOUSE08312016275M58PRG1EQUIPMENT - BULIDING01212014416M524PRG1CAROLINA AVENUE HOUSE10222018NDA01								
PRG1EQUIPMENT - BUILDING04092013480M5PRG1FIRE ALARM - BUILDING081320133,800M5PRG1COMPUTER - FAM HOUSE061520161,573M5181PRG1PRINTER - FAM HOUSE08312016275M58PRG1EQUIPMENT - BULIDING01212014416M524PRG1CAROLINA AVENUE HOUSE10222018NDA01								
PRG1FIRE ALARM - BUILDING COMPUTER - FAM HOUSE08132013 061520163,800M5PRG1PRINTER - FAM HOUSE06152016 083120161,573M5181PRG1PRINTER - FAM HOUSE08312016 01212014275M58PRG1EQUIPMENT - BULIDING CAROLINA AVENUE HOUSE01212014 10222018416M524								
PRG1COMPUTER - FAM HOUSE061520161,573M5181PRG1PRINTER - FAM HOUSE08312016275M58PRG1EQUIPMENT - BULIDING01212014416M524PRG1CAROLINA AVENUE HOUSE10222018NDA024								
PRG1PRINTER - FAM HOUSE08312016275M58PRG1EQUIPMENT - BULIDING01212014416M524PRG1CAROLINA AVENUE HOUSE10222018NDA0								181
PRG   1   CAROLINA AVENUE HOUSE   10222018   NDA   0						М		
	PRG	1	EQUIPMENT - BULIDING	01212014	416	М	5	24
TOTAL 14,118	PRG	1	CAROLINA AVENUE HOUSE	10222018		NDA	0	
TOTAL 14,118								
			TOTAL					14,118
		I		I	l	I		