## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

HAVEN OF HODE THO

Employer identification number

|     | 2002 A S T S T S T | ONE COLUMN  | HAVEN OF HO  |   |                   |                              | 58-16   | 12531                            |  |  |  |  |
|-----|--------------------|---|--|---|-------------------|------------------------------|---|----------------------------------|--|--|--|--|
|     | art I              | LISTALISE   | ison for Public Chari  | ty Status. (All organization  | ns must           | comple                       | ete this part.) See instruc                         | tions.                           |  |  |  |  |
| The | orga               | nization is n   | ot a private foundation beca   | use it is: (For lines 1 through 12                                  | , check o         | nly one b                    | ox.)  |                                  |  |  |  |  |
| 1   |                    | A church, o   | convention of churches, or a   | ssociation of churches described                                    | d in <b>secti</b> | on 170(b                     | )(1)(A)(i).   |                                  |  |  |  |  |
| 2   |                    | A school de   | escribed in section 170(b)(1   | I)(A)(ii). (Attach Schedule E (Fo                                   | rm 990 o          | 990-EZ)                      | .)  |                                  |  |  |  |  |
| 3   |                    |   | pital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). |   |                   |                              |   |                                  |  |  |  |  |
| 4   | Ш                  | A medical i   | research organization opera  | ted in conjunction with a hospita                                   | l describe        | ed in sect                   | ion 170(b)(1)(A)(iii). Enter the                    | hospital's name                  |  |  |  |  |
|     | _                  | city, and st  | ate:   |   |                   |                              | ( ) / ( ) ( · ) - · · · · · · · · · · · · · · · · · | moopharo mamo,                   |  |  |  |  |
| 5   |                    | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in |  |   |                   |                              |   |                                  |  |  |  |  |
|     |                    | section 17  | 0(b)(1)(A)(iv). (Complete Pa   | art II.)  |                   | ,                            |   |                                  |  |  |  |  |
| 6   |                    | A federal, s  | state, or local government or  | governmental unit described in                                      | section           | 170(b)(1)                    | (A)(v).   |                                  |  |  |  |  |
| 7   | X                  | An organiza   | ation that normally receives n section 170(b)(1)(A)(vi).                                     | a substantial part of its support t                                 | from a go         | vernment                     | al unit or from the general pub                     | lic                              |  |  |  |  |
| 8   |                    | A communi   | ty trust described in section  | 170(b)(1)(A)(vi). (Complete Pa                                      | rt II.)           |                              | Allenda   |                                  |  |  |  |  |
| 9   |                    | An agricultu  | ural research organization de  | escribed in section 170(b)(1)(A)                                    | (ix) opera        | ated in co                   | niunction with a land-grant coll                    | 909                              |  |  |  |  |
|     |                    | or university university:   | y or a non-land-grant college  | e of agriculture (see instructions)                                 | . Enter th        | e name,                      | city, and state of the college or                   | ·                                |  |  |  |  |
| 10  |                    | An organiza   | ation that normally receives:  | (1) more than 33 1/3% of its sup                                    | port from         | contribu                     | tions, membership fees, and d                       | r0ee                             |  |  |  |  |
|     |                    | receipts troi   | m activities related to its exe  | empt functions, subject to certain                                  | exception         | ns: and (                    | 2) no more than 331/3% of ite                       | 1000                             |  |  |  |  |
|     |                    | support from  | n gross investment income a  | and unrelated business taxable i                                    | ncome (I          | ess sectio                   | on 511 tay) from husinesses                         |                                  |  |  |  |  |
| 11  | П                  | An organiza   | the organization after June  | 30, 1975. See section 509(a)(2                                      | ). (Compl         | ete Part I                   | II.)  |                                  |  |  |  |  |
| 12  |                    | An organiza   | tion organized and operated  | d exclusively to test for public sa                                 | fety. See         | section !                    | 509(a)(4).  |                                  |  |  |  |  |
| 12  |                    | of one or mo  | ore publicly supported organ   | d exclusively for the benefit of, to                                | perform           | the functi                   | ons of, or to carry out the purp                    | oses                             |  |  |  |  |
|     |                    | Check the b   | ox in lines 12a through 12d  | izations described in section 50 that describes the type of support | orting orga       | r section                    | 509(a)(2). See section 509(a)                       | (3).                             |  |  |  |  |
|     | a                  | Type I.   | A supporting organization or   | perated, supervised, or controlle                                   | d busite e        | unnorted                     | and complete lines 12e, 12i, ai                     | 10 12g.                          |  |  |  |  |
|     |                    | the supp  | ported organization(s) the po  | ower to regularly appoint or elect                                  | a maiorit         | v of the d                   | organization(s), typically by give                  | ring                             |  |  |  |  |
|     | 12                 | supporti  | ng organization. You must  | complete Part IV, Sections A a                                      | ind B.            | y or the d                   | nectors of trustees of the                          |                                  |  |  |  |  |
|     | b                  | Type II.  | A supporting organization s  | upervised or controlled in conne                                    | ction with        | its suppo                    | orted organization(s) by having                     | 1                                |  |  |  |  |
|     |                    | control   | or management of the suppo   | orting organization vested in the                                   | same per          | sons that                    | control or manage the suppor                        | eted                             |  |  |  |  |
|     |                    | organiza  | tion(s). You must complete   | e Part IV, Sections A and C.  |                   |                              |   |                                  |  |  |  |  |
|     | С                  | Type III<br>its suppo   | functionally integrated. A<br>orted organization(s) (see in:                                 | supporting organization operate structions). You must complete      | d in conn         | ection wit                   | h, and functionally integrated v                    | vith,                            |  |  |  |  |
|     | d                  | Type III  | non-functionally integrate   | d. A supporting organization ope                                    | erated in         | connectio                    | n with its supported arganization                   | an(a)                            |  |  |  |  |
|     |                    | that is no  | ot functionally integrated. Th   | e organization generally must sa                                    | atisfy a di       | stribution                   | requirement and an attentiven                       | ess                              |  |  |  |  |
|     | _                  | requirem  | ient (see instructions). You   | must complete Part IV, Sectio                                       | ns A and          | D, and F                     | Part V.   |                                  |  |  |  |  |
|     | е                  | Check th  | nis box if the organization red  | ceived a written determination from                                 | om the IF         | S that it i                  | s a Type I, Type II, Type III                       |                                  |  |  |  |  |
|     | f E                | Turictions  | ally integrated, or Type III no  | n-functionally integrated suppor                                    | ting orgar        | nization.                    |   |                                  |  |  |  |  |
|     |                    |   | mber of supported organizat  | he supported organization(s).                                       |                   |                              |   |                                  |  |  |  |  |
| (1) |                    | of supported  |  |   |                   |                              |   |                                  |  |  |  |  |
| (1) |                    | nization  | (ii) EIN   | (iii) Type of organization<br>(described on lines 1–10              | (iv) Is the       | organization<br>ur governing | (v) Amount of monetary                              | (vI) Amount of                   |  |  |  |  |
|     |                    |   |  | above (see instructions))   | 1                 | ment?                        | support (see instructions)                          | other support (see instructions) |  |  |  |  |
|     |                    |   |  |   | Yes               | No                           | ,   | moracions)                       |  |  |  |  |
| A)  |                    |   |  |   |                   |                              |   |                                  |  |  |  |  |
|     |                    |   |  |   |                   |                              |   |                                  |  |  |  |  |
| 3)  |                    |   |  |   |                   |                              |   |                                  |  |  |  |  |
|     |                    |   |  |   |                   |                              |   |                                  |  |  |  |  |
| C)  |                    |   |  |   |                   |                              |   |                                  |  |  |  |  |
|     |                    |   |  |   |                   |                              |   |                                  |  |  |  |  |
| )   |                    | 1   |  |   |                   |                              |   |                                  |  |  |  |  |
|     |                    |   |  |   |                   |                              |   |                                  |  |  |  |  |
| )   |                    |   |  |   |                   |                              |   |                                  |  |  |  |  |
|     |                    |   |  |   |                   |                              |   |                                  |  |  |  |  |
| tal |                    |   |  |   |                   |                              |   |                                  |  |  |  |  |

Schedule A (Form 990 or 990-EZ) 2020 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec  | ction A. Public Support   | tone to quamy         | 411441 1114 10010      | noted below, p   | sidado dompiot      | or art iii.)            |            |
|------|---|-----------------------|------------------------|--|---------------------|-------------------------|------------|
| Cale | ndar year (or fiscal year beginning in)   | (a) 2016              | <b>(b)</b> 2017        | (c) 2018   | ( <b>d</b> ) 2019   | (e) 2020                | (f) Total  |
| 1    | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 558,478               | 548,469                | 725,958  | 763,289             | 720,702                 | 3,316,896  |
| 2    | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                       | F                      |  |                     |                         |            |
| 3    | The value of services or facilities furnished by a governmental unit to the organization without charge   |                       |                        | wa e   |                     |                         |            |
| 4    | Total. Add lines 1 through 3  | 558,478               | 548,469                | 725,958  | 763,289             | 720,702                 | 3,316,896  |
| 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) |                       |                        |  | 3                   |                         |            |
| 6    | Public support. Subtract line 5 from line 4   |                       |                        |  | Charles and the     |                         | 3,316,896  |
| _    | tion B. Total Support   |                       |                        |  |                     |                         | 5/525/656  |
| Cale | ndar year (or fiscal year beginning in)   | (a) 2016              | <b>(b)</b> 2017        | (c) 2018   | (d) 2019            | (e) 2020                | (f) Total  |
| 7    | Amounts from line 4   | 558,478               | 548,469                | 725,958  | 763,289             | 720,702                 | 3,316,896  |
| 8    | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   | 979                   | 1,090                  | 3,439  | 4,525               | 4,025                   | 14,058     |
| 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.)   |                       | 47                     |  |                     |                         |            |
| 11   | Total support. Add lines 7 through 10   |                       | Mark National Property |  | all the parties in  | 4.5-35 (1)-42 (6.5)     | 3,330,954  |
| 12   | Gross receipts from related activities, etc.  | (see instructions)    |                        |  |                     | 12                      |            |
| 13   | First 5 years. If the Form 990 is for the org   | ganization's first, s | econd, third, fourth   | , or fifth tax year a  | is a section 501(c) | (3)                     |            |
|      | organization, check this box and stop here  |                       |                        |  | <u> </u>            |                         |            |
|      | tion C. Computation of Public Su  |                       |                        |  |                     |                         |            |
| 14   | Public support percentage for 2020 (line 6,   | column (f) divided    | by line 11, columr     | n (f))   |                     | 14                      | 99.58%     |
| 15   | Public support percentage from 2019 Sche  |                       |                        |  |                     | 15                      | 99.65%     |
| 16a  | 33 1/3% support test—2020. If the organi  |                       |                        |  | 3 1/3% or more, c   | neck this               | <b>⊾</b> 👽 |
|      | box and <b>stop here</b> . The organization qualit  |                       |                        |  |                     | **************          | ▶ [X]      |
| b    | 33 1/3% support test—2019. If the organi  |                       |                        |  |                     |                         | . □        |
| 170  | this box and <b>stop here</b> . The organization of   |                       |                        |  |                     |                         | P 🔲        |
| 17a  | 10%-facts-and-circumstances test—202  |                       |                        |  |                     |                         |            |
|      | 10% or more, and if the organization meets Part VI how the organization meets the "fac  |                       |                        |  |                     |                         |            |
|      |   |                       | -                      | WES.   | 5 (5) 700           |                         | ▶ □        |
| h    | 10%-facts-and-circumstances test—201  |                       |                        |  |                     |                         |            |
| b    | 15 is 10% or more, and if the organization  |                       |                        |  |                     |                         |            |
|      | in Part VI how the organization meets the "   |                       |                        | AND COME SANDONES SOCIEDAD SOC |                     | 10 0.00 • 000 · 000 0.0 |            |
|      | organization  |                       |                        | 77. A.   | .50 150 1           | 2.02                    | ▶ □        |
| 18   | Private foundation. If the organization did   |                       |                        |  |                     |                         |            |
| .0   | In almost and   |                       |                        |  |                     |                         | ▶ □        |
|      | Instructions  |                       |                        |  |                     |                         | ······     |

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se   | ction A. Public Support  | y quality artaor          | the tests listed   | below, please  | complete Part       | 11.)              |   |
|------|--|---------------------------|--|--|---------------------|-------------------|---|
| Cal  | endar year (or fiscal year beginning in)   | (a) 2016                  | <b>(b)</b> 2017  | (c) 2018   | (d) 2019            | (-) 2020          | (D.T.)  |
| 1    | Gifts, grants, contributions, and membership fees  |                           | (5) 2017   | (0) 2016   | (d) 2019            | (e) 2020          | (f) Total   |
| 2    | received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise 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   |                           |  |  |                     |                   |   |
| 7a   |  |                           |  | 4  | )                   |                   |   |
| 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   |                           |  | _0   |                     |                   |   |
| С    | Add lines 7a and 7b  |                           |  |  |                     |                   |   |
| 8    | Public support. (Subtract line 7c from   |                           |  |  |                     |                   |   |
| Sec  | line 6.)   |                           |  | STREET, STREET |                     | The world of this |   |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2016                  | <b>(b)</b> 2017  | (c) 2018   | (d) 2019            | (e) 2020          | /f) Total   |
| 9    | Amounts from line 6  |                           | A STATE OF THE STA | P  | (d) 2010            | (6) 2020          | (f) Total   |
| 10a  | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  |                           |  |  |                     |                   |   |
| b    | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                           |  |  |                     |                   |   |
| С    | Add lines 10a and 10b  |                           |  |  |                     |                   |   |
| 11   | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                           |  |  |                     |                   | 5.79 (a) 10 (a) |
| 12   | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                           |  |  |                     |                   |   |
| 13   | Total support. (Add lines 9, 10c, 11, and 12.)   |                           |  |  |                     |                   |   |
| 14   | First 5 years. If the Form 990 is for the organization, sheek this box and star base   | anization's first so      | econd third fourth   | or fifth toy your a  | 504/ )/             |                   |   |
|      | organization, check this box and stop nere   | •                         |  | or militax year as   | s a section 501(c)( |                   | ▶ □   |
| Sect | ion C. Computation of Public Su  | ipport Percent            | age  |  |                     | 90                | P   |
| 15   | Public support percentage for 2020 (line 8,  | column (f), divided       | by line 13 column  | n (f))   |                     | 15                | %   |
|      | - abile cappert percentage from 2019 Scrie   | dule A. Part III. line    | 9 15   |  |                     | 16                |   |
|      | ion b. Computation of myestine   | ni income Per             | centage  |  |                     |                   | 70  |
| 17   | Investment income percentage for 2020 (lir   | ne 10c, column (f),       | divided by line 13,  | column (f))  |                     | 17                | %   |
|      | Modernorit income percentage itom 2019 5   | chedule A, Part III,      | line 1/  |  |                     | 10                | %<br>%  |
| 19a  | 33 1/3% support tests—2020. If the organ   | ization did not che       | ck the box on line 1   | 4 and line 15 is n   | ore than 32 1/20/   | and line          |   |
|      | 17 is not more than 33 1/3%, check this box  | x and stop here. T        | he organization gu   | alifies as a publicly  | supported organi    | ization           |   |
| ~    | or man support tests—2019. If the organ  | ization did not chei      | ck a box on line 14  | or line 19a and lin  | ne 16 is more than  | 22 1/20/ 224      |   |
|      | the 16 is not more than 33 1/3%, check this  | s box and <b>stop her</b> | e. The organization  | qualifies as a nul   | hlicly supported or | ganization        |   |
| 20   | Private foundation. If the organization did  | not check a box or        | line 14, 19a, or 19  | b, check this box  | and see instruction | ns                | <b>&gt;</b> [                                       |

#### Part IV Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2020

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|          | Yes          | No       |
|----------|--------------|----------|
| 1        |              |          |
|          |              |          |
| 2        |              |          |
| 3a       |              |          |
| 3b       |              |          |
| 3c<br>4a |              |          |
|          |              |          |
| 4b       |              | 1.       |
| 4c       |              |          |
| 5a<br>5b | Total R      |          |
| 5c       |              |          |
|          |              |          |
| 7<br>8   |              |          |
|          |              |          |
| 9a       |              |          |
| 9b<br>9c |              | 701 ±1 1 |
|          |              |          |
| 10a      | diameter and |          |

Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations (continued) 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 lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described in line 11a above? 11b c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, 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 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. Section C. Type II Supporting Organizations Yes No 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). Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in line 2, above, 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 Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). а The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) C Activities Test. Answer lines 2a and 2b below. 2 Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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 Did the activities described in line 2a, above, 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 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI. 3a 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.

3

5

Minimum asset amount for prior year (from Section B, line 8, column A)

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

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

emergency temporary reduction (see instructions).

Enter greater of line 2 or line 3.

(see instructions).

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

| Pa       | rt V Type III Non-Functionally Integrated 509(a)(3)                                    | <b>Supporting Organiz</b>  | ations (continued)   |                                     |  |  |  |  |
|----------|--|--|--|-------------------------------------|--|--|--|--|
| Sec      | tion D – Distributions   |  |  | Current Year                        |  |  |  |  |
| 1        | Amounts paid to supported organizations to accomplish exempt purpo                     |  |  |                                     |  |  |  |  |
| 2        | 2 Amounts paid to perform activity that directly furthers exempt purposes of supported |  |  |                                     |  |  |  |  |
|          | organizations, in excess of income from activity                                       |  |  |                                     |  |  |  |  |
| 3        | Administrative expenses paid to accomplish exempt purposes of supp                     |  |  |                                     |  |  |  |  |
| 4        | Amounts paid to acquire exempt-use assets  |  |  |                                     |  |  |  |  |
| 5        | Qualified set-aside amounts (prior IRS approval required—provide del                   | tails in <b>Part VI</b> )  |  |                                     |  |  |  |  |
| 6        | Other distributions (describe in Part VI). See instructions.                           |  |  |                                     |  |  |  |  |
| 7        | 7 Total annual distributions. Add lines 1 through 6.                                   |  |  |                                     |  |  |  |  |
| 8        | Distributions to attentive supported organizations to which the organiz                | ation is responsive  |  |                                     |  |  |  |  |
|          | (provide details in Part VI). See instructions.  |  |  |                                     |  |  |  |  |
| 9        | Distributable amount for 2020 from Section C, line 6                                   |  |  |                                     |  |  |  |  |
| 10       | Line 8 amount divided by line 9 amount   |  |  |                                     |  |  |  |  |
| Sec      | tion E – Distribution Allocations (see instructions)                                   | (i)<br>Excess Distributions  | (ii)<br>Underdistributions<br>Pre-2020   | (iii) Distributable Amount for 2020 |  |  |  |  |
| 1        | Distributable amount for 2020 from Section C, line 6                                   |  |  |                                     |  |  |  |  |
| 2        | Underdistributions, if any, for years prior to 2020                                    |  | ly and the second  | 3++31-345-3-1-2.                    |  |  |  |  |
|          | (reasonable cause required-explain in Part VI). See                                    |  |  |                                     |  |  |  |  |
|          | instructions.  |  |  |                                     |  |  |  |  |
| 3        | Excess distributions carryover, if any, to 2020  |  |  |                                     |  |  |  |  |
|          | From 2015  |  |  |                                     |  |  |  |  |
|          | From 2016  |  |  |                                     |  |  |  |  |
|          | From 2017  | HEXTEN YARRE   |  |                                     |  |  |  |  |
| d        | From 2018  |  |  | - House of the Law Service          |  |  |  |  |
|          | From 2019  |  |  | PERMIT                              |  |  |  |  |
|          | Total of lines 3a through 3e   | *  | erelie is factor, carrespella  |                                     |  |  |  |  |
|          | Applied to underdistributions of prior years   |  |  |                                     |  |  |  |  |
| h        | Applied to 2020 distributable amount   | To the interest of the state of |  |                                     |  |  |  |  |
| <u>i</u> | Carryover from 2015 not applied (see instructions)                                     | <i>&amp;</i>   | ero esta constitución a material.  |                                     |  |  |  |  |
| i        | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                 |  |  |                                     |  |  |  |  |
| 4        | Distributions for 2020 from  |  |  |                                     |  |  |  |  |
|          | Section D, line 7:   |  |  |                                     |  |  |  |  |
| a        | Applied to underdistributions of prior years   |  |  |                                     |  |  |  |  |
| b        | Applied to 2020 distributable amount   |  |  |                                     |  |  |  |  |
| С        | Remainder. Subtract lines 4a and 4b from line 4.                                       |  | · · · · · · · · · · · · · · · · · · ·  |                                     |  |  |  |  |
| 5        | Remaining underdistributions for years prior to 2020, if                               |  |  |                                     |  |  |  |  |
|          | any. Subtract lines 3g and 4a from line 2. For result                                  |  |  |                                     |  |  |  |  |
|          | greater than zero, explain in Part VI. See instructions.                               |  |  |                                     |  |  |  |  |
| 6        | Remaining underdistributions for 2020 Subtract lines 3h                                |  |  |                                     |  |  |  |  |
|          | and 4b from line 1. For result greater than zero, explain in                           |  | ga kartinga karangan karangan<br>Karangan karangan ka |                                     |  |  |  |  |
|          | Part VI. See instructions.   |  |  |                                     |  |  |  |  |
| 7        | Excess distributions carryover to 2021. Add lines 3j                                   |  |  |                                     |  |  |  |  |
|          | and 4c.  |  |  |                                     |  |  |  |  |
| 88       | Breakdown of line 7:   | tribit west 12% baki   | en de la composition   |                                     |  |  |  |  |
|          | Excess from 2016   |  | (SALAW BAS ARKS)   | That being a to the security        |  |  |  |  |
| b        | Excess from 2017   |  |  |                                     |  |  |  |  |
|          | Excess from 2018   | STEEL STEEL STEELS   |  |                                     |  |  |  |  |
|          | Excess from 2019   |  |  |                                     |  |  |  |  |
| е        | Excess from 2020   |  |  |                                     |  |  |  |  |
|          |  |  |  |                                     |  |  |  |  |

DAA

| Schedule A (For | m 990 or 990-EZ) 2020  | HAVEN   | OF HOPE                                   | INC  |   | 58-1612531  | Page 8                    |
|-----------------|--|---|---|--|---|---|---------------------------|
| Part VI         | Supplemental Infi<br>III, line 12; Part IV,<br>B, lines 1 and 2; Pa<br>3a, and 3b; Part V, | ormation. Pr<br>Section A, lin<br>art IV, Section<br>line 1; Part \ | rovide the exnes 1, 2, 3b, n C, line 1; F | xplanations re<br>, 3c, 4b, 4c, 5a<br>Part IV, Sectio<br>, line 1e; Part | a, 6, 9a, 9b, 9c, 11a, 11<br>n D, lines 2 and 3; Part | ); Part II, line 17a or 17b<br>b, and 11c; Part IV, Sec<br>IV, Section E, lines 1c,<br>, and 8; and Part V, Sec | ; Part<br>tion<br>2a, 2b, |
|                 |  |   |   |  |   |   |                           |
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|                 |  |   |   |  | <b>A</b>  |   |                           |
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|                 |  |   |   | <b></b>  |   |   |                           |
|                 |  |   | All lines                                 | 1  |   |   |                           |
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### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number HAVEN OF HOPE INC 58-1612531 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Held at the End of the Tax Year 2a Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X ...

| phone over 2   | art III Organizations Maintaini   |                          | Art, Historical           | Treasures  | or Other Sin                          |  | ets (continued)     |
|--|---|--------------------------|---------------------------|--|---------------------------------------|--|---------------------|
| 3  | Using the organization's acquisition, acces collection items (check all that apply):  | sion, and other records  | s, check any of the fo    | llowing that n                                   | nake significant us                   | se of its                                      |                     |
| а  | Public exhibition   | d 🔲 I                    | Loan or exchange pro      | ogram  |                                       |  |                     |
| b  | Scholarly research  | е 🗌                      | Other                     |  |                                       |  |                     |
| С  | Preservation for future generations   | -                        |                           |  |                                       |  |                     |
| 4  | Provide a description of the organization's   | collections and explain  | how they further the      | organization'                                    | 's exempt purpose                     | in Part  |                     |
|  | XIII.   |                          |                           |  |                                       |  |                     |
| 5  | During the year, did the organization solicit   | or receive donations of  | of art, historical treasu | res, or other                                    | similar                               |  |                     |
|  | assets to be sold to raise funds rather than  | to be maintained as p    | art of the organization   | n's collection                                   | ?                                     |  | Yes No              |
| Pa   | art IV Escrow and Custodial A   |                          |                           |  | 37.17.                                | 70. No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10 | 5,500 a             |
|  | Complete if the organization  | on answered "Yes"        | on Form 990, Pa           | art IV, line 9                                   | 9, or reported                        | an amoun                                       | t on Form           |
|  | 990, Part X, line 21.   |                          |                           |  |                                       |  |                     |
| 1a   | Is the organization an agent, trustee, custo  |                          |                           |  |                                       |  |                     |
|  | included on Form 990, Part X?   |                          |                           |  |                                       |  | Yes No              |
| b  | If "Yes," explain the arrangement in Part XI  | II and complete the fol  | lowing table:             |  | A                                     |  |                     |
|  |   |                          |                           |  |                                       |  | Amount              |
| С  |   |                          |                           |  |                                       | 1c   |                     |
| d  | Additions during the year   |                          |                           |  | · · · · · · · · · · · · · · · · · · · | 1d   |                     |
| е  | Distributions during the year   |                          |                           |  | J                                     | 1e   |                     |
| f  |   |                          |                           |  |                                       | 1f   |                     |
|  | Did the organization include an amount on   |                          |                           |  |                                       |  |                     |
| Committee of the Commit | If "Yes," explain the arrangement in Part XI  | II. Check here if the ex | planation has been p      | rovided on Pa                                    | art XIII                              |  |                     |
| Pa   | art V Endowment Funds.  |                          | F 000 B                   |  | 4.0                                   |  |                     |
|  | Complete if the organizatio   |                          |                           | A 100  |                                       |  |                     |
| 000  |   | (a) Current year         | (b) Prior year            | (c) Two year                                     | ars back (d) Th                       | ree years back                                 | (e) Four years back |
|  | Beginning of year balance   |                          |                           |  |                                       |  |                     |
|  | Contributions   |                          |                           |  |                                       |  | <del></del>         |
| С  | Net investment earnings, gains, and   |                          |                           |  |                                       |  |                     |
|  | losses  |                          |                           |  |                                       |  |                     |
|  | Grants or scholarships  |                          |                           |  |                                       |  |                     |
| е  | Other expenditures for facilities and   |                          | <b>\</b> //               |  | 1                                     |  |                     |
|  | programs  |                          |                           |  |                                       |  |                     |
| 1  | Administrative expenses   |                          | 7                         | <del>                                     </del> |                                       |  |                     |
| 9  | End of year balance  Provide the estimated percentage of the cu   |                          | /line 1= (a)\             | hald as  |                                       |  |                     |
| 2  | an anterior and the result in the property of |                          | (line 1g, column (a))     | neid as:   |                                       |  |                     |
| a<br>h   | Board designated or quasi-endowment ►  Permanent endowment ► %  |                          |                           |  |                                       |  |                     |
|  | Term endowment ▶ %  |                          |                           |  |                                       |  |                     |
| ·  | The percentages on lines 2a, 2b, and 2c sh  | ould equal 100%          |                           |  |                                       |  |                     |
| 3a   | Are there endowment funds not in the poss   |                          | tion that are held and    | administered                                     | for the                               |  |                     |
| -  | organization by:  | occion of the organizat  | aon anat aro nota ana     | adminiotoro                                      | . 101 1110                            |  | Yes No              |
|  | (i) Unrelated organizations   |                          |                           |  |                                       |  |                     |
|  | (II) D-1-1-1-1-1-1-1-1-1  |                          |                           |  |                                       |  | 0 - (11)            |
| b  | If "Yes" on line 3a(ii), are the related organize   |                          |                           |  |                                       |  |                     |
|  | Describe in Part XIII the intended uses of the  |                          |                           |  |                                       |  |                     |
| and the last transmission  | art VI Land, Buildings, and Equ   |                          |                           |  |                                       |  |                     |
| TOX BELL   | Complete if the organizatio   |                          | on Form 990, Pa           | rt IV, line 1                                    | 11a. See Form                         | 990, Part                                      | X, line 10.         |
|  | Description of property   | (a) Cost or other ba     |                           |  | (c) Accumulate                        |  | (d) Book value      |
|  |   | (investment)             | (oth                      | er)  | depreciation                          |  |                     |
| 1a   | Land  |                          |                           | 27,000   | Augh Leadail                          |  | 27,000              |
| b  | Buildings   |                          |                           | 48,776   | 128                                   | ,645   | 120,131             |
|  | Leasehold improvements  |                          |                           |  |                                       |  |                     |
|  | Equipment   |                          |                           | 51,959   | 51                                    | ,959   |                     |
| е  | Other   |                          |                           | 40,200   |                                       | ,153   | 16,047              |
|  | I. Add lines 1a through 1e. (Column (d) must  |                          | X, column (B), line 10    | Oc.)   |                                       |  | 163,178             |

|  | Complete if the organization answered Type   | S" On Form 99() Part IV line 11         | h Son Form OOD Dort V line 12  |
|--|--|---|--|
|  | Complete if the organization answered "Yes  (a) Description of security or category  | (b) Book value                          | (c) Method of valuation:   |
|  | (including name of security)   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Cost or end-of-year market value   |
| I) Financial d   | derivatives  |   |  |
| c) Closely hel   | ld equity interests  |   |  |
| 3) Other   |  |   |  |
| (A)  |  |   |  |
| (B)  |  |   |  |
| (C)  |  |   |  |
| (D)  |  |   |  |
| (E)  |  |   |  |
| (F)  |  |   |  |
| (G)  |  |   |  |
| (H)  |  |   |  |
| otal. (Column  | (b) must equal Form 990, Part X, col. (B) line 12.)  |   |  |
| Part VIII  | Investments - Program Related.   |   | No security and the sec |
| ,  | Complete if the organization answered "Yes   | " on Form 990, Part IV, line 110        | See Form 990, Part X, line 13  |
|  | (a) Description of investment  | (b) Book value                          | (c) Method of valuation:   |
|  |  |   | Cost or end-of-year market value   |
| (1)  |  |   |  |
| 2)   |  |   |  |
| 3)   |  |   |  |
| 4)   |  |   |  |
| 5)   |  |   |  |
| 6)   |  |   |  |
| (7)  |  |   |  |
| 8)   |  |   |  |
| 9)   |  |   |  |
| Part IX  | (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.   |   |  |
| Part IX  | Other Assets.  Complete if the organization answered "Yes"  (a) Description  | on Form 990, Part IV, line 11d          | . See Form 990, Part X, line 15.   |
| Part IX  | Other Assets.  Complete if the organization answered "Yes"   | on Form 990, Part IV, line 11d          |  |
| 1)<br>2)   | Other Assets.  Complete if the organization answered "Yes"   | on Form 990, Part IV, line 11d          |  |
| 1)<br>2)<br>3)   | Other Assets.  Complete if the organization answered "Yes"   | on Form 990, Part IV, line 11d          |  |
| 1)<br>2)<br>3)<br>4)   | Other Assets.  Complete if the organization answered "Yes"   | on Form 990, Part IV, line 11d          |  |
| 1)<br>2)<br>3)<br>4)   | Other Assets.  Complete if the organization answered "Yes"   | on Form 990, Part IV, line 11d          |  |
| 1)<br>2)<br>3)<br>4)<br>5)   | Other Assets.  Complete if the organization answered "Yes"   | on Form 990, Part IV, line 11d          |  |
| 1) 2) 3) 4) 5)   | Other Assets.  Complete if the organization answered "Yes"   | on Form 990, Part IV, line 11d          |  |
| Part IX  1) 22) 33) 44) 55) 77)  | Other Assets.  Complete if the organization answered "Yes"   | on Form 990, Part IV, line 11d          |  |
| Part IX  (1) (2) (3) (4) (5) (7) (8) (9)   | Other Assets. Complete if the organization answered "Yes"  (a) Description   | on Form 990, Part IV, line 11d          |  |
| Part IX  1) 22) 33) 41) 55) 65) 7) 83) 9) tal. (Column (b  | Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  | on Form 990, Part IV, line 11d          |  |
| Part IX  (1) (2) (3) (4) (5) (7) (8) (9) (1) (1) (2) (4) (5) (7) (7) (8) (7) (8) (9) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1  | Other Assets.  Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes"  | on Form 990, Part IV, line 11d          | (b) Book value   |
| Part IX  1) 22) 33) 44) 55) (7) 83) (9) tal. (Column (b. Column (b | Other Assets.  Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" line 25.                               | on Form 990, Part IV, line 11d          | (b) Book value   |
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| Pa               | Reconciliation of Revenue per Audited Financial S   |   | ue per Return.                          |         |
|------------------|---|---|---|---------|
|                  | Complete if the organization answered "Yes" on Form 9   |   |   | 704 707 |
| 1                | Total revenue, gains, and other support per audited financial statements  |   | 1                                       | 724,727 |
| 2                | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   | 1 I   |   |         |
| а                | Net unrealized gains (losses) on investments  | 2a  |   |         |
| b                | Donated services and use of facilities  | 2b  | 12.25                                   |         |
| C                | Recoveries of prior year grants   | 2c  |   |         |
| d                | Other (Describe in Part XIII.)  | 2d  | 150 (16)                                |         |
| е                | Add lines 2a through 2d   |   | 2e                                      |         |
| 3                | Subtract line 2e from line 1  |   |   | 724,727 |
|                  | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |   |   |         |
|                  | Investment expenses not included on Form 990, Part VIII, line 7b  |   | (A) (A) (A)                             |         |
| b                | Other (Describe in Part XIII.)  | 4b  |   |         |
|                  | Add lines 4a and 4b   |   | 4c                                      |         |
|                  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   |   |   | 724,727 |
| Pa               | art XII Reconciliation of Expenses per Audited Financial S  | Statements With Expe  | nses per Return.                        |         |
|                  | Complete if the organization answered "Yes" on Form 9   | 990, Part IV, line 12a  |   |         |
| 1                | Total expenses and losses per audited financial statements  |   | 1                                       | 662,044 |
| 2                | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |   |   |         |
| а                | Donated services and use of facilities  | 2a /  |   |         |
|                  | Prior year adjustments  |   |   |         |
| С                | Other losses  | 2c  |   |         |
| d                | Other (Describe in Part XIII.)  | 2d  |   |         |
| е                | Add lines 2a through 2d   |   | 2e                                      |         |
| 3                |   |   | 3                                       | 662,044 |
| 4                | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |   | 3 = 3 ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± |         |
| а                | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a  | 1                                       |         |
|                  | Other (Describe in Part XIII.)  |   |   |         |
|                  | Add East As and Ab  |   |   |         |
|                  | Add lines 4a and 4b   | K   | 4c                                      |         |
|                  | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  | <i>)</i>  |   | 662,044 |
| 5                |   | .)  |   | 662,044 |
| 5<br>Pa          | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  |   | 5                                       | 662,044 |
| 5<br>Pa<br>Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.   | Part IV, lines 1b and 2b; Part                                | V, line 4; Part X, line                 | 662,044 |
| 5<br>Pa<br>Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.  de 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                 | 662,044 |
| 5<br>Pa<br>Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.  de 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                 | 662,044 |
| 5<br>Pa<br>Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; | Part IV, lines 1b and 2b; Part rovide any additional informat | V, line 4; Part X, line                 |         |
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| 5<br>Pa<br>Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; | Part IV, lines 1b and 2b; Part rovide any additional informat | V, line 4; Part X, line ion.            |         |
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| 5<br>Pa<br>Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; | Part IV, lines 1b and 2b; Part rovide any additional informat | V, line 4; Part X, line ion.            |         |

| Schedule D (Form 990) 2020 HAVEN OF HOPE INC Part XIII Supplemental Information (continued) | 58-1612531                              | Page \$                                 |
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| Part XIII Supplemental Information (continued)  |   |   |
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