

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2019**Open to Public Inspection**

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning **08/01/19**, and ending **07/31/20**

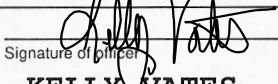
B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FAIR HAVEN INC		D Employer identification number **-***0770
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2645 RIDGE ROAD		E Telephone number 219-961-4357
	City or town, state or province, country, and ZIP or foreign postal code HIGHLAND IN 46322		G Gross receipts \$ 694,788
F Name and address of principal officer: JULIE OLTHOFF 9309 CLAY STREET CROWN POINT IN 46307			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.ASAFEPORT.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2006 M State of legal domicile: IN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE FAITH-FOCUSED SERVICES TO THOSE AFFECTED BY SEXUAL VIOLENCE AND TRAUMA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	27
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	509,142	670,665
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,620	24,123
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	511,762	694,788
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	437,741	455,099
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17,202		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	107,273	122,030
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	545,014	577,129
19 Revenue less expenses. Subtract line 18 from line 12	-33,252	117,659	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	17,496	126,688
	22 Net assets or fund balances. Subtract line 21 from line 20	78,758	71,304
		-61,262	55,384

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		10/31/2020			
	KELLY VATES Type or print name and title	EXECUTIVE DIRECTOR			
Paid Preparer Use Only	Print/Type preparer's name SARAH WALKER, EA	Preparer's signature	Date 10/27/20	Check <input type="checkbox"/> if self-employed	PTIN *****
	Firm's name ▶ GATLIN PLYMOUTH, LLC	Firm's EIN ▶ **--***4750			
	Firm's address ▶ 1435 N MICHIGAN ST STE 5 PLYMOUTH, IN 46563	Phone no. 574-936-5211			

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

For Paperwork Reduction Act Notice, see the separate instructions.

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